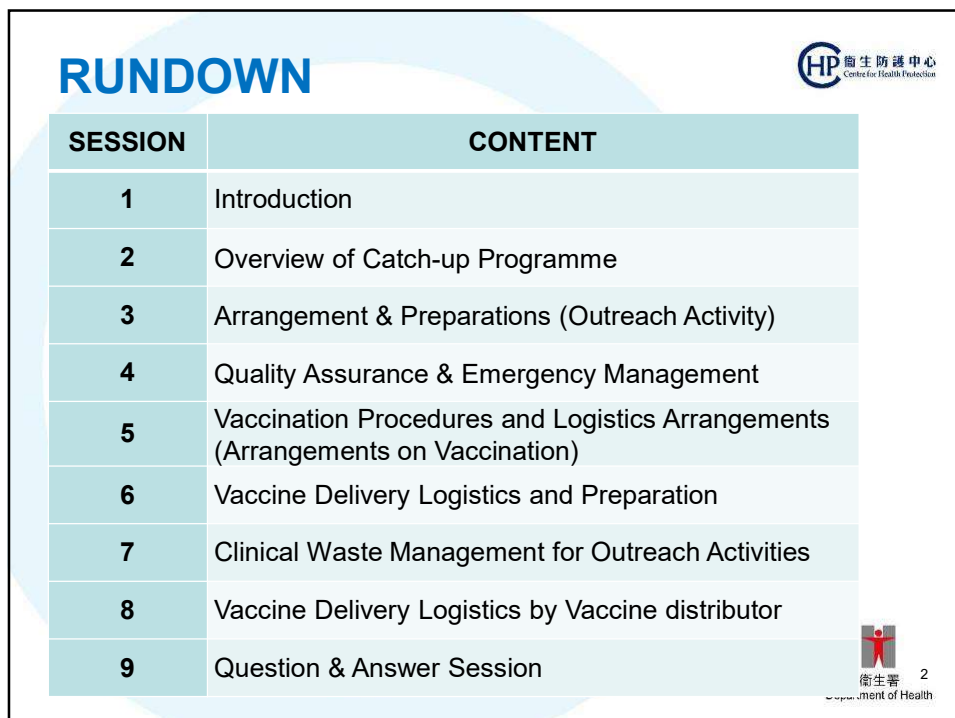






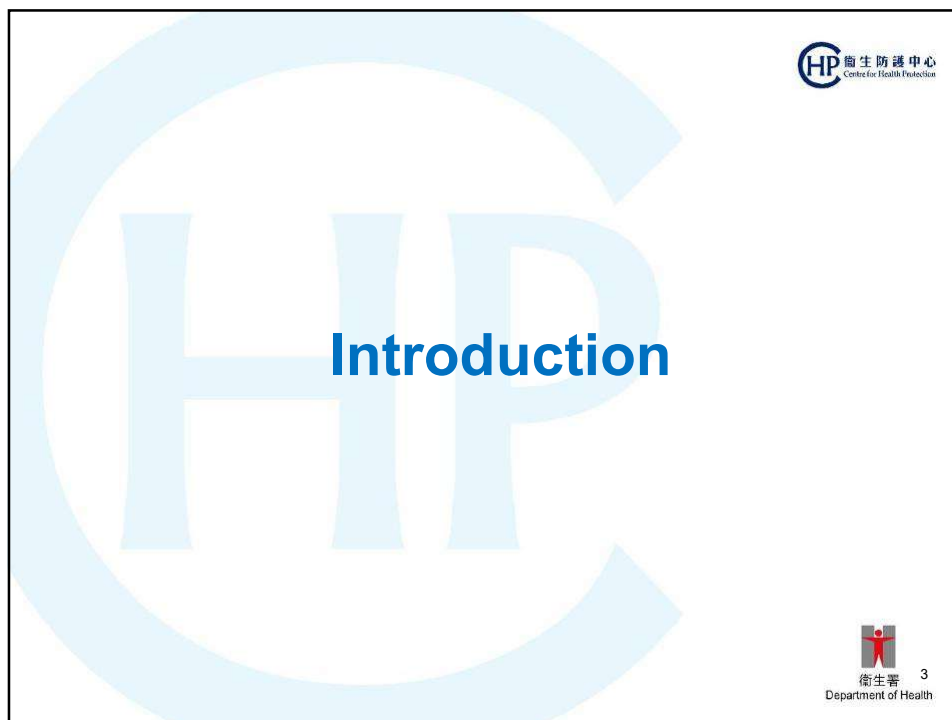
  
**Human Papillomavirus (HPV) Vaccination**  
**One-off Catch-up Programme 2024-2026**  
**Briefing Session to Enrolled Doctors**  
**Programme Management and Vaccination Division**  
**(PMVD)**  
**November 2024**  
  
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**RUNDOWN**
  
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| SESSION | CONTENT   |
|---------|---|
| 1       | Introduction  |
| 2       | Overview of Catch-up Programme  |
| 3       | Arrangement & Preparations (Outreach Activity)                                  |
| 4       | Quality Assurance & Emergency Management  |
| 5       | Vaccination Procedures and Logistics Arrangements (Arrangements on Vaccination) |
| 6       | Vaccine Delivery Logistics and Preparation                                      |
| 7       | Clinical Waste Management for Outreach Activities                               |
| 8       | Vaccine Delivery Logistics by Vaccine distributor                               |
| 9       | Question & Answer Session   |

  
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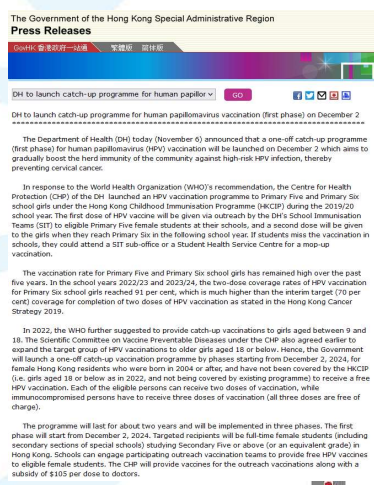


## Press Release


(Announcement on November 6, 2024)

- One-off catch-up vaccination programme by phases starting from December 2, 2024
- For female Hong Kong residents who were born in 2004 or after, and have not been covered by the HKCIP (i.e. girls aged 18 or below as in 2022, and not being covered by existing programme) to receive a **free** HPV vaccination
- All eligible persons participating in this programme must have been registered with eHealth.

<https://www.info.gov.hk/gia/general/202411/06/P2024110600414.htm>







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## Recommendation by SCVPD

**HPV vaccination is one of the effective public health strategies to prevent cervical cancer.**

|  |   |
|--|---|
| <p>End of 2018</p>  | <ul style="list-style-type: none"> <li>Recommended the HPV Vaccination to be introduced in the Hong Kong Childhood Immunisation Programme (HKCIP) for girls of suitable ages before sexual debut.</li> </ul>  |
| <p>End of 2022</p>  | <ul style="list-style-type: none"> <li>To expand the target group of HPV vaccinations to older girls aged 18 or below (based on year 2022, i.e. girls born in or after 2004).</li> </ul>  |
| <p>End of 2024</p>  | <ul style="list-style-type: none"> <li>One-off catch-up vaccination programme for girls born between 2004 and 2008 and have not completed HPV vaccination / those who are not covered by existing 2019/2020 HPV vaccination programme under HKCIP.</li> </ul> |


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## Overview of Catch-up Programme


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## HPV One-off Vaccination Catch-up Programme 2024-2026

(For eligible female Hong Kong residents born between 2004 and 2008 who have not been covered by the HKCIP )



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**First Phase**


- **Full-time** female students **studying** Secondary Five or above (or an equivalent grade) **in Hong Kong**
- Secondary Schools Outreach

**Second Phase**

- Female Hong Kong residents studying in local post-secondary institutions or universities born between 2004 and 2008
- Healthcare Clinics of Institutions / Outreach


**Third Phase**

- Female Hong Kong residents born between 2004 and 2008 who have completed their studies in Hong Kong (details to be announced)



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## Catch-up Programme 2024-2026 (First Phase)




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**Eligible female students studying in Secondary 5 or above, and have not yet completed two doses of HPV vaccination**

| Immunocompetent  | Immunocompromised*  |
|--|---|
| 2 doses of HPV vaccine<br>➢ Provide at outreach vaccination activities at school | 1st dose of HPV vaccine<br>➢ Provide at outreach vaccination activities at school<br><br>2nd & 3rd dose of HPV vaccine<br>➢ Vaccinate at DH Student Health Service Centre / School Immunisation Teams by appointment<br><br>*individuals with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner |

Note: If female students miss the vaccination in schools, please notify outreach team, and bring along with a valid notification to reserve HPV mop-up vaccination at a SIT sub-office / a Student Health Service Centre.



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## Immunocompromised Persons



| Group                 | Details   |
|-----------------------|---|
| Active cancer         | Active immunosuppressive treatment for solid tumor or hematological malignancy (including leukaemia, lymphoma, and myeloma), or within 12 months of ending such treatment   |
| Transplant recipients | Receipt of solid-organ transplant and taking immunosuppressive therapy<br>Receipt of stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)   |
| Immunodeficiency      | Severe primary immunodeficiency<br>Chronic dialysis   |
| HIV Infection         | HIV with a current CD4 cell count of <200 cells/ $\mu$ l, evidence of an opportunistic infection, not on HIV treatment, and/or with a detectable viral load   |
| Immunosuppressive     | Active treatment causing significant immunosuppression, including high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, tumor-necrosis factor (TNF) blockers, or other highly immunosuppressive drugs<br>Immunosuppressive chemotherapy or radiotherapy within the past 6 months |




## HPV One-off Vaccination Catch-up Programme 2024-2026





|   |  |
|---|--|
| Type of Vaccine provided by the Government  | Gardasil 9 Vaccine Inj (Pre-filled Syringe)  |
| Delivery  | DH appointed vaccine distributor   |
| Collection of Unused Vaccines   | DH appointed vaccine distributor   |
| Handling of Clinical Waste  | Participating doctor   |
| Extra Service Fee Chargeable  | <b>Not allowed</b>   |
| Reimbursement to Doctors  | <b>\$105</b> for each dose of HPV given#<br>(including clinical waste disposal cost) |
| # Maximum 2 doses for immunocompetent girls, and 1 dose for immunocompromised girls |  |







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## HPV Vaccine


- 9-valent
- Route of administration:  
Intramuscular Injection (IMI)
- Generally safe and effective
- Common side effects are similar to those from other vaccinations, such as:
  - Mild and short-lasting side effects, including headache, dizziness, nausea and fatigue.
  - Soreness, redness or swelling at the injection site.
  - Fever.

|   |                                      |
|---|--------------------------------------|
| Immunocompetent girls between age 16 to 20 years                                    |                                      |
| 2-dose regimen  |                                      |
|    | 5 - 13 months<br>(1 month = 30 days) |
|  |                                      |
| Minimum interval: 5 months  |                                      |

|   |          |
|---|----------|
| Immunocompromised girls between age 16 to 20 years                                  |          |
| 3-dose regimen  |          |
|    | 1 month  |
|    | 5 months |
|  |          |
| Minimal intervals of 1 and 6 months apart from the 1st dose.                        |          |



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## Effectiveness of 2-dose vs 3-dose

### WHO's Recommendations on Use of HPV Vaccines

- Based on the review findings that one-dose HPV vaccination schedule provided protection comparable to two-dose or three-dose schedule for at least 10 years, WHO also recommended an off-label one-dose option for routine and catch-up HPV vaccination.
- Girls aged between 9 to 20 years can follow either a one-dose or a two-dose vaccination schedule, whereas female aged 21 years or above should receive 2 doses.


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[https://www.chp.gov.hk/files/pdf/updated\\_recommendations\\_on\\_the\\_use\\_of\\_human\\_papillomavirus\\_vaccine\\_in\\_hong\\_kong\\_30nov.pdf](https://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_human_papillomavirus_vaccine_in_hong_kong_30nov.pdf)

## Dosing schedule

- **SCVPD** has reviewed the WHO recommendation, overseas practice and scientific evidence, and recommends to maintain a 2-dose schedule for immunocompetent individuals aged 9 to 14 years.
- For **immunocompetent** individuals **aged 15 years or above**, a **2-dose** schedule as an **off-label** use, is recommended instead of the current 3-dose schedule.
- For individuals who are immunocompromised, a 3-dose schedule is recommended.

## Catch-up programme arrangement

- A **two-dose regimen** of HPV vaccine for immunocompetent girls (and **the first dose** for immunocompromised girls) will be arranged in school outreach activity under this Catch-up Programme.



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[https://www.chp.gov.hk/files/pdf/updated\\_recommendations\\_on\\_the\\_use\\_of\\_human\\_papillomavirus\\_vaccine\\_in\\_hong\\_kong\\_30nov.pdf](https://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_human_papillomavirus_vaccine_in_hong_kong_30nov.pdf)

## Arrangement & Preparations (Outreach Activity)



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## Overall Role, Responsibility & Arrangement

- It is the **prime responsibility** of the **enrolled doctor** in-charge of the arrangement / healthcare provider and the organizer to give due consideration to **safety and liability issues** to ensure **quality vaccination service** delivered to recipients.
- Arrange to provide mop-up HPV vaccination service to all eligible female students of the participating schools, by collaboration with private doctors through Public-Private Partnership (PPP) vaccination teams.

Read:


Public-Private Partnership (PPP) Programmes for Healthcare Services Corruption Prevention Guide for Service Providers

([https://www.chp.gov.hk/files/pdf/corruption\\_prevention\\_guide\\_on\\_healthcare\\_service\\_providers\\_eng.pdf](https://www.chp.gov.hk/files/pdf/corruption_prevention_guide_on_healthcare_service_providers_eng.pdf))

## Guidelines & Agreement


- VSS Doctors' Guide (<https://www.chp.gov.hk/en/features/45838.html>)
- HPV Vaccination Catch-up Programme Doctors' Guide (for Schools) (<https://www.chp.gov.hk/en/features/108084.html>) & prepare the necessary equipment and materials with reference to the "List of Items to Bring to Venue on the Vaccination Day" section
- Terms and Conditions of Agreement of VSS and its Supplementary Agreement of HPV Catch-up Programme (<https://www.chp.gov.hk/en/features/45858.html>)
- Prevention of Communicable Diseases ([https://www.chp.gov.hk/files/pdf/guidelines\\_on\\_prevention\\_of\\_communicable\\_diseases\\_in\\_schools\\_kindergartens\\_kindergartens\\_cum\\_child\\_care-centres\\_child\\_are\\_centres.pdf](https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf))





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## Arrangement by Enrolled Doctors

- ✓ Confirm with schools: **(fixed)** vaccination dates and venue.
- ✓ Immunocompromised / with valid referral letter persons: first dose at secondary school outreach
- ✓ Arrange sufficient number of qualified / trained staff, equipment, etc. (*Appendix 9.1 of Doctors' Guide*).
- ✓ Obtain Clinical Waste Producer Premises Code for outreach services from EPD (different from the Premises Codes for clinic use) ([https://www.epd.gov.hk/epd/clinicalwaste/en/producer\\_code.html](https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html)).


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## Preparation & Flow

```

    graph LR
      A[Collect consent forms from schools] --> B[Confirm # of students to be vaccinated]
      B --> C[Order HPV Vaccine]
      C --> D[School Outreach]
      D --> E[Subsidy Claims $]
  
```

- EACH school outreach should be completed within ONE day
- Normal school hours from 8AM to 3PM, Monday to Friday.
- Delivery of vaccines: directly to the schools and collection of any remaining vaccines on the same day.


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# Consent form

## Checkpoints:

- ✓ Signatures of Parents/Guardians
- ✓ Past HPV vaccination record (if any)
- ✓ Immunocompromising condition
- ✓ Register eHealth
- ✓ Consent to receive HPV vaccine

**Human Papillomavirus (HPV) Vaccination Consent Form**  
接種人類乳頭瘤病毒(HPV)疫苗同意書

**Points to Note 填寫注意事項**

- Please complete in BLOCK LETTERS using black or blue ball pen and put "X" into the appropriate box(es) and \* delete as appropriate. 請用黑色或藍色原子筆以正楷填寫，並在適當的方格內加上「X」號及\*刪除不適用者。
- Part I and Part II (CONSENT TO ADMINISTRATION OF HPV VACCINATION) should be completed and signed by parents/ guardian if vaccine recipient is aged below 18. Otherwise, it should be completed by the vaccine recipient. Please read the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes carefully. 如疫苗接種者未滿 18 歲，第一部份及第二部份 (接種同意書) 應由父母/監護人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明。
- Part III (CONSENT TO REGISTER eHealth) should be completed and signed by Substitute Decision Maker if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Otherwise, it should be completed by the vaccine recipient. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully. 如疫苗接種者未滿 16 歲或滿 16 歲但無能力自行給予同意的人士，第三部份 (登記醫健通) 應由代決人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀醫健通資料，包括參與者權利及收集個人資料聲明。
- A consent form is required for each dose of vaccination. Completed form should be returned to school/ designated centre. 須就接種每一劑疫苗簽署一份同意書，並對齊寄交交回學校/指定中心。

A consent form is required for each dose of vaccination

**Part II 【Consent/ Refusal of Vaccination】**  
第二部分 【接種同意書/ 不同意書】

**1. CONSENT TO ADMINISTRATION OF HPV VACCINATION 接種同意書**

CONSENT 同意

I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons' conditions not suitable for receiving HPV vaccine, and AGREE for myself/ my child/ ward\* to receive the HPV vaccine (1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup> dose <sup>300µg</sup>) as arranged by the Department of Health (DH) and for school to release the related information

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# eHealth registration

## 5. eHealth REGISTRATION 登記醫健通

- Vaccine recipient has already registered eHealth. (Please fill in Part II)  
疫苗接種者已登記醫健通計劃。(請填寫第二部份)
- Vaccine recipient has not registered or is unsure of her eHealth registration status. (Please fill in Part II and III)  
疫苗接種者未登記或不確定是否已登記醫健通。(請填寫第二及第三部份)


|   |   |   |   |                             |
|---|---|---|---|-----------------------------|
| <p><b>Part II 【Consent/ Refusal of Vaccination】</b><br/>第二部分 【接種同意書/ 不同意書】</p> <p><b>1. CONSENT TO ADMINISTRATION OF HPV VACCINATION 接種同意書</b></p> <p><input checked="" type="checkbox"/> CONSENT 同意</p> <p>I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons' conditions not suitable for receiving HPV vaccine as arranged by the Department of Health</p> | <p><b>Part III 【Registration of eHealth】</b><br/>第三部份 【登記醫健通】</p> <p>The following part is ONLY applicable to those who have not registered eHealth. 下列部分僅供尚未登記醫健通人士填寫</p> <p><input type="checkbox"/> I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I, on behalf of the healthcare recipient (HCR) <u>AGREE</u> to register with eHealth, which enables authorized healthcare providers to access and share the HCR's eHealth records for healthcare purposes.</p> <p>本人已閱讀及明白醫健通的「參與者聲明」及「個人資料聲明」，並(代表)本人/代為醫健通決定者同意參加醫健通，讓獲授權的醫護機構取閱及互通醫健通成員的醫健通紀錄以作醫療用途。</p> <p>Completed and signed by vaccine recipient <u>aged 16 or above</u> (由16歲或以上疫苗接種者填寫及簽署)</p> <table border="1"> <tr> <td>Signature of Vaccine Recipient:<br/>疫苗接種者簽署:</td> <td>Mobile Number for receiving system notifications:<br/>接收系統通知的電話號碼:</td> <td>Date of Signature:<br/>簽署日期:</td> </tr> </table> <p><small>Completed and signed by Substitute Decision Maker (SDM) (i.e. parent or guardian)<br/>(Only applicable to vaccine recipient aged under 16 and aged 16 or above but incapable of giving consent)<br/>由代決人(即家長或監護人)填寫及簽署 (只適用於十六歲以下兒童、年滿十六歲但無能力自行給予同意的人士)</small></p> | Signature of Vaccine Recipient:<br>疫苗接種者簽署: | Mobile Number for receiving system notifications:<br>接收系統通知的電話號碼: | Date of Signature:<br>簽署日期: |
| Signature of Vaccine Recipient:<br>疫苗接種者簽署:   | Mobile Number for receiving system notifications:<br>接收系統通知的電話號碼:   | Date of Signature:<br>簽署日期:                 |   |                             |

Check by eHealth Registration Office:

- eHealth REGISTRATION 登記醫健通
- Vaccine recipient has already registered eHealth. (Please fill in Part II)  
疫苗接種者已登記醫健通計劃。(請填寫第二部份)


Doctors will need to follow up with schools if false indication is found




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## Recommended Timeline (School Outreach)


| Weeks before Vaccination                | Tasks   |
|---|---|
| <b>Preparation prior to Vaccination</b> | <ul style="list-style-type: none"> <li>Obtain a Clinical Waste Producer Premises Code for outreach services from Environmental Protection Department.</li> <li>Vaccination team and school discuss to:               <ol style="list-style-type: none"> <li>Confirm the dates of vaccination.</li> <li>Starting time, logistics, manpower and venue setup.</li> </ol> </li> </ul>   |
| <b>≥ 6 – 8 weeks</b>                    | <ul style="list-style-type: none"> <li>Remind school to:               <ol style="list-style-type: none"> <li>Distribute Consent Forms to parents / guardian.</li> <li>Check on students' eHealth registration upon collection of completed and signed Consent Forms.</li> <li>Fill the Number of Students Consent/Refuse to Vaccination of Each Class (<i>Appendix 6.2 – Schools' Guide</i>) and email a copy to PMVD (<i>Only applicable to secondary schools, including special schools</i>).</li> </ol> </li> </ul> |


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## Recommended Timeline (School Outreach)

| Weeks before Vaccination | Tasks   |
|--------------------------|---|
| <b>≥ 4 – 6 weeks</b>     | <ul style="list-style-type: none"> <li>Collect the signed Consent Forms from school.</li> <li>Sign the <a href="#">Consent Form Receipt Note</a> (<i>Appendix 9.5</i>), and submit a copy with <a href="#">Booking of Time Slot</a> for Outreach Vaccination Activity (<i>Appendix 9.3</i>) via email to PMVD.</li> <li>Check completeness of Consent Forms               <ul style="list-style-type: none"> <li>✓ Eligibility</li> <li>✓ Document Type</li> <li>✓ Signature of parent's / Substitute Decision Maker (SDM)</li> </ul> </li> </ul> |
| <b>≥ 3 – 4 weeks</b>     | <ul style="list-style-type: none"> <li>Compile a <a href="#">Consented Student List*</a> in excel format <b>with password protected</b> and send to PMVD via emails (one message with attachment, the other message with access passcode).</li> </ul> <p><i>*1st dose/ 2nd dose shall be compiled separately and saved as individual file</i></p>   |


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## Recommended Timeline (School Outreach)

| Weeks before Vaccination | Tasks   |
|--------------------------|---|
| <b>≥ 2 weeks</b>         | <ul style="list-style-type: none"> <li>Submit <a href="#">Vaccine Ordering Form (School outreach use)</a> to PMVD (<a href="#">Appendix 9.9a</a>).</li> <li>Liaise with schools' staff of temporary storage of clinical waste delivery, if needed.</li> </ul>   |
| <b>≥ 1 week</b>          | <ul style="list-style-type: none"> <li>Final correction of any misinformation in eHS(S) of <a href="#">Consented Student List</a> (e.g. rectify invalid account).</li> <li>Remind schools to distribute <a href="#">Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination</a> (sample shown in <a href="#">Appendix 9.7</a>).</li> <li>Students should also be reminded to bring <a href="#">old Immunization Record (DH6)</a>.</li> <li><a href="#">Vaccination Record (DH2684)</a> to be provided to students who do not have their old Immunization Record (DH6).</li> </ul> |
| <b>3 working days</b>    | <ul style="list-style-type: none"> <li>Download Final Report / On-site Vaccination List generated in eHS(S), and check the number of eligible persons which should be the same as the number of vaccine recipients in <a href="#">Vaccine Ordering Form</a>.</li> </ul>   |

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## Reference Materials (available in Doctor's Guide)


- List of Items to Bring to Venue on the Vaccination Day ([Appendix 9.1](#))

| Items  | To bring                         |
|--|----------------------------------|
| <b>FOR INJECTION AND COLD CHAIN MAINTENANCE</b>  |                                  |
| Sharps boxes (at least 1 for each vaccination station)   | ✓                                |
| Dry clean gauzes / non-woven balls   | ✓                                |
| Alcohol pads / swabs   | ✓                                |
| 70-80% Alcohol-based hand rub solution (1 for each vaccination station)  | ✓                                |
| Kidney dishes / containers   | ✓                                |
| <b>FOR EMERGENCY</b>   |                                  |
| Bag Valve -Mask, including both child and adult size masks   | ✓                                |
| At least <b>THREE</b> Registered <b>Adrenaline auto-injector</b> , OR  | ✓                                |
| At least <b>THREE</b> Registered <b>Adrenaline ampoules 1:1000</b> , with:   | ✓                                |
| At least <b>THREE</b> 1ml syringes   | ✓                                |
| At least <b>THREE</b> 25-32mm needles  | ✓                                |
| Blood Pressure monitor, with appropriate size of cuffs   | ✓                                |
| Protocol for emergency management  | ✓                                |
| <b>STATIONERY</b>  |                                  |
| Date chops   | ✓                                |
| Chops with enrolled doctor's name (For consent forms)  | ✓                                |
| Stamps with the enrolled medical organisation/ clinic  | ✓                                |
| (For vaccines delivery note, clinical waste collection and vaccination cards)  | ✓                                |
| Pens   | ✓                                |
| <b>FORMS AND DOCUMENTS</b>   |                                  |
| Human Papillomavirus (HPV) Vaccination Consent Form (Signed) ( <a href="#">Appendix 9.4</a> )<br>(接種人類乳頭瘤病毒(HPV)疫苗同意書) (已簽署)   | ✓                                |
| Vaccination Record (DH2684) ( <a href="#">Appendix 9.8b</a> )  | ✓                                |
| Updated Consented Student List (1st dose & 2nd dose) ( <a href="#">Appendix 9.6</a> , i.e. Final Report, On-site Vaccination List, and List of Students Requiring 2nd Dose vaccination, printed out on or 3 days before vaccination day) | ✓                                |
| Vaccine Usage Form and Cold Box Collection Record – School Outreach use (2 unfilled copies) ( <a href="#">Appendix 9.16</a> )<br>(疫苗使用報告及冰箱收集記錄) (一式兩份待填)  | ✓                                |
| Clinical Waste Temporary Storage Handover Form ( <a href="#">Appendix 9.13</a> )<br>(醫療廢物暫存轉文記錄)   | ✓ (if require temporary storage) |

| Items                               | To bring |
|-------------------------------------|----------|
| <b>OTHERS</b>                       |          |
| Body temperature thermometer        | ✓        |
| Disposable gloves                   | ✓        |
| Surgical Mask                       | ✓        |
| Plastic bags (for domestic rubbish) | ✓        |


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## Consent Form Receipt Note



Appendix 9.5

**9.5 Consent Forms Receipt Note**

To: PH/VD, CHP  
 Email: [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)


From: \_\_\_\_\_ (Name of Organisation)  
 Name: \_\_\_\_\_ (Contact person)  
 Tel: \_\_\_\_\_  
 Date: \_\_\_\_\_


Please check with school, complete the form below and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email: [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)) within one working day after collection of consent forms.


**Human Papillomavirus (HPV) Vaccination Catch-up Programme  
 Public-Private-Partnership (PPP) Vaccination Team**


**Consent Forms Receipt Note**


This is to acknowledge that the PPP Vaccination Team under  
 Dr. \_\_\_\_\_ (Name of Doctor) of  
 \_\_\_\_\_ (Organisation)  
 has collected \_\_\_\_\_ (Quantity) Consent Forms from  
 \_\_\_\_\_ (Name of School) on  
 \_\_\_\_\_ (Date).

  
 Signature of Collector and Organisation  
 Chop of  
 the PPP Vaccination Team

  
 Signature of School Representative  
 and School Chop


  
 Name of Collector of  
 the PPP Vaccination Team

  
 Name of School Representative

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- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Administration)
- [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)

## Booking of Time Slot



衛生防護中心項目管理及疫苗計劃科  
 電話地址: [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)  
 電話: 2125 2114 / 3975 4444

**「人類乳頭瘤病毒(HPV)疫苗補種計劃」  
 預約時間表格**

我們已與以下的學校確認希望預約以下時間作人類乳頭瘤病毒(HPV)疫苗接種學校活動:  
 請從表格中填寫「X」號

|                   |  |                      |             |   |
|-------------------|--|----------------------|-------------|---|
| 學校名稱              |  |                      |             | 星期一至五                                     |
| 學校地址              |  |                      |             | 預計醫療服務<br>感策方法*                           |
| 學校地區              | <input type="checkbox"/> 香港及離島 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界東 <input type="checkbox"/> 新界西 |                      |             |   |
| 負責人               | 姓名:  |                      |             | 聯絡電話:                                     |
| 接種場次              | 預約日期<br>*星期  | 疫苗接種<br>學校時間         | 預約時間<br>校時間 | 預計  |
|                   |  | 請於表格中填寫疫苗接種日期/疫苗接種時間 |             | 預計醫療服務<br>感策方法*                           |
| 1) 第一次到校          | ____年__月__日<br>(星期__)  |                      |             | 07:30-08:30<br>10:00-11:30<br>12:00-14:00 |
| 1) 第二次到校<br>(如適用) | ____年__月__日<br>(星期__)  |                      |             | 13:30-14:30<br>15:30-16:00                |

\*完成以下表格人士在表格第一表格「預約日期」欄填寫疫苗接種日期。


診所或醫療機構蓋章:

註冊醫生姓名: \_\_\_\_\_  
 原提供者號碼 SPID: \_\_\_\_\_ 聯絡電話: \_\_\_\_\_  
 日期: \_\_\_\_\_ 傳真號碼: \_\_\_\_\_

**\*備註**


HPVP 人: \_\_\_\_\_  
 日期: 2024 年 11 月

※ 備註: (A) 有關此表格的查詢, 請電: 衛生防護中心疫苗計劃科 (B) 有關此表格的查詢, 請電: 衛生防護中心疫苗計劃科 (C) 有關此表格的查詢, 請電: 衛生防護中心疫苗計劃科


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- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Administration)
- [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)

## Consented Student List



**衛生防護中心**  
 Centre for Health Protection

| Personal Information |              |     |               |                 |                 |          |               |                     |                     | Submission Section (Please Check Information) |                               |         |                 |                 |              |                |                           |                           |                           |
|----------------------|--------------|-----|---------------|-----------------|-----------------|----------|---------------|---------------------|---------------------|---|-------------------------------|---------|-----------------|-----------------|--------------|----------------|---------------------------|---------------------------|---------------------------|
| Chinese Name         | English Name | Sex | Date of Birth | Document Number | Document Number | Form No. | Reference No. | Previous HPV Record | If not, already had | Consent to join                               | Mobile Number for Vaccination | Address | English Address | English Address | Chinese Name | Contact Number | Relationship to Recipient | Relationship to Recipient | Relationship to Recipient |
| 中文姓名                 | 英文姓名         | 性別  | 出生日期          | 文件號碼            | 文件號碼            | 表格號碼     | 參考號碼          | 前次 HPV 紀錄           | 否, 已接種              | 同意參加  | 流動電話號碼                        | 地址      | 英文地址            | 英文地址            | 中文姓名         | 聯絡電話           | 與受種者關係                    | 與受種者關係                    | 與受種者關係                    |
| SAMPLE               |              |     |               |                 |                 |          |               |                     |                     |   |                               |         |                 |                 |              |                |                           |                           |                           |


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- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Administration)
- [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)

## Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination (Remind schools to distribute)


**衛生防護中心**  
 Centre for Health Protection

Appendix 9.7  
Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination

**Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination**  
(Date of issue) \_\_\_\_\_

To: Vaccine Recipient / Parents or Guardian of student **consenting** to vaccination.

The Department of Health (DH) has received your consent for vaccination / your consent for vaccination for your child / ward under the above Programme. DH will arrange vaccination team (by DH or public/private partnership) to provide human papillomavirus (HPV) vaccination at our school on \_\_\_\_\_ (Date). On the day of vaccination, please:

- Bring immunisation records of the vaccine recipient for checking (if applicable)
- Have breakfast in the morning
- Wear clothes such that the arm can be exposed easily for vaccination

Please inform our school immediately for any queries about the above arrangement.  
(Please be punctual for vaccination at the time specified by the school, latecomers will not be entertained.)

Principal/Teacher/staff in charge: \_\_\_\_\_

**Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination**  
(Date of issue) \_\_\_\_\_


To: Vaccine Recipient / Parents or Guardian of student **NOT Consenting** to vaccination.

The Department of Health (DH) will arrange vaccination team (by DH or through public/private partnership) to provide human papillomavirus (HPV) vaccination at our school on \_\_\_\_\_ (Date).

DH **has not received** your consent / your consent for your child / ward for human papillomavirus (HPV) vaccination under the above Programme. Therefore, the vaccination team will **NOT** provide human papillomavirus (HPV) vaccination for your child / ward.

If you have any queries about the above arrangement, please contact the school as soon as possible.

Principal/Teacher/staff in charge: \_\_\_\_\_


**衛生署**  
 Department of Health

HPV\_L\_1  
Last updated: Aug 2024

### Immunisation Record (DH6)

(Students should be reminded to bring the past Immunisation Record for update)



HONG KONG CHILDHOOD IMMUNISATION PROGRAMME  
香港兒童免疫接種計劃

DEPARTMENT OF HEALTH  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
香港特別行政區政府衛生署

IMMUNISATION RECORD  
免疫接種紀錄

Name 姓名: \_\_\_\_\_  
Date of Birth 出生日期: \_\_\_\_\_ Sex 性別: \_\_\_\_\_  
Parent's/Guardian's Name 父母/監護人姓名: \_\_\_\_\_  
MCHC Case No. 母嬰健康院個案編號: \_\_\_\_\_  
MCHC Center 母嬰健康院: \_\_\_\_\_  
eHR No. 電子健康紀錄號碼: \_\_\_\_\_

This record should be presented when the child receives immunisation. Please keep this record safely as they need to submit it as proof of vaccination to the school registration or upon enrolment.  
寫入此接種紀錄時請帶此紀錄呈交。寫入此接種紀錄時請帶此紀錄呈交，以便學校註冊或入學時提交，以作接種紀錄的證明。

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### Vaccination Record (DH2684)

(Please prepare enough copies for students who do not have their old Immunization Record (DH6))



DEPARTMENT OF HEALTH  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
香港特別行政區政府衛生署

VACCINATION RECORD  
疫苗注射紀錄

Name 姓名: \_\_\_\_\_  
Date of Birth 出生日期: \_\_\_\_\_ Sex 性別: \_\_\_\_\_  
Parent's/Guardian's Name 父母/監護人姓名: \_\_\_\_\_

This record should be presented on receiving subsequent vaccination. Please keep all the vaccination records properly because they may be required later as documentation of the vaccines received.  
下次接種疫苗時請帶出此紀錄。請妥善保存所有疫苗接種紀錄卡或小便冊，因為這些紀錄日後可作疫苗接種的證明。

DH2684 (Revised 08/2010)

重要文件，請永久保存  
Please retain this immunization record indefinitely

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Department of Health

## Vaccine Ordering Form

Appendix 9.9a

衛生防護中心  
Centre for Health Protection

**9.9 Vaccine Ordering Form**

|          |                      |                               |
|----------|----------------------|-------------------------------|
| 訂單編號     | <b>衛生署</b>           | <input type="checkbox"/> 新增訂單 |
| 由衛生署職員填寫 | 「人類乳頭瘤病毒(HPV)疫苗補種計劃」 | <input type="checkbox"/> 更改訂單 |
|          | <b>送學校 疫苗申請表格</b>    | 由醫療機構填寫                       |

備註：請醫療機構於疫苗訂購系統填寫此表格並填妥衛生署項目管理系統資料（電郵地址：hpvcatchup@dh.gov.hk）。表格交表表格後三個月工作天後，仍未收到衛生署的訂單確認通知，請致電 3872 4448 查詢。遞交表格後，若有任何改動，應儘快通知衛生署項目管理系統及疫苗計劃科。另外，請於疫苗接種當日帶同訂單確認通知單，以便對症發藥。

**甲部 醫療機構及學校資料**

|            |             |
|------------|-------------|
| 1. 醫療機構名稱： | 3. 醫生註冊編號：M |
| 2. 負責醫生姓名： | 4. 學校名稱：    |
| 4. 學校名稱：   | 5. 學校編號：    |
| 6. 學生總人數：  |             |

**乙部 疫苗申請數量**

|  |            |
|--|------------|
| 由醫療機構(資助)系統得出今年可接種人數：                  | 期          |
| 減去 不適合接種人數：(例如：已在其他診所接種、有禁忌症、無法決定接種日期) | (-) 期      |
| <b>總共申請疫苗數量：</b>                       | <b>= 期</b> |

**丙部 送貨資料**

| 接種場次                         | 接種日期          | 送疫苗到校時間 | 收剩餘疫苗時間 |
|------------------------------|---------------|---------|---------|
| <input type="checkbox"/> 第一期 | ____年____月    |         |         |
| <input type="checkbox"/> 第二期 | ____日(星期____) |         |         |

學校地址：\_\_\_\_\_  
樓層：\_\_\_\_ 升降機：  有  無

**丁部 聯絡資料**

|              |       |
|--------------|-------|
| 負責接收疫苗的職員姓名： | 手提電話： |
| 負責醫生簽署及蓋章：   |       |

- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Pharm)
- hpvcatchup@dh.gov.hk

Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination (as shown in final report downloaded from eHS(S)) and the original vaccine order.

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## Workflow in eHS(S)

衛生防護中心  
Centre for Health Protection

**Consented student list By Excel (batch upload)**

Vaccination File Management

| Vaccination File ID | School / SDCH Code | Submission Status / Date | Upload Date | Approval   | Final Report Generation Date | Rejection Date | Submit Date | Status                  | Download Report  |
|---------------------|--------------------|--------------------------|-------------|------------|------------------------------|----------------|-------------|-------------------------|--|
| VF001               | [Redacted]         | [Redacted]               | 2024-06-22  | [Redacted] | 2024-06-23                   | 2024-06-24     |             | Final Report Generation | <span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Final Report</span> |

Students/ SDMs express consent on vaccination and joining eHealth in the consent form

School verifies the students/ SDMs identity

Compile consented student vaccination list in Excel format (with password protected) by inputting the students' information (including SDM's info, if applicable) and send to DH via email

Login eHS(S) by clicking "Vaccination File Management" to:
 

- Download (First) Vaccination Report (i.e. consented student list) in eHS(S) to check client's account information; or
- Rectify invalid accounts for recipients in eHS(S) (if applicable)

Submit vaccine ordering form to PMVD

Download (Final) Vaccination Report/ On-site Vaccination list (i.e. consented student list) in eHS(S) prior to vaccination day

Prepare for vaccination

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| <b>Documents to Bring on Vaccination Day</b>  |  |
|---|--|
| <b>Signed</b> Consent Form (Consented Vaccination List)   | Download from eHS(S)   |
| Vaccination Record (DH2684)   | To be provided upon request  |
| Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination | Remind schools to distribute notice to student <b>one week before vaccination day</b> (Refer to Appendix 6.5 – School Guide)   |
| <b>Final report / On-site Vaccination List</b>  | <b>Downloaded from eHS(S)</b>  |
| Student Vaccination Report (On Vaccination Day)   |  |
| Vaccine Usage Form and Cold Box Collection Record (2 unfilled copies)                                     | Please print from CHP HPV Vaccination Catch-up Thematic Page:<br><a href="https://www.chp.gov.hk/en/features/108084.html">https://www.chp.gov.hk/en/features/108084.html</a> |
| Clinical Waste Temporary Storage Handover Form (if applicable)  |  |

| <b>Emergency Management</b>  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Staff               <ul style="list-style-type: none"> <li>– Arrange qualified personnel with emergency management qualifications on-site such as Basic Life Support.</li> <li>– Keep training up-to-date and under regular review.</li> <li>– The enrolled doctor is highly preferred to be present at the vaccination venue; he/she should be personally and physically reachable in case of emergency.</li> </ul> </li> <li>• Equipment               <ul style="list-style-type: none"> <li>– Protocol for emergency management</li> <li>– Emergency kit equipment should include, but not limited to:                   <ul style="list-style-type: none"> <li>• Bag Valve Mask (age-appropriate size)</li> <li>• BP monitor (age-appropriate cuffs)</li> <li>• At least three registered adrenaline auto injector / ampoules (1:1000 dilution)</li> <li>• Syringes and needles suitable for IMI adrenaline administration (at least three 1 ml syringes with three 25-32mm needles)</li> <li>• Keep sufficient stock</li> </ul> </li> </ul> </li> <li>• Area               <ul style="list-style-type: none"> <li>– Designate an area for emergency treatment (with mattress)</li> <li>– Provide privacy</li> </ul> </li> </ul> |  |


## Quality Assurance

- The enrolled doctor is responsible for the overall vaccination activity.
- The overall service delivered by doctors and/or medical organisations will be closely monitored, feedback from schools / parents, vaccine recipients, inspections, post-payment check and monitoring of vaccine wastage rate will be taken into consideration.
- Random onsite inspection to be expected for quality assurance and service performance evaluation.

Reference:

HPV Doctors' Guide (Chapter 9.2) for the checklist of inspection items.


## Vaccination Procedures and Logistics Arrangements (Arrangements on Vaccination)




## Arrangements on Vaccination

- **Before the start of vaccination activity**

| School Outreach   | Healthcare Services Clinics (Phase II)  |
|---|---|
| <ul style="list-style-type: none"> <li>➢ Confirm the venue, resources, manpower and the arrangement of safe and cool area for vaccine storage are ready with school staff</li> <li>➢ HPV vaccines must be received by the designated staff of vaccination team</li> <li>➢ Sign the <a href="#">Vaccine Delivery Note</a> by vaccination team (submit to PMVD on the vaccination day or the following day via email)</li> <li>➢ Check with school staff whether students have any special conditions to withhold vaccination (e.g. absence, fever or illness) via the <a href="#">List of Students Withheld Human Papilloma (HPV) vaccination</a></li> </ul> | <ul style="list-style-type: none"> <li>➢ Obtain informed consent as eConsent for eHealth (Subsidies) system (<b>Applicable to person who is aged 18 or above</b>)</li> <li>➢ Complete and sign the <a href="#">Consent form</a> (<b>Applicable to minors and mentally incapacitated person</b>) from service user for clinic staff to check or open the eHealth (Subsidies) Account (for record purpose)               <ul style="list-style-type: none"> <li>• Check completeness of                   <ul style="list-style-type: none"> <li>✓ identity document number</li> <li>✓ date of birth</li> <li>✓ date of issue</li> <li>✓ parents/ guardian signature</li> </ul> </li> </ul> </li> </ul> |

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## Arrangements on Vaccination


- **During vaccination activity**

- Assess student's fitness before vaccination, e.g. any fever or feeling unwell on the vaccination day
- Check the recommendation (in drug insert), vaccine dosage, damage, contamination and expire date

| 3 checks:   | 7 rights:  |
|---|--|
| <ol style="list-style-type: none"> <li>1. When taking out the vaccine from storage</li> <li>2. Before preparing the vaccine</li> <li>3. Before administering the vaccine</li> </ol> | <ol style="list-style-type: none"> <li>1. The right patient</li> <li>2. The right vaccine or diluent</li> <li>3. Time (e.g. correct age, correct interval, vaccine not expired)</li> <li>4. The right dosage</li> <li>5. The right route, needle length (should be long enough to reach the muscle mass for IMI injection) and technique (for the route of administration of each vaccine, healthcare professionals may refer to individual package inserts)</li> <li>6. The right site</li> <li>7. The right documentation</li> </ol> |

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## Arrangements on Vaccination

- **Within one working day** after the vaccination activity (School Outreach)


➢ Compile and submit **Student Vaccination Report (On Vaccination Day)** via email to PMVD



- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Administration)
- [hpvp@dh.gov.hk](mailto:hpvp@dh.gov.hk)



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## Arrangements on Vaccination

- **Within seven days** after the vaccination activity

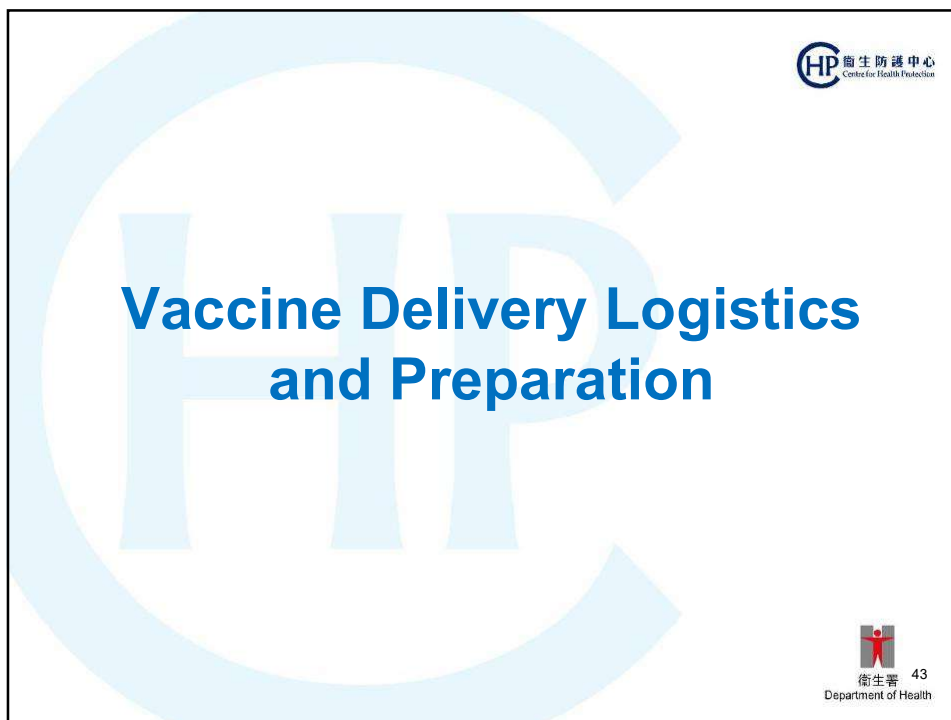
➢ Create and Confirm Claims in eHS(S)

- Claims can be created by Data Entry account or Service Provide account
- Confirm claims\* must be confirmed by Service Provider account
- Claims **must not** be made on those who have not received vaccination

\* After confirming to proceed, no amendments can be made. Service providers are required to inform and submit request to PMVD by email if needed (e.g. incorrect claim was detected and required to amend)



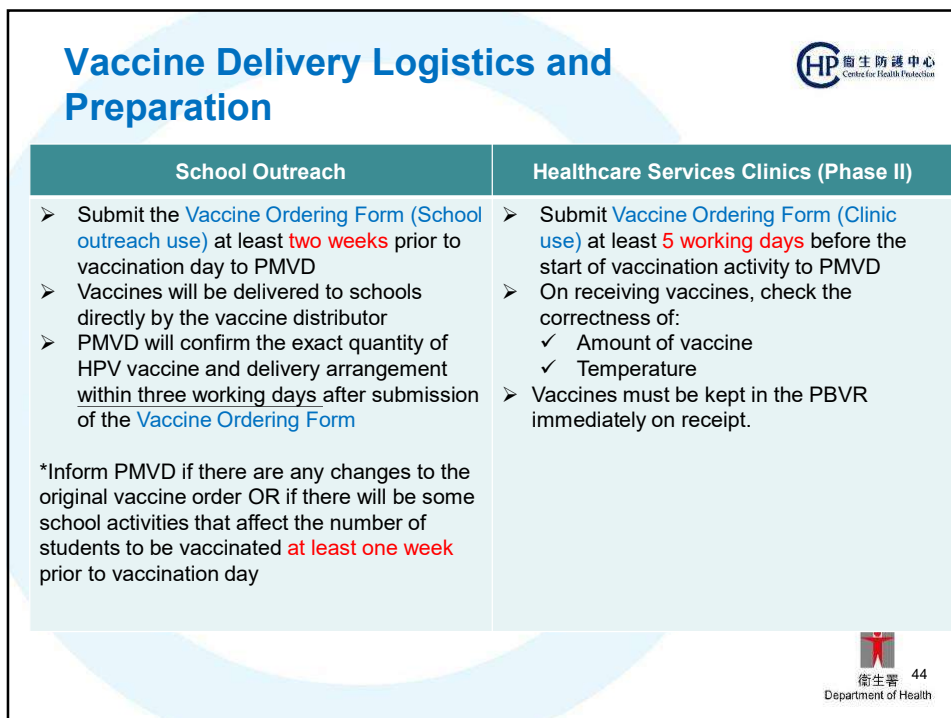
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HP 衛生防護中心  
Centre for Health Protection

## Vaccine Delivery Logistics and Preparation

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Centre for Health Protection

## Vaccine Delivery Logistics and Preparation

| School Outreach   | Healthcare Services Clinics (Phase II)   |
|---|--|
| <ul style="list-style-type: none"> <li>➤ Submit the <a href="#">Vaccine Ordering Form (School outreach use)</a> at least <b>two weeks</b> prior to vaccination day to PMVD</li> <li>➤ Vaccines will be delivered to schools directly by the vaccine distributor</li> <li>➤ PMVD will confirm the exact quantity of HPV vaccine and delivery arrangement <u>within three working days</u> after submission of the <a href="#">Vaccine Ordering Form</a></li> </ul> <p>*Inform PMVD if there are any changes to the original vaccine order OR if there will be some school activities that affect the number of students to be vaccinated <b>at least one week</b> prior to vaccination day</p> | <ul style="list-style-type: none"> <li>➤ Submit <a href="#">Vaccine Ordering Form (Clinic use)</a> at least <b>5 working days</b> before the start of vaccination activity to PMVD</li> <li>➤ On receiving vaccines, check the correctness of:               <ul style="list-style-type: none"> <li>✓ Amount of vaccine</li> <li>✓ Temperature</li> </ul> </li> <li>➤ Vaccines must be kept in the PBVR immediately on receipt.</li> </ul> |

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## Vaccine Ordering Form

**9.9 Vaccine Ordering Form**

**衛生署**

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

**送學校 疫苗申請表格**

由衛生署提供

由醫藥事務處提供

備註：請將填妥的表格連同疫苗供應商的發票及疫苗批發商的發票，寄回本中心。如欲查詢，請致電本中心。詳情請參閱本中心網頁：http://www.hpa.gov.hk

甲部 醫療機構及學校資料

1. 醫療機構名稱： \_\_\_\_\_

2. 負責醫生姓名： \_\_\_\_\_

3. 醫生註冊編號： M \_\_\_\_\_

4. 學校名稱： \_\_\_\_\_

5. 學校編號： \_\_\_\_\_

6. 學生總人數： \_\_\_\_\_

乙部 疫苗申請數量

由醫藥事務處(藥物)決定發出今年可接種人數： \_\_\_\_\_ 劑

過去 不適合接種人數： ( 例如：已在其他診所接種、有禁忌症、無法完成接種等 ) ( - ) \_\_\_\_\_ 劑

總共申請疫苗數量： = \_\_\_\_\_ 劑

丙部 送貨資料

| 接種場次                         | 接種日期                      | 送貨到校時間 | 收到疫苗時間 |
|------------------------------|---------------------------|--------|--------|
| <input type="checkbox"/> 第一劑 | _____年____月____日 (星期____) | _____  | _____  |
| <input type="checkbox"/> 第二劑 | _____年____月____日 (星期____) | _____  | _____  |

學校地址： \_\_\_\_\_

傳真： \_\_\_\_\_ 升降機：  有  無

丁部 聯絡資料

負責接收疫苗的職員姓名： \_\_\_\_\_ 手提電話： \_\_\_\_\_

負責醫生簽署及蓋章： \_\_\_\_\_

**Appendix 9.9b**

**衛生署**

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

**送診所 疫苗申請表格**

由衛生署提供

由醫藥事務處提供

備註：本中心將安排專人與貴機構聯絡，請將填妥的表格連同疫苗批發商的發票，寄回本中心。如欲查詢，請致電本中心。詳情請參閱本中心網頁：http://www.hpa.gov.hk

甲部 醫療機構

1. 醫療機構名稱： \_\_\_\_\_

2. 負責醫生姓名： \_\_\_\_\_ 醫生註冊編號： M \_\_\_\_\_

3. 診所地址： \_\_\_\_\_ 升降機：  有  無

乙部 疫苗申請數量及取貨資料

| 疫苗批發商            | 疫苗   |
|------------------|--|
| 人類乳頭瘤病毒(HPV)疫苗   | _____劑   |
| 送貨地址 (英文)： _____ |  |
| 送貨地址 (中文)： _____ |  |
| 送貨其他資料： _____    | <input type="checkbox"/> 可以 <input type="checkbox"/> 不可以<br><input type="checkbox"/> 可以 <input type="checkbox"/> 不可以 |

丙部 聯絡資料

填寫表格日期： \_\_\_\_\_年\_\_\_\_月\_\_\_\_日

備註：疫苗將於 填妥表格日期後約五個工作日的日期 寄到。如欲查詢詳情，請電： \_\_\_\_\_

當日 上午十時至下午一時 或 下午二時至下午五時  
(星期六、日及公眾假期除外，詳情請參閱本中心網頁)

負責職員： \_\_\_\_\_ 聯絡電話： \_\_\_\_\_ 負責醫生簽署及蓋章： \_\_\_\_\_

Outreach Use

Clinic – Phase II

衛生署 45  
Department of Health

## Vaccine Delivery Logistics and Preparation


**School Outreach**

- Upon Completion of vaccination, surrender one copy of the following documents to vaccine distributor:
  - Vaccine Usage Form and Cold Box Collection Record – School Outreach use
  - Vaccine Defect Report Form (if required)
- Submit a copy of the following documents to PMVD **within 1 day** after the vaccination:
  - Vaccine Delivery Note
  - Vaccine Usage Form and Cold Box Collection Record – School Outreach use
  - Vaccine Defect Report Form (if any)

**Healthcare Services Clinics (Phase II)**

- Submit a copy of **Vaccine Delivery Note** to PMVD **within 1 day** after receiving the vaccine
- Submit **Vaccine Usage Form – Clinic use** to PMVD **every week**
- Submit **Vaccine Defect Report Form** to PMVD if the vaccine is found to be broken or defective

衛生署 46  
Department of Health



## Vaccine Usage Form

Appendix 9.15  
9.15 Vaccine Usage Form and Cold Box Collection Record – School Outreach use  
**衛生署**  
**「人類乳頭瘤病毒(HPV)疫苗接種計劃」**  
**疫苗使用報告及冰箱收集記錄 – 學校外展接種**

**注意事項：**

1. 該表格適用於衛生署指定的格式，用於記錄疫苗及冰箱數量，對此項記錄上簽署及蓋印作實。
2. 醫療機構及物業地產商應採用此表格，並各自保留一份作記錄，並傳回電腦網絡及冰箱單一職工工作內對此表格之電子接收及數據管理；衛生防護中心項目管理員及疫苗計劃員（電郵地址：hpvcatchup@dh.gov.hk）。

**甲部：聯絡資料 (中文/英文)**

|            |             |
|------------|-------------|
| 1. 醫療機構名稱： | 3. 醫生註冊編號：M |
| 2. 負責醫生姓名： | 4. 學校名稱：    |
| 5. 學校地址：   | 6. 接種日期：    |

**乙部：疫苗使用記錄 (由外展接種情況)**

| 藥物疫苗數量 (a) | 已使用疫苗數量 (b) | 因失效而損壞疫苗數量 (c) | 剩餘疫苗數量 (d) = (a) - (b) - (c) |
|------------|-------------|----------------|------------------------------|
| _____ 劑    | _____ 劑     | _____ 劑        | _____ 劑                      |

× 如存在任何失效或損壞疫苗的情況，請於下方列明原因，並於表格上註明。

**丙部：收集疫苗數量 (由外展接種情況)**

|                 |         |          |
|-----------------|---------|----------|
| HPV 疫苗          | _____ 劑 | 批號：_____ |
| 冰箱溫度 (內附溫度持續記錄) | _____   | _____    |

**丁部：簽署及蓋章**

|          |               |
|----------|---------------|
| 由外展接種情況  | 由衛生署指定物業地產商情況 |
| 簽署：_____ | 簽署：_____      |
| 姓名：_____ | 姓名：_____      |
| 職位：_____ | 職位：_____      |
| 電話：_____ | 電話：_____      |

Appendix 9.16  
9.16 Vaccine Usage Form-Clinic use  
**衛生署**  
**「人類乳頭瘤病毒(HPV)疫苗接種計劃」**  
**疫苗使用報告 – 診所接種**

**注意事項：**

1. 醫療機構應在填妥此表格後，將表格上簽署及蓋印作實，並傳回電腦網絡及冰箱單一職工工作內對此表格之電子接收及數據管理；衛生防護中心項目管理員及疫苗計劃員（電郵地址：hpvcatchup@dh.gov.hk）。

**甲部：聯絡資料 (中文/英文)**

|            |             |
|------------|-------------|
| 1. 醫療機構名稱： | 5. 醫生註冊編號：M |
| 2. 診所地址：   | 4. 負責醫生姓名：  |
| 3. 診所電話：   |             |

**乙部：疫苗使用記錄**

|                |  |
|----------------|--|
| 申報日期 (一星期一次)   | _____ 年 _____ 月 _____ 日至 _____ 年 _____ 月 _____ 日 |
| 已使用疫苗數量        | 單劑裝：_____ 劑 批號：_____                             |
| 被污染/損壞的已失效疫苗數量 | 單劑裝：_____ 劑 批號：_____                             |
| 診所現存疫苗數量       | 單劑裝：_____ 劑 批號：_____                             |

**丙部：簽署及蓋章**


|          |        |
|----------|--------|
| 簽署：_____ | 醫務機構蓋印 |
| 姓名：_____ |        |
| 職位：_____ |        |

HPV 2.18  
最後更新：2024 年 8 月


**Outreach Use**

HPV 2.16  
最後更新：2024 年 8 月

**Clinic – Phase II**



衛生署 47  
Department of Health



## Vaccine Defect Report Form

Appendix 9.18  
9.18 Vaccine Defect Report Form  
**衛生署**  
**「人類乳頭瘤病毒(HPV)疫苗接種計劃」**  
**被污染 / 損壞疫苗 詳細記錄報告**

**注意事項：**

1. 該表格適用於衛生署指定的格式，用於記錄疫苗及冰箱數量，對此項記錄上簽署及蓋印作實。
2. 醫療機構及物業地產商應採用此表格，並各自保留一份作記錄，並傳回電腦網絡及冰箱單一職工工作內對此表格之電子接收及數據管理；衛生防護中心項目管理員及疫苗計劃員（電郵地址：hpvcatchup@dh.gov.hk）。

**甲部：聯絡資料 (中文/英文)**

|            |             |
|------------|-------------|
| 7. 醫療機構名稱： | 9. 醫生註冊編號：M |
| 8. 負責醫生姓名： | 10. 學校名稱：   |
| 11. 學校地址：  | 12. 接種日期：   |

**乙部：詳細記錄**

|                          |                  |
|--------------------------|------------------|
| 疫苗名稱                     | 人類乳頭瘤病毒(HPV)疫苗   |
| 批號                       | _____            |
| 有效期限 (年/月/日)             | _____/_____/____ |
| 被污染 / 損壞疫苗的原因            | _____            |
| 疫苗是否污染 / 損壞疫苗的原因         | 有 / 否            |
| 醫療機構提供書面報告為疫苗表注封過有問題疫苗   | 有 / 否            |
| 如無，請註明疫苗包裝的類別            | 性別：_____         |
| 如無，請註明疫苗包裝的類別            | 有 / 否            |
| 是否應將疫苗退回？                | 是 / 否            |
| 如將疫苗退回，醫療機構提供書面報告應附進一步說明 | 姓名：_____         |
| 以報告附件情況                  | 電話：_____         |
| 如無，請留下聯絡資料以便進一步聯繫。       | 電郵：_____         |


**丙部：簽署及蓋章**

|          |               |
|----------|---------------|
| 由外展接種情況  | 由衛生署指定物業地產商情況 |
| 簽署：_____ | 簽署：_____      |
| 姓名：_____ | 姓名：_____      |
| 職位：_____ | 職位：_____      |
| 電話：_____ | 電話：_____      |

- Send photo(s) of the defective vaccine showing the defective part(s), and a photo with its lot no. & expiry date via WhatsApp **5602 6604** to PMVD **immediately** for further instructions
- School outreach:  
Fill the defect report form before the unused vaccine collection
- Sent by PPP Vaccination Team via email to HPV Catch-up Programme Team (Pharm)
- [hpvcatchup@dh.gov.hk](mailto:hpvcatchup@dh.gov.hk)

HPV 2.18  
最後更新：2024 年 8 月



HPV 2.16  
最後更新：2024 年 8 月




衛生署 48  
Department of Health



## Vaccine Handling





- Before tearing off the sealed pouch, check for any factory defect such as broken Luer lock connector




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衛生署  
Department of Health


## Vaccine Handling



- Vaccines provided under the School Outreach is the property of DH.
- The seal of the remaining vaccines **must remain intact** and **shall be kept in the distributor's cold box / cold chain shipper under continuous cold chain maintenance**
- The PPP doctor may be asked to explain for any avoidable vaccine wastage such as vaccine left unattended in room temperature after receipt.
- The vaccine wastage for each PPP doctor will be monitored closely




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衛生署  
Department of Health




衛生防護中心  
Centre for Health Protection

## Clinical Waste Management for Outreach Activities




衛生署 51  
Department of Health



衛生防護中心  
Centre for Health Protection


## Clinical Waste Management for Outreach Activities

- **Handover of Clinical Waste (Sharps Box)**
  - Discard the used syringes and uncapped needles **directly into sharps box**
  - Place the sharps box on a flat, firm surface and at an optimal position **near the injection staff**
  - Dispose sharps box when the disposable sharps reach the **warning line (70-80%)** for maximum volume
  - Seal up sharps box afterwards for proper disposal. (Please refer to the guidelines from the Environmental Protection Department)




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Department of Health

## Clinical Waste Management for Outreach Activities




衛生防護中心  
Centre for Health Protection

- **Arrangement on the Collection of Clinical Waste**
  - Complete the **Clinical Waste Temporary Storage Handover Note** if temporary storage at school(s) is required
  - Vaccination team shall arrange schedule to collect clinical waste **on the same day** after vaccination activity. In case the clinical waste cannot be collected at the end of activity, vaccination team shall liaise with the school **2 weeks before** to arrange temporary storage of clinical waste until collected by a licensed clinical waste collector
  - Schools located in remote areas or on islands: clinical waste to be collected **within 2 weeks** after the vaccination activity



衛生署  
Department of Health

## Clinical Waste Temporary Storage Handover Note



衛生防護中心  
Centre for Health Protection

Appendix 9.12

「人類乳頭瘤病毒(HPV)疫苗接種計劃」  
醫療廢物暫存轉交記錄

衛生署

Department of Health  
Human Papillomavirus Vaccination Catch-up Programme  
Clinical Waste Temporary Storage Handover Form

**Note:**  
This form applies **ONLY** under the condition of licensed clinical waste collector is **UNABLE** to collect the clinical waste immediately after the school vaccination activity. Participating Medical Organisation and School should keep the original a copy of the form.

- The Medical Organisation staff shall close and securely seal the lid of the sharps bin, probably store in labelled and lockable container for a licensed clinical waste collector to collect at the school or for a healthcare professional to deliver to the Clinical Waste Treatment Centre (CWTC).
- The school staff shall turn in all sharps bin to the collector. With the verification of the weight of sharps bin, caps and stamp the clinical slip as the Clinical Waste Trip Ticket as confirmation.



**I. Contact Information**

- Name of enrolled doctor: \_\_\_\_\_ 2. SPID: \_\_\_\_\_  
(Chinese/English)
- Affiliated Medical Organisation Name: \_\_\_\_\_  
(Chinese/English)
- School Name: (Chinese/English) \_\_\_\_\_
- School Code: \_\_\_\_\_
- Estimated Sharp Bin Collection date: \_\_\_\_\_
- Licensed Clinical Waste Collector Name: \_\_\_\_\_  
Full Name of the Healthcare Professional to Receive Clinical Waste: \_\_\_\_\_


**II. Handover Details of Clinical Waste**

|  |   |
|--|---|
| <b>Vaccination Session</b><br>(Please tick "✓" in the appropriate □ box)<br><input type="checkbox"/> 1 <sup>st</sup> dose vaccination<br><input type="checkbox"/> 2 <sup>nd</sup> dose vaccination | <b>Sharps Bin Quantity</b><br>_____ Box(es) |
|--|---|

**III. Signature and the Clinic Chop of Medical Organisation and School**

|   |   |
|---|---|
| <b>To be completed by Medical Organisation staff</b><br>Signature: _____<br>Full Name: _____<br>Position: _____<br>Title: _____<br>Phone: _____<br>Contact: _____<br><div style="text-align: center; margin-top: 10px;">  </div> | <b>To be completed by School staff</b><br>Signature: _____<br>Full Name: _____<br>Position: _____<br>Title: _____<br>Phone: _____<br>Contact: _____<br><div style="text-align: center; margin-top: 10px;">  </div> |
|---|---|

**IV. Signatures and School Stamps**

|  |  |
|--|--|
| <b>由醫療機構職員填寫</b><br>簽署: _____<br>姓名: _____<br>職位: _____<br>電話: _____<br><div style="text-align: center; margin-top: 10px;">  </div> | <b>由學校職員填寫</b><br>簽署: _____<br>姓名: _____<br>職位: _____<br>電話: _____<br><div style="text-align: center; margin-top: 10px;">  </div> |
|--|--|



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