



Latest Changes in the Malaysian National Immunization Schedule

In Malaysia, the National Immunization Program (NIP) was established in the 1950s with the mission of protecting children from vaccine-preventable diseases, reducing endemic cases as well as decreasing the morbidity and mortality rates associated with vaccine-preventable diseases. The NIP is integrated in the mother-and-child health services throughout the country. Vaccinations are provided free-of-charge at all government clinics nationwide.

The Diphtheria/Tetanus/Pertussis (DTP) and BCG, introduced in 1960 and 1961, were the first two vaccines to be introduced in Malaysia. This was followed by the Oral Polio Vaccine (OPV) in 1972. In line with the recommendation made by the World Health Organization (WHO), Malaysia introduced the EPI (Expanded Program on Immunization) as a national program in 1982. Measles vaccine was introduced that year followed by Rubella and Hepatitis B in 1986 and 1989 respectively. In 2002, a combination of Measles, Mumps and Rubella (MMR) as well as Haemophilus Influenza Type B (Hib) vaccine were included in the program.

The Human Papilloma Virus (HPV) Vaccine joined the schedule in 2010 and the latest would be the switch from pentavalent vaccine to a hexavalent vaccine in November 2020 and the introduction of the Pneumococcal vaccine in December 2020.

LAMPIRAN A

JADUAL IMUNISASI KEBANGSAAN BAGI KANAK-KANAK (TERKINI)

VAKSIN	Umur (Bulan)											Umur (Tahun)					
	Lahir	1	2	3	4	5	6	8	9	12	15	18	21	7	13	15	
BCG	■																
Hepatitis B	■																
Difteria-Tetanus- Pertussis - Polio - Hepatitis B - Haemophilus influenzae type b (DTaP-IPV-HepB-Hib)			■	■		■						■					
Pneumokokal					■	■						■					
Measles (Sabah sahaja)							■										
Measles - Mumps - Rubella (MMR)								■	■								
Japanese Encephalitis (JE) (Sarawak sahaja)								■	■								
Measles-Rubella (MR)																	
Difteria - Tetanus (DT)																	
Human Papilloma Virus (HPV)																	■
Tetanus (ATT)																	■

■ Seluruh negara ■ Negeri tertentu sahaja

The National Immunization Program by Ministry of Health Malaysia

In November 2020, the MOH decided to implement the change from the previously given pentavalent vaccine (DTaP/Polio/Hib) to the hexavalent vaccine (DTaP/Polio/Hib/Hep B). This would include the Hepatitis B vaccine into the schedule without having additional injections and reducing clinic visits. An infant born in Malaysia, would only need to go for five visits instead of seven visits in the first six months of their life. The schedule will change to the hexavalent vaccine given at 2nd, 3rd and 5th month with a booster given at 18 months old.

This is not a new vaccine and has already been in the private market since 2013 and is being used in the private sector due to its ease of scheduling and reduced clinic visits. This also means parents do not need to take leave as much and patient gets two less injections due to the combination vaccine. With the reduce number of clinic visits it will also improve the coverage of vaccines and hopefully increased the overall uptake of the vaccine to improve our herd immunity for those children who are medically unable to get the vaccine. Hexavalent vaccine is also well researched in terms of safety and can be given concurrently with the pneumococcal and rotavirus vaccine.



Another huge change occurred in Dec 2020 when MOH decided to add the pneumococcal vaccine into our NIP schedule. More than 140 countries worldwide are given the pneumococcal vaccine as part of the NIP. It will be given as a two doses plus one booster dose in the schedule. The first dose will be given at 4 months old followed by the 2nd dose at 6 months with the final booster given at 15 months old. The 10 valent pneumococcal vaccine was chosen to be added into the schedule and will be available for all babies born from 1st Jan 2020 onwards. These vaccines will be given free at all health clinics run by the MOH. There are two types of pneumococcal vaccines available for children in Malaysia. Some children may have received the 13 valent vaccine prior to this announcement, and some have taken the 10 valent vaccine. Both these vaccines are different and should be given according to their own schedules. If parents are unsure, they should discuss their options with their pediatricians or family doctors.



On a final note, there is no extra equipment needed to administer these vaccines and healthcare professionals giving the vaccine do not need to go for additional training. Everything remains the same except for the name of the vaccine and the additional Hepatitis B component for the hexavalent vaccine. Parents also do not need to be concerned as it is not a novel vaccine. Both the hexavalent and the pneumococcal vaccines have been in the private sector and have been given to millions of babies all over the world for almost a decade. In fact, 49 countries worldwide including Singapore have adopted the hexavalent vaccine into their NIP prior to Malaysia. All vaccines that are in our NIP have been deemed safe and efficacious with many years of research gone into the making of the vaccine. The safety of our children remains a priority throughout all these changes.

For more information or to make an appointment with the hospital, please scan the barcode:



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