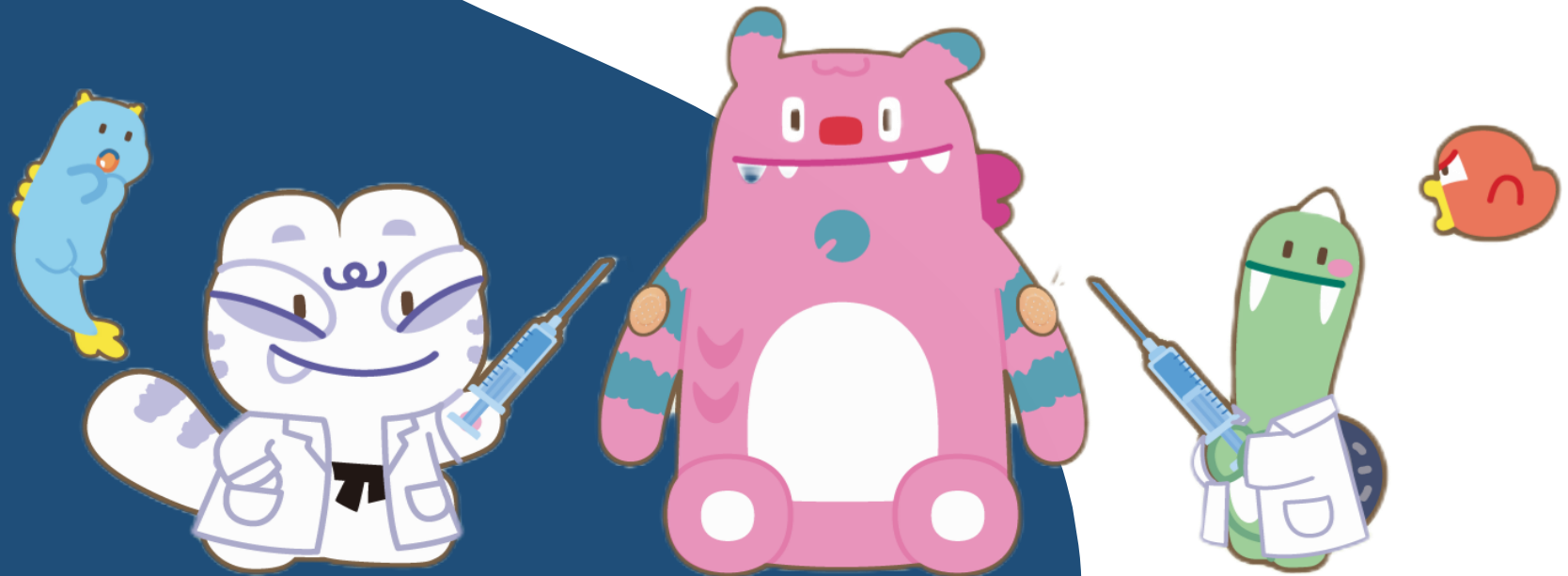


# National Immunization Program (NIP) in Seoul

## -Policy framework and key achievements-



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# I Goals of NIP

- ◆ Infection prevention and severity reduction
- ◆ Herd immunity: indirect benefits in a community
- ◆ Improving immunization rate by enhancing access to vaccines
- ◆ Securing public trust through vaccine safety management





# Overview of NIP

“Government-funded vaccinations under the National Immunization Program”

➔ Total 21 infectious diseases (19 in the NIP, 2 as a temporary immunization) at no cost, accessible anywhere in Korea

National Immunization Program				Temporary immunization program
Children	65+ years	Pregnant women	Those at high risk	
① Diphtheria ② Tetanus ③ Pertussis ④ Poliomyelitis ⑤ Hepatitis B ⑥ Tuberculosis ⑦ Varicella ⑧ Japanese encephalitis ⑨ Mumps ⑩ Measles ⑪ Rubella ⑫ Haemophilus influenzae type b ⑬ Hepatitis A ⑭ Rotavirus ⑮ Human papillomavirus ⑯ Streptococcus pneumoniae ⑰ Influenza	⑯ Streptococcus pneumoniae ⑰ Influenza	⑰ Influenza	⑱ Typhoid fever ⑲ Hemorrhagic fever with renal syndrome	⑳ COVID-19 ㉑ MPOX

# III NIP implementation system



- Planning and management
- Building infrastructure
- Public awareness campaign
- Procurement contract
- Monitoring and evaluation

## Contracted procurement companies

- Supply of vaccines
- Optimizing supply-chain control



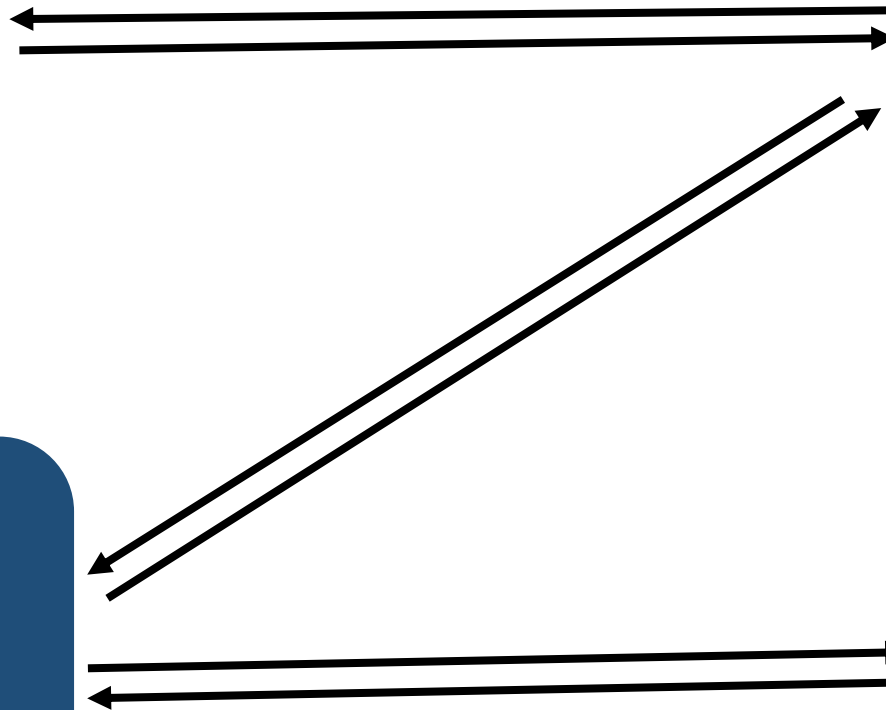
## Local government/ District health center

- <Seoul Metropolitan Government>
- Implementation planning
- Progress monitoring and intervention
- Vaccine supply monitoring and management
- Promoting vaccine uptake
- Investigation on vaccine-related injuries
- <District Health Centers>
- Management of entrusted medical institutions (education, inspection)
- Reimbursement claim review, managing payment
- Vaccine demand forecasting



## Entrusted medical institutions

- Completion of immunization training
- Vaccine administration
- Administration record management
- Raising reimbursement claims
- Participating in vaccine redistribution



# IV Key components in the program

## 1. Integrated Vaccination Management System (access to **real-time data**)

- 1 Access to real-time vaccination record  
– supporting the reimbursement claim process
- 2 Convenient issuance of vaccination certificates  
Evidence-based implementation
- 3 Management of unvaccinated people (e.g., text messages)
- 4 Supply-chain monitoring and supply requests

➔ Evidence-based implementation!!

The screenshot shows the '예방접종통합관리시스템' (Integrated Vaccination Management System) interface. The top navigation bar includes '메뉴 보기' (Menu) and '서울특별시 [강원주민] 1:59:54' (Seoul City [Gangwon Resident] 1:59:54). The main content area is titled '예방접종등록내역' (Vaccination Registration History) and '미완료자관리' (Unfinished Management). It features a search bar with filters for search criteria (e.g., '검색기준일', '출생년월', '관할보건소') and a table for vaccination status. The table has columns for '접종명' (Vaccination Name), '1차' (1st Dose), '2차' (2nd Dose), '3차' (3rd Dose), '4차' (4th Dose), '5차' (5th Dose), and '6차' (6th Dose). Below the table, there are sections for '누락자 상세 내역' (Missing Records) and '접종 상세 내역' (Vaccination Details), which include fields for '접종명/접종차수', '제조(LOT)번호', '접종기관명', '백신명', '접종일자', '제조사', '접종나이', and '접종자명'. A '관리 메모' (Management Memo) section is also present at the bottom.

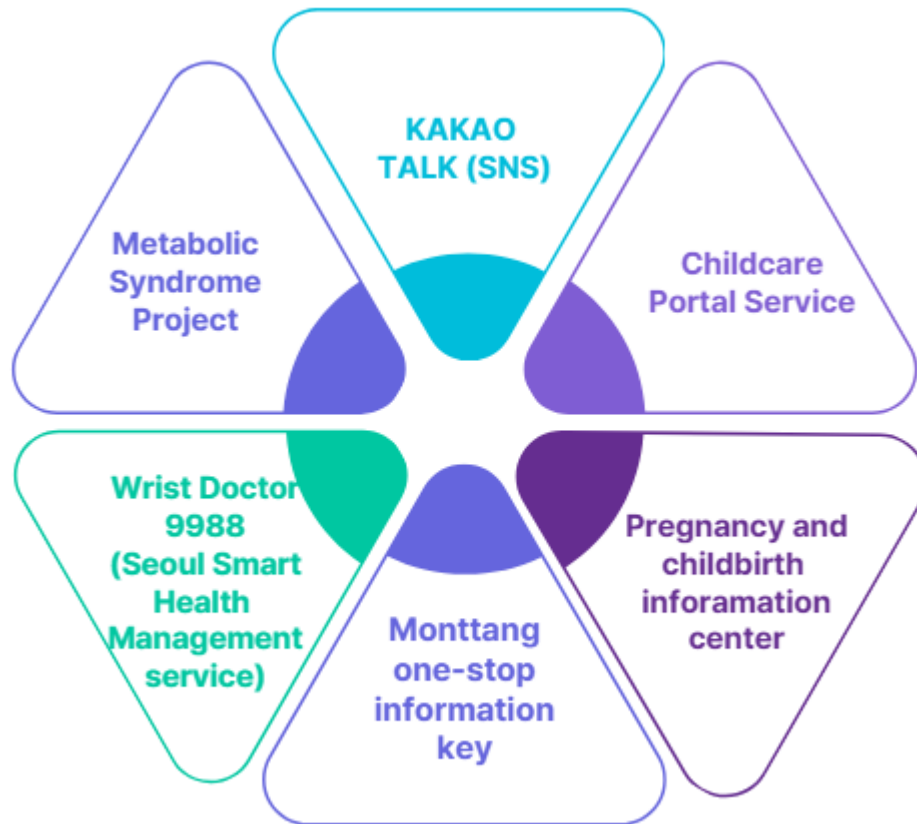
## 2. Immunization Quality Control

- 1 **Mandated training** for staffs in the medical institutions
- 2 **Continuing education** through the KDCA's LMS\*
- 3 **Audit** (twice a year) and **on-site inspection** (once every two years) programs
- 4 Enabling district offices to urge corrective actions from medical institutions when **incorrect registrations** or **vaccine administration errors** occur

\*LMS: Learning Management System

### 3. Customized promotion and collaboration by SMG\*

#### 1 Improved access to information via diverse channels



인플루엔자 홍보 포스터(손목닥터 9988, 서울시 누리집)

Through diverse media and online business platforms of the SMG\*, allowing easy access to vaccination information such as schedules and eligibility!

\*SMG: Seoul Metropolitan Government

## 2 Inclusive policies: information provision to foreigners and multicultural families for ensuring equity

**流感疫苗, 保护大家**

**接种期间**

生后6个月~1岁 (2022.11~2024.10) 需接种2剂	2025.9.22.~2026.4.30.
生后6个月~1岁 (2022.11~2025.8.31) 需接种1剂	2025.9.29.~2026.4.30.
孕妇	2025.9.29.~2026.4.30.
6岁及以上 (1950年12月31日以前出生)	2025.10.15.~2026.4.30.
10~74岁 (1951年1月1日~1955年12月31日出生)	2025.10.20.~2026.4.30.
65~69岁 (1956年1月1日~1960年12月31日出生)	2025.10.22.~2026.4.30.

**接种场所**  
指定医疗机构及公共卫生中心

点击疫苗接种助手

**Здоровье нашей семьи – защитим прививкой от гриппа!**

**Период вакцинации**

Дети от 6 месяцев до 1 года (дата рождения: 03.11.2022 – 03.10.2024) – 2 дозы	2025.9.22. – 2026.4.30.
Дети от 6 месяцев до 1 года (дата рождения: 03.11.2022 – 03.10.2025) – 1 доза	2025.9.29. – 2026.4.30.
Лица старше 6 лет (родившиеся до 31.12.1950)	2025.9.29. – 2026.4.30.
Лица от 10 до 74 лет (родившиеся с 01.01.1951 по 31.12.1955)	2025.10.15. – 2026.4.30.
Лица от 65 до 69 лет (родившиеся с 01.01.1956 по 31.12.1960)	2025.10.20. – 2026.4.30.

**Место вакцинации**  
В указанных медицинских учреждениях и центрах общественного здравоохранения

Click the QR code to go to the Vaccination Assistant

**TIÊM VẮC XIN Cúm BẢO VỆ TẤT CẢ CHÚNG TA**

**Thời gian tiêm chủng**

Trẻ từ 6 tháng đến 1 tuổi (sinh từ 03/11/2022 đến 03/10/2024) cần 2 liều vắc-xin	2025.9.22. – 2026.4.30.
Trẻ từ 6 tháng đến 1 tuổi (sinh từ 03/11/2022 đến 03/10/2025) cần 1 liều vắc-xin	2025.9.29. – 2026.4.30.
Phụ nữ mang thai	2025.9.29. – 2026.4.30.
Người từ 75 tuổi trở lên (sinh trước 31/12/1950)	2025.9.29. – 2026.4.30.
Người từ 10 đến 74 tuổi (sinh từ 01/01/1951 đến 31/12/1955)	2025.10.15. – 2026.4.30.
Người từ 65 đến 69 tuổi (sinh từ 01/01/1956 đến 31/12/1960)	2025.10.20. – 2026.4.30.

**Cơ sở tiêm chủng**  
Các cơ sở y tế được chỉ định và trung tâm y tế công cộng

Click the QR code to go to the Vaccination Assistant

**FLU VACCINATION PROTECTS US ALL**

**VACCINATION PERIOD**

6 months - Age 13 (2022.11 - 2025.8.31) for 2 doses	2025.9.22. - 2026.4.30.
6 months - Age 13 (2022.11 - 2025.8.31) for 1 dose	2025.9.29. - 2026.4.30.
Pregnant Women	2025.9.29. - 2026.4.30.
Age 75 and above (born between Dec. 31, 1950)	2025.10.15. - 2026.4.30.
Age 70 - 74 (born between Jan. 1, 1951 and Dec. 31, 1955)	2025.10.20. - 2026.4.30.
Age 65 - 69 (born between Jan. 1, 1956 and Dec. 31, 1960)	2025.10.22. - 2026.4.30.

**WHERE TO GO**  
Designated medical institutions and public health centers

Click the QR code to go to the Vaccination Helper

**インフルエンザ予防接種はみんなを守ります**

**接種期間**

生後6ヶ月～1歳 (2022年11月1日～2025年8月31日) 2回接種対象	2025.9.22.～2026.4.30.
生後6ヶ月～1歳 (2022年11月1日～2025年8月31日) 1回接種対象	2025.9.29.～2026.4.30.
妊婦	2025.9.29.～2026.4.30.
75歳以上 (1950年12月31日以前生まれ)	2025.10.15.～2026.4.30.
70～74歳 (1951年1月1日～1955年12月31日生まれ)	2025.10.20.～2026.4.30.
65～69歳 (1956年1月1日～1960年12月31日生まれ)	2025.10.22.～2026.4.30.

**接種施設**  
指定病院および保健センター

Click the QR code to go to the Vaccination Guide

## 3 Promotion in collaboration with other departments and district offices



- Electronic display boards
- Banners
- District office Website



- Promotion of student participation in vaccination
- Display of vaccination promotional materials



- Promotion through linkage of target populations between the Visiting Health Care Program and the Cardiovascular Disease Prevention and Management Program



National Tax Service, Seongdong office

**65세 이상 폐렴구균 무료 예방접종**

**접종대상** 65세 이상 어르신(1961.12.31. 이전 출생자)

**지원내용** 폐렴구균 23가 다당 백신(PPSV23) 1회 무료 접종

**준비물** 접종내역 확인 및 본인 확인을 위한 신분증

**접종장소** 전국 보건소 및 지정의료기관

※ 지정의료기관은 예방접종도우미 누리집 (<http://nip.kdca.go.kr>) 확인

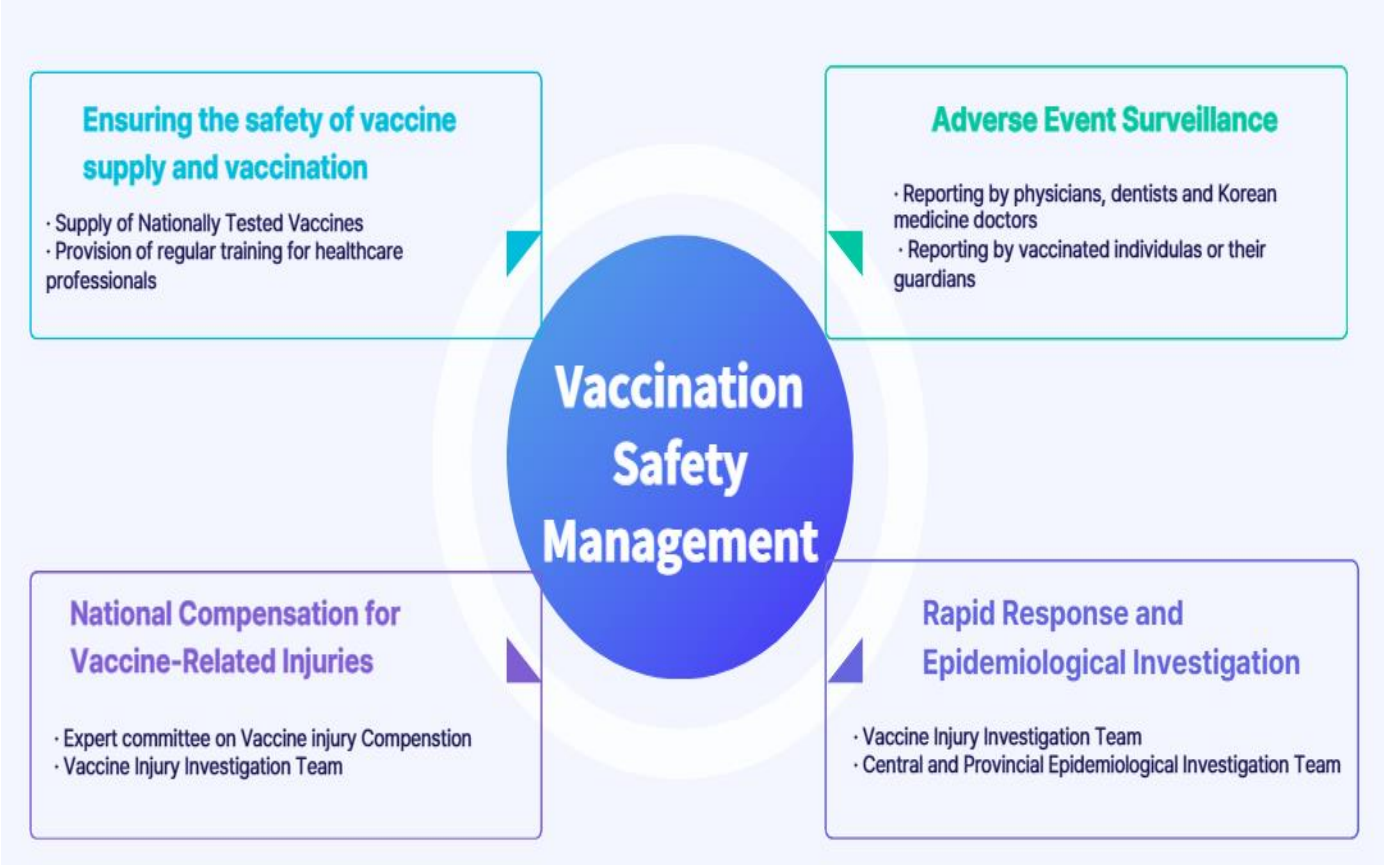
**문의사항** 성북구보건소 예방접종실 ☎02-2241-6013, 6019

지정의료기관 확인하기

District Health Center, Seongbuk

# 4. Post-vaccination adverse event management system

## 1 Vaccination safety management system in place at national level



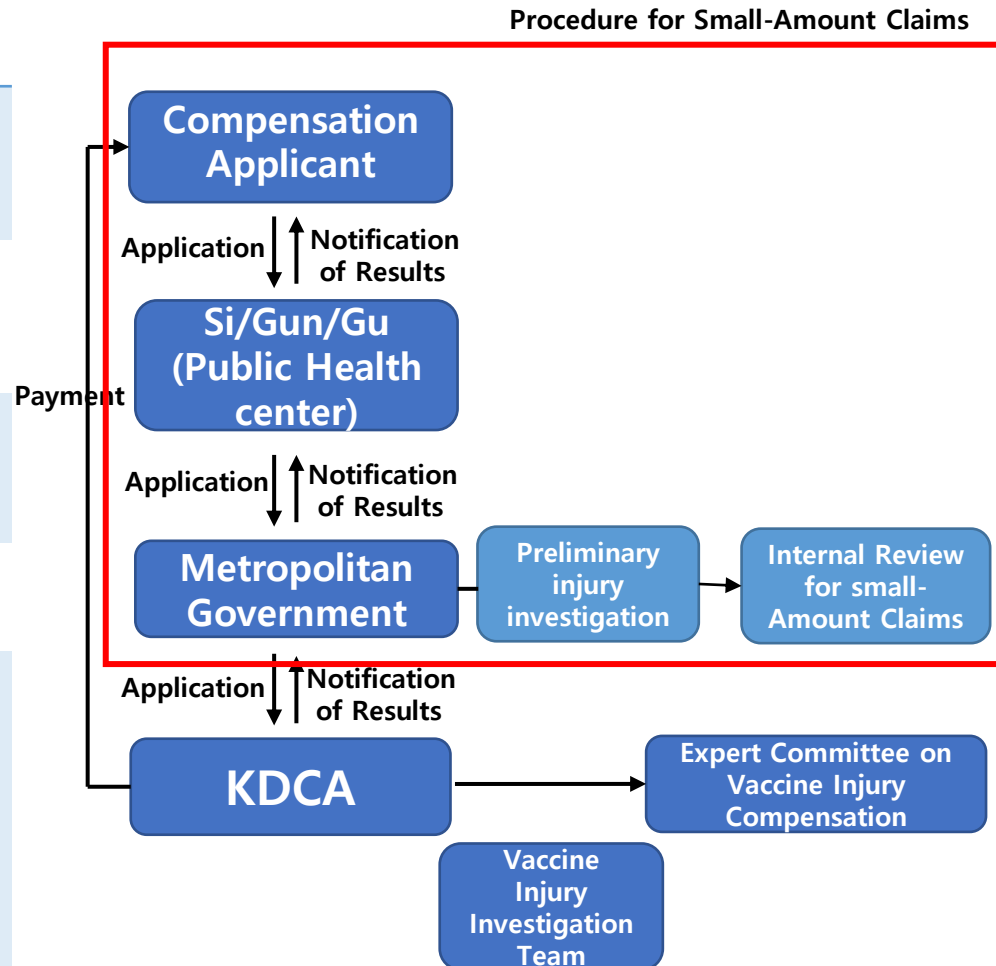
Safety management system is a pre-requisite for achieving **95%** vaccination rate

## 2 Operating the Integrated Disease & Health Management System for safety management

### 3 Vaccine-related injury compensation system

A societal protection system under which the government compensates for adverse events that may occur despite compliance with vaccination standards

<b>Legal basis</b>	Article 71 of the Infectious Disease Prevention and Control Act
<b>Applicants</b>	Persons who have been vaccinated in accordance with the <b>Vaccination Implementation Standards and Methods</b> (Korea Disease Control and Prevention Agency Notice No. 2026-1)
<b>Review process</b>	Individual(application) → District Health Center → City/Province (basic damage investigation) → Korea Disease Control and Prevention Agency
<b>Application deadline</b>	Within 5 years from the date of post-vaccination adverse event occurrence
<b>Responsible organization</b>	<b>Korea Disease Control and Prevention Agency</b>
<b>Range of coverage</b>	<ol style="list-style-type: none"> <li>① Medical and nursing expenses (the remaining amount of medical expenses for the injury, excluding the insurer's share according to the National Health Insurance Act, and a fixed nursing fee of 50,000 won per day, etc.)</li> <li>② Disability lump sum compensation depending on severity</li> <li>③ Lump sum death compensation (lump sum death compensation, funeral expenses)</li> </ol>



# V Key achievements

Number of 19 pediatric NIP vaccine administrations in 2025  
: 1,129,850 doses

Since the start of partial support for vaccination costs at medical institution in 2009, the amount of supported costs and the number of participating medical institutions has continued to expand



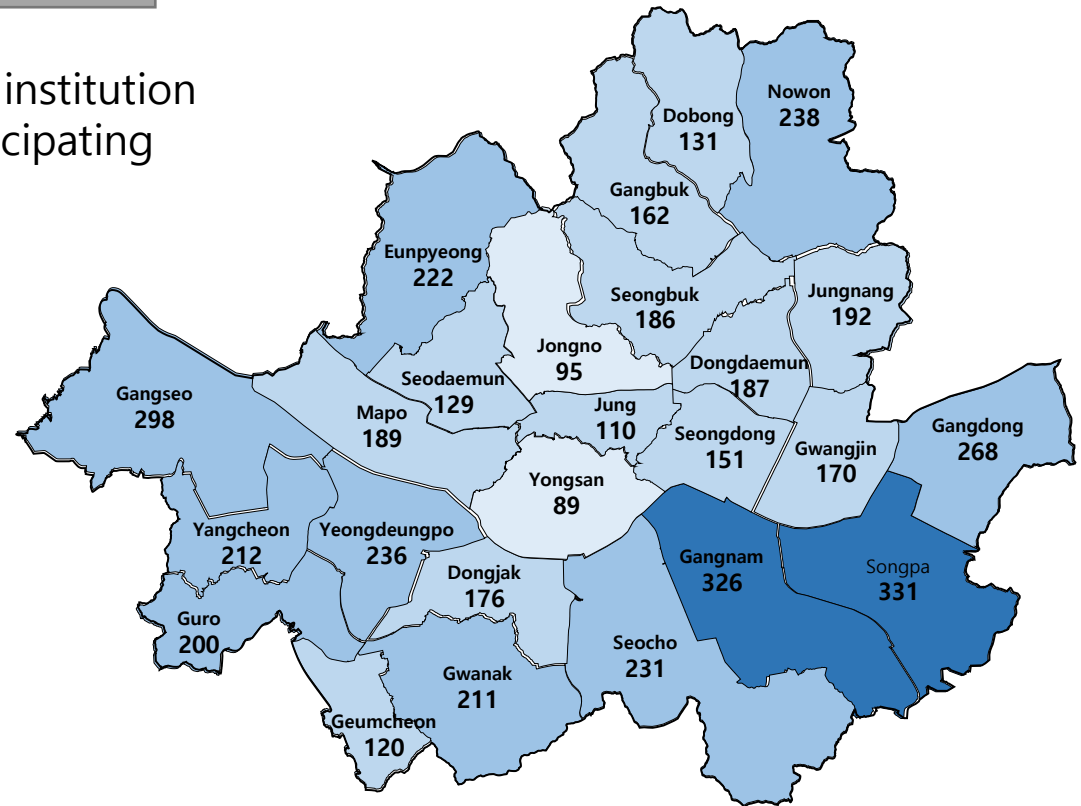
Recipients

No direct cost to recipients under the NIP



Number of entrusted medical institutions

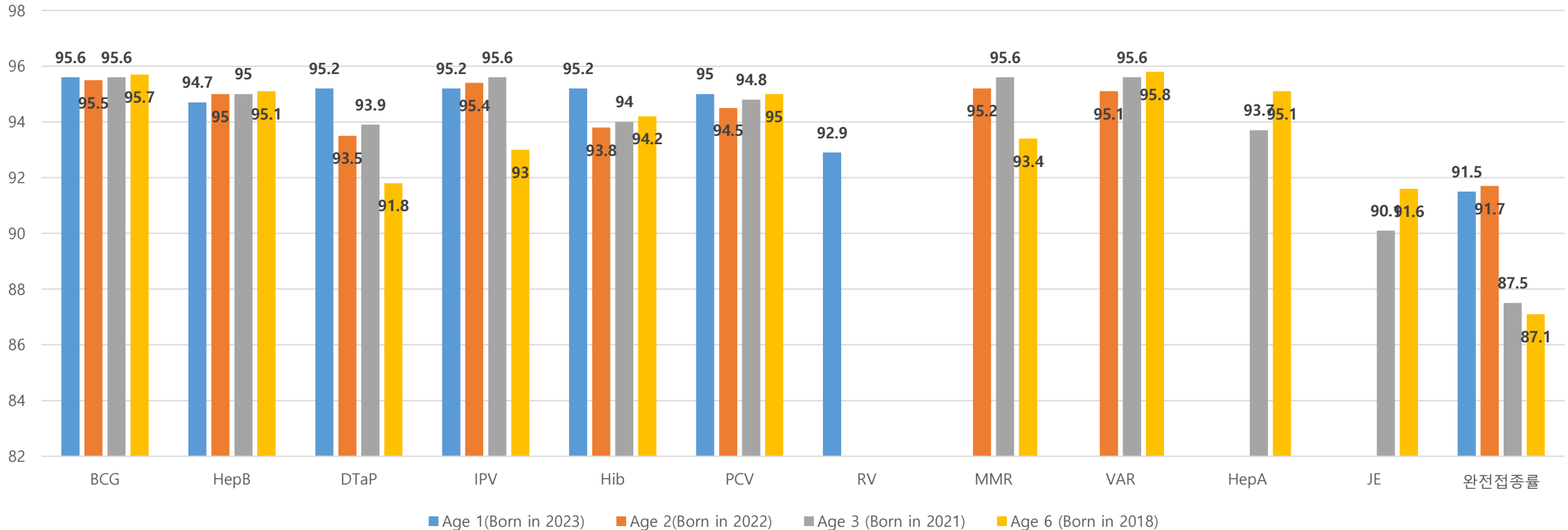
4,860



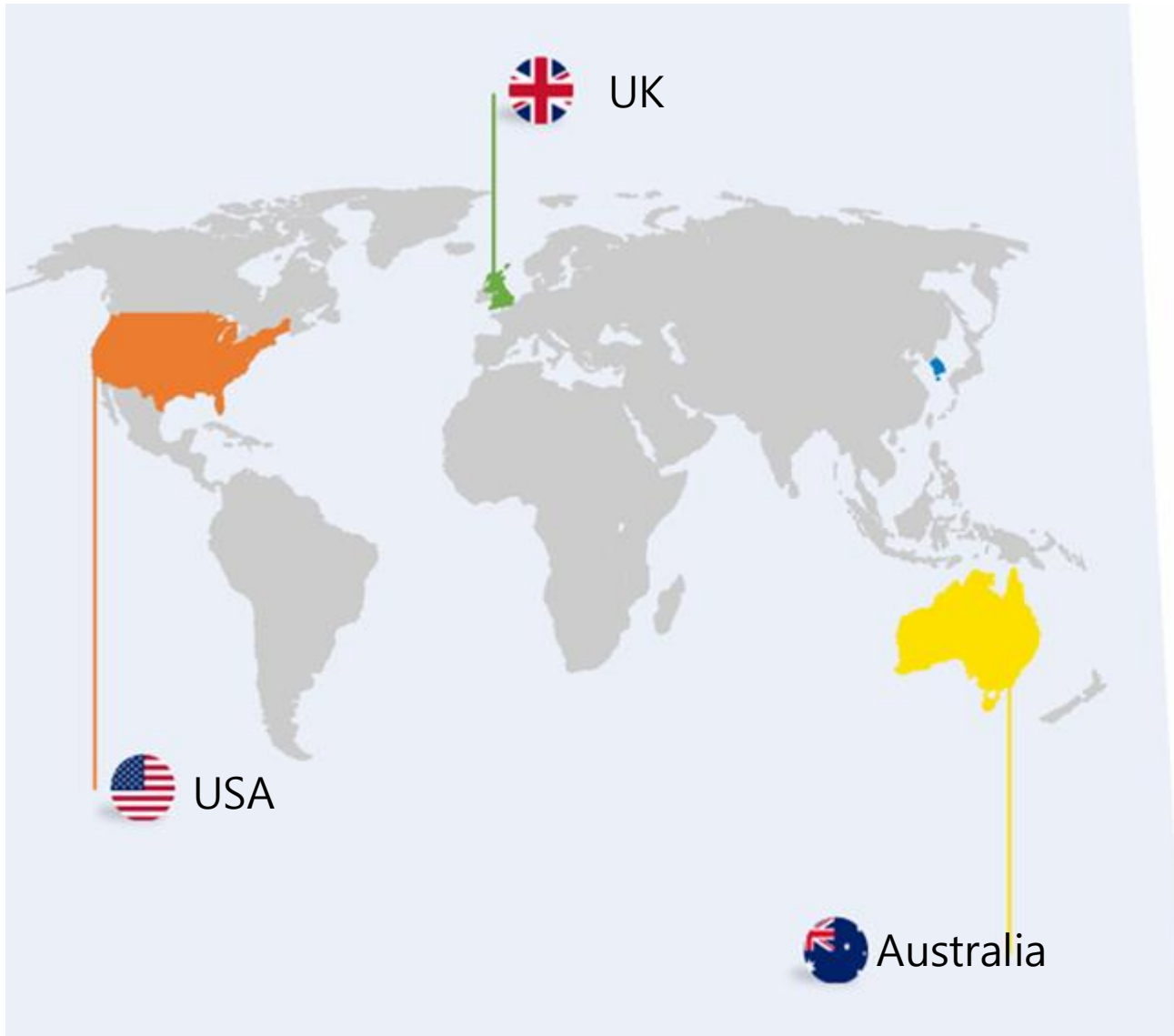
# 1 High vaccination rates in pediatric population

- Vaccination rates remain **at approximately 95%** for children ages 1~3,
- Complete adherence to NIP vaccination exceeding **90% for infants** and **87% for those ages 3~6**
- Vaccination rates in a decreasing trend in some vaccines with age's increasing

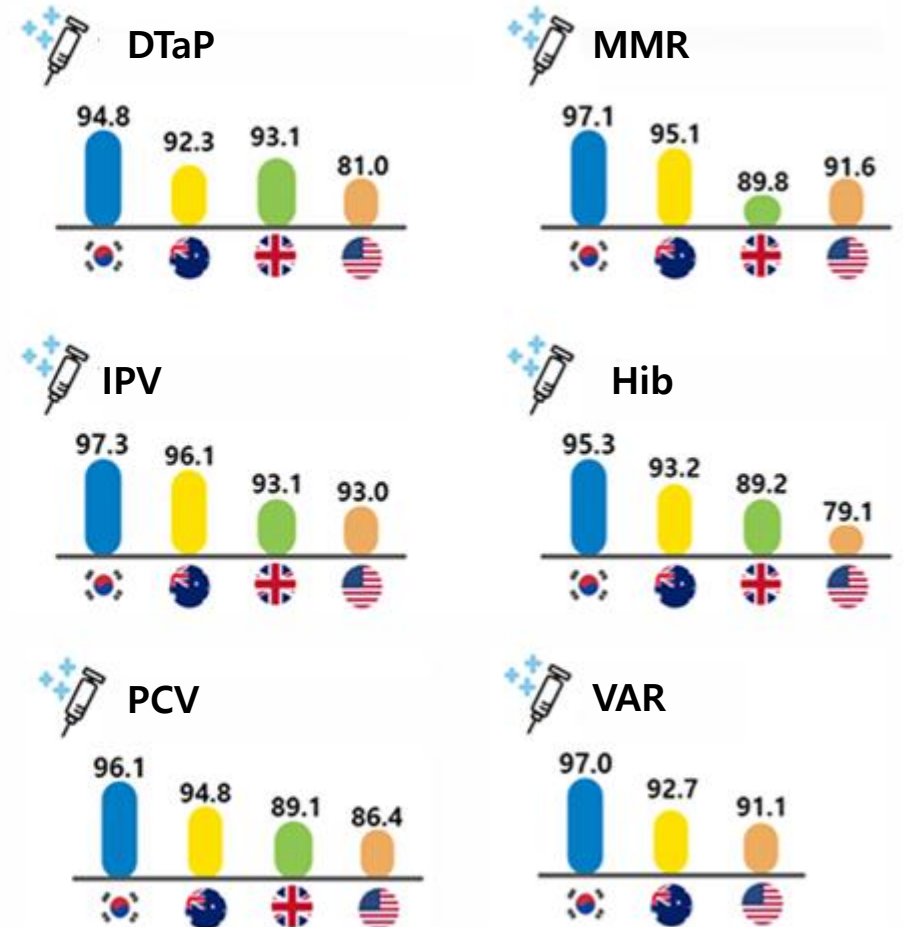
Vaccination Rates by Vaccine Type and Age Group (SEOUL)



2 Higher vaccination rates in the pediatric population compared with those in other countries



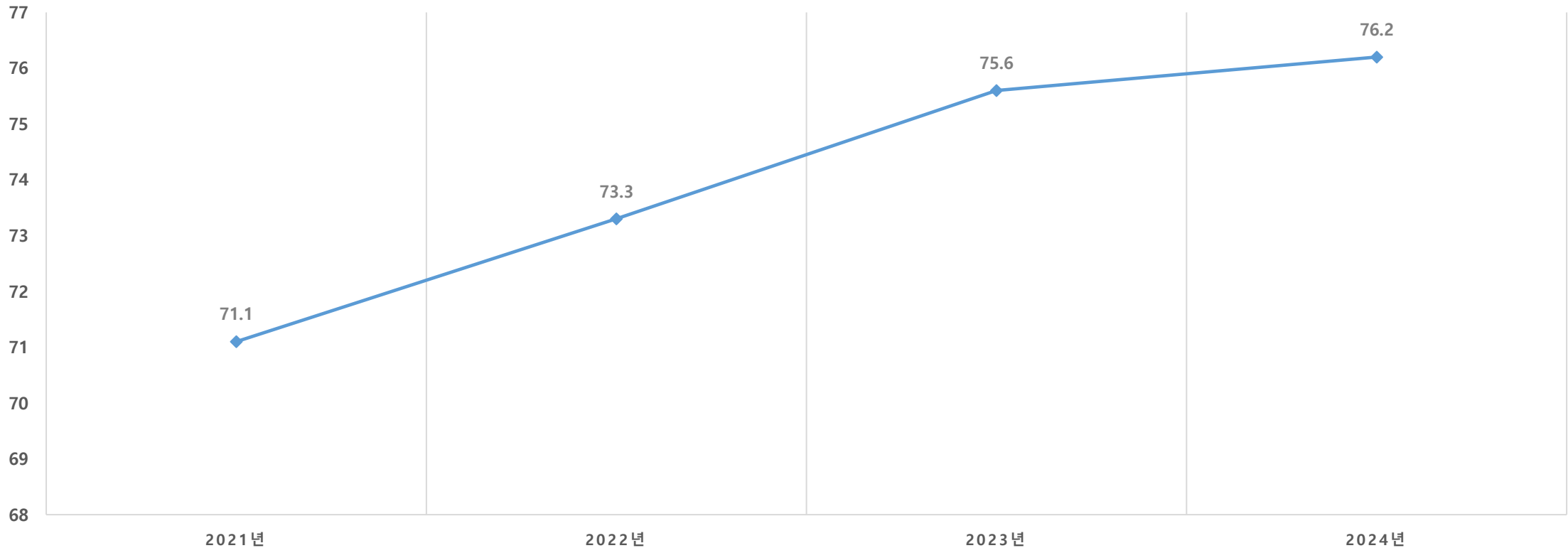
<Vaccination Rates of Two-Year-old Children by Country>



3 Pneumococcal vaccination rates for adults aged 65 and older: **76.2%**

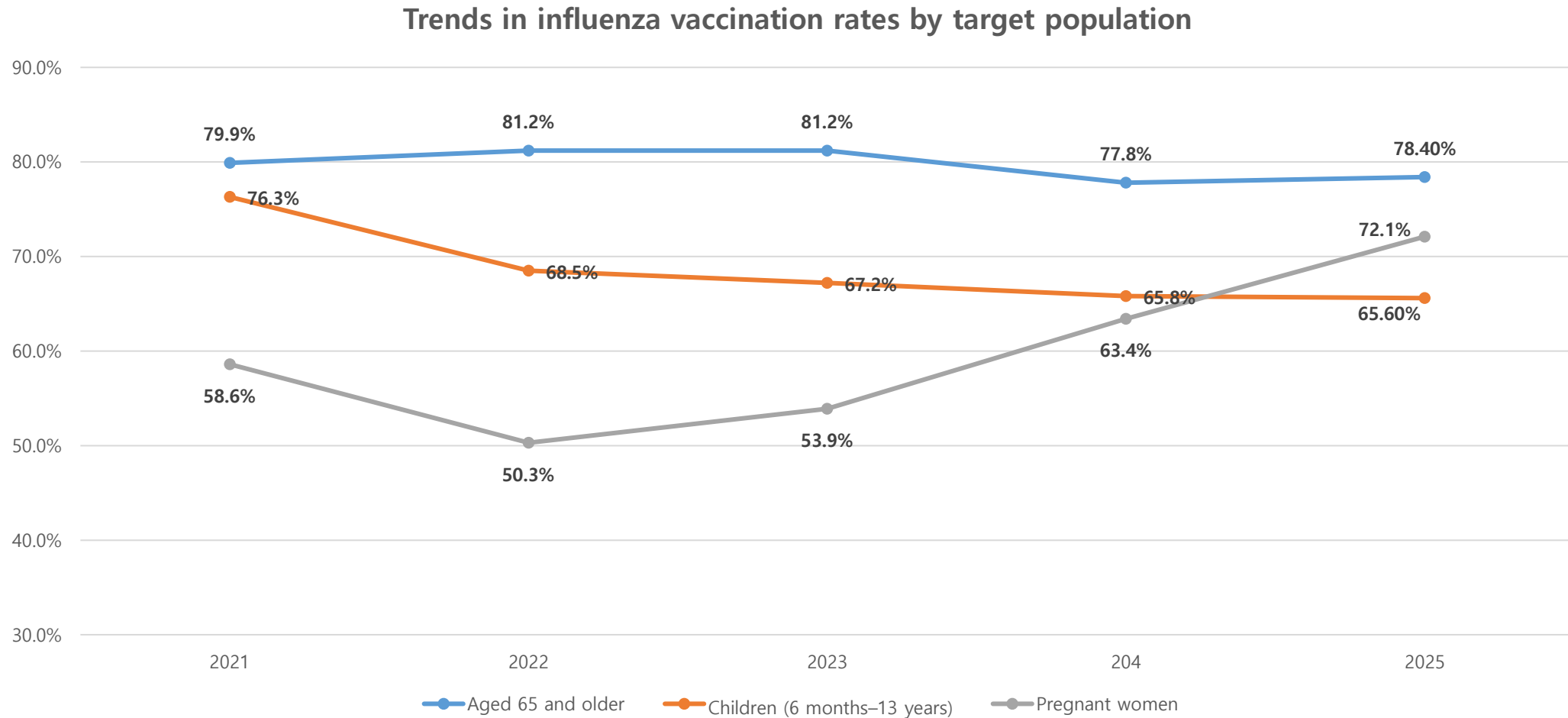
Since the introduction of the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for people aged 65 and older in 2012, the vaccination rate has been steadily increasing, with **the cumulative vaccination rate reaching 76.2%**.

Pneumococcal vaccination rates in adults aged 65 and older



## Influenza vaccination rates in target populations: **maintaining 80% in 65+ population**

Stable vaccination rates in 65+ population, but efforts needed to increase overall vaccination rates



## VI

District-level **supplementary immunization** programs**1 Shingles vaccination program** for elderly and vulnerable populations**➔ Example of local government-led vaccination programs that reflect local situations**

## ① Differences in eligibility

- Age criteria : 50+ (Eunpyeong), 60+ (Dongjak, Songpa, Gangdong), 65+ (most districts)
- Socioeconomic criteria : basic livelihood recipients, recipients of medical aid, low income class
- Residency requirement

## ② Differences in vaccine type

- Mostly live attenuated vaccine : low cost and widely selected
- Recombinant vaccine : partial support in 6 districts (Seongbuk, Nowon, Gangseo, Guro, Gangnam, Songpa)

## ③ Differences in operation model

- District health center-led, medical institution-led, hybrid type

## VII Conclusions and future work

- 1 Inclusion of more vaccines to adults and elderly, expansion of support for new vaccines
- 2 Managing the decrease in vaccination rates with age
- 3 Enhancing public trust by strengthening communication about adverse events
- 4 Advancement of digital-based management systems

*NIP in Seoul achieves **high vaccination rates** and gains **public trust** through data-driven management systems and networks with medical institutions. It is the model that combines policies of the central government and execution of local government.*