

어린이 국가예방접종사업 안내

National Immunization Program for Children

예방접종은 치명적인 질병으로부터 아이들을 보호할 수 있는 안전하고 효과적인 방법으로, 어린이 감염병 예방을 위해 국가에서 예방접종비용을 전액 지원하고 있습니다.

Immunization is an effective and safe method to protect children from deadly diseases. The nation is providing a full support of the cost of immunization to prevent children from infectious diseases.

» 국가예방접종 지원백신 National Vaccination Supported Vaccines

대상감염병 Diseases protected against		백신종류 및 방법 Vaccines types and method		회수 No.	출생~1개월 이내 Birth ~ 1 month	1개월 1 month	2개월 2 month	4개월 4 month	6개월 6 month	12개월 12 month	15개월 15 month	18개월 18 month	19~23개월 19~23 month	24~35개월 24~35 month	만 4세 4 years old	만 6세 6 years old	만 11세 11 years old	만 12세 12 years old
국가예방접종 National Vaccination	결핵 Tuberculosis	BCG (피내용 Blood content)		1	BCG 1회 (1 time)													
	B형간염 Hepatitis B	HepB		3	HepB 1회 (Primary)	HepB 2회 (Secondary)			HepB 3회 (3rd)									
	디프테리아 Diphtheria 파상풍 Tetanus 백일해 Whooping cough	DTaP Tdap/Td		5 1			DTaP 1회 (Primary)	DTaP 2회 (Secondary)	DTaP 3회 (3rd)			DTaP 4회 (4th)				DTaP 5회 (5th)		Tdap/Td 6회 (6th)
	폴리오 Poliovirus	IPV		4			IPV 1회 (Primary)	IPV 2회 (Secondary)		IPV 3회 (3rd)						IPV 4회 (4th)		
	B형헤모필루스인플루엔자 Haemophilus influenzae type b	Hib		4			Hib 1회 (Primary)	Hib 2회 (Secondary)	Hib 3회 (3rd)		Hib 4회 (4th)							
	폐렴구균 Pneumococcal	PCV PPSV		4 -			PCV 1회 (Primary)	PCV 2회 (Secondary)	PCV 3회 (3rd)	PCV 4회 (4th)								고위험군에 한하여 접종 Vaccination only for high risk group
	홍역 Measles 유행성 이하선염 Mumps 풍진 German measles	MMR		2						MMR 1회 (Primary)						MMR 2회 (Secondary)		
	수두 Varicella	VAR		1						VAR 1회 (1 time)								
	A형간염 Hepatitis A	HepA		2							HepA 1~2회 (Primary~Secondary)							
	일본뇌염 Japanese encephalitis	IJEV LJEV		5 2							IJEV 1~2회 (Primary~Secondary)			IJEV 3회 (3rd)		IJEV 4회 (4th)		IJEV 5회 (5th)
	사람유두종바이러스 감염증 Human Papilloma Virus Infection Disease	HPV		2							ILJEV 1회 (Primary)							
	인플루엔자 Influenza	IIV		-														IIV 매년 접종 Annual vaccination
	기타 예방접종 Others	코티바이러스 감염증 Rotavirus	RV1 RV5	2 3				RV 1회 (Primary)	RV 2회 (Secondary)		RV 3회 (3rd)							

» 무료 접종 지정 의료기관

» Free vaccination designated medical institution

- 지정 의료기관은 예방접종도우미 누리집(<https://nip.kdca.go.kr>)에서 확인할 수 있습니다.
- Designated medical institutions can be found at the Vaccination Assistance (NIP) website (<https://nip.kdca.go.kr>).
 - * 지정 의료기관 방문 전 접종 가능한 백신 종류를 확인하시기 바랍니다.
 - * Please check the type of vaccine available before you visit a designated medical institution.
 - * 지정 의료기관 정보는 한국어로 제공됩니다.
 - * Designated medical institution information is provided in Korean.
- 출생신고가 1개월 이상 지연된 경우 보건소에서 예방접종을 위한 임시관리번호를 발급받으면 무료 접종 가능합니다.
- If your child's birth report is delayed for more than one month, you can still get a free vaccination if you receive a temporary control number for vaccination at the public health center.
- 자녀의 예방접종 기록은 예방접종도우미 누리집 또는 이동통신 앱에서도 확인할 수 있습니다. 예방접종을 완료하지 않은 경우, 가까운 보건소 또는 지정 의료기관을 방문하여 무료접종 받으시기 바랍니다. 만약 예방접종을 완료하였으나 전산등록이 누락된 경우 접종기관에 전산등록을 요청하시기 바랍니다(한국어로만 지원).
- Your child's immunization records can also be found in the Vaccination Assistance website or mobile app. If you have not completed vaccination, visit your nearest public health center or a designated medical institution for free vaccination. If you have completed the vaccination but are missing a registration, please ask the vaccination agency for registration (Provided in Korean only).
- 더 궁금한 사항이 있을 때에는 인터넷 예방접종도우미 누리집 또는 이동통신 앱을 통해 확인하거나 전화로 문의주세요.
- If you have further questions, please check through the Internet Vaccination Assistance (NIP) website or mobile app or please call us.

누리집: <https://nip.kdca.go.kr> | 전화번호: 043-719-8397~8399 | 다누리콜센터: 1577-1366
 Homepage: <https://nip.kdca.go.kr> | Phone: 043-719-8397 ~ 8399 | Danuri Call Center: 1577-1366

Immunization Procedures Guide

(Guardians for Multicultural Families)

1. View your vaccinations written in your native language and fill out the (in Korean) 'vaccination preparation table'.

〈When filling out the vaccination preparation table〉

- Write your child's full name in Korean or English.
- Please fill out social security number (foreign registration number). If your child does not have a social security number (foreign registration number), write down the 'temporary control number' issued by the public health center for vaccination.
- If your date of birth differs from your child's actual date of birth, write the actual date of birth in the box provided.
 - * The vaccination schedule is based on your actual date of birth, so if your child's date of birth is different, ask your local public health center to bring a document (such as a birth certificate) to prove your child's date of birth.
- If your child is sick today, please fill out the following symptoms.

1. Fever	2. Cough	3. Sore throat	4. Diarrhea	5. Abdominal pain
6. Vomiting	7. Headache	8. No energy	9. Other	

2. Please wait in front of the office until your child's name is called.
3. (Before vaccination) Check your child's history of past vaccinations.
 - ※ The doctor may check the child's past vaccination history through the computer system.
 - ※ Show your child's immunization record to your doctor if you have a baby notebook.
4. (Before vaccination) Please listen carefully about the results and adverse effects that doctor explains.
 - ※ If you are not comfortable with Korean, ask your doctor to print out the VIS in your native language, and carefully read 'Precautions and Adverse Effects after Vaccination'
5. (When Inoculation) To help the doctor give your child a comfortable shot, when your child is young, have your child sit on your thighs and wraps your child's upper body with one arm.
6. (When Inoculation) Listen carefully about before and after vaccination and receive the vaccination.
7. (After vaccination) Determine your child's next vaccination date with your doctor.
 - * When filling out the schedule, 'accept mobile phone number marking and text reception' and tell your doctor the language you want. From the next vaccination date, you will be notified of the next vaccination name and vaccination date in a language you desire.
 - If you select your preferred language, you can register additional mobile phone numbers of other guardians so that you can be informed of the next vaccination schedule.
8. (After vaccination) Stay in the hospital for 20-30 minutes and watch for any adverse reactions.
9. (After your return home) Watch your child's symptoms carefully for at least three hours and seek medical attention immediately if your child has a high fever or have other unusual physical symptoms.

※ If you need an interpreter related to vaccination, call the Danuri Call Center (☎ 1577-1366) for assistance.

Immunization Screening Questionnaire

To ensure safe vaccinations, please read the following questions carefully and mark Patient/
Parent or Legal Guardian as appropriate.

Name		Resident Registration Numbers	-	(<input type="checkbox"/> Male <input type="checkbox"/> Female)
Date of Birth (YYYY.MM.DD)		Foreign Registration Number	-	(<input type="checkbox"/> Male <input type="checkbox"/> Female)
Telephone	(Home)	(Cell Phone)	Weight	kg

Release of Personal Vaccination Information	Patient/ Parent or Legal Guardian <input checked="" type="checkbox"/>
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We collect personal information including Foreign Registration Number and Sensitive Information in accordance with the "INFECTIOUS DISEASE CONTROL AND PREVENTION ACT" Article 24, 32 and the "ENFORCEMENT DECREE OF THE INFECTIOUS DISEASE CONTROL AND PREVENTION ACT" Article 32-3. The additional personal information to be collected is as follows:

- Personal information collection-processing purpose: sending reminder messages regarding upcoming vaccination dates, confirmation messages for received vaccinations, and messages regarding the monitoring of adverse events following immunization.
- Personal information collection-processing category: personal information(including Foreign Registration Number and Sensitive Information), telephone(home, cell phone)
- Period of retention and use: 5 years

I hereby consent to the release of my child's (my) vaccination records through the Immunization Registry Information System (IRIS). * Denying consent could lead to unnecessary vaccinations or cross vaccinations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby consent to receiving reminder messages for upcoming vaccinations and confirmation of received vaccinations. * Denying consent will result in no longer receiving information on upcoming or received vaccinations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby consent to receiving messages for the monitoring of adverse events following immunization. * Denying consent will result in no longer receiving information on adverse events following immunization.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Immunization Screening Checklist	Patient/ Parent or Legal Guardian <input checked="" type="checkbox"/>
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Are you feeling sick today? If yes, please describe any symptoms. ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever experienced an allergic reaction such as urticaria or rash to certain medications, foods (especially eggs), or vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever experienced any adverse events following vaccination in the past? If yes, please specify the vaccine. ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed with or treated for congenital anomaly, asthma, lung, heart, kidney, or liver problems, metabolic diseases (e.g. diabetes), or blood disorders? If yes, please specify. ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced seizures or other nervous system disorders (e.g. Guillain-Barre syndrome)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cancer, hematologic diseases, or any other immune system problem? If yes, please describe. ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past three months, have you taken cortisone, prednisone, other steroids or anti-cancer drugs, or had radiation treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, have you ever received a blood transfusion or immunoglobulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any vaccinations within the past month? If yes, please specify. ()	<input type="checkbox"/> Yes <input type="checkbox"/> No
(For women) Are you pregnant or is there a chance of becoming pregnant within the next month?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby confirm that I have been informed of my examination results and of the potential adverse events following immunizations (AEFIs), and hereby agree to receiving vaccination(s).

Patient or Parent/Legal Guardian:
(Name) (Signature) (Relationship to patient)
* National Registration Number of legal guardian (if your child's birth has not yet been registered): -
Date : (yyy) (mm) (dd)

Results of Pre-Vaccination Screening (to be completed by a physician)	Check <input checked="" type="checkbox"/>
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Body temperature : °C	I have explained about possible risks of immunization (AEFI)	<input type="checkbox"/>
I have explained that the vaccine recipient should stay at the medical institution for 20~30 minutes for observation.		<input type="checkbox"/>
Results of history-taking :		
Based on the patient's history and physical examination, the vaccine recipient is able to receive vaccinations. Physician (Name): (Signature)		

자녀의 예방접종 기록을 확인하세요. Check your child's immunization record.

■ What's the benefit of computerizing immunization records?

1. You can check your child's vaccination record in the immunization helper website (<https://nip.kdca.go.kr>) or mobile communication app, right away.
 - Become a member of the Vaccination Assistance website (<https://nip.kdca.go.kr>) and register your children.
 - Vaccination Assistance Homepage Login → [Vaccination Management] → [Child Vaccination Management] → [Child Information Registration]
 - Check the registered child's vaccination records in the following ways.
 - Vaccination Assistance homepage → [Vaccination Management] → [Child Vaccination Management] → [Child Vaccination History Inquiry]
 - Vaccination Assistance mobile communication app → [my child vaccination] → [baby notebook]
 - * The mobile communication app can be used after signing up and registering children in 'Vaccination Assistance homepage'.
 - ※ If your child's immunization record is not registered, ask a vaccination agency for registration.
 - ※ The Immunization Handbook is a handbook that helps guardians manage their children's vaccination details and is not a substitute for the vaccination certificate.
2. You can get a vaccination certificate online for free (in Korean or English).
 - Vaccination Assistance Homepage Login → [E-Application Service] → [Vaccination Certificate]
3. To help you remember your child's vaccination date, we will inform you of the next vaccination date through text messages.
 - Please provide the mobile phone number of the parent (guardian) who can be contacted by your doctor. They will inform you of the next vaccination date by text about the required vaccinations.
 - If you select your preferred language, you can register additional mobile phone numbers of other guardians so that you can be informed of the next vaccination schedule.

■ Please obtain a vaccination certificate for your child who has been vaccinated overseas.

After your long-term stay in a foreign country, you must obtain a certificate of vaccination or a document signed or officially signed by an immunization agency before returning home.

In order to prevent and manage infectious diseases and protect the health of children and students living in groups, the Republic of Korea is required to submit a vaccination certificate upon admission to daycare centers or elementary and junior high schools.

However, vaccination certificate will not be submitted to the day care center or school if it is registered on the CDC.

* In accordance to: Article 31 of the Act on the Prevention and Management of Infectious Diseases, Article 10 of the School Health Act, and Article 313 of the Infant Care Act.

National Immunization Support Program

국가예방접종 지원사업

» National Immunization Support Program for Children

Immunization is fully funded to protect children from vaccine-preventable infectious diseases.

- Recipients: children under 12
 - ※ Inquire nearby public health center or designated hospital for more recipient details
- No. of vaccine types: 17

Tuberculosis(BCG, intradermal), Hepatitis B(HepB), Diphtheria/Tetanus/Pertussis(DTaP), Tetanus/Diphtheria(Td), Tetanus/Diphtheria/Pertussis(Tdap), Polio(IPV), Diphtheria/Tetanus/Pertussis/Polio(DTaP-IPV), Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenzae Type B(DTaP-IPV/Hib), Haemophilus Influenzae Type B(Hib), Pneumococcus(PCV), Measles/Mumps/Rubella(MMR), Varicella(VAR), Inactivated Japanese Encephalitis Vaccine(IJEV), Live-Attenuated Japanese Encephalitis Vaccine(LJEV), Hepatitis A(HepA), Human Papilloma Virus(HPV), Influenza(IIV)

※ Vaccines, such as Hepatitis A and Diplococcus Pneumoniae are supported with an age limit.

- Vaccination provider: nearby public health center or designated hospital
 - ※ Information on designated hospitals: Vaccination Guideline Website (<https://nip.kdca.go.kr>) or Mobile application

» Perinatal Hepatitis B Virus Infection Prevention Program

To prevent perinatal Hepatitis B infection from a Hepatitis B positive mother, the injection of immunoglobulin, Hepatitis B immunization, and antigen and antibody tests are fully funded.

- Recipients

Children born from a mother who is positive for Hepatitis B surface antigen and Hepatitis B e-antigen and submitted prenatal examination result and signed the personal information agreement

* The examination result of a mother who is positive for Hepatitis B surface antigen and Hepatitis B e-antigen during pregnancy or within 7 days after birth are required
- Support Details

A dose of immunoglobulin injection (at birth), three doses of routine immunizations (at 0, 1, 6 months) and a Hepatitis B antigen, and an antibody examination are fully funded.

※ Follow-up immunization (up to three doses) and re-examination (up to 3 doses) are funded according to the 1st antigen and antibody test results.

National Immunization Support Program

국가예방접종 지원사업

» First Step into Healthy Women Clinic Program

The program is intended to provide expert medical consultation and examination services to young women who are undergoing a huge psychological and physical transition in their life along with Human Papilloma Virus(HPV) immunization to help their growth into a healthy woman.

- Recipients: young women at the ages of 12

※ Inquire nearby public health center or designated hospital for detailed recipient criteria.

- Support

Human papilloma virus immunization and health consultation provided to young women, free of charge 2 doses 6 months apart.

- Vaccine types: Gardasil (HPV4), Cervarix (HPV2)

» National Influenza Immunization Support Program

Influenza immunization is fully supported for the elderly who have a higher risk of developing a complications when infected with influenza, pregnant women, and children and youths who go to school to prevent influenza from spreading in the community.

- Recipients: children, the elderly who are 65 and older, pregnant women

※ Inquire nearby public health center or designated hospital for further details.

- Support: 1 dose of influenza immunization

※ Children who have the influenza vaccination for the first time at the age of 9 and under must be vaccinated 2 doses, four weeks apart.

※ Inquire nearby public health center or designated hospital for more details regarding free immunization schedule and immunization criteria

Vaccination Confirmation Project for Elementary and Middle School Entry

초 · 중학교 입학생 예방접종 확인사업

» Vaccination Confirmation Project for Elementary and Middle School Entry

Children who go to school are vulnerable to infectious diseases. Students newly entering elementary or middle school are required to submit the immunization records to school to increase the efficiency of the herd immunity, to manage the unimmunized and to encourage parents to register their children's immunization records in the national system.

* Article 31 of the Infectious Disease Control and Prevention Act, Article 10 of the School Health Act

- Beneficiaries: All children who enter elementary and middle school
- Immunization Types to be confirmed
 - (Students enrolling in elementary school) four types required for 4 to 6 year-olds
5th DTaP, 4th IPV, 2nd MMR, Japanese Encephalitis (4th Inactivated Vaccine or 2nd Live-Attenuated Vaccine)
 - (Students enrolling in middle school) three types required for 11 and 12 year-olds
6th Tdap (or Td), Japanese Encephalitis (5th Inactivated Vaccine or 2nd Live-Attenuated Vaccine), 1st HPV (for female students)
- Program Description

The Ministry of Education's New Elementary and Middle School Student Information and Immunization Records and the Korea Centers for Disease Control and Prevention shall be connected to confirm the immunization history of the students and to encourage the unimmunized to have immunizations.

※ Immunization records can be confirmed at the immunization guide website or mobile app, and when immunization records can be located from the system, parents do not need to submit the child's certificate of immunization to the school.

※ Those who are prohibited from getting an immunization shall ask the hospital of diagnosis to register the causes in the system.
But, when the hospital cannot register the cause of immunization prohibition to the system, the written diagnosis shall be submitted to the school after enrollment.

▶ Immunization Prohibitions

- In the event of the occurrence of a severe allergic reaction (anaphylaxis) against the vaccine ingredient or after a previous vaccination
 - In the event of the occurrence of encephalopathy without a known cause within 7 days of administration of the pertussis vaccine
 - Immune deficient person or immunosuppressant users
- ※ Temporary causes such as high fever or injection of immunoglobulin, an egg allergy, or atopic dermatitis shall not be causes for immunization prohibition.



어린이가 건강한 대한민국(영어) Korea, where children is healthy

표준예방접종일정표(2022) Standard vaccination schedule(2022)

대상감염병 Diseases protected against	백신종류 및 방법 Vaccines types and method	회수 No.	출생~1개월이나 Earlier ~ 1 month	1개월 1 month	2개월 2 month	4개월 4 month	6개월 6 month	12개월 12 month	15개월 15 month	18개월 18 month	19~23개월 19~23 month	24~35개월 24~35 month	만 4세 4 years old	만 6세 6 years old	만 11세 11 years old	만 12세 12 years old
결핵 Tuberculosis	BCG (피내용 Blood content)	1	BCG 1회 1 time													
B형간염 Hepatitis B	HepB	3	HepB 1차 (Primary)	HepB 2차 (Secondary)			HepB 3차 (3rd)									
디프테리아 Diphtheria	DTaP	5		DTaP 1차 (Primary)	DTaP 2차 (Secondary)	DTaP 3차 (3rd)			DTaP 4차 (4th)					DTaP 5차 (5th)		
파상풍 tetanus	Tdap/Td	1														Tdap/7d 6차 (6th)
폴리오미오바이러스 poliovirus	IPV	4		PV 1차 (Primary)	IPV 2차 (Secondary)			IPV 3차 (3rd)						IPV 4차 (4th)		
b형헤모필루스인플루엔자 Haemophilus influenzae type b	Hib	4		Hib 1차 (Primary)	Hib 2차 (Secondary)	Hib 3차 (3rd)		Hib 4차 (4th)								
폐렴구균 Pneumococcal	PCV	4		PCV 1차 (Primary)	PCV 2차 (Secondary)	PCV 3차 (3rd)		PCV 4차 (4th)								
홍역 Measles	MMR	2						MMR 1차 (Primary)								
유행성이하선염 Mumps	MMR	2						MMR 1차 (Primary)								
풍진 German measles	MMR	2						MMR 1차 (Primary)								
수두 Varicella	VAR	1						VAR 1회 (1 time)								
A형간염 Hepatitis A	HepA	2														
일본뇌염 Japanese encephalitis	IJEV	5										IJEV 3차 (3rd)		IJEV 4차 (4th)		IJEV 5차 (5th)
사람유두종바이러스 감염증 Human Papilloma Virus Infectious Disease	LJEV	2														
인플루엔자 Influenza	HPV	2														HPV 1~2차 (Primary~Secondary)
	IIV	-														
	RV1	2														
	RV5	3														
기타 예방접종 Other immunization	로타바이러스 감염증 Rotavirus	2														
		3														

● 국가예방접종: 국가에서 권장하는 필수예방접종(국가)은 「감염병의 예방 및 관리에 관한 법률」을 통해 예방접종 대상 감염병과 예방접종 실시기준 및 방법을 정하고, 이를 근거로 재원을 마련하여 지원하고 있음
National vaccination: The nationally recommended mandatory vaccination (the National Law on the Prevention and Management of Infectious Diseases establishes the standards and methods of infectious diseases and vaccinations to be vaccinated, and raises and supports financial resources on vaccination)

● 기타예방접종: 예방접종 대상 감염병 및 지정감염병 이외 감염병으로 민간 의료기관에서 접종 가능한 유료예방접종
Other vaccinations: Paid vaccinations that can be given at private medical institutions with infectious diseases other than those targeted for vaccination and designated infectious diseases.

● DTaP, IPV, Hib 백신은 예방접종일정에 따라 DTaP-IPV 또는 DTaP-IPV / Hib 혼합백신으로 접종 가능
DTaP, IPV, Hib vaccine can be inoculated with DTaP-IPV or DTaP-IPV / Hib vaccine according to vaccination schedule