

Residential Care Home Vaccination Programme (RVP) 2024/25

Briefing to Visiting Medical Officers

25 July 2024



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1. Background





Background

Residential Care Home Vaccination Programme (RVP)

Aims

- Provides free and convenient vaccination services for eligible persons in:
- Residential Care Homes (RCHs)
- Residential Child Care Centres (RCCCs)
- Designated Institutions (DIs*)

Format

- A form of public private partnership
- RCHs/RCCCs/DIs invite Visiting Medical Officers (VMOs) to provide onsite vaccination

Subsidy

 Reimbursement to VMOs through the eHealth System (Subsidies) (eHS(S)) after the injections



^{*} DIs includes designated day activity centres, sheltered workshops and special schools serving non-institutionalised Persons with Intellectual Disability (PID) in Hong Kong

Chronology

Year	Vaccine	Target recipients	Service Provider
1998	SIV	Residents of Residential Care Homes for Elderly (RCHEs)	
2003	SIV	Residents of Residential Care Homes for Persons with Disabilities (RCHDs)	DH
2005	SIV	Health care workers of RCHEs/RCHDs	DH
2009		Residential Care Home Vaccination Programme (RVP) by Visiting Medical Officers (VMO)	
2009	23vPPV	Residents of RCHEs & ≥ 65 years old residents of RCHDs	RVP
2015	SIV	Non-institutionalised persons with intellectual disabilities (PID) in designated institutions (DIs)	RVP
2017	PCV13	Residents of RCHEs & ≥ 65 years old residents of RCHDs	RVP
	SIV	Residents (children aged six months to 11 years) and staff in Residential Child Care Centre (RCCCs)	RVP
2019	MMR	One-off measles vaccination mop-up programme for healthcare workers of RCHDs and RCCCs	RVP

Chronology (Cont'd)

1	Year	Vaccine	Target recipients	Service Provider
		Residents of RCHEs /Day care units attached to the RCHs		
		2021 CoronaVac	Residents of RCHDs /Day care units attached to the RCHs	
	2021		Health care workers of RCHEs/RCHDs/Day care units attached to the RCHs	RVP
			Non-institutionalised persons with intellectual disabilities (PID) in designated institutions (DIs)	
	2022	SIV	Health care workers of non-institutionalised persons with intellectual disabilities (PID) in designated institutions (DIs)	RVP





Chronology (Cont'd)

Year	Vaccine	Target recipients	Service Provider	
		Residents of RCHEs) /Day care units attached to the RCHs		
		Residents of RCHDs) /Day care units attached to the RCHs		
2022	Divalent BioNTech	Health care workers of RCHEs/RCHDs/Day care units attached to the RCHs	RVP	
		Non-institutionalised persons with intellectual disabilities (PID) in designated institutions (DIs)		





Chronology (Cont'd)

Year	Vaccine	Target recipients	Service Provider
		Residents of RCHEs)/Day care units attached to the RCHs	
2023	BioNTech XBB	Residents of RCHDs /Day care units attached to the RCHs	RVP
2023		Health care workers of RCHEs/RCHDs/Day care units attached to the RCHs	
		Non-institutionalised persons with intellectual disabilities (PID) in designated institutions (DIs)	
2024	PCV15	Residents of RCHEs & ≥ 65 years old residents of RCHDs	RVP





2. Review of RVP 2023/24





Vaccination Statistics of RVP 2023/24

1. Seasonal Influenza Vaccine (as at 30.6.2024)

Category	Type of Institution	Coverage in RVP (2022/23 vs 2023/24)	Total no. of dose
	RCHEs	78% → 83.2%	
Residents	RCHDs	75% → 78.3%	62,996
	RCCCs	0% → 82.4%	
	RCHEs	37% → 42.5%	
Staff	RCHDs	21% → 28.2%	14,635
Stall	RCCCs	0% → 13.4%	
	DIs	0% → 11%	
Service User	DIs	47% → 48.1% (calculated based on the number of service users in DIs enrolled under RVP)	109

Category	Type of Institution	No. of PCV13 administered in 2023/24	No. of 23vPPV administered in 2023/24
Posidonto	RCHEs	8,166	4,111
Residents	RCHDs	352	299





Highlights of Evaluation of RVP 2023/24

- Structured questionnaire survey was sent to VMOs in February 2024
- Opinions on the changes on workflow were collected:
 - Informed consent / Opt-out policy
 - Co-administration of SIV and COVID-19 vaccine





Highlights of Evaluation of 2023/24

1. Informed consent to replace written consent forms

- Majority of VMOs supported this initiative as it saves the trouble from having to keep the consent forms for 7 years, less chance for clerical/ human errors and less workload/ time required
- Some objected due to the liability issue and preference on having written consent

2. Co-administration of SIV and COVID-19 vaccine

- Majority of VMOs supported this initiative as it enhances the efficiency and increases the vaccination rate of SIV and COVID-19 vaccine
- Some VMOs did not support this imitative due to more labour intensive, more time consuming, and higher chance of incident





3. Overview of RVP 2024/25





SCVPD recommendations for 2024-25

 Scientific Committee on Vaccine Preventable Diseases (SCVPD) -Recommendations on Seasonal Influenza Vaccination for the 2024-25 Season (As of 21 March 2024)



Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination For the 2024-25 Season in Hong Kong (As of 21 March 2024)

Introduction

Seasonal influenza causes a significant disease burden in Hong Kong. Since 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) reviews the scientific evidence of influenza vaccination and makes recommendations on influenza vaccination in Hong Kong annually. This document sets out the scientific evidence, local data as well as overseas practices, and provides recommendations in relation to seasonal influenza vaccination in Hong Kong for the 2024-25 season.

Summary of Global Influenza Activity

2. According to World Health Organization (WHO)'s updates on seasonal influenza activity published in February 2024, influenza activity was reported in all regions from September 2023 through January 2024, and the overall activity was similar compared to the same period in 2023. The predominating viruses varied among regions and between countries. Globally, influenza A virus detections outnumbered those of influenza B. Influenza A (HIN1)pdm09 and A(H3N2) viruses were detected more frequently in the Americas and South Asia. Influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulated in West Asia and A(H3N2) viruses predominated elsewhere in Asia. Europe and Africa reported similar proportions of A(H1N1)pdm09 and A(H3N2) viruses with some variation among regions. A predominance of A(H3N2) with some variation among regions. A predominance of A(H3N2) with some variation among regions.



https://www.chp.gov.hk/en/static/24008.html





SCVPD recommendations for 2024-25

Vaccine types

- Inactivated influenza vaccine (IIV), live attenuated influenza vaccine (LAIV) and recombinant influenza vaccine (RIV) are recommended for use in Hong Kong
- Both **trivalent** and **quadrivalent** vaccines could be used in the 2024-25 season.





SCVPD recommendations for 2024-25

Vaccine composition

 Follows the recommendations by the WHO for the 2024-25 Northern Hemisphere influenza season

	Quadrivalent vaccine	Trivalent vaccine
Egg-based	• A/Victoria/4897/2022	A/Victoria/4897/2022
vaccines	(H1N1)pdm09-like virus	(H1N1)pdm09-like virus
	• A/Thailand/8/2022 (H3N2)-	• A/Thailand/8/2022 (H3N2)-
	like virus	like virus
	• B/Austria/1359417/2021	B/Austria/1359417/2021
	(B/Victoria lineage)-like	(B/Victoria lineage)-like
	virus	virus
	• B/Phuket/3073/2013	
	(B/Yamagata lineage)-like	
	virus	
Cell culture	A/Wisconsin/67/2022	A/Wisconsin/67/2022
or	(H1N1)pdm09-like virus	(H1N1)pdm09-like virus
Recombinant	 A/Massachusetts/18/2022 	A/Massachusetts/18/2022
based	(H3N2)-like virus	(H3N2)-like virus
vaccines	• B/Austria/1359417/2021	B/Austria/1359417/2021
	(B/Victoria lineage)-like	(B/Victoria lineage)-like
	virus	virus
	• B/Phuket/3073/2013	
	(B/Yamagata lineage)-like	
	virus	

Given B/Yamagata lineage viruses are no longer circulating in the population, both **trivalent** and **quadrivalent** vaccines could be used in 2024-25 season





Service Provider List to RCH

- The doctor list will be provided to RCHs for transparent information and planning. Doctors' preference of service locations and types of target groups are provided on the list.
- Doctors may indicate their preference(s) of service locations and types of target group by signing the application form of RVP 2024/25.





Overview of RVP 2024/25

- Inactivated Influenza Vaccination (IIV) and Pneumococcal Vaccination (PV) for same eligible groups
- Subsidy level at \$105 per dose
- Two options for checking vaccination records and submitting claims for reimbursement are still available





A. Seasonal Influenza Vaccination (SIV)

- Beginning in early October subject to confirmation (early initiation improved vaccination coverage and protection from previous experience)
- Subsidy: \$105 per dose

B. Pneumococcal Vaccination (PV)

- All year-round
 - √ 23-valent pneumococcal polysaccharide vaccine (23vPPV)
 - √ 15-valent pneumococcal conjugate vaccine (PCV15)
- Subsidy: \$105 per dose





Seasonal Influenza Vaccine (SIV)

Inactivated Influenza Vaccine (IIV) composition:

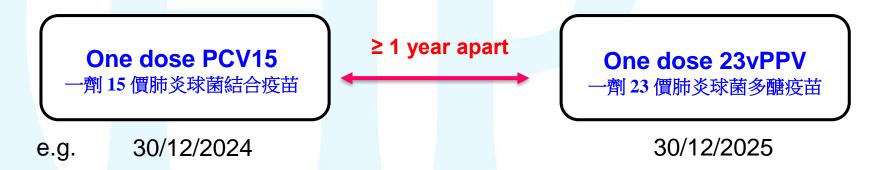
- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Thailand/8/2022(H3N2)-like virus;
- a B/Austria/1359417/2021(B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013(B/Yamagata lineage)-like virus





Pneumococcal Vaccination (PV)

	Eligibility
RCHEs	All residents
RCHDs	Residents aged 65 or above



 No re-vaccination is needed after the completion of PCV13 / PCV15 and 23vPPV vaccination





Pneumococcal Vaccination (PV)

Past vaccination history	Client should receive	
✓ PCV13 / PCV15 only	One dose of 23vPPV ≥ one year* after previous PV	
✓ 23vPPV only	One dose of PCV15 ≥ one year* after previous PV	
Both ✓ PCV13 / PCV15 & ✓ 23vPPV	No PV needed	
Nil history of PV	First ≥ 1 year* after then PCV15 → 23vPPV	

^{* 1} year is assumed to be one calendar year





Eligible groups under RVP 2024/25

Type of	Eligible groups	Types of vaccine	s to be vaccinated
institution	Eligible groups	IIV	PCV15 & 23vPPV
RCHEs	Residents in RCHEs*	✓	✓
	Staff in RCHEs*	\checkmark	*
RCHDs	Residents / boarders in RCHDs*	✓	(For residents aged 65 or above ONLY)
	Staff in RCHDs*	✓	*
Designated	Non-institutionalised PID receiving service in DIs#	✓	*
Institutions (DIs) serving PID	Staff in DIs	✓	*
RCCCs	Residents in RCCCs (children aged six months to 17 years)	✓	*
	Staff in RCCCs	✓	*

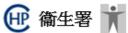
^{*} Does not include day care centre users or staff working in day care centre # Does not include non-PID users

Arrangements for RVP 2024/25

Major areas	RVP2023/24
Consent Form	 E-consent for residents and staff providing consent for themselves Paper consent form for minor and MIP with legal guardian only
Opting for vaccination	Opting out of vaccination (Informed consent is still required)
Interval between SIV and COVID-19 vaccine	Co-administration of SIV and COVID-19 vaccine







院舍防疫注射計劃

反對院友接種季節性流感或 肺炎球菌疫苗回條 (只適用於未能表達意願的院友)

院舍名稱:
院友姓名:
本人是上述院友的*父母/監護人/家屬,知悉若上述院友於日後獲醫生評估為適合接種季節性流感疫苗及肺炎球菌疫苗,本人 反對為其接種以下疫苗 : 《 <i>類於遺嘗的位置加上"人"</i> 》
□ 2024/2025 季度季節性流感疫苗
□ 十五價肺炎球菌結合疫苗
□ 二十三價肺炎球菌多醣疫苗
本人亦明白如沒有接種疫苗,會增加院友感染季節性流感或肺炎球菌疫苗後 <mark>罹患</mark> 重症 或死亡的風險,亦有可能為其他院友、院舍員工和整體院舍運作帶來風險。
本人明白我須在院舍發出通知書後十四天內交回此回條,否則醫生會如常按醫療判 斷,在認為合適接種疫苗的情況下,為院友進行接種。
院友*父母/監護人/家屬簽名 : 院友*父母/監護人/家屬姓名 : 聯絡電話 : 日期 :
*請刪去不適用者



「父母/監護人/家屬可透過與院舍慣常的環通方式(例如親自交付、短訊、郵寄、傳真或運動等)過交回條。



Arrangements for RVP 2024/25

	2024/25
1. Vaccination records checking & claims submission	 VMOs have <u>2 options to choose:</u> By individual vaccine recipient; OR By Excel batch upload
2. Vaccine ordering	VMOs to submit vaccine order form to Vaccination Division via fax
3. Vaccination equipment	Institutions will support the preparation of vaccination equipment on vaccination day
4. Infection control	Infection control practice must be complied by all personnel
5. Clinical waste management	Arranged by VMOs, with assistance from Institutions and supported by DH





RCHs/RCCCs/DIs

 Submit completed consent forms (if indicated) and list of consented residents to VMOs at least 25 working days before the vaccination

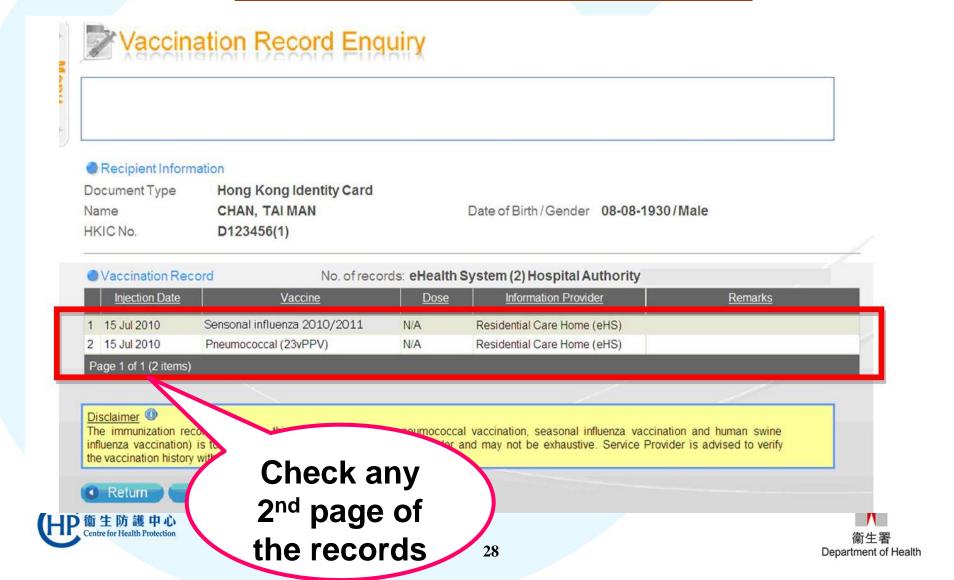
VMOs

- Verify past vaccination history & eligibility for all recipients through eHS(S) by:
 - ✓ Individual vaccine recipient; OR
 - Excel batch upload





By individual vaccine recipient



By Excel batch upload

20 working days before vaccination

Submit consent lists in Excel format to DH via email

Download **First Report** on eHS(S) to check vaccination records

Rectify invalid accounts for recipients

Input vaccination date for the batch

10 working days before vaccination

Submit vaccine order to DH via fax

Confirm batches

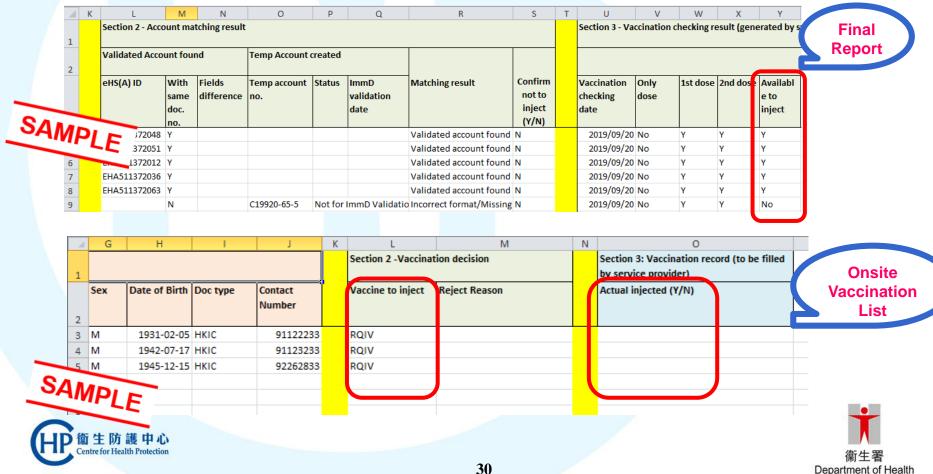


Check Final Report and other documents



By Excel batch upload

Bring the Final Report & Onsite Vaccination List to the vaccination activity



2. Vaccine ordering

- Liaise with RCHs/RCCcs/DIs to confirm:
 - Vaccination dates of SIV & PV
 - Vaccine delivery date, time and designated staff to receive vaccines
 - No. of remaining dose(s) of SIV & PV (if any) in RCHs/RCCCs/DIs & ensure they are stored properly and not expired
 - The place and fridge for proper vaccine storage with continuous temperature monitoring

Ensure cold chain is maintained at 2-8 °C





2. Vaccine Ordering

Vaccine ordering

Fill in the vaccine order form based on the <u>number of remaining doses &</u> results from vaccination record checking on eHS(S)

		季節性流感疫苗	肺炎球菌疫苗		
Vaccine		学即任心默短田	15 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗	
order form	申請疫苗數目:	<u> </u>	震貳 <u></u> 針 (C) (C)=(C2)	震訂 針 (D) (D)=(D2-K1)	
(丙部)	* 庫存疫苗數目: (即過往年度 <u>剩餘未過期</u> 的 肺炎球菌疫苗)	不適用	不適用	已有 針 (K1)	

- > Submit form to DH at least 10 working days before vaccination
- Contact DH if VMO cannot receive <u>order confirmation</u> 3 working days after <u>order submission</u>







🕀 衛生署 🏌 2024/25 院舍防疫注射計劃 疫苗申請表格 (安老院舎)

MYTY4	<i>6</i> —
加利亚	汞 亅

訂針

備註:	ı.	主於打房改善及完於医坐司時,假於整理日於於秦少 <u>19 個工作思用為</u> 其故核並稱其至主要。[海其數碼:2713 6916), B國政民 醫至紅於稱其主故核循 國工作天內尼未次配序最初打足被領理的, 經過程 1975 4414 國本存取后的終 。
		優工作天內仍未次到海裏物質開始認理的,經 經歷 2015 4474 與本田職后辦修。

- 高級金属器主的實法於中國政治的、確認施定/和自是否符合技術是書類理查明性效應/利託明显成立。 高級金属器主用物能的法会的負責人員類以政治:並無手確認則也有合理的事理所提及並,與確定所提及的事理無作正常,審理方的违其必須另外在經 長之,其三十分。另一
- · 建金经供比较物上需要保实的资料,是**测验品者**全合被视为已被受「除合物或注射計劃」的複數形模件,有關設計劃的模數形模件以及的表合值時更新,

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甲部 安老院舍資料				
院舍名稱:				
院會編號:	院友練人數:	職員總人	数:	
院舍現時使用雪櫃類型:	□ 啓使用書程 □ 家用無需書程 (次数 □ 小型関語書類 (语音書程) (次格和冷器格	(如冷艇格分間) 口 異既處用無瑕 (在同一冷艇室内)	雪極 (共有冷観格)	
乙部 已同意接種疫苗的		·		
		肺炎球	雄疫苗	
	季節性流威疫苗	15 價肺炎球菌 結合疫苗	23 價肺炎球菌 多醣疫苗	
已同意接種的 <u>院友</u> 人數	(A1):	(C2):	(D2):	
已同意接種的艦員人數: (A2):				
合共	(A): (A)=(A1+A2)	21.200/D		
 已接種 13 個肺炎球菌 已接種 23 個肺炎球菌 	球菌雀苗的院友,國 先總理 15 但許炎球菌結 (結合經苗) 15 但辨此球菌結合經苗的院友, 19 新經苗的院友,應於 總理海,年後才 設理 (國多群經苗之 13 但許炎球菌結合經苗/15 但	態於 抱煙港_一年後才 接種 23 個時3 15 個時炎球菌结合疫苗 -		
丙部 訂單及送貨資料	<u> 控苗資源賃責・鎖珍惜・勿浪費・</u>			
	季節性流感疫苗	肺炎球症 15 煙肺炎球菌結合疫苗		
申請疫苗數目:	新工 <u></u> 針 (A)	無缸 針 (C) (C)=(C2)	無訂 (D) (D)=(D2-K1)	
* 庫存疫苗數目: (即過往年度 <u>剩餘未過節</u> 的 肺炎球菌疫苗)	不適用	不適用	已有 針 (K1)	
接種疫苗的日期:	年 月 日 特先與院合確定接種日期, 高麗意 鄉絡 在苗派坐時間為當日上午十時至下午一			
送貨地址: (該用中文填寫及註明送針總層)				
负载接收疫苗的院全载员维名:		接收疫苗或其就络管話:		
丁部 到診註冊醫生 (VMO) 資料				
VMO 姓名:	VMO 註冊編號:	M		
VMO 就給包括:	VMO 傳真發傳:	VMO 簽署	:	





3. Vaccination Equipment

- Liaise with RCHs/RCCCs/DIs to prepare vaccination equipment
- Pay attention to the expiry date of the equipment & medication
- Emergency equipment & medication must be ready in the vaccination venue

	Prepared by VMOs	Prepared by Institutions
1. Equipment	Emergency Equipment	 Sharps boxes Dry sterile gauzes/non- woven balls Alcohol pads 70-80% alcohol-based hand-rub solution Kidney dishes / containers Vaccines
2. Forms & Documents	 Signed consent forms (if indicated) Batch upload: Final report and Vaccination list Individual vaccine recipient: Consent list 	Vaccination cards (including old records if available)
3. Stationery	 Clinic / doctor's name chops (for vaccination card) Organization / clinic stamp (for clinical waste collection) 	 Date chops Pens Institution stamp (for clinical waste collection)

3. Vaccination Equipment

Sample of Emergency equipment & medication



Written protocol for emergency management

Bag Valve Mask Set (with appropriate mask size)
Adrenaline auto injector/
Adrenaline (1:1000 dilution) for IM injection with appropriate syringes and needles (at least 3 1ml syringes with 25-32mm length needles)

Blood pressure monitor (with appropriate cuff size)



4. Infection Control

Infection control practice must be complied by all personnel

- Wear surgical masks
- Proper hand hygiene
- Maintain social distancing
- Clean and disinfect vaccination area with 1 in 49 diluted household bleach





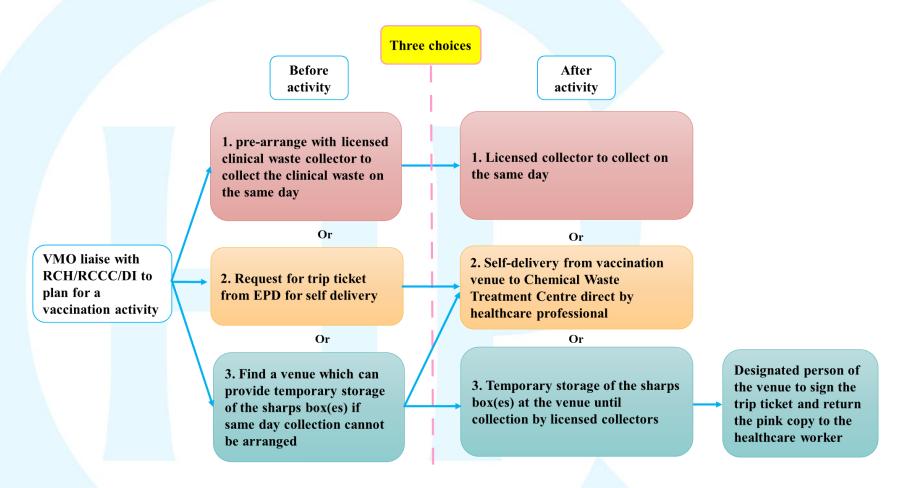
4. Infection Control

For more details about infection control guidelines and social distancing measures, please refer to:

- Guidelines on Prevention of Communicable Diseases in Residential Care Home for the Elderly (Last update: June 2023):
 - Full text:
 https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_rche_eng.pdf
 - Supplementary sheet:
 https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_rche_supplementary_sheet_eng.pdf
- Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities (Last update: April 2023):
 - https://www.chp.gov.hk/files/pdf/guideline_prevention_of_communica ble_diseases_rchd.pdf





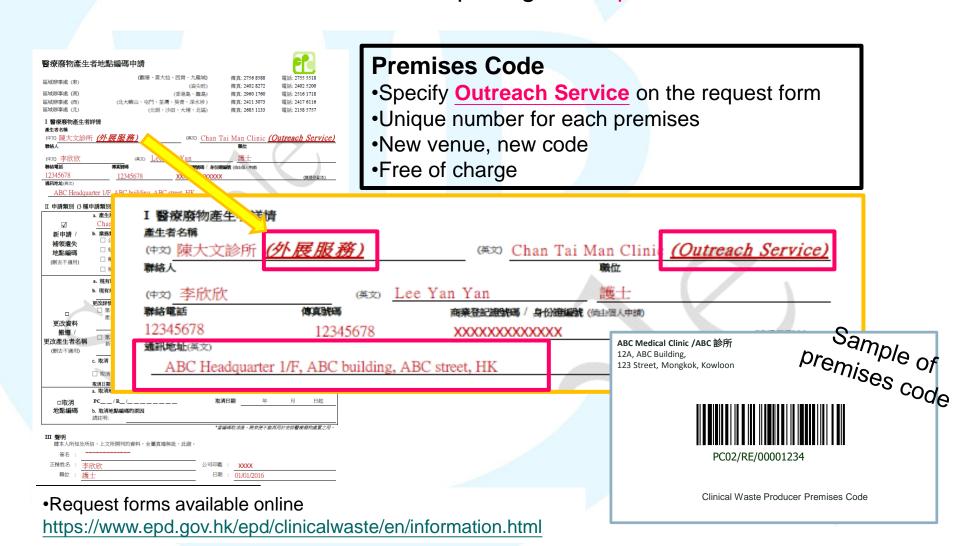


**If necessary, VMOs may liaise with RCHs/RCCCs/DIs to assist in clinical waste disposal in their names for VMOs



Department of Health

- Obtain a Clinical Waste Producer Premises Code from EPD
- Premises code is needed for completing the Trip Ticket



Trip ticket

- Same day collection by licensed collector's service → prepared by collectors
- Self-delivery to Chemical Waste
 Treatment Centre → obtain blank
 trip ticket from EPD by VMOs in advance¹
- Institutions to assist disposal in their names → VMOs should obtain certified true copy of the trip ticket from institution after disposal

Sample of clinical waste trip ticket:





¹Request form for trip tickets:

- VMOs may liaise with RCHs/RCCCs/DIs to assist in clinical waste disposal in their names for VMOs
- If VMOs still encounter difficulties in clinical waste disposal, they may seek assistance from DH

To: Programme Management and Vaccination Division, Centre for Health Protection SAMPLE Fax no.: 2713 6916 Clinical Waste Collection Service under Residential Care Home Vaccination Programme (RVP) 2024/25 I hereby request for clinical waste collection service for the following Residential Care Home(s) Designated Institution(s) serving persons with intellectual disability / Residential Child Care Centre(s). Code of RCH1 Total Weight Quantity of Name of RCH1 / PID2/ RCCC3 PID2/RCCC3 Sharp Box(es) (kg) Example: AB1234 0.5 ABC Elderly Home RCH - Residential Care Home(s) ²PID - Designated Institution(s) serving Persons with Intellectual Disabilit 3 RCCC -Residential Child Care Centre(s) Signature of Visiting Medical Officer: Name of Visiting Medical Officer: Date: (Please submit this request form by 31 May 2025.)





- For more information, please refer to:
 - EPD's Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers)
 - (www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf)
 - RVP Doctors' Guide
 - Information Sheet and FAQ about Clinical Waste Management in CHP website (www.chp.gov.hk/files/pdf/rvp_infosheet_clinicalwaste.pdf)

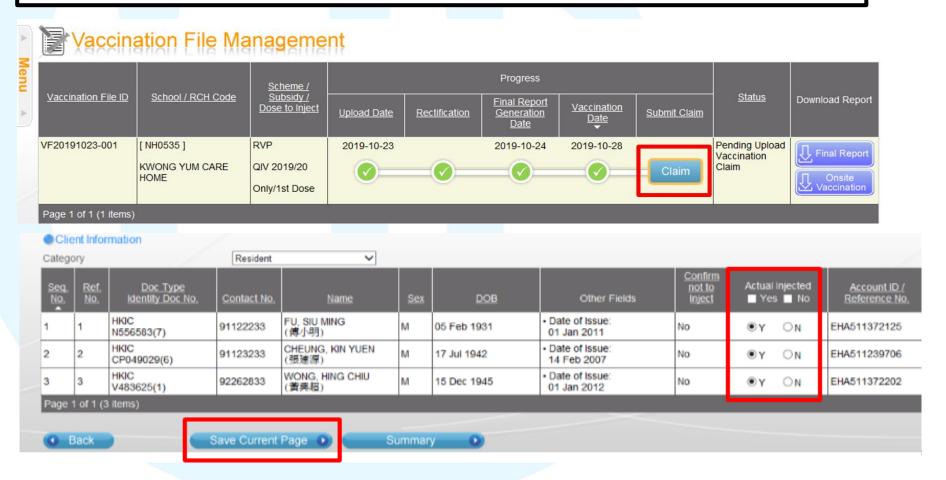




6. Claims Submission

It is recommended to update the vaccination record immediately.

By Excel Batch Upload: create claims by batch



6. Claims Submission

It is recommended to update the vaccination record immediately.

By individual vaccine recipient: create claims by individual



Department of Health

eHS(S) updates

From PCV13 To PCV15	Resident	
	QIV-R	N/A
	23vPPV	N/A
	PCV15	N/A
		Health Care Worker
	QIV-HCW	N/A
	MMR	N/A
	Persons with Intellectual Disability (or related)	
	QIV-PID	N/A
	COVID-19 Vaccination	
	COVID-19	\$0
	COVID-19 (2nd)	\$0
	COVID-19 (<60)	\$0
	COVID-19 (>=60)	\$0

The subsidy name of existing PCV13 at eHS(S) will be updated.





Points to Note





Points to Note

- VMOs providing the vaccination service must be enrolled in RVP
- If there is change of VMOs after vaccine ordering, please notify DH as soon as possible
- VMOs should be present and oversee the whole vaccination process. If VMOs cannot be present, the health team administrating vaccination at RCHs/RCCCs/DIs can be comprised of at least one Registered Nurse with emergency training, such as basic life support, who is supported by an adequate number of trained personnel for vaccination, on condition that the pre-vaccination assessment had been duly completed in advance by VMOs and the VMOs is readily accessible in case of queries from the vaccination team on pre-vaccination assessment.

Points to Note

- No extra charge should be imposed on residents / PIDs or staff
- The injection fee should not be shared with RCHs / DIs
- Consent forms (if applicable) should be kept for 7 years
- Inspection to RCHs
 - > To evaluate and improve vaccination procedure and logistics
 - Staff of DH may randomly perform onsite inspection of the services provided





5. Mandatory CME requirement via joining Primary Care Directory





RVP 2024-25

CME / PCD requirement

- All doctors under VSS, i.e. new enrollees and doctors already enrolled, are required to be on PCD before he/she is eligible to enroll or to continue to participate in VSS
- Applicable to RVP, including doctors who are providing seasonal influenza vaccination, pneumococcal vaccination and COVID-19 vaccination
- Please refer the RVP Doctors' Guide (link) and the PCD website (http://www.pcdirectory.gov.hk) for details





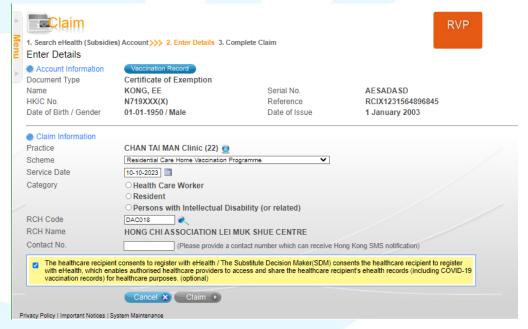
RVP 2024-25



電子健康紀錄互通系統

eHealth (醫健通)

- An opt-out approach to register your clients with eHealth (醫健通) for establishing personal lifelong electronic health record
 - □ To facilitate vaccine recipients to join eHealth, Since 20 October 2023, an "opt out" button was introduced in eHS(S) system since 20 October 2023







Contact us

項目管理及疫苗計劃科

Programme Management and Vaccination Division

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Thank You



