



Singapore, 2015

JRF (data for 2015) not submitted



Global Vaccine Action Plan (GVAP) and Regional framework indicators

Polio-free status sustained	Yes	At least one dose of IPV introduced by end of 2015	Yes
Country achieved MNT elimination	Yes	Increasing trend in domestic expenditure since 2010	No data
Country verified for measles elimination	No	NITAG established (with administrative/legal basis only)	No data
Seroprevalence of chronic hepatitis B infection (HBsAg) reduced to < 1% in 5 year olds by 2017	Yes	Functional NITAG (legal basis, TORs, ≥ 5 areas of expertise, ≥ 1 meeting per year, agenda and background docs, disclosure of conflict of interest)	No data
At least one new or underutilized vaccine introduced since 2010*	Yes	JE vaccine introduced in JE risk areas	No
DTP3 national immunization coverage ≥ 95% by 2020**	96.4%	Primary series JE vaccine ≥ 90% coverage among children under 15 years old	No data
DTP3 coverage ≥ 90% in at least 90% of districts (proportion of districts with ≥ 90% coverage)**	Yes (100%)	Case-based surveillance for invasive bacterial vaccine-preventable disease	No
Sustained DTP3 coverage ≥ 95% for three or more years**	Yes	Case-based surveillance for rotavirus disease	No
DTP dropout rate < 5%**	1.48%	Rubella and CRS case-based data submitted to WPRO	Rubella only

* New or underutilized vaccines include Hib, HPV, PCV and RV. IPV and JE are not counted. Otherwise, "Yes (specified)" is indicated to account for other vaccines.

** As of 2014

Population		
	JRF*	UN**
Total	3 870 739	5 603 740
Births	33 087	50 066
NIP target < 1 year (surviving infants)	33 087	49 808
Source of data for NIP target	Registered population	

* 2014 data

** United Nations World Population Prospects: The 2015 Revision

Finance	
Gross national income per capita* (US \$)	\$ 52 090
Line item in budget for vaccines	
% of vaccines in routine immunization funded by government	
% of routine immunization - funded by government	
Eligible for GAVI support	No

* World Bank Open Data

Reported cases of selected vaccine preventable diseases

Year	Acute flaccid paralysis (AFP)		Measles		Rubella		Congenital rubella syndrome (CRS)		Neonatal tetanus		Total tetanus		Diphtheria		Pertussis	
	Non-polio AFP rate	% adequate specimens	Cases	IR	Cases	IR	Cases	IR	Cases	IR	Cases	IR	Cases	IR	Cases	IR
2011	0.7	100%	148	28.5	110	21.2	2	0.0	0	0.0	0	0.0	0	0.0	29	0.6
2012	1.7	80%	42	8.0	64	12.2	2	0.0	0	0.0	0	0.0	0	0.0	24	0.5
2013	1.2	71%	138	25.5	48	8.9	1	0.0	0	0.0	0	0.0	0	0.0	17	0.3
2014	1.3	75%														
2015	1.3	100%														

Non-polio AFP rate = incidence per 100 000 under 15 years; % adequate specimens = % of AFP cases with 2 specimens within 14 days of paralysis onset

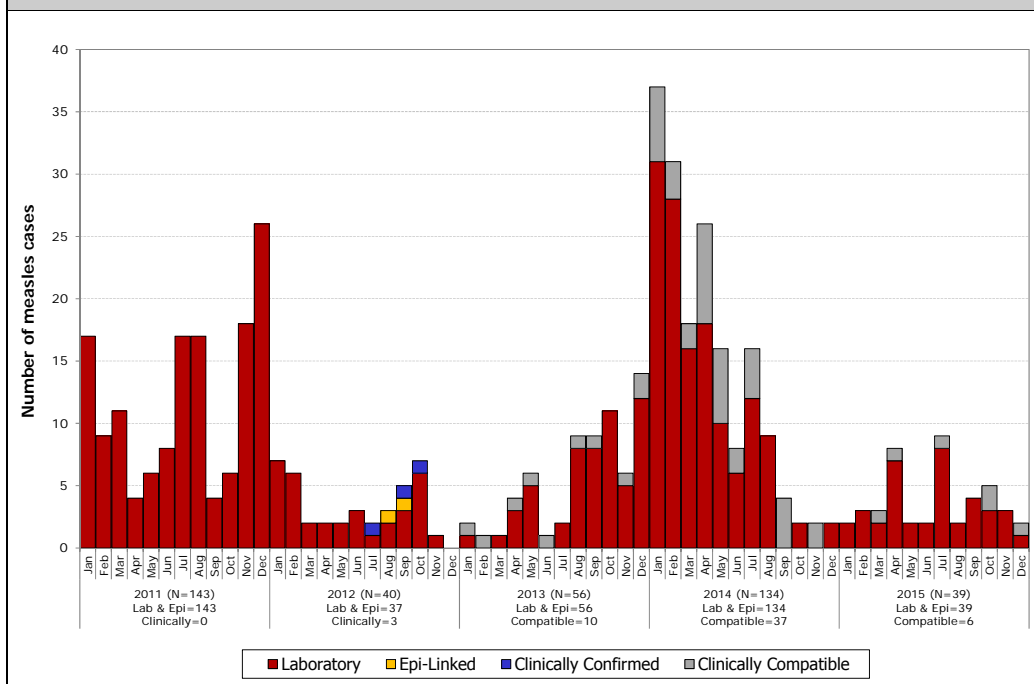
IR = incidence rate: for measles and rubella, per 1 000 000 population; for CRS and neonatal tetanus, per 1000 live births; for all others, per 100 000 population. Total tetanus includes neonatal tetanus cases.

Population source: United Nations World Population Prospects

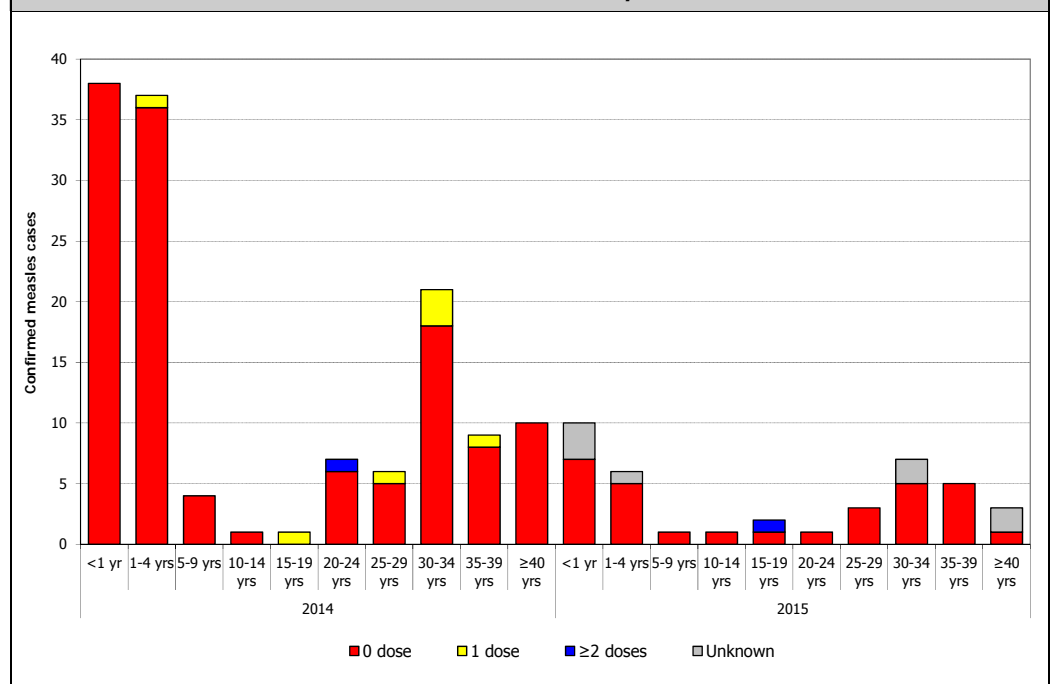
Invasive bacterial disease, rotavirus and Japanese encephalitis

Year	Rotavirus diarrhea		Japanese encephalitis		Bacterial meningitis		Bacterial pneumonia	
	Surveillance system type	Confirmed cases	Surveillance system type	Confirmed cases	Surveillance system type	Confirmed cases	Surveillance system type	Confirmed cases
2013	None		Nationwide	0	Nationwide	Hib - 10 Pneumo - 162 Meningo - 3	Nationwide	Hib - 10 Pneumo - 162
2014								
2015								

Confirmed measles cases by month of onset 2011–2015



Confirmed measles cases by age group and vaccination status, 2014–2015





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Immunization schedule					
BCG	B	DTP-Hib-IPV	M3, M4, M5, M18	Pneumo_conj	M3, M5, M12
Tdap	Y10-11	HepB	B, M1, M5-6	HPV	Y9-26 (3 doses)
OPV	Y10-11	MMR	M12, M15-18		

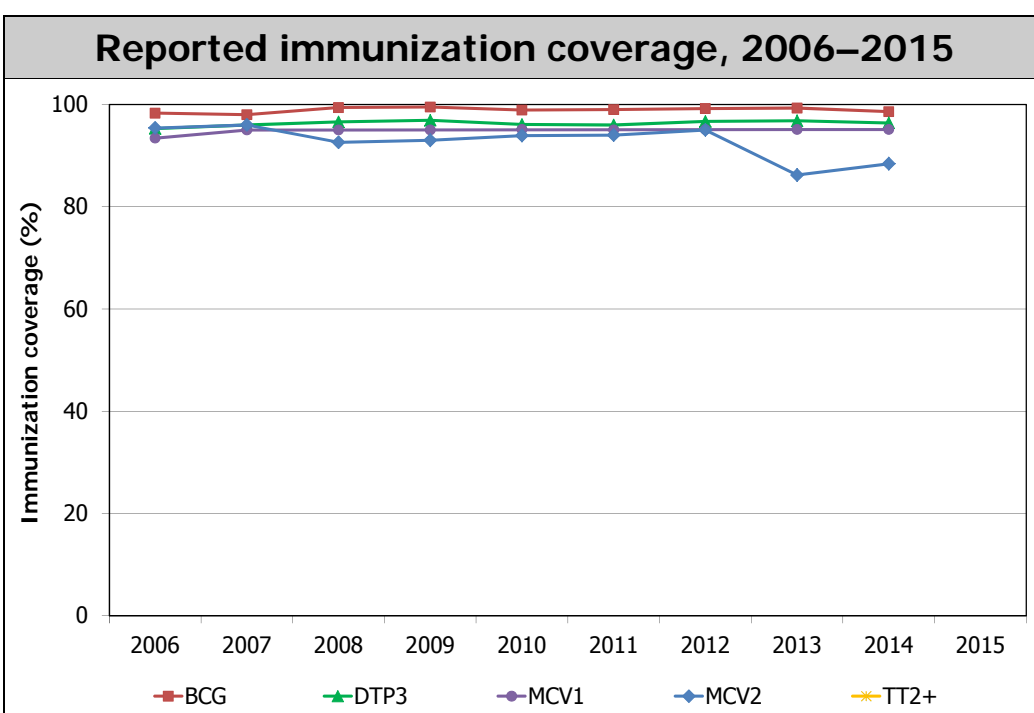
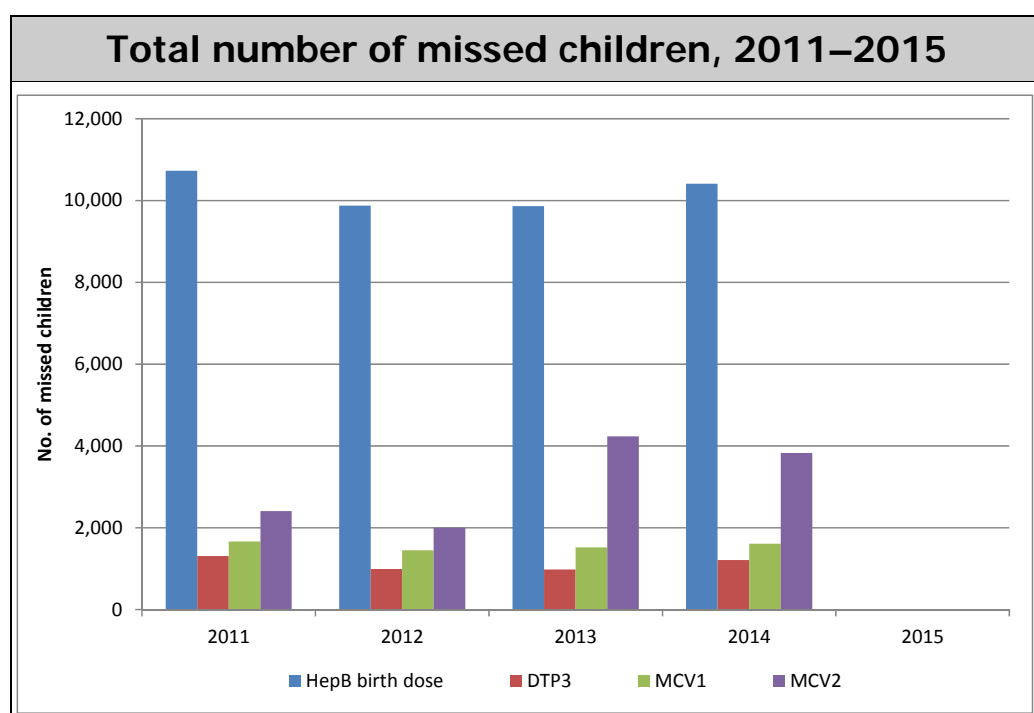
B=birth, W=week, M=month, Y=year

Planning	
Multi-year plan (MYP)	
Annual workplan for immunization activities	
Updated wild poliovirus importation and cVDPV response plan	

NIP priority needs	
No data	

Safe immunization	
% districts using auto-disable syringes	
System to monitor AEFI	
Number of AEFI	
Injection safety policy implemented	
Disposal methods	
Injection safety review	

Delivery of immunization services	
% of population served by outreach	
No. (%) of districts with DTP3 coverage < 80%	
No. (%) of districts with DTP3 coverage ≥ 90%	
No. (%) of districts with MCV1 coverage < 80%	
No. (%) of districts with MCV1 coverage ≥ 90%	
No. (%) of districts with DTP drop-out > 10%	
No. (%) of districts with DTP1–MCV1 drop-out > 10%	



School-based immunization	
Is there a school entry requirement?	
If no, do schools check immunization status at enrolment?	
What vaccines are required/checked?	
At what school level/year?	
Is routine vaccination given at school?	
Which vaccination?	
If yes, is this part of a comprehensive school-health program that delivers other health interventions?	

Surveys		
	Coverage survey	Serosurvey
Most recent (year)		
Type		
Geographical representativeness		
Result		

Measles and rubella elimination			
Confirmed measles case rate* (per 1 million population)	7.7	Year of MCV1 introduction	1976
Confirmed rubella case rate* (per 1 million population)	0.2	Year of MCV2 introduction	1998
Discarded as non-measles rate* (Target: ≥ 2 per 100 000 population)	1.1	Year of RCV introduction	1976
% suspected cases with adequate specimens* (Target: ≥ 80%)	19%	Surveillance conducted for CRS	
Imported measles cases*	9	Antigens, year and target population of last SIA	None
Measles cases with unknown source of infection*	29	Number vaccinated (SIA coverage)	

* Data from measles monthly country reports to WHO

Hepatitis B control			
Year HepB3 vaccine introduced nationwide	1985	Systems to deliver HepB vaccine birth dose	
Year HepB birth dose introduced	1987	HBsAg results assessed for blood donors	
HepB birth dose (within 24 hours) coverage*	68.53%	Policy for screening of pregnant women	
HepB birth dose (within and after 24 hours) coverage*	99.28%	Policy to vaccinate health care workers	

* as of 2014