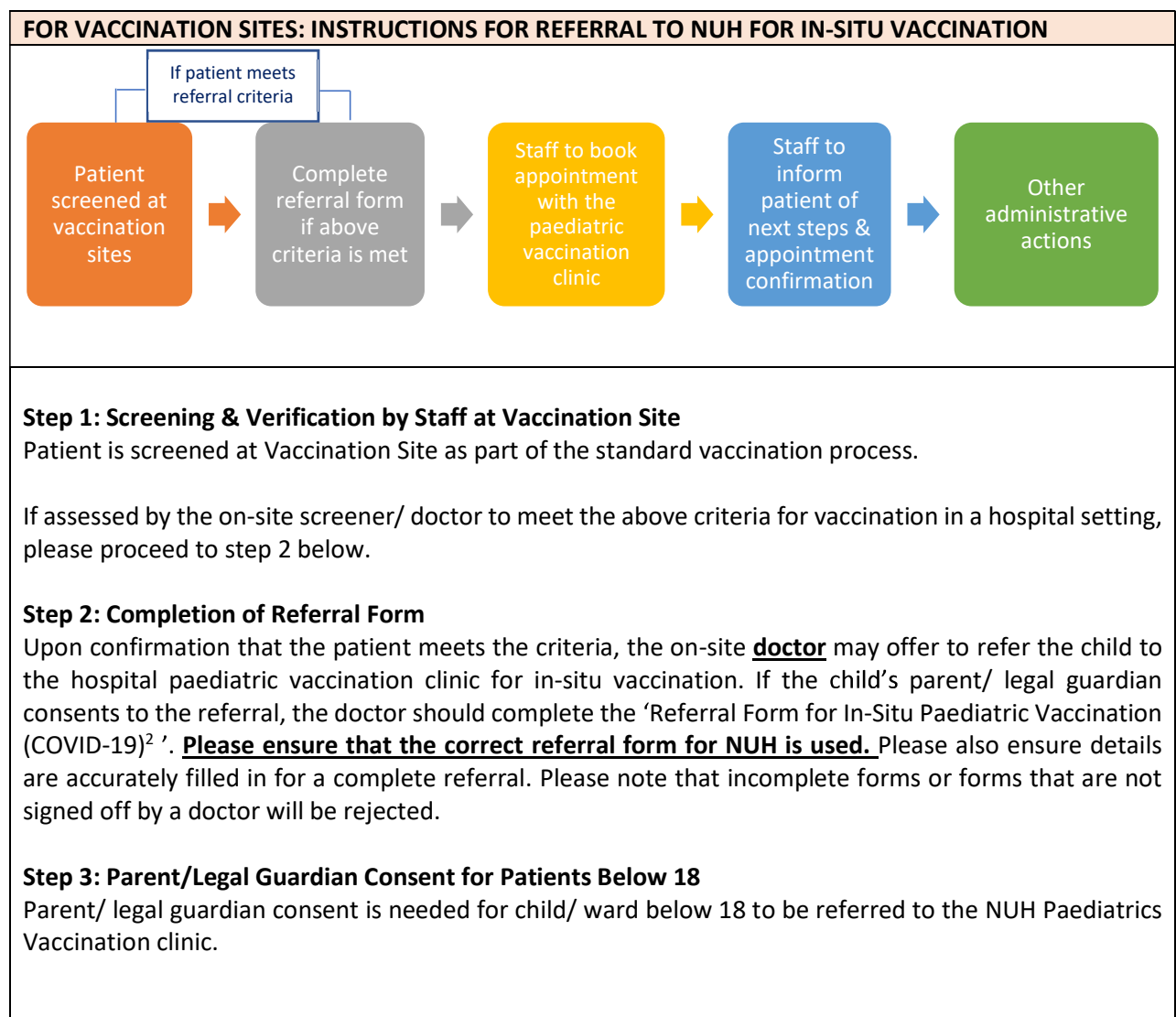


**INSTRUCTIONS FOR REFERRAL TO NUH PAEDIATRIC VACCINATION CLINIC FOR IN-SITU VACCINATION OF CHILDREN AGED 6 MONTHS TO 4 YEARS.**

**Criteria for Referral:**

1. Patient is between 6 months to < 5 years of age.
2. Patient has one or more conditions described in the Operations Instruction<sup>1</sup>.
3. Patient does not have any contraindications to vaccination with the Pfizer-BioNTech/Comirnaty vaccine.
4. Recommendations on contraindications and indications to the COVID-19 vaccines are tabulated in Annex C of the MOH Circular No 110/2022, dated 17 Oct 2022.



<sup>1</sup> You may refer to the clinical guidance in the “Operations Instruction to Vaccination Providers for the Conduct of COVID-19 Pfizer-BioNTech/Comirnaty Vaccination For Children Aged 6 Months To 4 Years” for more details.

<sup>2</sup> Operations Instruction to Vaccination Providers for the Conduct of COVID-19 Pfizer-BioNTech/Comirnaty Vaccination For Children Aged 6 Months To 4 Years, Referral for In-Situ Paediatric Vaccination in the Public Healthcare Institutions, Referral Form for NUH.

- a. If the parent/ legal guardian of the child is **present** in person:
  - i. Vaccination site staff should verbally seek consent for the child's /ward's referral and record it in the system.
- b. If the parent/ legal guardian of the child is **NOT present** in person:
  - i. Vaccination site staff should contact the parent/ legal guardian to obtain consent for the said referral. If the parent/ legal guardian is **uncontactable**, vaccination site staff should provide the referral form to the child/ ward and subsequently inform the parent/ legal guardian.

**Step 4: Vaccination Site Staff Assists with Booking of Appointment with the Paediatric Vaccination Clinic**

Booking of appointments with the Paediatric Vaccination Clinic at NUH for paediatric patients **below age 12 years** should be made via email only to [vuc3@nuhs.edu.sg](mailto:vuc3@nuhs.edu.sg) and [evelynn\\_goh@nuhs.edu.sg](mailto:evelynn_goh@nuhs.edu.sg) with a standardised email subject header titled: **"MOH – Referral for In-Situ Paediatric COVID-19 Vaccination - <Referring Site Name>"** On-site staff are to complete and email a copy (scanned/clear photo) of the duly completed referral form to the Paediatric Vaccination clinic. Please refer to the Referral Form for details on the template.

**Step 5: Inform Patient of Next Steps and Confirmation of Appointment for Vaccination in NUH**

Vaccination Site staff should inform the child and parent/ legal guardian that they will be notified of the outcome of their appointment within three to five (3 to 5) working days from the date of successful referral. Parents/ legal guardians should provide their own contact details so that they can be informed of the referral outcome. Staff should also provide a Vaccination Site point of contact with relevant contact number(s) for parent/ legal guardian to call back to the referring site in the event he/ she does not receive an appointment notification from NUH or have queries prior to the in-situ vaccination appointment being confirmed.

Vaccination Sites should inform the parent/ legal guardian that once the appointment is fixed, he/ she should contact NUH if there are any further queries related to the child's / ward's scheduled appointment with NUH. The contact details could be found in the referral form. Vaccination Sites should remind the parent/ legal guardian on the need to bring along the completed referral form (hardcopy), Birth Certificate, NRIC/ FIN or passport and, if applicable, any relevant medical records/ documents related to the child's medical condition.

To ensure a smoother handover, Vaccination Site Staff may wish to call the parent/ legal guardian to check if he/ she has received the SMS from NUH.

For **confirmed referrals**, NUH will officially reply to the respective Vaccination Site on the confirmed referrals via the same email referral thread with the details of the confirmed appointments. The parent/ legal guardian will also receive a confirmation of the child's/ ward's appointment via SMS from NUH within three to five (3 to 5) working days.

**Incomplete and unsuccessful referrals will be sent back to the respective vaccination site (via email) for follow-up accordingly.** For incomplete referrals, the Vaccination Site staff should endeavour to re-submit the duly completed referral back to NUH via email as soon as possible. For unsuccessful referrals, the Vaccination Site should update and follow through with the parent/ legal guardian accordingly – this would involve

- a. Informing the parent/ legal guardian about the unsuccessful referral.
- b. Inviting the parent/ legal guardian to bring their child/ ward back to the Vaccination Site for vaccination in the community setting.

**Step 6: Other Administrative Action**

1. Patients who are referred to the NUH Paediatric Vaccination clinic and assessed to be suitable for in-situ vaccination will have their vaccination administered at NUH. Vaccination Site Staff are to:
  - a. Inform the parent/ legal guardian to cancel their subsequent vaccination appointment, if required. The cancellation should preferably be done on-site at the vaccination centre. Staff can also assist the patient to cancel their appointment.
  - b. Remind the parent/ legal guardian to wait for an SMS notification from NUH on the confirmation of their child's/ ward's appointment
  
2. Vaccination Site staff are required to keep a record of the child's referral details. Please refer to Annex A for details.

**Contact Details of the Paediatric Vaccination Clinic**

If there are queries, the details of the clinic are outlined below:

**National University Hospital**

Viva-University Children's Cancer Centre (VUC3)

NUH Medical Centre, Zone B @ Level 9

Contact number: 67725030

Email: vuc3@nuhs.edu.sg

Operating Hours: 8:00am to 5:30pm (Mon-Fri), 8:00am -12:00pm (Sat)

**ANNEX A: RECORD OF DETAILS OF PATIENTS**

- Name
- NRIC
- Age
- Gender
- Handphone Number (of parent or legal guardian)
- Email address (of parent or legal guardian)
- Vaccination Site Referring Doctor
- Date of referral
- Scheduled Appointment Date at NUH
- Scheduled Appointment Time at NUH