

DOCTORS' GUIDE **(for SCHOOLS)**

For 2024-2026

Human Papillomavirus (HPV)

Vaccination Catch-up

Programme

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DISCLAIMER

The Doctors' Guide ("the Guide") is for doctors joining the 2024-2026 Human Papillomavirus (HPV) Vaccination Catch-up Programme under school setting ("the Programme") for outreach vaccination service to secondary schools, special schools, post-secondary institutions and universities. It highlights the roles and responsibilities of the doctors and areas that he/she should note when offering outreach vaccination services to S5 and above female students born in or after 2004 and studying in participating local secondary schools/ special schools and to females who were born between 2004 and 2008, studying in post-secondary institutions/ universities and holding Hong Kong Identity Card (HKID), under the Programme. Doctors participating in the Programme are required to read and follow **the Guide** when providing outreach vaccination activities.

The Guide serves as a living document for doctors' reference. The latest version of the Guide is available on the webpage [https://www.chp.gov.hk/files/pdf/hpvp_doctorsguide_school.pdf]. We welcome doctors' questions, comments or feedback on the Guide so that we can improve on it. If you have any comments or questions, please send them to the Programme Management and Vaccination Division (PMVD) of the Department of Health (DH) via email [hpvp@dh.gov.hk].

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Please always make sure that you have the latest version by checking the CHP website (<http://www.chp.gov.hk>): [https://www.chp.gov.hk/files/pdf/hpvp_doctorsguide_school.pdf]

1. INTRODUCTION

HPV vaccine prevents cervical cancer as well as other HPV-related cancers or diseases and is generally safe. The Department of Health (DH) has launched the Human Papillomavirus (HPV) vaccination programme for eligible primary 5 and 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/2020 school year. In November 2022, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended the extension of the HPV vaccination target group to include older girls who are up to 18 years old after reviewing scientific evidences regarding efficacy and safety of HPV vaccine, recommendations from the World Health Organization and overseas experiences, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination.

In response to this recommendation, the Government implements a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls who were born in or after 2004 (i.e. those who were 18 years old or below in 2022 and were not covered by existing HPV vaccination programme).

1.1 HPV Vaccination

The SCVPD recommended a two-dose schedule for immunocompetent individuals and a three-dose schedule for individuals who are immunocompromised¹.

DH is launching the Human Papillomavirus (HPV) Vaccination Catch-up Programme to provide HPV vaccination at local secondary schools/ special schools for S5 and above female students born in or after 2004 and are studying in the participating schools; and post-secondary institutions/ universities and designated centres for females holding HKID and born between 2004 and 2008.

DH is responsible for purchasing HPV vaccines. An injectable 9-valent HPV

¹ For individuals who are immunocompromised or with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner, they will receive the 1st dose of HPV vaccine during outreach vaccination activities at schools. The 2nd and 3rd dose of HPV vaccine will be provided at a School Immunisation Team (SIT) sub-office or a Student Health Service Centre (SHSC) with minimal intervals of 1 and 6 months apart from the 1st dose.

vaccine will be provided by the Government. **Participating doctors (Public-Private-Partnership doctors, PPP doctors) must not use their own HPV vaccines for the Programme, even if they are of the same type, brand and lot number.** PPP doctors should arrange the vaccination date for the 1st and 2nd dose with schools, provide the vaccination and handle the clinical waste. PPP doctors are required to provide the second dose of HPV vaccination at schools 5 to 13 months after the first dose of HPV vaccination for immunocompetent individuals. Vaccination activities must be arranged during school hours, i.e. Monday-Friday, 8 am-3 pm. Regarding the vaccine delivery, both the first dose and second dose of HPV vaccines will be delivered by the vaccine distributor to schools.

It is expected that the vaccination activity should be all completed within one day. Except for special circumstances where there is an exceptionally large number of consented students, the vaccination activity which requires more than one day to carry out shall obtain prior approval from the PMVD.

1.2 HPV Vaccination Reimbursement level for the Programme 2024-2026

Under the Programme, participating PPP doctors will be reimbursed HKD\$105 for the injection fee for each dose of HPV vaccine administered to eligible Secondary Schools, Special Schools, Post-secondary Institutions and Universities female students during the outreach service. They are not permitted to charge extra service fees from schools/ parents or guardian/ vaccine recipients.

1.3 Schedule

The Programme will be launched around December 2024 through to December 2026. The official launch date will be announced in due course.

1.4 Joining Criteria

Doctors who have enrolled in the “Vaccination Subsidy Scheme” (VSS) (<https://www.chp.gov.hk/en/features/45858.html>) are invited to enrol in the Programme.

Doctors enrolled in the Programme are **mandatory** required to register as healthcare providers under the Electronic Health Record Sharing System (eHealth). Please find details in the website <https://www.ehealth.gov.hk/en/healthcare-provider-and-professional/index.html>.

The performance of the doctors and/or medical organisations will be closely monitored through feedback from schools, parents or guardian, vaccine recipients, inspections, post-payment check and monitoring of vaccine wastage rate. Their previous performance in VSS/School Outreach will also be considered for the enrolment.

1.5 Eligibility of Recipients

Female students in Hong Kong who fulfil the following criteria are eligible to receive HPV vaccination free of charge through the Programme:

- (i) Mandatory Electronic Health Record Sharing System (eHealth) joining consent / already joined; and
- (ii) S5 and above (or equivalent) female students studying in the participating secondary schools/ special schools/ international schools who were born between 2004 and 2008; or
- (iii) Post-secondary institutions/ universities female students who are holding valid HKID and were born between 2004 and 2008.

1.6 Immunocompromised Persons

Immunocompromised persons include:

- (i) Cancer or hematological malignancy on active immunosuppressive treatment now or in the past 12 months;
- (ii) Recipients of solid organ transplant or stem cell transplant on immunosuppressive treatment;
- (iii) Severe primary immunodeficiency or on chronic dialysis;
- (iv) Advanced or untreated HIV disease;
- (v) On active immunosuppressive drugs, or immunosuppressive chemotherapy / radiotherapy in past 6 months.

Immunocompromised persons should submit the relevant medical certificate to schools / healthcare services clinics (second phase) in order to confirm their eligibility to receive the HPV catch-up vaccination in accordance with the schedule for immunocompromised persons with minimal intervals of 1 and 6 months apart from the 1st dose. A medical certificate template is available under Information for Doctors – Useful Form Section.

2. ROLES AND RESPONSIBILITIES OF PPP DOCTORS

To ensure that the quality of vaccination services is upheld in non-clinic settings, the organiser and enrolled doctor in-charge of the activities must give due consideration to safety and liability issues. The enrolled doctor is responsible for the overall vaccination activity.

The doctor should observe the **Code of Professional Conduct** issued by the Medical Council of Hong Kong, the **Terms and Conditions of Agreement of Vaccination Subsidy Scheme (VSS)** (https://www.chp.gov.hk/files/pdf/appendix_j_vss_agreement.pdf) and its **Supplementary Agreement for the Programme** (https://www.chp.gov.hk/files/pdf/appendix_jii_vss_supplementary_agreement.pdf), **VSS Doctors' Guide** (<https://www.chp.gov.hk/en/features/45838.html>) as well as **Doctors' Guide for the Programme** [https://www.chp.gov.hk/files/pdf/hpvp_doctorsguide_school.pdf] as the standard to provide quality health care.

In particular, we would like to draw your attention to the Code of Professional Conduct, [Part II B 5.2.5]: “Doctors’ services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.” Organisers and the doctor should stay clear of associating with **any improper financial (or advantage) transactions**, e.g. distribution of vouchers. Please also note that the use of logos of DH, Centre for Health Protection (CHP) and VSS without prior permission of DH on any materials issued by the participating doctors is **prohibited**.

Regarding delegation of medical duties to staff, doctors should take reference to the Code of Professional Conduct, Part II E 21 “Covering or improper delegation of medical duties to non-qualified persons”.

Under the Programme, vaccines provided are the property of DH. The doctor may be liable to costs related to broken or missing vaccines and vaccines which rendered unserviceable during mishandling, such as outer box unnecessarily opened with the seal broken, and DH reserves the right to demand the doctor for payment due to vaccine breakage or missing vaccines.

The following sections will describe the roles and responsibilities of the doctors when organising outreach vaccination activities. DH may perform a random onsite inspection of the services provided (please see **Appendix 9.2** for a checklist of items during onsite inspection).

2.1 Timeline for Human Papillomavirus (HPV) Vaccination Catch-up Programme

Date (For Reference)	Tasks
November to December 2024	<ul style="list-style-type: none"> - Announcement of Self-selection and DH-matching results - Download and study Doctors' Guides for the Programme (https://www.chp.gov.hk/files/pdf/hpvp_doctorsguide_school.pdf) and VSS Doctor's Guide (https://www.chp.gov.hk/en/features/45838.html) from the CHP website for reference - Communicate with schools on the date and venue for the vaccination activity - Start preparing manpower, training for staff, equipment, etc. for vaccination activity making reference to the <i>List of Items to Bring to Venue on the Vaccination Day (Appendix 9.1)</i> - Obtain a Clinical Waste Producer Premises Code for outreach services from the Environmental Protection Department (EPD) if you do not have one.
<p>December 2024 (for secondary schools/special schools)</p> <p>For universities and post-secondary institutions (to be announced in due course)</p>	<ul style="list-style-type: none"> - Launch of the outreach vaccination service

2.1.1 Timeline for Human Papillomavirus (HPV) Vaccination Catch-up Programme – School Setting

Timeline	Tasks
Week(s)/Day(s) before vaccination	
6 – 8 weeks	Remind school to distribute <i>Consent Forms – Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)</i> to parents or guardian.
4 – 6 weeks	Sending <i>Booking of Time Slot for Outreach Vaccination Activity (Appendix 9.3)</i> to PMVD.
	Within 3 working days on receipt of the <i>Booking of Time Slot for Outreach Vaccination Activity</i> , PMVD will confirm the booking <u>within three working days</u> after submission.
	Collect signed <i>Consent Forms – Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)</i> .
	Sign the <i>Consent Forms Receipt Note (Appendix 9.5)</i> and send a copy to PMVD.
3 to 4 weeks	Provide password-protected Excel table with names of consented students. <i>Consented Student List (Appendix 9.6)</i> to PMVD via a designated email account.
	Within 1 week on receipt of the <i>Consented Student List</i> , PMVD will batch upload the <i>Consented Student List (Appendix 9.6)</i> to eHS(S) for verification of students' vaccination history through eHS(S). The First Report will be available within one week after submission to PMVD. Doctors should log on to eHS(S) at least three weeks before vaccination day.
	Download First Report on eHS(S) after the upload is completed (within 1 week). Doctors should log on to eHS(S) at least three weeks before vaccination day to verify and match the information on the collected <i>Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)</i> with the <i>Consented Student List (Appendix 9.6)</i> on eHS(S).
	Submit documentary proof to PMVD for amendment of document type and/or document number.
	Double-check if the date of vaccination activity on eHS(S) is correct.
2 weeks	Liaise with a licensed clinical waste collector for collection of clinical waste or assign a healthcare professional for delivery of clinical waste to the Chemical Waste Treatment Centre (CWTC); and inform schools of the arrangement.
	In case the clinical waste cannot be collected at the end of activities, liaise with the school two weeks before the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector or delivery by a healthcare professional.
	Submit the <i>Vaccine Ordering Form (Appendix 9.9a)</i> <u>at least two weeks prior to vaccination day</u> to PMVD to request vaccine quantity (based on number of consented students minus the number of students with contraindication), preferred

	<p>delivery time and time for unused vaccines and cold box collection.</p> <p>Within 3 working days on receipt of <i>Vaccine Ordering Form</i>, PMVD will send a <i>Confirmation Notice</i> to doctors confirming the arrangement of vaccine delivery, unused vaccines and cold box collection arrangement.</p> <p>If there are any changes in the date(s) for the vaccination, PPP doctor is required to send a new booking form via email at least 14 days before the original date(s) of vaccination to PMVD.</p>
1 week	<p>Issue a list of students requiring vaccination to teachers/designated staff of the institutions.</p> <p>Revise the vaccine order form and send to PMVD as soon as possible if the number of students is different.</p> <p>Remind school to distribute <i>Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination (Appendix 9.7)</i> and for children to bring old <i>Immunisation Record (DH6) (Appendix 9.8a)</i>, if any.</p>
3 working days	<p>Final Report and On-site Vaccination List will be generated on eHS(S) for vaccination eligibilities. Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination and the original vaccine order.</p>
Day of vaccination	
	<p>Designated staff should be arranged to receive the vaccines at the school on the indicated delivery time (preferably 1 hour before starting time of vaccination activity). If the vaccines are not delivered 30 minutes after the expected time, please contact the vaccine distributor for remedial measures (e.g. urgent delivery of vaccines to the venue) and inform PMVD immediately. If the vaccine distributor fails to collect the unused/surplus vaccine and cold boxes / cold chain shipper 30 minutes after the expected time, please contact vaccine distributor for remedial measures and inform PMVD immediately.</p> <p>Bring the <i>List of Items to Bring to Venue on the Vaccination Day (Appendix 9.1)</i> to the vaccination venue.</p> <p>Designated staff are required to record the date, time, and vaccine temperature on the <i>Vaccine Delivery Note</i> provided by the vaccine distributor; sign and then chop with the company/clinic stamp after confirmation of the above (Submit to PMVD on the vaccination day or the following day).</p> <p>Conduct vaccination activity.</p> <p>For vaccination activities at secondary schools/ special schools, the vaccination team would pass the following documents to teachers/ staff of secondary schools/ special schools/ for vaccinated students:</p> <p>(i) For recipients who require next dose:</p>

	<ul style="list-style-type: none"> • Documented vaccination service on the old <i>Immunisation record</i> (DH6) (Appendix 9.8a), if any, or provide <i>Vaccination Record</i> (DH2684) (Appendix 9.8b) to those students who fail to provide the old <i>Immunisation record</i> (DH6) (Appendix 9.8a). • Distribute <i>Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination</i> (Appendix 9.12). <p>(ii) For immunocompetent students who has not received vaccination:</p> <ul style="list-style-type: none"> • Distribute <i>Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination</i> (Appendix 9.10) as documentation proof for those missing vaccination activity at school. <p>(iii) For immunocompromised students:</p> <ul style="list-style-type: none"> • Distribute <i>Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination</i> (Appendix 9.11) as documentation proof for those missing vaccination activity at school. <p>For vaccination activities at post-secondary institutions/ universities, the vaccination team would pass the following documents to <u>the recipient directly</u>:</p> <ul style="list-style-type: none"> • Documented vaccination service on the old <i>Immunisation record</i> (DH6) (Appendix 9.8a), if any, or provide <i>Vaccination Record</i> (DH2684) (Appendix 9.8b) to those students who fail to provide the old <i>Immunisation record</i> (DH6) (Appendix 9.8a). • Distribute <i>Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination</i> (Appendix 9.12).
	<p>If temporary storage of clinical waste at school/vaccination venue is required, sign two copies of the <i>Clinical Waste Temporary Storage Handover Form</i> (Appendix 9.13); keep one copy and surrender one copy for the schools' record.</p>
	<p>In case of any clinical incident, the <i>Clinical Incident Notification Form</i> (Appendix 9.14) will be provided upon request. The form should be returned to the PMVD via email with password protection of the file within the same day of occurrence of the incident.</p>
	<p>Within 1 week on receipt of the <i>Clinical Incident Notification Form</i>, the medical vaccination team should conduct a full investigation of the medical incident and submit the <i>Clinical Incident Investigation Report</i> (Appendix 9.15) to the PMVD via email within 7 days from the occurrence of the incident.</p>
	<p>Complete and sign two copies of the <i>Vaccine Usage Form and Cold Box Collection</i></p>

	<p><i>Record – School Outreach use (Appendix 9.16) and Vaccine Defect Report Form (Appendix 9.19) if required; surrender one copy to vaccine distributor on the collection and email the other copy to PMVD on the vaccination day or the following day.</i></p> <p>Bring <i>Clinical Waste Temporary Storage Handover Form (Appendix 9.13)</i> to vaccination activity. Doctors should complete the form with the school representative. Both the doctor and the school should keep a copy of the completed form for record.</p>
Week(s)/Day(s) after vaccination	
1 day	<p>A copy of the <i>Vaccine Delivery Note, Vaccine Usage Form and Cold Box Collection Record – School Outreach use (Appendix 9.16)</i> and, if any, <i>Vaccine Defect Report Form (Appendix 9.19)</i> along with the concerned vaccine photos should be submitted to PMVD within 1 day after the vaccination.</p> <p>-----</p> <p>For the vaccination under the Healthcare Services Clinic, a copy of the <i>Vaccine Usage Form – Clinic use (Appendix 9.17)</i> should be submitted to PMVD every week.</p> <p>Filling and submit the <i>Students Vaccination Report (On Vaccination Day) (Appendix 9.18)</i>.</p>
1 week	<p>Update the <i>Consented Student List (Appendix 9.6)</i> and submit claims to eHS(S) by batch upload.</p> <p>Claims should be submitted within 7 CALENDAR days (the vaccination day is Day 1). Claim requests made after 7 days may not be considered.</p>
2 weeks	Temporarily stored clinical waste to be collected by a licensed clinical waste collector or to be delivered by a healthcare professional to CWTC.

3. PREPARATION BEFORE THE OUTREACH VACCINATION ACTIVITY

- PPP doctors must be enrolled into VSS and the Primary Care Directory (PCD).

3.1 Liaison with schools and Date of vaccination activity

- Self-selection and DH-matching results with the school list is announced by DH by November/December 2024 (for secondary school and special school). For post-secondary institutions and universities, announcement will be made in due course.
- Liaise early with each of the schools to **fix the date** and venue for vaccination. **Available dates are subject to the logistics arrangement of DH.**
- The outreach activity should be completed within the Catch-up Programme (2024 – 2026).
 - As the interval of two-dose regimen should be administrated in 5 to 13 months apart, it is highly recommended that the first dose vaccination to be scheduled and completed by August 2025.
 - Since the interval of first and second dose is 5 to 13 months as recommended by the manufacturer, **the vaccination dates of the first and second dose shall be at least 5 months apart (e.g. vaccine ordering).**
 - For individuals who are immunocompromised or with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner, they will receive the 1st dose of HPV vaccine during outreach vaccination activities at schools. The 2nd and 3rd dose of HPV vaccine will be provided at a SIT sub-office or a Student Health Service Centre (SHSC) with minimal intervals of 1 and 6 months apart from the 1st dose (1 month = 30 days).
- Fill in Forms for Booking of Time Slot:
 - i. Once confirmed the plan of vaccination activity, the doctor should notify PMVD as soon as possible the dates of vaccination for **BOTH the first dose and second dose.**
 - ii. DH has the absolute discretion to approve the date of the vaccination activities suggested by the medical organisation.
 - iii. Please send the *Booking of Time Slot for Outreach Vaccination Activity (Appendix 9.3)* to PMVD via email (hpvp@dh.gov.hk) once confirmed with concerned school(s). Due to the limited daily vaccine delivery quota, the quota will be allocated on a first-come, first-served basis. Please indicate the **vaccine delivery time** and the **collection time of unused vaccine/equipment** on the form for the ease of scheduling.

- In the *Booking of Time Slot for Outreach Vaccination Activity (Appendix 9.3)*, please indicate the preferred vaccine delivery and collection time (The vaccine delivery will only be available from **Monday to Friday**, except public holiday).

Monday to Friday

Delivery Time	Collection Time
From 7:30am to 2:00pm	From 1:00pm to 4:00pm

- For PPP doctors of the Healthcare Services Clinic or provided with matched post-secondary institutions/ universities, they shall liaise with the Students Affairs Office or administration department of the concerned institution/ university for arrangement of the vaccination service.
- Please see the forms in the attached appendix or downloadable from the CHP website <https://www.chp.gov.hk/en/features/108084.html>.
- **PMVD will confirm** the booking **within three working days** after submission. Please contact PMVD (Tel: 3975 4444) if you do not receive a Confirmation Notice from PMVD **after three working days**.
- If there are any changes in the date(s) for the vaccination, PPP doctor is required to send a new booking form **via email (hpvcatchup@dh.gov.hk)** **at least 14 days** before the original date(s) of vaccination to PMVD.
- If you have prepared any materials on the vaccination activity, ensure the information provided is correct.
- Remind schools one week before vaccination activity to issue *Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination*. An example of notice to a school can be found in **Appendix 9.7**.

3.2 Selection of vaccination venue

- Considerations on outreach vaccination venue: Hygiene, safety, privacy, lighting and ventilation.
- The vaccination venue should be well lit, ventilated and clean. It should be divided into five parts with adequate and separate areas for the vaccine recipients to:
 - i. register;
 - ii. wait for vaccination;
 - iii. receive vaccination;
 - iv. stay for post-vaccination observation; and
 - v. receive first aid treatment (with mattress) if necessary.

- The vaccination venue should have enough space to allow for social distancing measures and any emergency treatment or resuscitation.
- Liaise with the school for the temporary storage of clinical waste until collection by a licensed clinical waste collector or delivery by a healthcare professional as necessary; the temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorised persons only, away from the area of food preparation and storage, and properly locked and labelled. For details, please refer to **section 3.6 of the Guide and Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities provided by EPD in Appendix G** of VSS Doctors' Guide (<https://www.chp.gov.hk/en/features/45838.html>).

3.3 Provision of adequate information to vaccine recipients

- *Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)* will include essential information on HPV vaccination so vaccine recipients/parents or guardian can make an informed choice.
- If requested, liaise with the school to provide vaccine recipients and their parents/guardian with more information to ensure that they understand
 - i. the aims of the vaccination;
 - ii. the contraindications and precautions of the vaccine; and
 - iii. possible reactions of vaccination
- The doctor is encouraged to provide health talks to the school and their parents/guardian on HPV vaccine before vaccination day. However, the PPP doctor should not display or distribute any promotional materials, such as posters, leaflets or souvenirs, to the students/parents unless approved by the government.
- Under the HPV Vaccination Catch-up Programme, 2 doses will be offered to immunocompetent females. No promotion of providing 3rd dose is allowed during the Programme, no matter under clinic setting or not.
- Student's participation in the Programme is **strictly voluntary**.
- The doctor **cannot charge an extra service fee** from schools/ parents under the Programme.
- The doctor is required to provide contact information to vaccine recipients/parents/guardian for them to contact for more information on HPV vaccination or for follow up after vaccination.
- The doctor/medical organisation should be prepared to handle enquiries from the vaccine recipients/parents/guardian for issues related to the HPV vaccination.

3.4 Handling of Consent Forms

3.4.1 Collection of Consent Forms

- Schools/ post-secondary institutions/ universities shall receive the *Human Papillomavirus (HPV) Vaccination Consent form*² (**Appendix 9.4**) from PMVD **around November/December 2024** (for secondary school and special school). For post-secondary institutions and universities, arrangement will be announced in due course. Please remind schools/ post-secondary institutions/ universities to distribute the *Forms* to students for their parents/guardian or vaccine recipients to sign in one to two weeks' time.
- Collect the signed *Consent Forms* from schools preferably **six weeks before** vaccination day. Sign the *Consent Forms Receipt Note* (**Appendix 9.5**) upon collection. **Check with the school and send a copy to PMVD.**
- It is the responsibility of the doctor to ensure that the *Consent Forms* are **completely filled in** and **signed by parents/guardian/vaccine recipients.** **Missing or incomplete information can result in unsuccessful claim submission and reimbursement.**

3.4.2 Create Consented Student List – a password-protected Excel file

- Doctors are required to provide data entry using Microsoft Excel. Please ensure the required software is properly installed.
- Doctors should send a **password-protected Excel table, in the format provided by DH** containing the details of consented students *Consented Student List* (**Appendix 9.6**) to PMVD via a designated email account, at least **four weeks** before vaccination day. (If both the 1st and 2nd dose will be administered during the same vaccination activity, please prepare two Excel files separately, organised by dose sequence.)
- Doctors should make sure the information in the *Excel* table is complete. **Any missing or incorrect data will affect subsequent claim submission and reimbursement.**
- Please be reminded of the following:
 - i. For students who are holders of the Hong Kong Identity Card (HKID) or other Identity Document, it is necessary to enter the **Date of Issue**.
 - ii. Please make sure all the relevant items in the Excel table are filled in, especially the **Type of identity document, Document number, Date of Birth, Date of Issue, Surname, Given Name, Gender and any previous HPV vaccination record.**
- PMVD will batch upload the *Consented Student List* (**Appendix 9.6**) to eHS(S) for verification of students' vaccination history through eHS(S).

² A Human Papillomavirus (HPV) Vaccination Consent Form is required for each dose of vaccination.

3.4.3 Generation of Report and Vaccination List

First Report

- The **First Report** will be available **within one week after submission** to PMVD. Doctors should log on to eHS(S) **at least three weeks before vaccination day** to verify and match the information on the collected *Human Papillomavirus (HPV) Vaccination Consent Form* (**Appendix 9.4**) with the *Consented Student List* (**Appendix 9.6**) on eHS(S). Please rectify if there is any misinformation. For amendment of identity document, doctors will need to submit documentary proof to PMVD for updating.
- Issue a list of students requiring vaccination to teachers/ Student Affairs Offices **at least one week before** the vaccination day.

Final Report

- **Download** and double-check the **final report and On-site Vaccination List THREE Working Days before vaccination day**. To avoid double dose, doctors must check the final results on eHS(S) before administering the vaccination.
- Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination and the original vaccine order.
- **Bring the Final Report and On-site Vaccination List** to the schools/ institutions on the day of vaccination activity.
- DH reserves the right to upload the human papillomavirus (HPV) vaccination information to the Electronic Health Record Sharing System (eHealth) after the vaccination if the parents/guardian of the students or vaccine recipients who are over 18 years agree to share their vaccination record to the eHealth.

****** Note on the *First and Final Report of the Consented Student List*:**

The *Reports* serve to streamline the preparation before vaccination. It is, however, ultimately **the responsibility of PPP doctors to check whether the students on reports should receive the vaccination or not**, taking into consideration the information in the *Consent Forms*, past vaccination record/card, and **thorough health assessment** before providing vaccination. PPP doctors should check the consent form for the vaccination record/card in addition to the record on eHS(S). The doctor is ultimately responsible for any error in the *Reports* and resulting health consequence of the concerned students/ vaccine recipients. ****

3.5 Mode of delivery and Vaccine ordering

According to the Pharmacy and Poisons Ordinance (Cap.138), HPV vaccines are classified as “Prescription Drug”. Under the Programme, DH will purchase the vaccines for

secondary schools, special schools, post-secondary institutions and universities.

- **HPV vaccines** will be **delivered to schools directly by the vaccine distributor**, for all outreach vaccination service to secondary schools, special schools, post-secondary institutions and universities.
- Obtain the HPV vaccines required for vaccination day using the *Consented Student List* on eHS(S).
- Fill in the *Vaccine Ordering Form* (please see sample in **Appendix 9.9a** for vaccine delivery to schools. Forms are also downloadable at the CHP website (<https://www.chp.gov.hk/en/features/108084.html>).
- Please complete and submit the *Vaccine Ordering Form* (**Appendix 9.9a**) **at least two weeks prior to vaccination day** to confirm with PMVD:
 - i. **Quantity** of HPV vaccines required (it should be equivalent to the number of consented students less the number of students with contraindications HPV vaccination)
- **Ad hoc vaccination** for students who consented after submission of *Vaccine Ordering Form* (**Appendix 9.9a**) **should not be entertained. They should approach designated centres for HPV vaccination. Details of those centres will be announced by the Government in due course.**
- Reconfirm the number of students requiring vaccination and inform PMVD as soon as possible if there are any changes to the original vaccine order **at least one week** prior to vaccination day.
- **PMVD will confirm** the exact quantity of HPV vaccine and delivery arrangement **within three working days** after submission of the *Vaccine Ordering Form* (**Appendix 9.9a**). Please contact PMVD (Tel: 3975 4444) if you do not receive a Confirmation Notice from PMVD **after three working days**.

3.6 Preparation for Clinical Waste Collection and Delivery

3.6.1 Packaging of clinical waste

- Clinical waste generated (mainly used needles, syringes, cartridges, and cotton wool balls fully soaked with blood) should be disposed of directly into a sharps box with cover. Clinical waste must not be collected or disposed of as municipal solid waste or other types of wastes.
- The specifications of a typical sharps box are given in Annex B of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by EPD (https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf)

- Alcohol swabs and cotton wool balls slightly stained with blood, which are not clinical waste by definition, should also be properly handled and disposed of as general refuse.

3.6.2 Collection and delivery of clinical waste

- Clinical waste generated in outreach vaccination shall be either collected by a licensed clinical waste collector or delivered to the Chemical Waste Treatment Centre (CWTC) by a healthcare professional participating in the outreach vaccination activities. For details, please refer to **Appendix G of VSS Doctors' Guide**.
- Clinical waste should be collected or delivered after the outreach vaccination activities as soon as possible. In case the clinical waste cannot be collected or delivered on the date of outreach vaccination activities, it must be properly stored at the vaccination venue (see **sections 3.6.3 - 3.6.5**).
- According to the Waste Disposal (Clinical Waste)(General) Regulation, except to the CWTC direct, delivery of clinical waste to any other places by healthcare professionals (including to their own clinics) is **not** permitted.
- Doctors must keep records (including a copy of Trip Tickets) of the clinical waste consigned to a licensed clinical waste collector or delivered by a healthcare professional to the CWTC, and produce the records to EPD for inspection when so required.

3.6.3 Immediate collection of clinical waste by licensed collectors

- Doctors should pre-arrange with a licensed clinical waste collectors **at least two weeks before** the vaccination activity to collect the clinical waste at the end of the activities and inform the school of the arrangement.
- For the list of licensed clinical waste collectors, please refer to EPD's website on Licensed Clinical Waste Collectors (<http://epic.epd.gov.hk/EPICDI/clinicalwaste/list/>).
- In case the clinical waste could not be disposed immediately after the activities, temporary storage of clinical waste in the school must be provided (see **section 3.6.5**).

3.6.4 Delivery of clinical waste by healthcare professionals

- Doctors could also deliver the clinical waste to the Chemical Waste Treatment Centre (CWTC) at Tsing Yi^(a) by a private car on the same day after the outreach vaccination activities.
- Alternatively, they may ask their employee who is a healthcare professional (HCP)^(b) to deliver the waste on their behalf.
- Such waste delivery is subject to fulfilling the following requirements specified in the

Regulation and the Code of Practice (CoP):

1. Clinical waste must not exceed 5 kg in weight;
 2. Clinical waste is packaged in an appropriate type of container (e.g. sharps boxes), sealed and labelled properly;
 3. Only private car^(c) within the meaning of the Road Traffic Ordinance (Cap. 374) is used for the delivery;
 4. The clinical waste must be delivered directly to CWTC within 24 hours after the clinical waste begins to be so delivered and must not be left unattended during the delivery; and
 5. Adequate and appropriate first-aid equipment and cleaning equipment (e.g. spare red bags and sharps boxes) must be provided for use in case of injury to any person and spillage of clinical waste. For details, please refer to Annex D of the CoP.
- In addition, the healthcare professional must:
 1. Provide a clinical waste trip ticket^(d) filled with relevant information, including the name of the HCP, the HCP registration number and the assigned premises code of the Clinical Waste Producer;
 2. Show his/her identity card and HCP registration number at the CWTC. For the sake of convenience, copy of HCP registration document is accepted.
 3. Arrive CWTC during reception hours^(e).
 - A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)^(f) will be levied on the clinical waste as received and treated at the CWTC. The amount to be paid depends upon the weight of clinical waste received and only cash is accepted.

Note:

- (a) CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.
- (b) Healthcare professionals include registered medical practitioners, dentists and veterinary surgeons, registered or listed Chinese medicine practitioners, and registered or enrolled nurses as defined in the various ordinances detailed in the Waste Disposal (Clinical Waste) (General) Regulation.
- (c) Private car shall be within the meaning of “private car” as classified in accordance with the Schedule 1 – “classes of vehicle” of the Road Traffic Ordinance (Cap 374). One should always check the motor vehicle license displayed on the vehicle’s windscreen to confirm the vehicle class.
- (d) Blank clinical waste trip tickets can be obtained from EPD by submitting the Request Form for Clinical Waste Trip Tickets (a minimum of 3 working days after the written request is required). A set of 10 blank trip tickets will be distributed for each request. Please refer to EPD’s website on Self-delivery - Request Form for Clinical Waste Trip Tickets. (<https://www.epd.gov.hk/epd/clinicalwaste/en/information.html>).
- (e) The reception hours for receiving clinical waste delivered by HCP at the CWTC are 9:00 a.m.

- 12:00 noon and 1:00 p.m. - 4:30 p.m. from Monday to Friday (except for public holiday) (No prior appointment is required). For special circumstances and upon request with 3-day advance notice with CWTC site office (Tel: 2434 6372), the reception hour can be extended from 4:30 p.m. to 5:30 p.m. from Monday to Friday and from 1:00 p.m. to 5:30 p.m. on Saturday.

- (f) The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.

3.6.5 Temporary storage of clinical waste

- Prolonged storage of clinical waste on the premises should be avoided. It is recommended to collect or deliver the clinical waste on the same day after the event.
- In case the clinical waste cannot be collected at the end of activities, liaise with the school **two weeks** before the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector or delivery by a healthcare professional.
- Liaise with licensed clinical waste collectors for collection and inform the school of the arrangement³.
- Bring *Clinical Waste Temporary Storage Handover Form (Appendix 9.13)* to vaccination activity. Doctors should complete the form with the school representative. Both the doctor and the school should keep a copy of the completed form for record.
- Doctor should affix a label on each clinical waste container requiring temporary storage (see Figure 1). The label should clearly display (1) name of the responsible doctor, (2) name of medical organisation, (3) emergency contact number, (4) address of waste generation (i.e. the venue address), (5) premises code, (6) the date of sealing, and (7) a clinical waste symbol.
- The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorised persons only, away from the area of food preparation and storage, and properly locked and labelled.
- A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see Figure 2). The warning sign could be obtained from EPD free of charge.
- When the clinical waste is collected by a licensed collector or delivered to CWTC by a healthcare professional, doctors or his/her representatives (e.g. school's staff with the doctor's consent) should sign on the Clinical Waste Trip Ticket. School chop is not necessary. The doctor's representative shall pass the **Waste Producer Copy (pink copy)** of the Clinical Waste Trip Ticket to the doctor for retention. Doctors must provide the

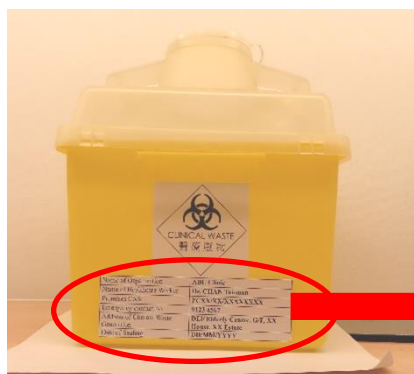
³ Clinical waste to be collected within 2 weeks after vaccination activity.

record to EPD for inspection when so required.

- According to the Regulation, except to the CWTC direct, delivery of clinical waste to any other places (including to their own clinics) is **not** permitted.

For more and other details, please refer to section 3.1.8 of the **VSS Doctors' Guide** (https://www.chp.gov.hk/files/pdf/vssdg_ch3_non_clinic_settings.pdf)

Figure 1. Example of a labelled clinical waste container




Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Address of clinical waste generation	XXX School, XXX Estate
Premises code	PC02/XX/XXXXXXXXXX
Date of sealing	DD/MM/YYYY
Clinical waste symbol	

Figure 2. Example of warning sign and label on a temporary storage cabinet



Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Premises code	PC02/XX/XXXXXXXXXX

Clinical waste warning
sign



3.7 Preparation of emergency situation

For details, please refer to section 3.1.9 of the VSS Doctors' Guide (https://www.chp.gov.hk/files/pdf/vssdg_ch3_non_clinic_settings.pdf)

4. PREPARATION BEFORE THE VACCINATION ACTIVITY AT HEALTHCARE SERVICES CLINICS (SECOND PHASE)

4.1 Handling of Consent Forms

- Check vaccine recipient's eligibility, identity document, and obtain informed consent via eHealth System (Subsidies) before administration of vaccine.
- To facilitate accurate capturing of personal particulars from the HKID, PPP Doctors/trained personnel under PPP Doctors' supervision should use the Smart Card Reader and let the vaccine recipient insert her HKID into the card reader for registration, retrieving the vaccine recipient's page on eHS(S), for creating the vaccination record and acting as an electronic consent to receive HPV vaccination and use vaccination subsidy.
- For recipients without prior account opened under eHS(S), the staff of Healthcare Services Clinics have to obtain verbal consent from the recipient and open an eHS(S) account for him/her through insertion of HKID into the Smart Card Reader by the recipient.
- Electronic consent should be used except for minors under 18 years old and exceptional cases such as mentally incapacitated persons. Hard copy of *Human Papillomavirus (HPV) Vaccination Consent Form*⁴ (**Appendix 9.4**) would be used for minors and these exceptional cases. Vaccinator should collect and keep the signed consent forms for at least 7 years.
- The following information would be prefilled or required to be input into the vaccine recipient's page:
 - (a) Practice (name of the Clinic)
 - (b) Name of vaccination scheme
 - (c) Injection date
 - (d) Vaccine (name and brand)
 - (e) Lot number
 - (f) Dose sequence
 - (g) Contact No.
 - (h) Remarks

4.2 Mode of delivery and Vaccine ordering

⁴ A hard copy of Human Papillomavirus (HPV) Vaccination Consent Form is required for each dose of vaccination.

- To minimise vaccine wastage, appointment system should be used for good estimation of the amount of vaccines required for use in Healthcare Services Clinics.
 - For the vaccine delivered to Healthcare Services Clinics, PPP doctors need to inform PMVD by filling in *Vaccine Ordering Form* in (**Appendix 9.9b**) and email to PMVD (hpvcatchup@dh.gov.hk) at least 5 working days before the start of vaccination activity. Ensure the medical fridge has sufficient storage space. Doctors/ medical organisations should specify an address for the Government to deliver the vaccines. The doctors/ medical organisations will be responsible for storing the vaccines.
 - The PMVD will check the quantity of vaccines ordered and the usage rate (i.e. the number of reimbursement claims submitted in the eHealth System (Subsidies) (eHS(S))). Re-order can only be made when **60%** of vaccines delivered had been used and with appointment bookings as support. The number of vaccines ordered should not be greater than the quantity of the vaccines used for the previous two weeks. The doctors/ medical organisations should provide a list of expected participants and the date of vaccination, if more than 240 doses (subject to the size of the purpose-built vaccine refrigerator (PBVR)) or more than one weeks' consumption, whichever is the less, are ordered.
 - Vaccines must only be received by the designated staff. Vaccines must be kept in the PBVR immediately on receipt.
 - On receiving vaccines, the designated staff should check the correctness of amount of vaccine and temperature on delivery, sign the delivery note from logistic company and retain the customer's copy of delivery note. The doctors/ medical organisations should provide the customer's copy by email (hpvcatchup@dh.gov.hk) to PMVD within one working day.
 - Please make sure your clinic(s) have a PBVR with adequate space for vaccine storage [Reference: Dimension of the HPV vaccine Pre-filled syringe box: 15cm (L) x 4.8cm (D) x 3.8cm (H)] and proper vaccine storage fridge condition. For the requirement on vaccine storage and handling, please refer to Chapter 6 of the VSS Doctors' Guide . (https://www.chp.gov.hk/files/pdf/vssdg_ch6_vaccine_storage_and_handling.pdf).
- It is crucial to monitor the stock level to avoid overstocking which may lead to running out of storage space and/or increased wastage.**

4.3 Preparation for Clinical Waste Collection and Delivery

- Regulation of clinical waste handling is under the purview of Environmental Protection Department (EPD). Please find details in the website: (<https://www.epd.gov.hk/epd/clinicalwaste/en/information.html>). All clinical waste generated should be properly handled and disposed (including proper package, storage

and disposal) in accordance with the Waste Disposal (Clinical Waste) (General) Regulation. For details, please refer to the EPD's Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers) (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).

- Clinical waste generated (mainly used needles, syringes, ampoules and cotton wool balls fully soaked with blood) should be disposed of directly into sharps box with cover. Clinical waste must not be collected or disposed of as municipal solid waste or other types of wastes.
- Alcohol swabs and cotton wool balls slightly stained with blood, which are not clinical waste by definition, should also be properly handled and disposed of as general refuse. For details, please refer to the CoP published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- Discard the used vials in the sharp boxes and be handled as clinical waste, or to discard as chemical waste and handled in accordance with EPD guidelines.
- The specifications of a typical sharps box are given in Annex B of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- Every container of clinical waste must bear a label. Please find details in Annex B of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- Staff of Healthcare Services Clinics should provide suitable area for temporary storage of clinical waste. Please find details in the Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- When the licensed collector comes to collect clinical waste stored on-site, the clinic staff should sign on the Clinical Waste Trip Ticket.

The Waste Producer Copy (pink copy) of the Clinical Waste Trip Ticket should be forwarded to the doctor / medical organisation (of the venue) representative for record.

5. ON THE DAY OF VACCINATION ACTIVITY

5.1 Professional staffing

- Vaccination administration is a medical procedure that carries risks. DH recommends that the doctor should be present at the venue during the activity; or else, he/she should be personally and physically reachable in case of emergency.
- The doctor should arrange sufficient number of qualified/ trained healthcare personnel to provide service and medical support, as specified in Section 3.1.7 of the **VSS Doctors' Guide**.
(https://www.chp.gov.hk/files/pdf/vssdg_ch3_non_clinic_settings.pdf)
- The doctor should arrange and check the expiry date of vaccination.

5.2 List of items to bring and Vaccination equipment

- The doctor is required to bring items such as the *Consented Student List* (**Appendix 9.6**), *Human Papillomavirus (HPV) Vaccination Consent Form* (**Appendix 9.4**), and vaccination equipment, etc. to the venue on the vaccination day. Please refer to **Appendix 9.1 List of Items to Bring to Venue on the Vaccination Day** for reference.
- Vaccination equipment should be well prepared beforehand and should be checked the expiry date, including:
 - 70-80% alcohol-based hand rub for hand hygiene;
 - alcohol pads for skin disinfection before vaccination;
 - dry clean non-woven balls/ gauzes for post-vaccination compression to the injection site;
 - sharps boxes (at least 1 for each vaccination station) (visit the following website to obtain more information for the specification of sharps box:
https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf)
 - emergency equipment (Please see section 3.7 for details); and
 - other accessories and stationery as indicated.



Photo 2: Examples of vaccination equipment at outreach vaccination activity

5.3 Infection control measures

5.3.1 General Principles

Doctors should take precautionary measures to prevent spreading of communicable diseases in school settings. Please refer to the Guidelines set out by the Infection Control Branch of CHP accessible at: 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.

- Proper infection control practice must be complied with by all personnel.
- Observe infection control guideline and hand hygiene protocol.
- Consented students should be arranged in batches to receive vaccination separately
- All attending students and staff should practice hand hygiene
- All need to keep appropriate distancing at waiting area, vaccination area, queue and other activities.
- The venue for vaccination should be kept well ventilated.
- The venue should be cleaned and disinfected with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), left for 15-30 minutes, and then rinsed with water and wipe dry. For metallic surface, disinfect with 70% alcohol is needed. The procedure should be performed after one session, i.e. in this particular setting, performed after morning and afternoon session.

- The above principles are applicable at the time of writing of the Guide and may be updated from time to time.

5.3.2 Hand Hygiene and Disinfection

- **Hand hygiene practice** should be adopted and strictly followed during vaccination procedure. Hand hygiene can be achieved by rubbing hands with 70-80% alcohol-based formulation or washing hands with soap and water before first, in between each and after the last vaccination.
- Hand rubbing with 70-80% alcohol-based handrub (ABHR), when hands are not visibly soiled:
 - Apply a palmful of ABHR (~3-5ml) and cover all surfaces of the hands including palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists (7 steps); and
 - Rub all hand surfaces for at least 20 seconds until hands are dry.
 - Ensure the alcohol-based handrub:
 - ✓ with “70-80% alcohol” indicated on the bottle;
 - ✓ should be in original packing; and
 - ✓ is not expired.
- Handwashing with soap and water when hands are visibly soiled or likely contaminated with body fluid:
 - Wet hands with water and apply enough amount of liquid soap necessary to cover all hand surfaces;
 - Rub all surfaces of the hands for at least 20 seconds before rinsing under running water; and
 - Dry hands thoroughly with a clean cotton towel, a paper towel or hand dryer.
 - The whole procedure usually takes about 40-60 seconds
- Wearing surgical gloves cannot replace hand hygiene. If surgical gloves are used, they should be changed before each vaccination. Moreover, hand hygiene should also be performed before putting on and after taking off the gloves.
- Use an alcohol pad for skin disinfection before vaccination, and use a piece of dry non-woven ball/ gauze for post-vaccination compression of the injection site.

5.4 Vaccination venue set-up (please also refer to Section 3.2)

Adequate and separate areas should be arranged for:

- Registration;

- Waiting area;
- Vaccination area;
- Observation after vaccination; and
- Treatment area for emergency treatment (with mattress) if necessary.

5.5 Vaccine Delivery to Healthcare Services Clinics (Second Phase)

For PPP doctors who choose to arrange HPV vaccination at Healthcare Services Clinics of the universities or post-secondary institutions (Second Phase), please refer to section 4.2 of the Guide.

5.6 Vaccine delivered by DH to Schools

- Designated staff should be arranged to receive the vaccines at the school on the indicated delivery time. (**Preferably 1 hour** before starting time of vaccination activity).
- Vaccines must only be received by the designated staff from medical organisation. When receiving the vaccines, staff must check whether the seal is intact and whether the cold chain is maintained before opening the cold box(es) / cold chain shipper. Reject the vaccines if temperature excursion occurred during its delivery.
- After opening the cold box(es) / cold chain shipper, check against the order for **HPV vaccine brand and quantity**. Check also the lot number and **expiry date** of the vaccine delivered; and if a steel box (with temperature data logger inside) is present in every cold box. Report to PMVD immediately in case of discrepancies, leakage or damages.
- Designated staff are required to record the date, time, and vaccine temperature on the *Vaccine Delivery Note* provided by the vaccine distributor; sign and then chop with the company/clinic stamp after confirmation of the above.
- If the vaccines are not delivered 30 minutes after the expected time, please contact the vaccine distributor for remedial measures (e.g. urgent delivery of vaccines to the venue) and inform PMVD immediately.
- Vaccines and cold chain equipment (including steel boxes with temperature data loggers inside, carton boxes, ice packs and cold chain shipper) must be properly stored and handled according to the manufacturer's and vaccine distributor's recommendations from delivery receipt until they are administered or returned.
- **To minimise vaccine wastage, only take the required number of vaccines for vaccination.** Any remaining vaccines shall be kept in the distributor's cold box / cold chain shipper under continuous cold chain maintenance

5.7 Health Assessment

- Health care professionals should obtain vaccination history, screen for contraindications to HPV vaccine to be administered, and assess fitness for vaccination before administering HPV vaccine (e.g. any fever or feeling unwell on the vaccination day).
- For immunocompetent females, a 2-dose schedule is recommended, with an interval of 5-13 months between two doses. For individuals who are immunocompromised or with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner, they will receive the 1st dose of HPV vaccine during outreach vaccination activities at schools. The 2nd and 3rd dose of HPV vaccine will be provided at a SIT sub-office or a SHSC with minimal intervals of 1 and 6 months apart from the 1st dose. (1 month = 30 days) Collect and check the signed *Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)* for each vaccine recipient and screen for contraindications;
- Double check whether there is any previous vaccination.
- Immediately before and after vaccination: check the student's identity document (e.g. School Hand Book/Student ID) against the signed *Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)* and the *Consented Student List (Appendix 9.6)*, particularly for those students whose accounts could not be validated in eHS(S). As for females born between 2004 and 2008 and attending post-secondary institutions or universities, they should hold valid HKID.

5.8 Checking of vaccines

- Check the recommendation, vaccine dosage, expiry date, any damage or contamination before administration.
- As basic requirements, procedures of vaccine checking should be adopted, including:
 - **3 checks:** when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine
- The “rights of medication administration” should be applied to vaccine administration, including:
 - **7 rights:**
 1. The right patient;
 2. The right vaccine or diluent;
 3. The right time (e.g. correct age, correct interval, vaccine not expired);
 4. The right dosage;
 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);

6. The right site; and
7. The right documentation.

5.9 Vaccine Administration

Under no circumstances should the PPP doctors administer HPV vaccine not provided by DH to vaccine recipients under the Programme, even if the HPV vaccines are of the same type, brand or lot number.

5.9.1 HPV vaccine

- School student preparation
 1. Only arrange consented students to the vaccination venue;
 2. Invite the student to bring her identity document;
 3. Ask the student to state her name and date of birth;
 4. Inform the student of the type of vaccine to be given;
 5. Ensure the injection site (deltoid muscle) is exposed properly; and
 6. Take out the vaccine from the storage (*First Check*).
- Immediate vaccine preparation
 1. Perform hand hygiene.
 2. The injection site is swabbed with an alcohol pad (from the centre of deltoid muscle outwards in a circular motion, without going the same area) and allowed to dry before vaccine injection.
 3. Prepare the vaccine (*Second Check*) and inspect the vaccine syringe for any manufacturing defect, such as broken syringe, foreign particles, etc. Please refer to the procedures under Section 6.3 if any manufacturing defect(s) is/are noted. Shake vaccines before use according to the drug insert.
- Vaccine injection
 1. Recheck the vaccine before administering (*Third Check*);
 2. The injection staff should keep the student informed of the vaccine to be administered;
 3. Administer the vaccine by right route and injection site with aseptic technique;
 4. Withdraw the needle gently and quickly cover the injection site with a dry clean gauze/non-woven ball after completion of injection;
 5. Instruct the student to gently apply pressure for 1-2 minutes over the injection site or till bleeding stops;

6. Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box; and
7. Perform hand hygiene before documentation.

5.10 Plans for variant administration situations

Have plans of variant administration situations, including but not limited to the following, and make records. Inform parents/vaccine recipients as soon as possible and make the necessary arrangement.

- Failed injection attempts
- Student refused injection on-site
- Student has contraindications
- Student is not fit for injection
- Broken needle/ wastage
- In case there are vaccination incidents (e.g. incorrect administration of vaccine or breaking of cold chain), take appropriate follow-up actions with the concerned recipients, and notify PMVD on the same day.
- Others (e.g. adverse event following immunisation)
- For reference, please refer to the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation.** (https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25 Module on Immunisation Children)

5.11 Post vaccination observation

- After vaccination, the doctor shall keep the vaccine recipient under observation in the venue for at least 15 minutes to provide appropriate treatment in case she experiences an immediate adverse event. For details, please refer to **Appendix F: an extract of the Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events Following Immunisation** (https://www.healthbureau.gov.hk/phcc/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5) in the **VSS Doctors' Guide.** (<https://www.chp.gov.hk/en/features/45838.html>)
- Provide a telephone number to vaccinated students or their parents/ guardian for enquiries concerning the vaccination.
- Remind the vaccinated students of possible adverse reactions and advise the management

of side effects.

5.12 Emergency management

For details, please refer to section 3.1.9 of the **VSS Doctors' Guide** (https://www.chp.gov.hk/files/pdf/vssdg_ch3_non_clinic_settings.pdf)

5.13 Documentation for Healthcare Services Clinics (Second Phase)

- The vaccination record in eHS(S) and vaccination information for reimbursement claim are recommended to be input on the same day of the vaccination to ensure proper record and prevent duplicated dose.

Note on accurate data entry in eHS(S)

1) Correct entry of Service Provider ID / Username / Practice.

2) Correct input of Lot number

- All your relevant staff should be immediately informed whenever there is a change of Lot number in your Healthcare Services Clinics.
- All doctors/ relevant staff should check the Lot number on each vaccine vial before inputting each Lot number in eHS(S)

- According to the Principle 2 of Schedule 1 of Cap.486 Personal Data (Privacy) Ordinance, all practicable steps shall be taken to ensure that personal data is accurate having regard to the purpose (including any directly related purpose) for which the personal data is or is to be used. Please take all practicable steps to ensure data accuracy of the personal particulars in eHS(S).
- The PPP Doctors/ staff should double-check the personal particulars manually inputted into the eHS(S) and previously stored in eHS(S) before clicking the “Confirm” or “Next” button. The PPP Doctors/ staff must always check the exact age / date of birth on the relevant identity documents carefully before proceeding as it may affect the dose required and / or the timing of the dose.
- All vaccinations given should be clearly documented and kept in the Healthcare Services Clinics. The information should include -
 - a) Name list of all recipients receiving vaccination;
 - b) Name of vaccine given together with the lot number;
 - c) The date of vaccination; and
 - d) Names of the doctor responsible.

- Document information on the *Immunisation Record (DH6)* (**Appendix 9.8a**)/*Vaccination*

Record (DH2684) (**Appendix 9.8b**) after vaccination (including the name of vaccine recipient, type of vaccine, date of injection and name of PPP doctor/medical organisation same as the Doctor Enrolment Form) and provide it to the students.

5.14 Documentation for Outreach Vaccination Services

5.14.1 Consented Student List

- All vaccination given should be clearly documented on the *Consented Student List* (**Appendix 9.6**). Document clearly whether the vaccine has been administered to the student; Students not vaccinated should also be remarked.

5.14.2 Consent Forms

- Document whether the student has been vaccinated or not;
- Put down the signature of the vaccination staff;
- Write down or put down the stamp with the **name of the enrolled doctor**; and
- Document the **date of the vaccination activity** on the *Human Papillomavirus (HPV) Vaccination Consent Form* (**Appendix 9.4**);

5.14.3 Immunisation Record (DH6) / Vaccination Record (DH2684)

- Document information on the *Immunisation Record (DH6)/Vaccination Record (DH2684)* (**Appendix 9.8a/ 9.8b**) after vaccination (including the name of vaccine recipient, type of vaccine, date of injection and **name of PPP doctor/medical organisation same as the Doctor Enrolment Form**). If students have brought their own Immunisation Record (DH6), please document date of injection, name and type of vaccine, and name of vaccine provider onto it.
- For those without Immunisation Record (DH6), the enrolled doctor and/or the enrolled medical organisation should provide Vaccination Record (DH2684) (**Appendix 9.8b**) to the students. Date of injection, name and type of vaccine, and name of vaccine provider should be documented.
- The name or chop that appears in the record should match the name of the enrolled doctor and/or the enrolled medical organisation.
- The PPP doctor should **not display or distribute any promotional materials, such as posters, leaflets, souvenirs**, to the students/parents unless approved by the government. The Immunisation Record (DH6)/ Vaccination Record (DH2684) should not contain any promotional information about the PPP doctor or medical organisation.

5.14.4 Other Documents

- Pass the list of students requiring 2nd dose vaccination to teachers/ Student Affairs Office

for their future reference.

- After vaccination, the doctor needs to **pass** the following document filled in to teachers / relevant school staff for distribution to students:
 - Filled in *Immunisation Record (DH6)* (**Appendix 9.8a**) or *Vaccination Record (HD2684)* (**Appendix 9.8b**)
 - *Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination* (**Appendix 9.10**) for immunocompetent students on the *Student Vaccination List* who are unable to receive vaccination on the vaccination day (e.g. having fever or being absent from school). Please see appendix and also downloadable from the CHP website <https://www.chp.gov.hk/en/features/108084.html>).
 - *Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination* (**Appendix 9.11**) for immunocompromised students, if any.
 - *Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination* (**Appendix 9.12**)

5.15 Handling of clinical waste during vaccination

- For definition of clinical waste and specifications of sharps box, please refer to **section 3.6 or 4.3 of the Guide** and relevant materials published by **EPD**.
- The sharps box should be placed on a flat, firm surface and at an optimal position near the injection staff.
- Secure sharps box in an upright position or place in the rack for sharps box.
- Do not overfill sharps box. Dispose sharps box when the disposable sharps reach the warning line (70-80%) for maximum volume. Seal up sharps box afterwards for proper disposal.

6. UPON COMPLETION OF VACCINATION ACTIVITY

6.1 Management of unused/ surplus vaccines at Healthcare Services Clinics (Second Phase)

- The PPP doctors should continue to store the surplus vaccines in PBVR with precautions and under cold chain maintenance. DH will arrange collection of the surplus vaccines at the end of the Programme.

6.2 Management of unused/ surplus vaccines for Outreach Vaccination Services

6.2.1 DH Delivery to Schools

- Unused/ surplus vaccines should be stored properly in a cold box / cold chain shipper with ice packs and insulating materials, etc. provided by the vaccine distributor. The cold box / cold chain shipper should be closed properly to maintain the cold chain at 2-8°C.
- Unused/ surplus vaccines are the property of DH and should not be taken back to the Doctor's office/ clinic.
- Cold chain equipment (including steel boxes with temperature data loggers inside, carton boxes and ice packs) are the property of the vaccine distributor and should be returned intact to the vaccine distributor upon completion of vaccination activity.
- Designated staff should be assigned from your medical organisation to stay at the venue and return the unused/ surplus vaccines, cold boxes / cold chain shipper and cold chain equipment to the vaccine distributor. Vaccines or cold chain equipment must not be returned through a school representative.
- The staff should complete and sign **two copies** of the *Vaccine Usage Form and Cold Box Collection Record – School Outreach use* (**Appendix 9.16**) upon handing over the unused vaccine to the vaccine distributor (please see appendix and also downloadable from the CHP website <https://www.chp.gov.hk/en/features/108084.html>). A copy of the *Delivery Note* and *Vaccine Usage Form and Cold Box Collection Record – School Outreach use* should be submitted to PMVD by email (hpvcatchup@dh.gov.hk) **within 1 day after** the vaccination activity.
- If the vaccine distributor fails to collect the unused/surplus vaccine and cold boxes / cold chain shipper 30 minutes after the expected time, please contact vaccine distributor for remedial measures and inform PMVD immediately.

6.2.2 Monitor vaccine wastage

- The vaccine wastage (including damaged vaccine and unused vaccine) rate for each PPP doctor will be monitored closely.
- The PPP doctor may be asked to explain for any avoidable vaccine wastage such as vaccine left unattended in room temperature after receipt.
- Vaccine wastage will also be counted if the box of the vaccine has been unnecessarily opened with the seal broken, even when the inner package is still intact. Doctors are reminded not to open the box of the vaccine unless vaccination is to be given in order to avoid wastage and the risk of payment on the cost of opened vaccines.
- If there are repeated incidences of avoidable vaccine wastage for an individual PPP doctor and no reasonable explanation can be given, the participation of the doctor in the Programme in the future will be affected.

6.3 Other issues related to vaccines

- Vaccines provided under the School Outreach is the property of DH. The doctor may be liable to costs related to broken or missing vaccines and DH reserves the right to demand the doctor for payment of vaccine that are broken or lost due to improper handling by individuals.

6.3.1 Broken vaccines

- If the vaccine is found to be broken upon unwrapping or by a staff of the Healthcare Services Clinics or School Outreach Teams, take photo(s) of the broken vaccine showing the extent of the **damaged part** as well as taking photos documenting the **lot number** and **expiry date** of the box to which the broken vaccine belongs. Send the photos to PMVD and contact PMVD (Tel: 3975 4444) for further instructions before discarding the broken vaccine. If there are more than one broken vaccine, repeat the above procedures and take photos of each broken vaccine documenting the damage part, lot number and expiry date. Remember to count the total number of broken vaccines. The staff should complete **two copies** of the *Vaccine Defect Report Form (Appendix 9.19)* and the Vaccine Usage Form (**Appendix 9.16**) before the vaccine distributor's arrival. Broken vaccines should be discarded into sharps boxes as soon as practicable and disposed of as clinical waste.
- If the breakage is extensive or the remaining vaccines are insufficient for the vaccination activity, inform the PMVD immediately for any remedial actions (e.g. urgent delivery of vaccines to the venue).
- The *Vaccine Usage Form and Cold Box Collection Record – School Outreach use (Appendix 9.16)*, *Vaccine Defect Report Form (Appendix 9.19)*, *Delivery Note* along with the photo(s) of the broken vaccine should send to PMVD (hpvcatchup@dh.gov.hk) **within**

1 day after the vaccination activity.

- Broken vaccines should never be administered to students.

6.3.2 Defective vaccines

- If the vaccine is found to be defective (e.g. presence of foreign particles, unclear lot number / expiry date), take photos of the defective vaccine lot number, expiry date and the QR Code (if applicable) on the box(es), and document the lot number, quantity, and description of the product defect and **inform the PMVD via WhatsApp 5602 6604 immediately** for any remedial action and handling instruction. The staff should complete **two copies** of the *Vaccine Defect Report Form (Appendix 9.19)* and the *Vaccine Usage Form (Appendix 9.16)* before the vaccine distributor's arrival.
- The *Vaccine Usage Form and Cold Box Collection Record – School Outreach use (Appendix 9.16)*, *Vaccine Defect Report Form (Appendix 9.19)*, *Delivery Note* along with the photos of the defective vaccine send to PMVD (hpvcatchup@dh.gov.hk) **within 1 day after** the vaccination activity.
- Defective vaccines should never be administered to students.

6.3.3 Missing vaccines

- If the vaccine is found to be missing during the vaccination activity, inform the PMVD (Tel: 3975 4444) as soon as possible for remedial action (e.g. urgent delivery, if applicable).
- For cases of missing vaccines, PMVD may launch an investigation or refer to the law enforcement authority shall a felony is suspected.

6.4 Disposal of Clinical Waste and Record Keeping

- Upon completion of vaccination, the used sharps box(es) should be properly sealed by the proprietary closure and disposed as soon as possible. All clinical waste generated must be properly handled and disposed of according to the Waste Disposal (Clinical Waste) (General) Regulation. For details of disposal methods of clinical waste, please refer to **section 3.6 or 4.3 of the Guide and Appendix G of VSS Doctor's Guide**. EPD may conduct surprise inspection to check any non-compliance of clinical waste management in the vaccination activities. For enquiries on clinical waste management, please contact EPD at 3178 9356.
- Doctors must retain the **Waste Producer Copy (pink copy)** of the Clinical Waste Trip Ticket for 12 months from the date of consignment/delivery and provide the record to EPD for inspection when so required. For details, please refer to EPD's website on Record Keeping for Small Producers (https://www.epd.gov.hk/epd/clinicalwaste/en/smallproducer_duty_record.html).

6.5 Submitting reports

- After outreach vaccination, the doctor needs to **submit** the following documents **within 1 day of vaccination activity**:
 1. the *Vaccine Delivery Note* signed by designated staff upon receipt of vaccine;
 2. the *Vaccine Usage Form and Cold Box Collection Record – School Outreach use (Appendix 9.16)* (only for outreach vaccination service) to DH indicating
 1. the number of vaccine administered and unused;
 2. the number of unserviceable vaccine (e.g. broken on delivery, broken needle on administration or defective vaccines); and
 3. signed by both the designated staff and vaccine distributor upon collection of unused vaccine and cold boxes.
- For the vaccination under Healthcare Services Clinics, the doctor needs to submit the following documents to PMVD as follows:
 1. the *Vaccine Delivery Note* signed by clinic staff with clinic chop for each stock receiving.
 2. the *Vaccine Usage Form - Clinic use (Appendix 9.17)* **weekly** including number of vaccine administered and unused; number of unserviceable vaccine.

6.6 Submitting claims on eHS(S) and reimbursement

- **Claims should only be made after vaccination has been given.**
- Claims have to be submitted **WITHIN SEVEN CALENDAR DAYS** after the delivery of vaccination service (both days included) for online processing for reimbursement. The doctor is highly recommended to make claims immediately after the vaccination to prevent double dosing.
- Doctors can click the names directly on eHS(S) to confirm recipients have received vaccinations. Please be reminded to add the lot number for each vaccination.
- The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is accurate and consistent with the record on recipient's immunisation record and *Human Papillomavirus (HPV) Vaccination Consent Form (Appendix 9.4)*.
- DH will verify with schools/ PPP doctors in case of doubt.
- DH will conduct **random post-payment check** on the vaccination services provided.
- Please refer to **Chapter 2** of the **VSS Doctors Guide** for more information on the reimbursement process.

6.7 Record keeping

- Documents including *Consent Forms*, documents and photocopies, if any, collected from eligible vaccine recipients should be kept in a locked cabinet for at least **seven years**. The number of persons who can access the personal data should be limited, to protect against indiscriminate or unauthorised access, processing and use.
- **Doctors must keep a record of clinical waste disposal. Please refer to section 6.4 for details.**

7. OTHER ISSUES

7.1 Vaccination incident

- Clinical incident is defined as any events or circumstances⁵ that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of direct care or provision of clinical service.
- PPP doctors should have the plan in place to manage vaccination incidents. Appropriate actions should be taken, including inform the recipients/ parents/ guardians as appropriate and make necessary arrangements.
- Doctor-in-charge and members of the medical vaccination team should attend all clinical incidents immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of medical vaccination team.
- Explain to the teacher, parents/guardian, and/or vaccine recipients concerned timely.
- Record the student's condition and treatment provided.
- Following all necessary immediate interventions, the medical vaccination team should inform the PMVD at the earliest possible by phone at 2125 2125, followed by the *Clinical Incident Notification Form (Appendix 9.14)* which will be provided upon request. The form should be returned to the PMVD via email with password protection of the file **within the same day** of occurrence of the incident.
- Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.
- The medical vaccination team should conduct a full investigation of the medical incident and submit the *Clinical Incident Investigation Report (Appendix 9.15)* to the PMVD via email **within 7 days** from the occurrence of the incident.
- Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the vaccination team should work closely with PMVD to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

7.2 Adverse events following immunisation

⁵ Any events or circumstances refer to those with any deviation from usual medical care.

For adverse events following immunisation, please make reference to the advices stated in the VSS Doctors' Guide provided as follows -

https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_f.pdf

- Adverse events following immunisation (AEFIs)⁶ are any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. The early detection would decrease the negative impact of these events on the health of individuals.
- Healthcare professionals of the medical vaccination team are advised to report the following AEFIs:
 - (a) All suspected serious⁷ adverse events, even if the adverse event is well known;
 - (b) Suspected drug interactions including vaccine-drug and vaccine-herb interactions;
 - (c) Non-serious adverse events but the adverse events are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known adverse event);
 - (d) Unexpected adverse events, i.e. the adverse events are not found in the product information or labelling (e.g. an unknown side effect).

⁶ Adverse events following immunisation (AEFI) - WHO (<https://www.who.int/groups/global-advisory-committee-on-vaccine-safety/topics/aeft>)

⁷ An AEFI would be considered serious, if it:

- results in death,
- is life-threatening,
- requires in-patient hospitalisation or prolongation of existing hospitalisation,
- results in persistent or significant disability/incapacity,
- is a congenital anomaly/birth defect,
- requires intervention to prevent one of the outcomes above (medically important).

7.3 Contingency Plan

7.3.1 Special weather arrangement

- In case of school suspension due to extreme weather conditions, please contact PMVD as soon as possible. Please be aware of the announcement by the Education Bureau (EDB).

7.3.2 School Suspension (e.g. due to Upper Respiratory Tract Infection (URTI) outbreak, etc)

- Please be aware of the announcement by EDB and PMVD. In case of class suspension that may affect the scheduled vaccination activities, please contact PMVD as soon as possible. To facilitate communication and arrangement, DH would liaise with EDB if necessary. In addition, support from EDB may be sought to convey the message via issuing letters regarding the arrangement.
- The arrangement of the outreach activity would be assessed by DH. Depending on the situation, the scheduled vaccination activity may be:
 1. Suspended temporarily and rescheduled: please inform PMVD as soon as possible, liaise with the school and confirm the rescheduled date. Please email the form of *Booking of Time Slot for Outreach Vaccination Activity (Appendix 9.3)* to PMVD once you have confirmed the date with the school.
 2. Continue as originally scheduled: the outreach would be conducted in the schools on **the originally scheduled vaccination day(s)** but may need to be arranged in a **staggered manner** with scheduled timeslots **for different classes/grades** and **infection control measures**. Please be aware of the following:
 - (i) Liaise with the schools to check the venue capacity and work out a timetable, so that students can come back for vaccination in a staggered manner to avoid crowding.
 - (ii) Liaise with the schools on how to distribute and collect the consent forms.
 - (iii) At least one week before the activity, provide a timetable of students requiring vaccination to the school and enlist the school's assistance to remind parents/ students to attend according to the timeslots.
 - (iv) For students who could not participate in outreach in schools, they are advised to receive HPV vaccination at designated centres. Details of those centres will be announced by the Government in due course.

7.4 Additional points to note for second dose vaccination activity

- Prevailing principles for the first dose vaccination apply
- Remember to check vaccination history and record card
- Ask if there was any adverse effect from the first dose
- For immunocompetent females, a 2-dose schedule is recommended, with an interval of 5-13 months between two doses.
- For those who have missed the 1st dose schedule, students shall bring along with a valid notification to reserve HPV mop-up vaccination at a SIT sub-office or a SHSC for the 1st dose HPV vaccination. Thereafter, they could receive the 2nd dose at school along with other students, provided that they meet the 5 to 13 months interval requirement.

8. USEFUL FORM

The updated useful forms are downloadable in the following link:
[\[https://www.chp.gov.hk/en/features/108084.html\]](https://www.chp.gov.hk/en/features/108084.html)

Samples are included in Appendix for easy reference.

Stage	Code	Document
Before vaccination	HPVP_A_1	Booking of Time Slot for Outreach Vaccination Activity
	HPVP_A_2	Human Papillomavirus (HPV) Vaccination Consent Form
	HPVP_A_3	Consent Forms Receipt Note
	HPVP_A_4a	Vaccine Ordering Form (School outreach use) (Chinese version only)
	HPVP_A_4b	Vaccine Ordering Form (Clinic use) (Chinese version only)
	HPVP_A_5	Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination
	HPVP_A_7	Consented Student List
During vaccination	HPVP_B_1a	Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination
	HPVP_B_2	Advice to Vaccine recipient/ parents or guardian of student on possible reactions after Human Papillomavirus (HPV) Vaccination
	HPVP_B_3	Clinical Waste Temporary Storage Handover Form
	DH2684	Vaccination Record
After vaccination	HPVP_C_1a	Vaccine Usage Form and Cold Box Collection Record-School Outreach use (Chinese version only)
	HPVP_C_1b	Vaccine Usage Form-Clinic use (Chinese version only)
	HPVP_C_1c	Vaccine Defect Report Form (Chinese version only)
	HPVP_C_2	Student Vaccination Report (on Vaccination Day)

9. APPENDIX

Appendix 9.1

9.1 List of Items to Bring to Venue on the Vaccination Day

Items	To bring
FOR INJECTION AND COLD CHAIN MAINTENANCE	
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	✓
FOR EMERGENCY	
Bag Valve -Mask, including both child and adult size masks	✓
At least THREE Registered Adrenaline auto-injector; OR	✓
At least THREE Registered Adrenaline ampoules 1:1000; with:	✓
At least THREE 1mL syringes	✓
At least THREE 25-32mm needles	✓
Blood Pressure monitor, with appropriate size of cuffs	✓
Protocol for emergency management	✓
STATIONERY	
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	✓
FORMS AND DOCUMENTS	
Human Papillomavirus (HPV) Vaccination Consent Form (Signed) (Appendix 9.4) 〔接種人類乳頭瘤病毒(HPV)疫苗同意書〕 (已簽署)	✓
Vaccination Record (DH2684) (Appendix 9.8b)	✓
Updated Consented Student List (1st dose & 2nd dose) (Appendix 9.6, 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)	✓
Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination (Appendix 9.10) 給未有接種人類乳頭瘤病毒(HPV)疫苗的接種者/家長或監護人的通知書	✓
Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination (Appendix 9.11) 給免疫力弱接種者/家長或監護人有關後續接種人類乳頭瘤病毒(HPV)疫苗安排的通知書 (If applicable)	✓

Items	To bring
Advice to Vaccine Recipient/Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination (Appendix 9.12) 接種者／家長或監護人須知 - 人類乳頭瘤病毒疫苗 (HPV 疫苗) 接種後的反應	✓
Vaccine Usage Form and Cold Box Collection Record – School Outreach use (2 unfilled copies) (Appendix 9.16) 〔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 (Appendix 9.13) (醫療廢物暫存轉交記錄)	✓ (if require temporary storage)
OTHERS	
Body temperature thermometer	✓
Disposable gloves	✓
Surgical Mask	✓
Plastic bags (for domestic rubbish)	✓

9.2 Checklist of inspection on PPP outreach vaccination activities

A) Venue setting and staff support

- 1) Waiting and registration area
- 2) Vaccination area
- 3) Post vaccination observation area
- 4) Area for emergency treatment (with mattress)
- 5) Number and Qualification of the on-site staff(s) handling vaccination
- 6) Whether the on-site doctor is present at the venue of the activity
- 7) Who is the Basic Life Support provider with a **valid license**

B) Vaccine and vaccination procedures

- 1) Receiving vaccine (designated staff, checking of vaccine intactness)
- 2) Vaccine arrangement
- 3) Cold chain handling (packing, temperature, thermometer)
- 4) Name of vaccine(s) and expiry date with caution on recommendation for appropriate age-range recipients
- 5) Vaccination equipment (Alcohol pads/ swabs and gauzes/ non-woven balls)
- 6) Sharps handling (sharps boxes, 1 for each vaccination station)
- 7) Health assessment before vaccination (vaccination history and allergic history) (verbal or using a form)
- 8) 3 Checks – Procedures for vaccine checking
- 9) 7 Rights – Vaccine administration
- 10) Infection control practice (hand hygiene, disinfection and care of injection site, etc)
- 11) Advice after vaccination (on-site post vaccination observation, advice on adverse reactions)
- 12) Emergency preparation (Bag Valve Mask of age-appropriate size, AT LEAST THREE Registered Adrenaline auto-injector/ Adrenaline (1:1000 dilution) (with appropriate syringes, i.e. at least **Three** 1 mL syringe with **Three** 25-32mm needles), Blood Pressure monitor with age-appropriate cuffs and Protocol for emergency management)

C) Documentation

- 1) *Human Papillomavirus (HPV) Vaccination Consent Form* (**Appendix 9.4**)
- 2) *Updated Consented Student List* (**Appendix 9.6**)
- 3) *Vaccination Record* (**Appendix 9.8b**)

D) Others

- 1) Handling of unused vaccine
- 2) Disposal of clinical waste
- 3) Handling of medical incidents (report and follow up)
- 4) Filling the *Vaccine Usage Form and Cold Box Collection Record – School Outreach use* (**Appendix 9.16**)
- 5) Filling the *Students Vaccination Report (On Vaccination Day)* (**Appendix 9.18**)
- 6) Issuing *Advice to Vaccine Recipient/Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination* (**Appendix 9.12**)
- 7) Issuing *Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination* (**Appendix 9.10**)
- 8) Issuing *Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination* (**Appendix 9.11**) (If applicable)

The above notes are by no means exhaustive. Please refer to CHP website for more information regarding outreach vaccination activities, including the VSS Doctors' Guide. You are required to follow all necessary steps in using the schemes, failing which release of injection fee may be affected.

9.3 Booking of Time Slot for Outreach Vaccination Activity

由衛生署職員填寫

致：衛生防護中心項目管理及疫苗計劃科

電郵地址：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並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：
請在合適的內加「✓」號

學校名稱					
學校地址					
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 *備註 ¹	疫苗送達 學校時間	回收剩餘 疫苗時間	星期一至五	預計醫療廢物 處置方法※
		請依照右列時段選擇實際 送/收疫苗時間		送針	
<input type="checkbox"/> 第一次到校	____年____月____日 (星期 ____)			07:30 - 08:30 10:00 - 11:30 12:00 - 14:00	
<input type="checkbox"/> 第二次到校 (如需要#)	____年____月____日 (星期 ____)			收剩針 13:00 - 13:30 14:00 - 14:30 15:30 - 16:00	
#免疫力正常人士在完成第一劑後 5-13 個月內，將會安排接種第二劑疫苗。					
診所或醫療機構蓋章：	註冊醫生姓名：				
	服務提供者號碼 SPID：			聯絡電話：	
	日期：			傳真號碼：	

*備註

1. 此預約時間表格只適用於人類乳頭瘤病毒(HPV)疫苗接種學校/ 特殊學校/ 專上院校/外展，填寫後電郵至衛生防護中心項目管理及疫苗計劃科（電郵地址：hpvp@dh.gov.hk ）。由於每天物流運輸配額有限，配額將按先到先得的方式分配。
2. 未收到衛生防護中心項目管理及疫苗計劃科的確認通知前，請勿假設認定已預約接種疫苗日期。
3. 如接種日期有任何更改，請在原定接種日期前**最少 14 天或之前**將更新的預約時間表電郵至衛生防護中心項目管理及疫苗計劃科。
4. 衛生署職員可能進行實地巡查以確保外展接種的服務質素，如發現有任何違規行為，本署職員可能採取適當行動。

9.4 Human Papillomavirus (HPV) Vaccination Consent Form

(Human Papillomavirus (HPV) Vaccination)
(接種人類乳頭瘤病毒(HPV)疫苗)

Human Papillomavirus (HPV) Vaccination 接種人類乳頭瘤病毒(HPV)疫苗 			
Letter to Parents/Guardians (To be retained by Parents/Guardians)/ Vaccine Recipients (For those aged 18 or above) 給家長/監護人(請家長/監護人保留)/疫苗接種者(年滿18歲或以上人士)的信			
<p>Dear Parents/ Guardians/ Vaccine Recipients, The Department of Health (DH) is launching the Human Papillomavirus (HPV) Vaccination Catch-up Programme (the Programme) to provide HPV vaccination at local secondary schools/ special schools for S5 and above female students born in or after 2004 and are studying in the participating schools; and at post-secondary institutions/ universities and designated centres for females born between 2004 and 2008 who are holding Hong Kong Identity Card. All eligible females are required to register in the Electronic Health Record Sharing System (eHealth). Please read this document and the attached information on HPV Vaccines, eHealth and the Collection of Personal Data - Statement of Purposes carefully and fill in the Human Papillomavirus (HPV) Vaccination Consent Form (reply slip) (Part I, II and/or III). The completed reply slip should be returned to the secondary school/ special school/ post-secondary institution/ university/ designated centre as appropriate before vaccination.</p> <p>[The school where your child/ ward is or you are studying has joined the aforementioned vaccination programme. DH will arrange the vaccination team (by DH or through private doctor/ clinic enrolled to the Programme) to provide free HPV vaccination at your child/ ward's or your school on _____ (date). Please return the completed reply slip (Part I, II and/or III) to school by _____ (date). Late submission may not be accepted.] (Applicable to school outreach service only)</p> <p>For enquiries, please call DH enquiry line during office hours: 2125 2114 (for Programme arrangement) or 2125 2125 (for Vaccination enquiry). If you have any concerns about the suitability of your child/ ward or yourself for the vaccination, please consult your family doctor. Programme Management and Vaccination Division, Centre for Health Protection, Department of Health October 2024</p> <p>致：家長/監護人/疫苗接種者 衛生署現正推行人類乳頭瘤病毒疫苗(簡稱 HPV 疫苗, 又稱子宮頸癌疫苗)補種計劃, 透過到訪中學/ 特殊學校為就讀於參與計劃的學校內於 2004 年或之後出生的中五或以上女學生, 以及在專上院校/大學和指定中心為 2004 年至 2008 年出生並持有香港身份證的合資格女生提供人類乳頭瘤病毒疫苗接種服務。所有合資格女生必須加入電子健康紀錄互通系統(醫健通)。請細閱本檔及隨附的人類乳頭瘤病毒(HPV)疫苗及醫健通的資料, 以及收集個人資料的用途說明後, 填妥<u>接種人類乳頭瘤病毒(HPV)疫苗同意書(回條)</u>(即第一部分、第二部分和/或第三部分), 並在接種疫苗前將回條交回中學/ 特殊學校/ 專上院校/ 大學或指定中心。</p> <p>[你的女兒/ 受監護者或你就讀的學校已參加上述疫苗接種計劃, 衛生署將於 _____ (日期) 安排疫苗接種隊 (由衛生署或已參加人類乳頭瘤病毒疫苗補種計劃之私家醫生/ 診所安排) 到校為學生提供 免費人類乳頭瘤病毒疫苗接種。請將填妥的回條 (即第一部分、第二部分和/或第三部分) 於 _____ (日期) 或之前交回學校。逾期遞交可能不獲接納。] (此部份只適用於學校外展服務)</p> <p>如有查詢, 請於辦公時間內致電衛生署 2125 2114 (計劃安排) 或 2125 2125 (接種疑問)。 如果你對你的女兒/ 受監護者或自己是否適合接種疫苗有任何疑慮, 請諮詢你的家庭醫生。 衛生署衛生防護中心 項目管理及疫苗計劃科 2024 年 10 月</p>			
Electronic Health Record Sharing System (eHealth) 電子健康紀錄互通系統(醫健通)			
<p>The Electronic Health Record Sharing System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime. Citizens can view the vaccination records by using eHealth mobile application after registering eHealth. 電子健康紀錄互通系統(醫健通)是全港性、以病人為本的電子互通平台, 讓獲授權的公私營醫療機構存取和互通參與病人的電子健康紀錄作醫療用途。登記加入醫健通後, 醫院管理局(醫管局)、衛生署及個別獲你授權的私家醫療機構可於提供醫療服務時按「有需要知道」的原則取閱你的電子健康紀錄, 以能為你提供更適時的診斷及治療, 並減省重複檢驗。參與醫健通屬自願性質, 費用全免, 你可隨時退出醫健通或撤銷給予任何醫療機構(醫管局和衛生署除外)的授權。登記醫健通後市民可使用醫健通流動應用程式查詢疫苗接種紀錄。</p> <p>Please scan the QR codes to read and understand the "Participant Information Notice" and "Personal Information Collection Statement". 請掃描二維碼以參閱及明白參與者須知及收集個人資料聲明。</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> Participant Information Notice 參與者須知  </td> <td style="width: 50%; text-align: center;"> Personal Information Collection Statement 收集個人資料聲明  </td> </tr> </table> <p>If you have any enquiry about eHealth registration or other related matters, please contact eHR Registration Office (Hotline: 3467 6300). Please also visit website: www.ehealth.gov.hk for more details about eHealth. 如你有任何關於醫健通登記及其他事項查詢, 請聯絡電子健康紀錄申領及諮詢中心(熱線: 3467 6300)。你亦可了解更多有關醫健通的詳情, 請瀏覽網站 www.ehealth.gov.hk。</p>		Participant Information Notice 參與者須知 	Personal Information Collection Statement 收集個人資料聲明 
Participant Information Notice 參與者須知 	Personal Information Collection Statement 收集個人資料聲明 		

Information on Human Papillomavirus (HPV) Vaccines

人類乳頭瘤病毒(HPV)疫苗的資料

Please read the information carefully. If you have any concerns about the suitability of your child or yourself for the vaccination, please consult your family doctor.

1. What is HPV?

Human Papillomavirus (HPV) is the name of a group of viruses that includes more than 150 types. Around 40 of these viruses infect the genital area of men and women. HPV can cause premalignant changes and malignant cancers of cervix, vagina, vulva and anus.

2. What is HPV vaccine?

Human Papillomavirus (HPV) vaccine (also named as cervical cancer vaccine) is a prophylactic vaccine to prevent cervical cancer as well as other HPV-related cancers and diseases. In Hong Kong, about 90% of cases of cervical cancer were caused by persistent infection with high-risk HPV-16, 18, 31, 33, 45, 52 and 58. All the above seven HPV types are included in the 9-valent HPV vaccine.

3. How many doses of HPV vaccine are recommended?

- For immunocompetent females, a 2-dose schedule is recommended, with an interval of 5-13 months between two doses.
- For individuals who are immunocompromised, a 3-dose schedule is recommended. Three doses of HPV vaccine should be given at 0, 1, 6 months.

4. What are the conditions requiring written documentation from doctors?

Vaccine recipients should consult doctors for fitness for HPV vaccination and obtain written documentation beforehand if they have any of the following conditions:

- Immunosuppression from diseases or treatment (e.g. on current cancer treatment such as chemotherapy and radiotherapy, taking immunosuppressive medicines such as high dose corticosteroid, etc.)
- Post-chemotherapy
- History of adverse reactions to a previous dose of HPV vaccine
- Bleeding tendency

5. Who should not receive HPV vaccine?

People with the following conditions:

- Serious allergic reaction to any of the vaccine component or following a previous dose of HPV vaccine
- Aged below 9 years
- Pregnancy
- Severe allergic reaction to yeast (used in baking bread)

6. What should be noted before immunisation?

- Vaccination should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor illness, such as symptoms of mild upper respiratory tract infection (common cold, cough etc.), is not a contraindication for immunisation.
- Currently there is no adequate scientific evidence to show an additional benefit of receiving 9-valent HPV vaccine for those who have completed vaccination with 2-valent or 4-valent HPV vaccine. Therefore, no further 9-valent vaccine would be offered for these individuals.

7. What are the possible reactions after immunisation?

HPV vaccines are generally safe. Most people do not have serious reactions after receiving HPV vaccination. 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

8. If student misses the vaccination at school, please visit the designated centres for HPV vaccination.

For more detailed information, please visit website of Centre for Health Protection of DH:
<https://www.chp.gov.hk/en/features/102146.html>



請仔細閱讀資料。如你對你的女兒或你本人是否適宜接種 HPV 疫苗有任何疑問，可先諮詢家庭醫生意見。

1. 甚麼是人類乳頭瘤病毒？

人類乳頭瘤病毒（又稱 HPV）是一組包括 150 多種類型的病毒，其中約 40 種會感染人類的生殖器官。HPV 可引致子宮頸、陰道、外陰及肛門的癌前病變及癌症。

2. 甚麼是人類乳頭瘤病毒疫苗？

人類乳頭瘤病毒疫苗（簡稱 HPV 疫苗，又稱子宮頸癌疫苗）是一種預防性疫苗，能預防子宮頸癌及其他因感染 HPV 而引致的癌症和疾病。在香港，約九成的子宮頸癌是由 HPV-16, 18, 31, 33, 45, 52, 58 型病毒感染而引致。九個人類乳頭瘤病毒疫苗能覆蓋以上七種 HPV 基因型。

3. 建議接種多少劑 HPV 疫苗？

- 建議免疫功能正常的女生應接種兩劑疫苗，而兩劑疫苗的接種時間相隔 5-13 個月。
- 建議免疫力弱人士應接種三劑疫苗，而三劑疫苗的接種時間應在第 0, 1 及 6 個月。

4. 有那些情況需要提供書面證明？

有以下任何情況的疫苗接種者應先就她們是否適宜接種 HPV 疫苗諮詢醫生意見，並取得相關書面證明：

- 因疾病或治療而導致免疫功能受抑制的人士（例如正在接受化學治療[又稱「化療」]及放射治療[又稱「電療」]等抗癌治療、服用會令免疫功能降低的藥物如高劑量類固醇[又稱「肥仔丸」]等）
- 曾接受化學治療
- 曾對 HPV 疫苗有不良反應
- 有出血傾向

5. 誰不宜接種 HPV 疫苗？

有下列情況的人士：

- 對子宮頸癌疫苗或其成份曾有嚴重的過敏反應
- 九歲以下
- 懷孕
- 對酵母（製麵包的其中一種材料）曾有嚴重過敏反應

6. 接種 HPV 疫苗前有什么注意事項？

- 在疫苗接種當日有輕微不適，如上呼吸道感染徵狀（傷風、咳嗽等），是可以接種此疫苗的。但如果有發燒或病情嚴重，則應於痊癒後才接種疫苗。
- 現時沒有足夠科學證據顯示在完成接種 2 個或 4 個 HPV 疫苗後接種 9 個 HPV 疫苗有額外的益處。因此，這些人士不會獲安排再接種 9 個 HPV 疫苗。

7. 接種 HPV 疫苗後可能會出現甚麼反應？

一般而言，HPV 疫苗是安全的，大多數人士在接種此疫苗後，都不會有嚴重反應。常見的副作用與其他疫苗相似，包括：

- 輕微而短暫情況，包括頭痛、頭暈、噁心、疲倦
- 接種部位疼痛或紅腫
- 發燒

8. 如學生錯過了在學校的接種日，請前往指定中心接種 HPV 疫苗。

如欲獲取更多資料，請瀏覽
衛生署衛生防護中心網頁

<https://www.chp.gov.hk/zh/features/102146.html>



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 <ul style="list-style-type: none">• Please complete in BLOCK LETTERS using black or blue ball pen and put "✓" 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□內加上「✓」號及*刪除不適用選項。• 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，第一部分及第二部分（接種同意書）須由父母/ 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 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須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，包括參與者須知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，並於填妥後交回學校/ 指定中心。				
Part I [Vaccine Recipient Information] 第一部分【疫苗接種者資料】				
1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料 <p>Vaccine Recipient's Full Name (as indicated in identity document) 疫苗接種者姓名 (請依照身份證明文件填寫)</p> Surname <input type="text"/> 姓 [中文]: _____ First Name <input type="text"/> 名 [中文]: _____ Date of Birth 出生日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYY 2. IDENTITY DOCUMENT 身份證明文件 <p>Please fill in information based on (i) or (ii) below 請填寫以下 (i) 或 (ii) -</p> <table border="0"><tr><td style="vertical-align: top;">(i) Hong Kong Identity Card No. 香港身份證號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HKIC Symbol 身份證符號標記: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Others AND 及 Date of Issue 簽發日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY</td><td style="vertical-align: top;">(ii) Other Identity Document, please specify: 其他身份證明文件，請註明: Document Type 類別: _____ Document No. 號碼: <input type="text"/> MUST attach a copy of the document to this consent form 並必須隨同意書附上該身份證明文件的副本</td></tr></table> <p>(If applicable 如適用)</p> School Name 學校名稱: _____ Class 班別: _____ Class No. 班號: _____			(i) Hong Kong Identity Card No. 香港身份證號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HKIC Symbol 身份證符號標記: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Others AND 及 Date of Issue 簽發日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	(ii) Other Identity Document, please specify: 其他身份證明文件，請註明: Document Type 類別: _____ Document No. 號碼: <input type="text"/> MUST attach a copy of the document to this consent form 並必須隨同意書附上該身份證明文件的副本
(i) Hong Kong Identity Card No. 香港身份證號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HKIC Symbol 身份證符號標記: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> Others AND 及 Date of Issue 簽發日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	(ii) Other Identity Document, please specify: 其他身份證明文件，請註明: Document Type 類別: _____ Document No. 號碼: <input type="text"/> MUST attach a copy of the document to this consent form 並必須隨同意書附上該身份證明文件的副本			
3. VACCINATION RECORD 疫苗接種記錄 <p>Has the vaccine recipient received Human Papillomavirus vaccination in the past? 疫苗接種者是否曾經接種人類乳頭瘤病毒疫苗?</p> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Already had 已接種 _____ dose (/doses) 劑 Last vaccination date 最近一次接種日期: <input type="text"/> MM(月) / <input type="text"/> YYY(年) <input type="checkbox"/> Can submit immunisation records of the vaccine recipient for checking (pertaining to HPV vaccination or not). 接種當日會提供接種記錄(針卡)給接種隊職員查閱(不論是否曾經接種人類乳頭瘤病毒疫苗)。 <input type="checkbox"/> Cannot submit any immunisation records of the vaccine recipient but still agree to receive the vaccine. (Please apply for reissue of immunisation record if lost) 未能提供接種記錄(針卡)，但仍同意接種此疫苗。(如遺失，請盡快補領)				
4. IMMUNOCOMPROMISED PERSON 免疫力弱人士 <p>Is the vaccine recipient an immunocompromised person? 疫苗接種者是否免疫力弱人士?</p> <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. I can submit written documentation. 能提供相關書面證明。				
5. eHealth REGISTRATION 登記醫健通 <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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>				

Part II 【Consent/ Refusal of Vaccination】

第二部分【接種同意書/ 不同意書】

I. 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 (1st/ 2nd/ 3rd dose ^{Note})* as arranged by the Department of Health (DH) and for school to release the related information to the vaccination team arranged by the DH for verification where applicable/ necessary.

I agree for myself/ my child/ ward* to register eHealth if the vaccine recipient has not yet registered. If verification shows that she has not yet registered, the vaccine recipient/ parents/ guardian agrees to provide further information of the vaccine recipient to the Department of Health/ authorised healthcare providers and consent for eHealth registration of the vaccine recipient.

[Note: DH will arrange eligible females to receive two doses of HPV vaccine. The 2nd dose of HPV vaccine will be provided within 5-13 months after the 1st dose. For those who are immunocompromised with valid referral letter, three doses of HPV vaccine will be provided, with the 2nd dose and 3rd dose arranged at minimum intervals of 1 month and 6 months after the 1st dose respectively.]

本人已閱讀及明白本檔及應附有關於人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明，包括不宜接種人類乳頭瘤病毒(HPV)疫苗的人士/情況，及 **同意** 本人/小女/受監護者* 接種衛生署安排之人類乳頭瘤病毒疫苗(第一劑/第二劑/第三劑)*，並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用(如適用/有需要)。

如疫苗接種者並未登記醫健通，本人/小女/受監護者*同意登記醫健通。若經核對後發現疫苗接種者並未登記醫健通，疫苗接種者/家長/監護人同意向衛生署/獲授權的醫療機構提供疫苗接種者的進一步資料及同意疫苗接種者登記醫健通。

[註：本署會安排合資格接種 HPV 疫苗的女生接種共兩劑疫苗，並在完成第一劑疫苗後 5-13 個月內，安排為其接種第二劑疫苗。免疫力弱並持有有效轉介信的女生，則會獲安排接種共三劑疫苗，第二劑和第三劑疫苗會分別安排在其完成第一劑疫苗後相隔最少 1 及 6 個月接種。]

REFUSE 不同意

I have read and understood this document and the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, and **DISAGREE** for myself/ my child/ ward* (filled information in part I) to receive the HPV vaccine as arranged by the Department of Health (DH) due to:

本人已閱讀及明白本檔及應附的人類乳頭瘤病毒(HPV)疫苗接種資料的內容及收集個人資料的用途聲明，及 **不同意** 本人/小女/受監護者* (第一部分已填寫的資料) 接種衛生署安排之人類乳頭瘤病毒(HPV)疫苗，原因是：

- Fully vaccinated with HPV vaccines 已完成人類乳頭瘤病毒疫苗接種
- With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine
對人類乳頭瘤病毒疫苗或其成份曾有嚴重的過敏反應
- With a history of severe allergic reaction to yeast (used in baking bread) 對酵母(製麵包的其中一種材料)曾有嚴重過敏反應
- Currently pregnant 現正懷孕
- Worried about adverse effects 擔心不良反應
- Others 其他 (please specify 請註明: _____)

Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人* 簽署:	Relationship with Student 與學生關係: (If applicable 如適用) <input type="checkbox"/> Father 父 <input type="checkbox"/> Mother 母 <input type="checkbox"/> Guardian 監護人
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人* 姓名:	Contact Number: 聯絡電話:
Date of Signature: 簽署日期:	

Part III 【Registration of eHealth】

第三部分【登記醫健通】

The following part is **ONLY** applicable to those who have not registered eHealth 下列部分僅供未登記醫健通人士填寫

- 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) **AGREE** to register with eHealth, which enables authorised healthcare providers to access and share the HCR's eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 **同意** 本人/代表醫健接受者登記參加醫健通，讓獲授權的醫療機構取閱及互通醫健接受者於醫健通的紀錄作醫療用途。

Completed and signed by vaccine recipient aged 16 or above 由16歲或以上疫苗接種者填寫及簽署			
Signature of Vaccine Recipient: 疫苗接種者簽署：	Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知：	Date of Signature: 簽署日期：	
Completed and signed by Substitute Decision Maker (SDM) (i.e. parent or guardian) (Only applicable to vaccine recipient aged under 16/ aged 16 or above but incapable of giving consent) 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)			
SDM's Surname in English: 代決人英文姓氏：	SDM's Given Name in English: 代決人英文名：	SDM's Contact Telephone Number: 代決人聯絡電話號碼：	Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知：
SDM's HK Identity Card No.: 代決人香港身份證號碼：	For non HK Identity Card holder, please fill in information of other identity document 如非香港身份證持有人，請填寫其他身份證明文件資料		
	Document Type: 證明文件類別：	Document No.: 證件號碼：	
Relationship with Vaccine Recipient: 與疫苗接種者關係：			
<input type="checkbox"/> Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長/家人/同住人士/根據《未成年人監護條例》委任的監護人/獲法院委任的人*			
<input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人/同住人士/根據《精神健康條例》委任的監護人/社會福利署署長或根據《精神健康條例》委任的監護人/獲法院委任的人*			
Signature of SDM: 代決人簽署：	Date of Signature: 簽署日期：		

Part IV To Be Filled In By The Healthcare Worker Providing The Vaccination
第四部分 以下資料只由提供疫苗接種的醫護人員填寫

<input type="checkbox"/> First Dose 第一劑 <input type="checkbox"/> Second Dose 第二劑 <input type="checkbox"/> Third Dose 第三劑 (only for individuals who are immunocompromised/ with valid referral letter 只適用於免疫力弱/持有有效轉介信的人士)	
<input type="checkbox"/> HPV vaccination was provided to the vaccine recipient 已為接種者接種人類乳頭瘤病毒(HPV)疫苗	
<input type="checkbox"/> HPV vaccination was NOT provided to the vaccine recipient due to: 沒有為接種者接種人類乳頭瘤病毒疫苗，原因是： <ul style="list-style-type: none"> <input type="checkbox"/> absent from school 缺課 <input type="checkbox"/> vaccination refused 拒絕接種 <input type="checkbox"/> discomfort 身體不適 <input type="checkbox"/> others 其他 (please specify 請註明：_____) 	
Signature of Vaccination Staff 接種職員簽署：	
Name of Enrolled Doctor 已配對醫生姓名：	
Date of Vaccination 接種日期：	

Collection of Personal Data - Statement of Purposes
收集個人資料的用途聲明

Statement of Purpose of Collection of Personal Data

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) confirm vaccine recipients' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Human Papillomavirus (HPV) Vaccination activities, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
 - (iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you/ your child/ ward may not be able to receive vaccination.

Classes of Transferees

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, 4/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

收集個人資料目的

1. 所提供的個人資料，會供政府作下列一項或多項用途：
 - i. 確認疫苗接種者身份。開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察 HPV 疫苗接種活動，包括但不限於通過電子程式與入境事務處的數據核對；
 - ii. 作為醫療檢查、診斷研究、化驗結果、跟進治療，並供其他專業醫護人員作參考之用；
 - iii. 作統計和研究用途；及作法例規定、授權或准許的任何其他合法用途。
2. 就是次疫苗接種作出的疫苗接種記錄，可給公營及私營醫護人員，作為決定及為服務使用者提供所需要的醫療服務的用途。
3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，你/ 你的女兒/ 受監護者可能無法獲疫苗接種。

接受轉介人的類別

4. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 及 2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

5. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

6. 如欲查閱或修改有關提供的個人資料，請聯絡：九龍亞皆老街 147C 四樓衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。

9.5 Consent Forms Receipt Note

To: PMVD, CHP
 Email: 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**) **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

致: 衛生署項目管理及疫苗計劃科

由 :

_____ (醫療機構名稱)

電郵: hpvp@dh.gov.hk

_____ (機構職員姓名)

聯絡電話 :

日期 :

請 醫療機構與學校核對資料，填寫此表格並於同意書交收後一個工作天內電郵此表格至衛生防護中心項目管理及疫苗計劃科 (電郵: hpvp@dh.gov.hk)

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

公私營合作疫苗接種隊

「同意書」交收記錄

(醫療機構名稱) _____ 醫生的公私
營合作疫苗接種隊已在 _____ 年 _____ 月 _____ 日，收取

(學校名稱) _____ 張「同意書」。

公私營合作疫苗接種隊同意書收取人
簽署及醫療機構蓋印

學校職員簽署及學校蓋印

公私營合作疫苗接種隊同意書收取人
姓名

學校職員姓名

9.6 Consented Student List

Appendix 9.6

												Substitute Decision Maker (SDM) Information 代理人資料												
Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* if text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份證明文件類型 (Pull down menu for selection)	Document Number 身份證明文件號碼 (corresponding format for the document type)	Date of Issue (DD/MM/YYYY) 簽發日期 (* if text format is used, it is required to conform to 'dd/MM/yyyy' format)	Contact Number 聯絡號碼	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)	Previous HPV record 以前的子宮頸癌篩查紀錄 (Pull down menu for selection)	If yes, already had _ dose / doses 如有，已接種_劑 (Pull down menu for selection)	Consent to join eHealth 同意登記醫健通 (Pull down menu for selection)	Mobile Number for receiving system notifications to join eHealth Registration Scheme 手提電話號碼以收取登記醫健通計劃系統通知	Minors 十六歲以下兒童 / MIP 年滿十六歲但無能力自行簽予同意的人士	English Surname 英文姓氏	English Given Name 英文名字	Chinese Name 中文姓名	Contact Number 聯絡號碼	Document Type 身份證明文件類型 (Pull down menu for selection)	Document Number 身份證明文件號碼 (corresponding format for the document type)	Relationship (for Minors) 與醫健通接受者關係 (Pull down menu for selection)	Relationship (For MIP) 與醫健通接受者關係 (Pull down menu for selection)
<div style="font-size: 48px; opacity: 0.3; transform: rotate(-15deg); pointer-events: none;"> SAMPLE </div>																								

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:

1. Bring immunisation records of the vaccine recipient for checking¹ (If applicable)
2. Have breakfast in the morning
3. 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: _____

¹ Please arrange reissue of immunisation record if lost.

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 you / for your child/ ward.

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

Principal/Teacher/staff in charge: _____

給接種者／家長或監護人關於人類乳頭瘤病毒（HPV）的疫苗接種通告

致 各位同意疫苗接種者／學生家長或監護人：

衛生署已收到你的同意／你的同意為你的女兒／受監護者在上述計劃下接種疫苗。衛生署將於 _____（日期）安排疫苗接種隊（由衛生署或透過公私營合作）到校為你／你的女兒／受監護者提供人類乳頭瘤病毒疫苗（簡稱 HPV 疫苗，又稱子宮頸癌疫苗）接種服務。請於接種當日：

1. 攜帶接種記錄(針卡) 給接種隊職員查閱¹ (如適用)
2. 早上要進食早餐
3. 穿著方便外露手臂的衣服，以便接種

如對上述安排有任何疑問，請立即通知學校。

(請在學校規定的時間準時接種疫苗。恕逾時不候。)

校長／負責老師／負責職員：_____ 謹啟

_____年____月____日

¹ 如遺失接種記錄(針卡)，請盡快補領

給接種者／家長或監護人關於人類乳頭瘤病毒（HPV）的疫苗接種通告

致 各位不同意疫苗接種者／學生家長或監護人：

衛生署將於 _____（日期）安排疫苗接種隊（由衛生署或透過公私營合作）到校提供人類乳頭瘤病毒疫苗（簡稱 HPV 疫苗，又稱子宮頸癌疫苗）接種服務。

衛生署沒有收到你的同意／你的同意為你的女兒／受監護者在上述計劃下接種 HPV 疫苗。因此，疫苗接種隊不會為你／你的女兒／受監護者提供 HPV 疫苗接種服務。

如果你對上述安排有任何疑問，請盡快與學校聯繫。

校長／負責老師／負責職員：_____ 謹啟

_____年____月____日

SAMPLE

9.8 Immunisation Record (DH6) / Vaccination Record (DH2684)

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

Age/Grade 年歲/年級	Immunisation Recommended 應接種的疫苗
Newborn 初生	Bacille Calmette-Guérin (BCG) Vaccine 卡介苗 Hepatitis B Vaccine - First Dose 乙型肝炎疫苗 - 第一次
1 month 一個月	Hepatitis B Vaccine - Second Dose 乙型肝炎疫苗 - 第二次
2 months 兩個月	DTaP-IPV Vaccine - First Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻疹混合疫苗 - 第一次 Pneumococcal Vaccine - First Dose 肺炎球菌疫苗 - 第一次
4 months 四個月	DTaP-IPV Vaccine - Second Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻疹混合疫苗 - 第二次 Pneumococcal Vaccine - Second Dose 肺炎球菌疫苗 - 第二次
6 months 六個月	DTaP-IPV Vaccine - Third Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻疹混合疫苗 - 第三次 Hepatitis B Vaccine - Third Dose 乙型肝炎疫苗 - 第三次
12 months 十二個月	Measles, Mumps & Rubella (MMR) Vaccine - First Dose 麻疹、流行性腮腺炎及德國麻疹混合疫苗 - 第一次 Pneumococcal Vaccine - Booster Dose 肺炎球菌疫苗 - 加強劑
18 months 十八個月	Varicella Vaccine - First Dose 水痘疫苗 - 第一次 DTaP-IPV Vaccine - Booster Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻疹混合疫苗 - 加強劑 Measles, Mumps, Rubella & Varicella (MMRV) Vaccine - Second Dose* 麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗 - 第二次*
Primary 1 小一	DTaP-IPV Vaccine - Booster Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻疹混合疫苗 - 加強劑 Human Papillomavirus Vaccine - First Dose [^] 人類乳頭瘤病毒疫苗 - 第一次 [^]
Primary 6 小六	dTap-IPV Vaccine - Booster Dose 白喉(減量)、破傷風、無細胞型百日咳(減量)及滅活小兒麻疹混合疫苗 - 加強劑 Human Papillomavirus Vaccine - Second Dose [^] 人類乳頭瘤病毒疫苗 - 第二次 [^]

DTaP-IPV Vaccine : Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine
dTap-IPV Vaccine : Diphtheria (reduced dose), Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

*Children born on or after 1.7.2018 receive MMRV vaccine at 18 months old in Maternal and Child Health Centres. Children born between 1.1.2013 and 30.6.2018 receive MMRV vaccine in Primary 1.

*2018年7月1日或以後出生的兒童會於18個月大在母嬰健康院接種麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗。2013年1月1日至2018年6月30日出生的兒童會於小學一年級接種麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗。

[^]Starting from the 2019/20 school year, eligible female students receive the first dose of 9-valent HPV vaccine in Primary 5 and the second dose when they reach Primary 6 in the next school year.

[^]由 2019/20 學年起，合資格的女學生會於小學五年級接種「九價人類乳頭瘤病毒疫苗 - 第一次」，並於下一學年(小六)接種第二次。

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

免疫接種記錄

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

MCH Case No.

母嬰健康院編號

MCH Centre

母嬰健康院

CHR No.

電子健康紀錄號碼

This record should be presented when the child receives immunisation.
Please keep this record safe as you may need to submit it as proof of vaccination for school registration or upon emigration.

兒童在接種疫苗時須出示此記錄。

請妥善保存免疫接種記錄，因孩子日後升學或移民時，此記錄可作為孩子曾接種過有關疫苗的證明。

重要文件，請永久保存

Please retain this immunisation record indefinitely

DH6 (Rev 2020)

Name 姓名： _____

Date of Birth 出生日期： _____

Type of Vaccine 疫苗種類	Date 日期	Place 地點	Remarks 附註#
Bacille Calmette-Guérin (BCG) Vaccine 卡介苗			
Hepatitis B Immunoglobulin 乙型肝炎免疫球蛋白	Indicated/ Not Indicated 需要/ 不需要		
Hepatitis B Vaccine 乙型肝炎疫苗	First Dose 第一次		
	Second Dose 第二次		
	Third Dose 第三次		
DTaP-IPV Vaccine 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗	First Dose 第一次		
	Second Dose 第二次		
	Third Dose 第三次		
	Booster 加強劑		
	Booster 加強劑		
dTdap-IPV Vaccine 白喉(減量)、破傷風、無細胞型百日咳(減量)及滅活小兒麻痺混合疫苗	Booster 加強劑		
Pneumococcal Vaccine 肺炎球菌疫苗	First Dose 第一次		
	Second Dose 第二次		
	Booster 加強劑		
Measles, Mumps & Rubella (MMR) Vaccine 麻疹、流行性腮腺炎及德國麻疹混合疫苗	First Dose 第一次		
Varicella Vaccine 水痘疫苗	First Dose 第一次		
Measles, Mumps, Rubella & Varicella (MMRV) Vaccine 麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗	Second Dose 第二次		
Human Papillomavirus Vaccine 人類乳頭瘤病毒疫苗	First Dose 第一次		
	Second Dose 第二次		
Others 其他			

DTaP-IPV Vaccine : Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine

dTdap-IPV Vaccine : Diphtheria (reduced dose), Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

Please indicate if the child had an infection caused by the viruses / bacteria covered by the concerned vaccines or developed adverse events after immunisation. 請在此註明兒童曾受相關疫苗的病毒/細菌感染或接種疫苗後出現不良反應。

9.9 Vaccine Ordering Form

訂單編號
由衛生署職員填寫

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

 新增訂單 更改訂單

由醫療機構填寫

備註：請醫療機構於接種日最少兩星期前填妥本表格並電郵至衛生署項目管理及疫苗計劃科（電郵地址：hpvcatchup@dh.gov.hk）。若遞交本表格後三個工作天後，仍未收到衛生署的訂單確認通知，請致電 **3975 4444** 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及疫苗計劃科。另外，請於疫苗接種活動當日帶同訂單確認通知到校，以便核對疫苗數目。

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

由醫健通(資助)系統得出今年可接種人數：		劑
減去 不適合接種人數：（例如：已在其他診所接種、有禁忌症、最後決定不接種等等）	(-)	劑
總共申請疫苗數量：	=	劑

丙部 送貨資料 請在合適的內加上「✓」號

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"/> 第一劑	_____年 _____月		
<input type="checkbox"/> 第二劑	_____日（星期 _____）	建議接收疫苗時間為 開始接種前一小時	請勿於接種當天 更改收集疫苗時間

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：	

訂單編號
由衛生署職員填寫

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

 新增訂單 更改訂單

由醫療機構填寫

備註：由於訂購疫苗及安排運送需時，請於 **接種日期最少五個工作天前** 填妥本表格並 **電郵** 至 衛生署項目管理及疫苗計劃科（**電郵地址**：hpvcatchup@dh.gov.hk）。醫療機構如於發送本表格後三個工作天內仍未收到衛生署的訂單確認通知，請 **致電 3975 4444 與衛生署職員聯絡**。

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： <input type="checkbox"/> 有 <input type="checkbox"/> 無

乙部 疫苗申請數量及送貨資料

申請疫苗數目	診所						
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：	<table border="0"> <tr> <td>診所範圍內落貨</td> <td><input type="checkbox"/> 可以</td> <td><input type="checkbox"/> 不可以</td> </tr> <tr> <td>診所外落貨</td> <td><input type="checkbox"/> 可以</td> <td><input type="checkbox"/> 不可以</td> </tr> </table>	診所範圍內落貨	<input type="checkbox"/> 可以	<input type="checkbox"/> 不可以	診所外落貨	<input type="checkbox"/> 可以	<input type="checkbox"/> 不可以
診所範圍內落貨	<input type="checkbox"/> 可以	<input type="checkbox"/> 不可以					
診所外落貨	<input type="checkbox"/> 可以	<input type="checkbox"/> 不可以					

丙部 聯絡資料

填寫申請表格 的日期： _____年 _____月 _____日	註：疫苗將於貴 機構收到確認通知書的 五個工作天後 送貨疫苗派送時間為： 當日 上午十時至下午一時 或 下午二時至下午五時 < 星期六，日及公眾假期將 不會 安排送貨 >
負責職員：	聯絡電話：
	負責醫生簽署及蓋章：

9.10 Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination

Date: _____

Dear Student/ Parents or Guardian of _____ (Name of Student/ Class),

Human Papillomavirus (HPV) Vaccination Catch-up Programme

Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination

The Department of Health (DH) has arranged vaccination team by designated doctor to provide human papillomavirus (HPV) vaccination to students at school today.

After the assessment, the vaccination team did **NOT** vaccinate you/ your child/ ward because* you/ your child/ ward:

- was/were absent from school
- had physical discomfort [e.g. flu symptoms/ fever (body temperature ____ °C)/ others _____]
- refused vaccination
- may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- others (please specify: _____)

The vaccination team will not rearrange HPV vaccination for you/ your child/ ward at school.

Please make an appointment with a School Immunisation Team sub-office or a Student Health Service Centre for reservation of HPV vaccination, i.e. NO walk-in session.



Documents to bring:

- 1) Signed Consent Form;
- 2) This Notification; and
- 3) Identity Document.

Name of Medical Organisation and Official Stamp : _____

Telephone Number : _____

*Vaccination team please tick “✓” in the appropriate box

<p>Information on School Immunisation Teams Sub-offices</p> 	<p>Information on Student Health Service Centres</p> 
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_____ (學生姓名/班別) 學生/同學家長或監護人：

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

給未有接種人類乳頭瘤病毒(HPV)疫苗的接種者/家長或監護人的通知書

衛生署已安排由指定的醫生提供的疫苗接種隊於今天到學校為學生接種人類乳頭瘤病毒疫苗 (簡稱 HPV 疫苗，又稱子宮頸癌疫苗)。

經評估後，接種隊沒有為你/你的女兒/受監護者接種 HPV 疫苗，原因*是你/你的女兒/受監護者：

- 缺課
- 身體不適 (例如：感冒徵狀/發燒 (體溫 _____ °C) / 其他 _____)
- 拒絕接種
- 可能需要在較詳盡的評估後，由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。
- 其他 (請註明： _____)

疫苗接種隊將不會再次到校為你/你的女兒/受監護者接種 HPV 疫苗。請聯絡學童免疫注射小組的分區辦事處或衛生署轄下的學生健康服務中心預約接種 HPV 疫苗，不設即場接種。需帶備的文件：



- 1) 已簽署的同意書
- 2) 此通知書
- 3) 身份證明文件

醫療機構名稱及印章： _____

電話： _____

日期： _____

* 接種隊請在合適的 位置加上「✓」號

<p>學童免疫注射小組的分區辦事處資料</p> 	<p>學生健康服務中心資料</p> 
---	--

9.11 Notification to Student/ Parents or Guardian of Immunocompromised Student on Completion of 3 doses of Human Papillomavirus (HPV) Vaccination

Date: _____

Dear Student/ Parents or Guardian of _____ (Name of Student/ Class),

Human Papillomavirus (HPV) Vaccination Catch-up Programme

Notification to Student/ Parents or Guardian of Immunocompromised Student on Completion of 3 doses of Human Papillomavirus (HPV) Vaccination

The Department of Health (DH) has arranged vaccination team by designated doctor to provide human papillomavirus (HPV) vaccination to students at school today.

After the assessment, the vaccination team -

(A) For cases where 1st dose of HPV vaccine has been administered

- administer the 1st dose of HPV to you/ your child/ward* and please make an appointment with a ^{Note}School Immunisation Team sub-office or a Student Health Service Centre for reservation on 2nd and 3rd dose of HPV, i.e. NO walk-in session.

2 nd dose (at least ONE month after the 1 st dose)	3 rd dose (at least FIVE months after the 2 nd dose)
Date after: (DD/MM/YYYY)	Date after: (DD/MM/YYYY)

(B) For cases where no HPV vaccination has been done at schools

- HPV vaccine has not been administered to you/ your child/ ward* after assessment due to the physical condition [e.g. flu symptoms/ fever (body temperature ____ °C)/ others _____]
- you/ your child/ ward* refused vaccination
- you/ your child/ward* may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.



Please make an appointment with a ^{Note}School Immunisation Team sub-office or a Student Health Service Centre for completion of 3-dose HPV vaccination, i.e. NO walk-in session.

^{Note}Documents to bring: 1) Signed Consent Form; 2) This Notification; and 3) Identity Document.

Name of Medical Organisation and Official Stamp : _____

Telephone Number : _____

* please delete where appropriate and please tick "✓" in the appropriate box

<p>Information on School Immunisation Teams Sub-offices</p> 	<p>Information on Student Health Service Centres</p> 
---	---

_____ (學生姓名/班別) 學生/同學家長或監護人：

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

**給免疫力弱接種者/家長或監護人
完成三劑人類乳頭瘤病毒(HPV)疫苗的通知書**

衛生署已安排由指定的醫生提供的疫苗接種隊於今天到學校為學生接種人類乳頭瘤病毒疫苗 (簡稱 HPV 疫苗, 又稱子宮頸癌疫苗)。

經評估後, 接種隊 -

(A) 已接種第一劑人類乳頭瘤病毒疫苗的人士

- 已為你/你的女兒/受監護者*接種第一劑人類乳頭瘤病毒疫苗, 請聯絡^註學童免疫注射小組的分區辦事處或衛生署轄下的學生健康服務中心預約接種第二及第三劑人類乳頭瘤病毒疫苗, 不設即場接種。

第二劑 (於第一劑後至少一個月後) 於_____後 (日/月/年)	第三劑 (於第二劑後至少五個月後) 於_____後 (日/月/年)
---	---

(B) 未於校內安排接種人類乳頭瘤病毒疫苗的人士

- 在評估後並沒為你/你的女兒/受監護者*接種人類乳頭瘤病毒疫苗, 原因是身體不適 (例如: 感冒徵狀/發燒 (體溫 _____ °C) / 其他 _____)
- 你/你的女兒/受監護者*拒絕接種
- 你/你的女兒/受監護者*可能需要在較詳盡的評估後, 由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。
- 請聯絡^註學童免疫注射小組的分區辦事處或衛生署轄下的學生健康服務中心以完成接種三劑人類乳頭瘤病毒疫苗(不設即場接種)。



^註需帶備的文件: 1) 已簽署的同意書 2) 此通知書 3) 身份證明文件

醫療機構名稱及印章: _____

電話: _____

日期: _____

* 請刪除不適用處 並在合適的 位置加上「✓」號

學童免疫注射小組的分區辦事處資料 	學生健康服務中心資料 
---	---

9.12 Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination

**接種者／家長或監護人須知
人類乳頭瘤病毒疫苗 (HPV 疫苗) 接種後的反應**

一般而言，HPV 疫苗是安全的，大多數學生在接種此疫苗後，都不會有嚴重反應。常見的副作用與其他疫苗相似，包括：

- (1) 輕微而短暫情況，包括頭痛、頭暈、噁心、疲倦。
- (2) 接種部位疼痛或紅腫。
- (3) 發燒。

學生如何應對這些反應：

- (1) 接種疫苗後坐下或躺下 15-20 分鐘有助預防出現頭暈甚至跌倒或受傷的情況。
- (2) 可用冷敷以舒緩接種部位的疼痛或紅腫。

SAMPLE

Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination

HPV vaccines are generally safe. Most students do not have serious reactions after receiving HPV vaccination. Common side effects are similar to those from other vaccinations, such as:

- (1) Mild and short-lasting side effects, including headache, dizziness, nausea and fatigue.
- (2) Soreness, redness or swelling at the injection site.
- (3) Fever.

These can be readily managed by:

- (1) Sitting or lying down (for 15-20 minutes) after vaccination, which can help to prevent fainting and even falls or injuries.
- (2) Applying cold compress to relieve soreness and swelling at the injection site.

(醫療廢物暫存轉交記錄)



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

**Note:**

1. 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.
2. The Medical Organisation staff shall close and securely seal the lid of the sharps box, probably store in labelled and lockable cabinet(s) for a licensed clinical waste collector to collect at the school or for a healthcare professional to deliver to the Chemical Waste Treatment Centre (CWTC).
3. The school staff shall turn in all sharps box to the collector. With the verification of the weight of sharps box, sign and stamp the clinical chop on the Clinical Waste Trip Ticket as confirmation.

I. Contact Information

1. Name of enrolled doctor:
(Chinese/English) _____
2. SPID: _____
3. Affiliated Medical Organisation Name
(Chinese/English) _____
4. School Name: (Chinese/ English) _____
5. School Code: _____
6. Transfer Date: _____
7. Estimated Sharp Box Collection date: _____
8. Licensed Clinical Waster Collector Name/
Full Name of the Healthcare Professional to deliver Clinical Waste: _____

II. Handover Details of Clinical Waste

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

III. Signature and the Clinic Chop of Medical Organisation and School**To be completed by Medical Organisation staff**

Signature :

Full

Name :

Position

Title :

Phone

Contact :

Medical
Organisation
Clinic Chop

To be completed by School staff

Signature :

Full

Name :

Position

Title :

Phone

Contact :

School Chop



衛生署

「人類乳頭瘤病毒(HPV)疫苗補種計劃」

醫療廢物暫存轉交記錄



注意事項：

1. 此表格只適用於持牌醫療廢物收集商未能於到校疫苗接種活動後即時收集醫療廢物的情況下使用，參與的醫療機構及學校均應保留此表格的正／副本。
2. 請醫療機構職員將利器收集箱牢固地關上盒蓋密封，然後存放於上鎖及已適當標示的儲物櫃內，留待持牌醫療廢物收集商到學校收集或由醫護專業人士送交至化學廢物處理中心。
3. 請學校職員將利器收集箱全數交予收集人員，核對重量後，於醫療廢物運載記錄上簽署及蓋印作實。

甲、聯絡資料

1. 參與計劃醫生姓名：(中文／英文) _____
2. 服務提供者號碼： _____
3. 所屬醫療機構名稱：(中文／英文) _____
4. 學校名稱：(中文／英文) _____
5. 學校編號： _____
6. 轉交日期： _____
7. 預計利器收集箱收集日期： _____
8. 持牌醫療廢物收集商名稱 / 送交醫療廢物的醫護專業人士姓名： _____

乙、醫療廢物轉交詳情：

疫苗接種場次 (請在適當的□位置加上「✓」號)	利器收集箱 數量
<input type="checkbox"/> 接種第一劑 <input type="checkbox"/> 接種第二劑	_____個

丙、醫療機構及學校簽署及蓋印

由醫療機構職員填寫

簽署： _____
姓名： _____
職位： _____
電話： _____

醫療機構蓋印

由學校職員填寫

簽署： _____
姓名： _____
職位： _____
電話： _____

學校蓋印

9.14 **Clinical Incident Notification Form**

HUMAN PAPILLOMAVIRUS (HPV) VACCINATION CATCH-UP PROGRAMME
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP
Email: hpvp@dh.gov.hk

From: _____ (Name of Medical Organisation)
Name: _____ (Name of Enrolled Doctor)
Tel: _____
Date: _____

Case Number (assigned by PMVD): _____

Notification Form for Suspected Clinical Incident

(To be completed by organisation / service provider)

- Points to Note (for Medical operator):**
- **Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service**
 - Clinical incident could be notified by PPP vaccination team
 - Notification should be made **as soon as possible** (by phone to the PMVD at **2125 2125**) **And** followed by this written Clinical Incident Notification Form
 - The completed form should be returned to the PMVD by email (hpvp@dh.gov.hk) as soon as possible and within the same day of the incident.
 - A follow up full investigation report by the enrolled doctor of the PPP vaccination team should be submitted to the PMVD by email **within 1 week** upon discovery of (suspected) incident.

I. Brief Facts

Name of School/Institution: _____

Date of incident (dd/mm/yyyy): _____ Time (24 hr format): _____

Place of occurrence: In the School/Institution
 Others, please specify: _____

Stage of care when incident occur Pre-vaccination
 During vaccination
 Post-vaccination

Number of vaccine recipient(s) affected: _____

Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

Summary of the incident: *(including what happened. how it happened, and what actions were taken etc.)*

Any property damage?

- Yes, details: _____
 No

II. Reporter's Information

Name (in Full) : Mr / Ms/ Dr _____

Post: Please tick the appropriate box below:

- Doctor
 Nurse
 Other healthcare professionals, please specify:

Phone: _____

Email: _____

Name of organisation/ service provider: _____

Name of enrolled doctor: _____

Date: _____ (dd/mm/yyyy) Time (24 hr format): _____

Classification of level of Injury

Level of Injury	<p>The level of injury is defined as follows,</p> <p>Level M -- Near miss OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).</p> <p>Level 1 -- No or minor injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 2 -- Significant injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 3 -- Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.</p>
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9.15 Clinical Incident Investigation Report

HUMAN PAPILOMAVIRUS (HPV) VACCINATION CATCH-UP PROGRAMME
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP
Email: hpvp@dh.gov.hk

From: _____ (Name of Medical Organisation)
Name: _____ (Name of Enrolled Doctor)
Tel: _____
Date: _____

Case Number (assigned by PMVD): _____

Clinical Incident Investigation Report**(To be completed by the enrolled doctor of the PPP vaccination team)****Points to Note:** - Report should be made **within 1 week** upon discovery of the incident**I. Brief Facts**

Name of School involved: _____

Date of incident (dd/mm/yyyy): _____ Time (24 hr format): _____

Place of occurrence: In the School/Institution
 Others, please specify: _____

Stage of care when incident occur Pre-vaccination
 During vaccination
 Post-vaccination

Number of vaccine recipient(s) affected: _____

Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

Summary of the incident: (including what happened. how it happened)

Actions taken for this incident:

Remedial measures to prevent future similar occurrences:

SAMPLE

Other recommendations and comments:

Reporter's Information

Name (in Full) : Dr _____

Phone: _____

Email: _____

Date: _____

9.16 Vaccine Usage Form and Cold Box Collection Record – School Outreach use

衛生署

「人類乳頭瘤病毒(HPV)疫苗補種計劃」
疫苗使用報告及冰箱收集記錄 – 學校外展接種

注意事項：

1. 請醫療機構與衛生署指定的物流商核對剩餘疫苗及冰箱數量後，於此收集記錄上簽署及蓋印作實。
2. 醫療機構及物流商均應填妥兩份此表格，並各自保留一份作紀錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格、※照片及收貨發票電郵至：衛生防護中心項目管理及疫苗計劃科(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：	
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. 接種日期：

乙部：疫苗使用記錄 (由外展隊職員填寫)

接收疫苗數量 (a)	已使用疫苗數量 (b)	因失效而須棄置疫苗數量 (c)	剩餘疫苗數量 (d) = (a) - (b) - (c)
_____ 劑	_____ 劑	_____ 劑	_____ 劑
※ 如有任何因失效而須棄置的疫苗，請於下方列出原因，並於電郵內附上照片。			

丙部：收集剩餘疫苗詳情 (收貨發票號碼：_____)

收集數量	批號
HPV 疫苗 _____ 劑	
冰箱連鐵盒 (內附溫度持續記錄器)	個
醫療機構謹此確認： <input type="checkbox"/> 所有退回的剩餘疫苗均一直妥善存放於物流商提供的冰箱內。 (請在方格內加上「✓」號)	

丁部：簽署及蓋章

由外展隊職員填寫		由衛生署指定物流商職員填寫	
簽署：	蓋印	簽署：	蓋印
姓名：		姓名：	
職位：		職位：	
電話：		電話：	

9.17 Vaccine Usage Form-Clinic use

衛生署
「人類乳頭瘤病毒(HPV)疫苗補種計劃」
疫苗使用報告 - 診所接種

注意事項：

請**醫療機構**填寫後於此使用報告上**簽署及蓋印作實**，並**每星期**將此表格**電郵**至：衛生防護中心項目管理及疫苗計劃科（**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：	
2. 診所地址：	
3. 聯絡電話：	
4. 負責醫生姓名：	5. 醫生註冊編號：M

乙部 疫苗使用記錄

申報日期 (一星期一次)	由 ____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：_____

姓名：_____

職位：_____

醫療機構蓋印

(只適用於學校外展)
(Applicable only for School Outreach)

「人類乳頭瘤病毒(HPV)疫苗補種計劃」
學生接種記錄報告 (接種日)

**Human Papillomavirus (HPV) Vaccination Catch-up Programme
Student Vaccination Report (On Vaccination Day)**

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內電郵此表格至衛生防護中心項目管理及疫苗計劃科(電郵：hpvp@dh.gov.hk)

Please check with medical organisation and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email: hpvp@dh.gov.hk) **within one working day after completion of each vaccination activity**

學校編號 : 學校名稱 :
School Code : Name of school :
服務提供者號碼 : 負責醫生姓名 :
SPID : Name of responsible doctor :

醫療機構名稱 :
Name of medical organisation :
接種日期 :
Date of vaccination :
接種場次 : 第一劑 (1st dose) 第二劑 (2nd dose)
Vaccination session :

同意接種人數 :
Total no. of consented students :
實際接種人數* :
Total no. of vaccinated students* :

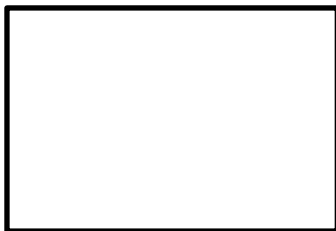
貴校有否於人類乳頭瘤病毒(HPV)疫苗學校外展活動中安排學生接種其他疫苗 (例如: 季節性流感疫苗)? Has your School arranged other vaccination (e.g. Seasonal Influenza Vaccination) for students during the HPV Vaccination School Outreach activity?	
<input type="checkbox"/> 有 YES 疫苗種類 Type of Vaccine : <input type="checkbox"/> 季節性流感疫苗 Seasonal Influenza Vaccination <input type="checkbox"/> 其他(請注明) Others (please specify) : 實際接種人數 Actual no. vaccinated* :	<input type="checkbox"/> 沒有 NO

*接種當日的實際接種學生人數(未必等於同意接種人數)

*Counting actual no. of vaccinated students on vaccination day (May be different from the no. of consented students)

由醫療機構職員填寫
Fill in by **medical organisation** staff

簽署 :
Signature :
姓名 :
Name :
職位 :
Post :
電話 :
Contact No. :



醫療機構蓋印 Clinic Chop

由學校職員填寫
Fill in by **school** staff

簽署 :
Signature :
姓名 :
Name :
職位 :
Post :
電話 :
Contact No. :

衛生署

人類乳頭瘤病毒(HPV)疫苗補種計劃

被污染 / 損壞疫苗 詳細紀錄報告

注意事項：

醫療機構及物流商均應填妥兩份此表格，並各自保留一份作紀錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格電郵至：衛生防護中心項目管理及疫苗計劃科（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：	
8. 負責醫生姓名：	9. 醫生註冊編號：M
10. 學校名稱：	
11. 學校編號：	12. 接種日期：

乙部：詳細紀錄

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 / 損壞疫苗的總劑量	
展示被污染 / 損壞疫苗的照片	有 / 否
醫療服務提供者曾否為接受者注射過有關疫苗？ 如有，請註明接受疫苗者的性別	有 / 否 性別：___
如發現注射器洩漏或液苗容器破裂，醫療服務提供者的皮膚曾否接觸到溶液？	有 / 否
如曾直接接觸溶液，醫療服務提供者是否同意藥廠進一步接觸以報告藥物警戒情況？ 如同意，請留下聯絡資料以便進一步聯繫。	是 / 否 姓名：_____ 電話：_____ 電郵：_____

丙部：簽署及蓋章

由外展隊職員填寫

由衛生署指定物流商職員填寫

簽署：	蓋印	簽署：	蓋印
姓名：		姓名：	
職位：		職位：	
電話：		電話：	