

2023/24 Vaccination Subsidy Scheme

Overview of Vaccination Subsidy Scheme (VSS) 2023/24

July 2023

(Updated on 22 November 2023)



Overview of Vaccination Subsidy Scheme (VSS) 2023/24

Outline

- 1. Vaccination Statistics in 2022/23
- VSS arrangement in 2023/24 (updated on 22 November 2023)
- 3. Roles and Responsibility of Enrolled Doctors
- 4. Vaccine Storage and Cold Chain
- 5. Preparation, Procedures and Vaccination Skills
- 6. After Vaccination
- 7. More Information







1. 2022/23 Vaccination Statistics

Number of doses of Seasonal Influenza Vaccination (SIV) administered to target groups of various vaccination programmes

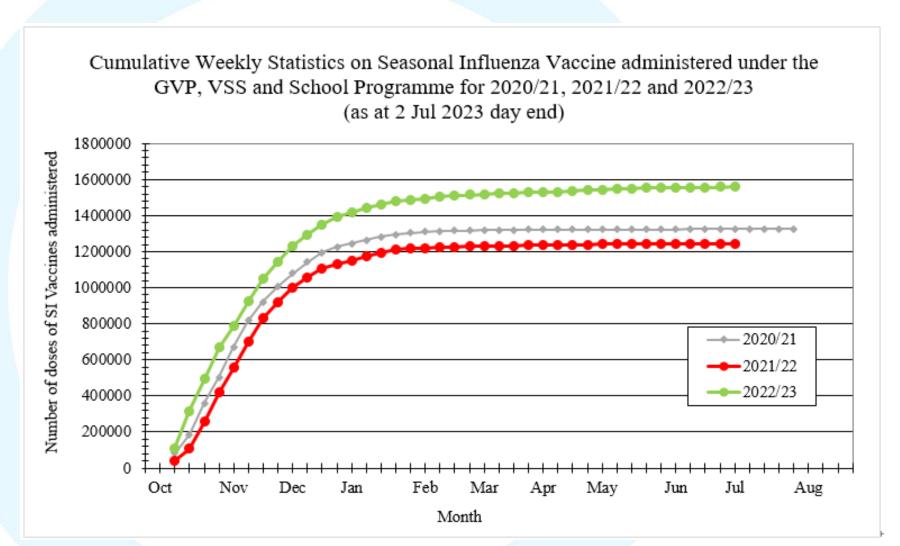
	Government Vaccination Programme (GVP)	Vaccination Subsidy Scheme (VSS)	School Outreach Vaccination (Free of charge)	Total number of doses administered
2022/23 (as at 2.7.2023)	608 799	<u>673 724</u>	275 700	1 558 223
2021/22 (same period last year)	474 089	<u>483 756</u>	287 350	1 245 195
Difference in %	+28.4%	+39.3%	-4.1%	+25.1%

(as at 2 July 2023)





1. 2022/23 Vaccination Statistics







1. 2022/23 Vaccination Statistics

SIV coverage rate (As at 2 July 2023 in all vaccination programmes)

Age group	Coverage in 2020/21	Coverage in 2021/22	Coverage in 2022/23
65 years or above	44.7%	40.4%	48.2%
50 to 64 years	12.3%	11.2%	17.8%
6 months to less than 12 years	50.3%	53.3%	50.8%

^{*} New eligible group: 12 to <18 years old coverage in 2022/23 is 19.3%.

23vPPV or PCV13 statistics under GVP and VSS (As at 26 Feb 2023)

Cumulative % of surviving elderly, among	
elderly population, who had received 23vPPV	42.3%
or PCV13 since 2009	





2. VSS arrangement in 2023/24 - SIV			
Eligible groups	Checking eligibility (HK residents)		
Persons aged 50 to 64 years	in that year		
Elderly (aged 65 or above)	in that year		
Children aged 6 months to less than 18 years (or secondary school students)	Photocopy of student handbook or student card (for secondary school students aged 18 or above)		
Pregnant Women	Confirmed by the enrolled doctor		
Persons with intellectual disability	One of the following document proof: - Registration Card for People with Disability (with indication of intellectual disability*) - Medical Certificate - Certificate issued from designated PID institutions *The term "mentally handicap" is also accepted		
- Persons receiving disability allowance*	- *Approval letter for Disability Allowance issued by Social Welfare Department (SWD)		
- Recipients of standard rate of "100%	- ^ "Certificate of CSSA Recipients (for Medical Waivers)" is:		

- Recipients of standard rate of "100% disabled" or "requiring constant attendance" under Comprehensive Social Security
Assistance (CSSA) Scheme of SWD ^ Welfare Department (SWD)

- ^ "Certificate of CSSA Recipients (for Medical Waivers)" issued before 15 Dec 2018; or the new Annex page of "Notification of Successful Application" / "Notification of Revision of Assistance"

AND sign a self-declaration form provided at VSS clinics

2. VSS arrangement in 2023/24 - SIV

VSS Clinics or VSS Outreach Vaccination

- Subsidy level: HK\$260 each dose
- Enrolled doctors may charge extra fee

VSS School Outreach (Extra charge allowed)

- Subsidy level: HK\$260 each dose
- Eligible: School children (regardless of HK resident status) of participating secondary schools, primary schools, kindergartens, kindergarten-cum-child care centres, child care centres
- School staff/ family members of students can also join the activity, those ineligible under VSS can be vaccinated at their own costs





2. VSS arrangement in 2023/24 – Pneumococcal Vaccination Subsidy level

- 23-valent pneumococcal polysaccharide vaccine (23vPPV) HK\$400 per dose
- 13-valent pneumococcal conjugate vaccine (PCV13) HK\$800 per dose
- 15-valent pneumococcal conjugate vaccine (PCV15) HK\$800 per dose
- Enrolled doctors may charge extra fee

Type of pneumococcal vaccine to provide

Remark: With effect on 30 Nov 2023, the Government will provide subsidy to eligible elderly receiving PCV15 under VSS.

	Has not received any pneumococcal vaccination	Has received 23vPPV	Has received PCV13/PCV15	Has received both PCV13/PCV15 and 23vPPV
Without high-risk conditions	One dose 23vPPV	Not needed	Not needed	
With high-risk conditions	One dose PCV13 / PCV15 One dose 23vPPV one year after	One dose PCV13 / PCV15 (one year after the previous 23vPPV)	One dose 23vPPV (one year after the previous PCV13 / PCV15)	Not needed Department of Health

Department of Heal

2. VSS arrangement in 2023/24 - Pneumococcal Vaccination

List of high-risk conditions of severe invasive pneumococcal diseases

- History of invasive pneumococcal disease;
- Immunocompromised states:
 - ◆ Asplenia, HIV /AIDS , primary immunodeficiency
 - ◆ Immunodeficiencies related to malignancies and transplantation
 - Immunodeficiencies related to use of immunosuppressive drugs / systemic steroid
- Chronic disease
 - ◆ Chronic cardiac, pulmonary, liver or renal disease
 - ◆ Diabetes mellitus or Cerebrospinal fluid leakage
- With cochlear implants

Under VSS, elderly with chronic metabolic diseases, obesity (BMI 30 or above), chronic neurological conditions that can compromise respiratory functions, the handling of respiratory secretions, increase the risk for aspiration or those who lack the ability to take care of themselves are eligible for subsidised pneumococcal vaccination





3. Roles and Responsibility of Enrolled Doctors

Enroll (or continue enroll) in VSS

- All doctors under VSS, i.e. new enrollees and doctors already enrolled, are required to be listed on Primary Care Directory (PCD) before he/ she is eligible to enroll or to continue to participate in VSS.
- All enrolled doctors have to use Purpose-built vaccine refrigerators (PBVR) for vaccine storage starting from 2023/24 season.

Role and responsibility

- Train and supervise the staff providing the vaccination service
- Retain personal responsibility for treatment of patients/ vaccine recipients
- VSS doctors are overall responsible to ensure safety and quality of vaccination service





3. Roles and Responsibility of Enrolled Doctors

Preparation of vaccines and equipment

- Place order for vaccines early, with pharmaceutical manufacturer/ supplier (SIV/ 23vPPV, PCV13/PCV15)
- Proper vaccine storage and maintain cold chain
- Screen for contraindication and check vaccination history
- Perform health assessment to confirm high-risk condition for PCV13/PCV15 vaccination
- VSS Doctors' Guides
 - (SIV/ 23vPPV, PCV13/PCV15) (https://www.chp.gov.hk/en/features/45838.html)
- Recommendation from Scientific Committee on Vaccine Preventable Diseases (https://www.chp.gov.hk/en/static/24008.html)





4. Vaccine storage and cold chain

Prevent cold chain breakage

- The optimal cold chain temperature for the majority of commonly recommended vaccines is +2°C to +8°C.
- All enrolled doctors have to use PBVR for vaccine storage by 2023/24.
- The PBVR should have the following features:
 - Microprocessor-based temperature control system to achieve narrow tolerances within internal temperatures
 - Maintain temperature within +2°C to +8°C
 - Forced air circulation system to maintain uniform temperature and fast temperature recovery
 - High/ Low temperature alarms
 - Digital temperature display
 - Others features (optional): a display with current, maximum and minimum temperature, built-in datalogger



Figure 1. PBVR are available in different sizes

Details are in the VSS Doctors' Guide (https://www.chp.gov.hk/en/features/45838.html)



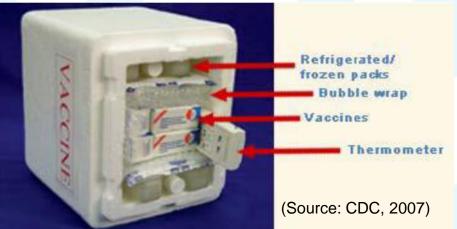
4. Vaccine storage and cold chain

Use of cold boxes at non-clinic setting

- Sufficient ice packs to meet the needs of vaccination activity and transport
- Adequate insulating materials between ice packs and vaccines to prevent freezing of vaccines
- Monitor vaccine temperature during transport to and from the venue

Details are in the VSS Doctors' Guide (https://www.chp.gov.hk/en/features/45838.html)

Packing Cold Box



Example of maximum-minimum thermometer (reference only)



4. Vaccine storage and cold chain

Actions to take in case vaccines are exposed to out-of-range temperatures

- Label "Do Not Use" on them and store properly in cold chain
- Consult vaccine manufacturer whether the vaccines are still effective / usable
- Inform Programme Management and Vaccination Division (PMVD) if
 - VSS recipients are involved, and
 - Manufacturer replied that the affected vaccines are not effective / usable
- Follow up with the recipients administered with the vaccines and assess the need for re-vaccination

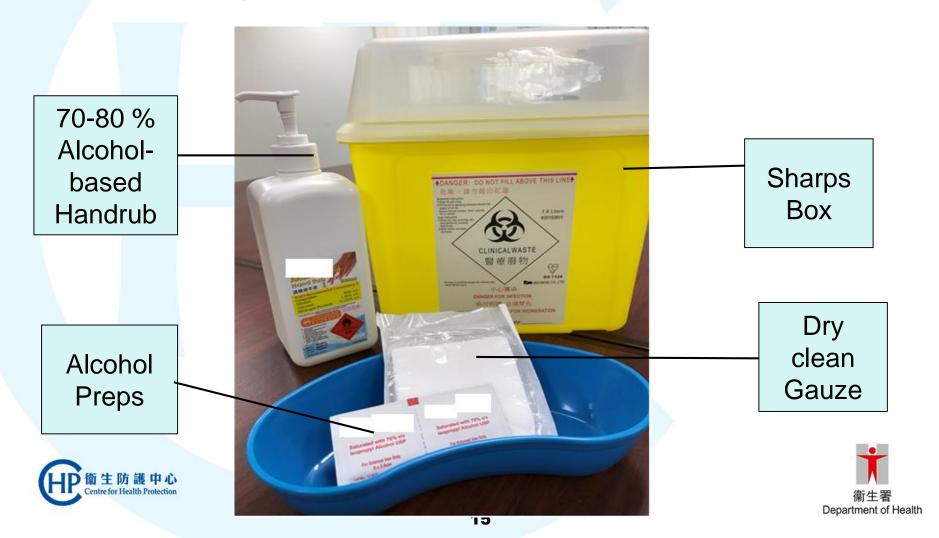
Details are in the VSS Doctors' Guide (https://www.chp.gov.hk/en/features/45838.html)





Vaccination equipment/ consumables

Ensure they are not expired



5. Preparation, Procedures and Vaccination Skills Prepare for emergency situations

- Qualified personnel to standby to provide timely intervention
- Ensure all emergency equipment (e.g. Bag Valve Mask, BP monitor) is sufficient and age-appropriate, and emergency drugs (e.g. adrenaline auto injector (3x) or adrenaline ampoule (3x) + 1 ml Syringe (3x)) are not expired
- Keep written protocol and training materials for reference





Written protocol for emergency management









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Hot searches: Flu Vaccine. COVID-19. Dengue Fever. Mental Health, Cholesterol

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2022/23 Vaccination Subsidy Scheme Doctors' Guide





https://www.chp.gov.hk/en/features/45838.html

2 November 2022 Cover and Table of Content Disclaimer

List of Acronyms

Quick Guide

Chapter 1 - Vaccines covered, subsidy level and eligible groups under VSS

Chapter 2 - Participating in VSS

Chapter 3 - VSS at Non-clinic Settings

Chapter 4 - Forms and Documents

Chapter 5 - References and List of Appendices

Chapter 6 - Requirements on Vaccine Storage and Handling under VSS

Appendix A: "Consent to Use Vaccination Subsidy" Form and Types of Identity Documents Accepted under Vaccination Subsidy Scheme

Appendix B: Diagnostic Criteria of Intellectual Disability

Appendix C: Persons with Intellectual Disability (PID) Status

Appendix D: Documentary Proof for Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under the Comprehensive Social Security Assistance ("CSSA") Scheme of the Social Welfare Department

Appendix E: Post-payment Checking

Appendix F: Monitoring and Management of Adverse Events Following Vaccination

Appendix G: Guideline for Temporary Storage of Clinical Waste Generated in Outreach Vaccination Activities (Provided by the Environmental Protection Department)

Appendix H: Vaccination Guide for Co-Administration of Seasonal Influenza Vaccine and COVID-19 Vaccines at Same Visit







Infection control

- 70-80% alcohol-based hand rub for hand hygiene
- New alcohol prep/ swab for skin disinfection
- New alcohol swab or clean gauze for post vaccination compression of injection site
- Additional measures for LAIV
- Guide to Infection Control In Clinic Setting:

https://www.chp.gov.hk/files/pdf/guide_to_ infection_control_in_clinic_setting.pdf



https://www.youtube.com/watch?v =YGSbWriRl6U&feature=youtu.be





3 checks and 7 rights before vaccination

3 Checks:

- Check when taking out vaccine from storage
- Check before preparing the vaccine
- Check before administering the vaccine

• 7 Rights:

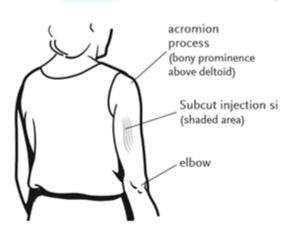
- Right recipient
- Right vaccine
- Right dosage
- Right time (e.g. correct age, correct interval, vaccine not expired)
- Right site
- Right route, needle length and technique
- Right documentation





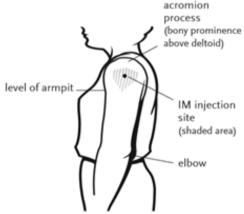
Vaccination skills

Fatty tissue over triceps



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.

Deltoid muscle of arm



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (–2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

Anterolateral thigh muscle



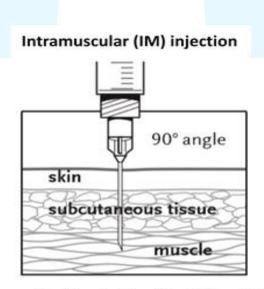
Insert needle at a 90° angle into the anterolateral thigh muscle.

Source: Immunization Action Coalition (IAC), U.S.A.





Vaccination skills



Intranasal injection



Source: Immunization Action Coalition (IAC), U.S.A.





Prevention of sharps injuries

- Avoid recapping needles
- Discard used sharps directly after use and dispose them into a robust sharps box
- Place the sharps box within arm's reach
- Seal and replace sharps container when three-quarters full

Proper disposal of clinical waste

 Clinical waste should be properly handled and disposed in accordance to EPD's Waste Disposal (Clinical Waste) (General) Regulation.





6. After Vaccination

Documentations

- Vaccination record/ clinic log for record tracing or checking
- Recipients' self-held vaccination card
- eHealth System (Subsidies) [eHS(S)]

Advise on arrangement of second dose of SIV

 For children aged below 9 years and have never received seasonal influenza

Advise on arrangement of next dose of pneumococcal vaccination





6. After Vaccination

After vaccination, observation for 15 minutes

Adverse event following immunisation (AEFI)

 report any suspected AEFI to the Pharmacovigilance Unit of the Drug Office, Department of Health.

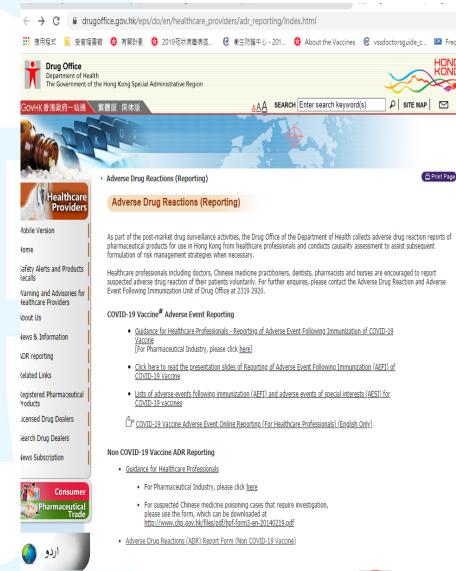
https://www.drugoffice.gov.hk/eps/do/en/healthcare _providers/adr_reporting/index.html

Emergency management

- Standby for emergency management
- Provide emergency treatment
- Call ambulance and refer to hospitals as necessary

Management of clinical incident





7. More Information

- CHP website webpage on "Vaccination Schemes" https://www.chp.gov.hk/en/features/17980.html
- CHP website videos on procedures/ cold chain https://www.chp.gov.hk/tc/features/102010.html

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Thank You



