

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

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.

[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)

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
November 2024

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聲明後**填妥接種人類乳頭瘤病毒(HPV)疫苗同意書(回條)**(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**。

[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)

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 11 月

Electronic Health Record Sharing System (eHealth) 電子健康紀錄互通系統(醫健通)

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護機構取覽和互通參與病人的電子健康紀錄作醫護用途。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營醫護機構可於提供醫護服務時按「有需要知道」的原則取覽你的電子健康紀錄, 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護機構(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閱疫苗接種紀錄**。

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。

Participant Information Notice

參與者須知



Personal Information Collection Statement

收集個人資料聲明



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請及諮詢中心(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。

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 型病毒感染而引起。九價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. 有哪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 疫苗徵詢醫生意見，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 疫苗前有甚麼注意事項？

- 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較重，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 價或 4 價 HPV 疫苗後接種 9 價 HPV 疫苗有額外的益處。因此，這些人士不會獲安排再接種 9 價 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/tc/features/102146.html>



Part II 【Consent/ Refusal of Vaccination】

第二部分 【接種同意書/ 不同意書】

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

CONSENT 同意

I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons/ conditions not suitable for receiving HPV vaccine, and **AGREE** for myself/ my child/ ward* to receive the HPV vaccine (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隨附有關人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明，包括不直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^註）*，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。若經核證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/ 獲授權的醫護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隨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)

Father 父 Mother 母 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/ 代表醫護接受者登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

Completed and signed by vaccine recipient <u>aged 16 or above</u> 由16歲或以上疫苗接種者填寫及簽署		
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：
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<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：
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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： <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）。