

DOCTORS' GUIDE

For 2024/25

Seasonal Influenza Vaccination

School Outreach

(Free of Charge)

Programme

(SIVSOP)

For

Secondary and Primary School

and Kindergarten/Child Care

Centre

Doctors' Guide for 2024/25 SIVSOP

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DISCLAIMER

This Guide is for doctors joining the 2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of charge) Programme (SIVSOP) for Secondary School Outreach, Primary School Outreach and/or Kindergarten/Child Care Centre (KG/CCC) Outreach. It serves as a supplement to the **Vaccination Subsidy Scheme (VSS) Doctors' Guide** (<https://www.chp.gov.hk/en/features/45838.html>). It highlights the roles and responsibilities of the doctors and areas that he/she should note when offering outreach vaccination services to secondary school, primary school and KG/CCC children under the SIVSOP. Please also refer to the VSS Doctors' Guide for information about seasonal influenza vaccine (SIV), vaccine storage and cold chain maintenance, and management of adverse events following immunization, as well as the general requirement and logistics under VSS. Doctors participating in the SIVSOP are required to read and follow **both guides** when providing outreach vaccination activities and updated guidance from Department of Health (DH) from time to time.

This Guide serves as a living document for doctors' reference. The latest version of this Guide is available on the webpage https://www.chp.gov.hk/files/pdf/ppp_doctorsguide.pdf. We welcome doctors' questions, comments or feedback on this 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 DH via email sivop@dh.gov.hk.

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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/ppp_doctorsguide.pdf

Doctors' Guide for 2024/25 SIVSOP

1. INTRODUCTION

The Government launched the School Outreach Vaccination Pilot Programme in 2018/19 to promote SIV uptake in primary school children. In 2019/20, the DH regularised school-based SIV outreach to cover interested primary schools and expanded to KG/CCCs as a pilot programme. The responses from the participating doctors, schools and parents are all encouraging, and Primary School Outreach and KG/CCC Outreach were regularised in 2019/20 and 2020/21 respectively.

In 2024/25, SIVSOP will continue to provide SIV outreach services for Secondary Schools, Primary Schools and KG/CCCs. All students in the participating schools will be eligible to receive free SIV, irrespective of their HK resident status.

Secondary and Primary School Outreach

Under the Secondary and Primary School Outreach, the DH will be responsible for purchasing SIV. An Injectable Influenza vaccine (IIV) will be provided. **Participating doctors (Public-Private-Partnership doctors, PPP doctors) should not use their own SIV, even if they are of the same type, brand and Lot number.** PPP doctors will arrange the vaccination date for the 1st and 2nd dose¹ with schools, provide the vaccination and handle the clinical waste. Vaccination activities must be arranged during school hours, i.e. Monday-Friday, 8 am-3 pm. Concerning vaccine delivery, the first dose SIV will be delivered by the DH; while for the second dose, PPP doctors can choose delivery by the DH or self-delivery to schools, before which the vaccines will be delivered to PPP doctors' clinics in limited trips (by vaccine distributor to the clinics Monday to Friday).

PPP doctors are required to provide the second dose of SIV at schools at least 4 weeks after the first dose for those students under 9 years of age who have never received SIV before. It is expected that the first dose should be given within two vaccination days and the second dose should be given within one vaccination day.

KG/CCC Outreach

¹ Children under 9 years of age who have never received any SIV before are recommended to receive 2 doses of SIV. Children below 9 years of age who have received at least one dose of SIV before are recommended to receive one dose of SIV. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

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Since 2021/22, the Government has extended the vaccine procurement to KG/CCC Outreach. In 2024/25 season, KC/CCC can opt for providing both the IIV and the live-attenuated influenza vaccine (LAIV) during SIVSOP outreach activities (“Hybrid mode”). The required type of vaccines will be provided till stock allows, taking into consideration of school preference. **Participating doctors (PPP doctors) should not use their own SIV, even if they are of the same type, brand and Lot number.** PPP doctors will arrange the vaccination date for the 1st and 2nd dose with schools, provide the vaccination and handle the clinical waste. Vaccination activities must be arranged from Monday to Friday, 9am-3pm, or Saturday 9am -11am. Concerning vaccine delivery, the first dose SIV will be delivered by the DH; while for the second dose, PPP doctors can choose delivery by the DH or self-delivery to schools, before which the vaccines will be delivered to PPP doctors' clinics in limited trips (by vaccine distributor to the clinics Monday to Friday).

PPP doctors are required to provide the second dose of SIV at schools at least 4 weeks after the first dose for those students under 9 years of age who have never received SIV before. It is expected that the first dose should be given within one vaccination day and the second dose should be given on another vaccination day.

Reimbursement level in 2024/25

In 2024/25, participating PPP doctors will be given HKD\$105 as an injection fee for each dose of SIV given to Secondary, Primary School and KG/CCC students for the outreach vaccination. They are not permitted to charge extra service fees from schools/ parents.

Schedule

The programme will be launched around late September to early October 2024. The official launch date will be announced in due course.

Joining Criteria

For any doctors who newly apply or apply for continuous enrolment in SIVSOP, he/she is required to be enrolled in “Vaccination Subsidy Scheme” (VSS) (<https://www.chp.gov.hk/en/features/45858.html>) before he/she is eligible to enrol in SIVSOP. To join VSS, the participating doctors are required to be in the Primary Care Directory (PCD) (<https://apps.pcdirectory.gov.hk/SP/Main/Main.aspx>). Please visit the PCD website (https://www.pcdirectory.gov.hk/main/home_page.html?lang=0) for details of enrolment in PCD and the requirements of maintaining in PCD.

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

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/healthcare provider 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 SIV School Outreach (Free of charge) Programme** (https://www.chp.gov.hk/files/pdf/appendix_ji_vss_supplementary_agreement.pdf), **VSS Doctors' Guide** (<https://www.chp.gov.hk/en/features/45838.html>) as well as **Doctors' Guide for Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme** (https://www.chp.gov.hk/files/pdf/ppp_doctorsguide.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 the DH, CHP and VSS without prior permission of the DH on any materials issued by the participating doctors is **prohibited**.

Regarding delegation of medical duties to staffs, 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 SIVSOP, vaccines provided are the property of the DH. The doctor may be liable to costs related to broken or missing vaccines and the DH reserves the right to demand the doctor for payment due to vaccine breakage or missing vaccines.

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The following sections will describe the roles and responsibilities of the doctors when organising outreach vaccination activities. The DH may perform a random onsite inspection of the services provided (please see **Appendix 8.2** for a checklist of items during onsite inspection).

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2.1 Timeline for Preparation by Medical Organisations

(Please note that second dose vaccination activity is not applicable to Secondary School outreach.)

| Date (For Reference) | Tasks |
|--------------------------------------|--|
| July 2024 | <ul style="list-style-type: none"> - Announcement of Self-selection and the DH-matching results |
| 28 July 2024 | <ul style="list-style-type: none"> - Deadline to send <i>Booking of Time Slot for Outreach Vaccination Activity</i> (Appendix 8.3, 8.4) to PMVD |
| August 2024 | <ul style="list-style-type: none"> - Download and study Doctors' Guide for SIVSOP (https://www.chp.gov.hk/files/pdf/ppp_doctorsguide.pdf) for 2024/25 and VSS Doctors' 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</i> (Appendix 8.1) - Obtain a Clinical Waste Producer Premises Code for outreach services from the Environmental Protection Department (EPD) if you do not have one. |
| Around end of August 2024 | <ul style="list-style-type: none"> - Receive from PMVD the following documents to bring to vaccination activity: <ol style="list-style-type: none"> i. <i>Seasonal Influenza Vaccination Card</i> (unfilled) [Appendix 8.11] ii. <i>Information on Side Effects</i> (unfilled) [Appendix 8.12] iii. <i>Information on Side Effects and 2nd dose Arrangement</i> (unfilled) [Appendix 8.13] iv. <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (unfilled) [Appendix 8.20, 8.21] - Attend briefing about vaccine delivery logistics (if any) |
| Late September to early October 2024 | <ul style="list-style-type: none"> - Launch of the SIVSOP |

| Timeline (For Reference Only) | Tasks |
|--|--|
| Preferably eight weeks before vaccination day | <ul style="list-style-type: none"> - Remind school to distribute <i>Consent Forms – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme (Appendix 8.8-8.9)</i> to parents |
| Preferably six weeks before vaccination day | <ul style="list-style-type: none"> - Collect signed <i>Consent Forms – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme (Appendix 8.8-8.9)</i> from schools and sign the <i>Consent Form Receipt Note (Appendix 8.10)</i>. Check with the school and send a copy to PMVD |
| At least four weeks before vaccination day | <ul style="list-style-type: none"> - Provide password-protected Excel table with names of consented students (<i>Consented Student List (Appendix 8.7)</i>) to PMVD via a designated email account - Download First Report on eHS(S) after the upload is complete (within 1 week) - Cross check information on consent forms with results from eHS(S) - Rectify the uploaded <i>Consented Student List</i> directly on eHS(S) if there is any misinformation; contact parents if there are any discrepancies - Check whether children aged less than 9 years need a second dose - Submit documentary proof to PMVD for amendment of document type and/or document number - Double-check the date of vaccination activity on eHS(S) is correct - Estimate the quantity of vaccines required |
| At least two weeks before vaccination day | <ul style="list-style-type: none"> - 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 - Liaise with schools to arrange temporary storage of clinical waste at the school until collection or delivery of clinical waste if the waste could not be arranged to be collected or delivered on the vaccination day. - Submit the <i>Vaccine Ordering Form- DH delivery (Appendix 8.14)</i>, or <i>Vaccine Ordering Form- Clinic delivery (Appendix 8.15)</i> to PMVD to request vaccine quantity, preferred delivery time and time for unused vaccine and cold box collection |

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| Timeline (For Reference Only) | Tasks |
|--|--|
| Within three days after submission of <i>Vaccine Ordering and Unused Vaccine Collection Form</i> | <ul style="list-style-type: none"> - PMVD will send a <i>Confirmation Notice</i> to doctors confirming the arrangement of vaccine delivery, unused vaccine and cold box collection arrangement / vaccines to clinics order |
| At least one week before vaccination day | <ul style="list-style-type: none"> - Issue a list of students requiring vaccination to teachers - Revise the vaccine order form and send to PMVD as soon as possible if the number of students are different - Remind schools to distribute <i>Notice to Parents on Seasonal Influenza Vaccination (Appendix 8.5-8.6)</i> and for children to bring old SIV <i>Vaccination Cards</i>, if any |
| Three working days before vaccination activity | <ul style="list-style-type: none"> - <i>Final Report</i> and <i>On-site Vaccination List</i> will be generated on eHS(S) for vaccination eligibilities - Generate a list of students requiring 2nd dose vaccination to pass to schools on the day of vaccination |
| On the day of 1 st dose vaccination activity | <ul style="list-style-type: none"> - Bring the <i>List of Items to Bring to Venue on the Vaccination Day (Appendix 8.1)</i> to the vaccination venue - Receive vaccines at school from vaccine distributor and sign the <i>Vaccine Delivery Note</i> (submit to PMVD on the vaccination day or the following day) - Conduct vaccination activity - Issue and fill in <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21)</i> to students via teachers - Issue a list of students requiring 2nd dose vaccination to teachers - If temporary storage of clinical waste at school is required, sign two copies of the <i>Clinical Waste Temporary Storage Handover Form (Appendix 8.19)</i>; keep one copy and surrender one copy for the schools' record - Complete and sign two copies of the <i>Vaccine Usage Form – DH delivery (Appendix 8.16)</i> and <i>Vaccine Defect Report Form (Appendix 8.24)</i> if applicable; surrender one copy to vaccine distributor on the collection and fax the other copy to PMVD on the vaccination day or the following day |

| Timeline (For Reference Only) | Tasks |
|---|---|
| Within seven days after vaccination activity | <ul style="list-style-type: none"> - Update the <i>Consented Student List</i> (Appendix 8.7) and submit claims to eHS(S) by batch upload - Claims should be submitted within 7 CALENDAR days (the vaccination day is Day 1). Claim requests made after 7 days may not be considered. |
| Within two weeks after vaccination activity | <ul style="list-style-type: none"> - Temporarily stored clinical waste for first dose activity to be collected by a licensed clinical waste collector or to be delivered by a healthcare professional to CWTC. |
| At least four weeks before the second dose vaccination activity | <ul style="list-style-type: none"> - Start preparation for the second dose vaccination activity - Similar to the first dose vaccination and please refer to 6.4 for additional points to note for 2nd dose activities |
| Before the second dose vaccination day | <ul style="list-style-type: none"> - Receive confirmation from PMVD on the vaccine delivery |
| On the day of the 2 nd dose vaccination activity | <ul style="list-style-type: none"> - Similar to the first dose vaccination - Complete Vaccine Usage Form – Self delivery (Appendix 8.17); and fax the other copy to PMVD on the vaccination day or the following day - |
| Within two weeks after the second dose | <ul style="list-style-type: none"> - 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).
- For KG/CCC Outreach, PPP doctors joined through *School Self-selection of Doctors* should communicate early with each of the schools about the type of SIV to be used (IIV and/or LAIV).
- “Hybrid mode” (providing both IIV and LAIV during outreach activities) could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively).

3.1 Liaison with schools and Date of vaccination activity

- Self-selection and the DH-matching results with the school list is announced by the DH in July 2024.
- Liaise early with each of the schools to **fix the date** and venue for vaccination. **Available dates are subject to the logistics arrangement of the DH.**
- The outreach activity should be completed before the arrival of the winter flu season, i.e. **the first dose by December 2024 and the second dose by January 2025.**
 - The first dose vaccination activity should be conducted **between October 2024 and mid of December 2024.** The exact launching date will be announced in due course.
 - The second dose vaccination activity should be conducted **before the end of January 2025.**
 - Since the two doses need to be at least **four weeks apart**, it is recommended **that the vaccination dates of the first and second dose be at least six weeks apart to allow logistic preparation for the second dose (e.g. vaccine ordering).**
- For administration of live-attenuated influenza vaccine (LAIV – nasal spray vaccine), it is recommended to be either on the same day or at least **four weeks apart** from the administration of **another live vaccine**, while the schedule should be **unaffected by** the administration of **another inactivated vaccines**.
- 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**².

² Applicable for primary schools and KG/CCCs only

- ii. Submit the respective *Booking of Time Slot for Outreach Vaccination Activity- Secondary school and Primary school (Appendix 8.3)* or *Booking of Time Slot for Outreach Vaccination Activity-KG/CCC (Appendix 8.4)* **on or before 28 July 2024** (on a first-come-first-served basis) for the outreach vaccination.
 - iii. The Department of Health has the absolute discretion to approve the date of the vaccination activities suggested by the medical organization, and the type of SIV to be used in the KG/CCCs outreach.
 - iv. Please send the *Booking of Time Slot for Outreach vaccination Activity* once confirmed with concerned school(s) via fax or email. 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.
- For **Secondary and Primary School Outreach**, by using the *Booking of Time Slot for Outreach Vaccination Activity - Secondary school and Primary school (Appendix 8.3)* please indicate the preferred vaccine delivery and collection time (**Monday to Friday**).

Primary Schools: Monday to Friday

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

- For **KG/CCC Outreach**, please indicate which **type of vaccine (IIV and/or LAIV)** you would use on *Booking of Time Slot for Outreach Vaccination Activity-KG/CCC (Appendix 8.4)* with the preferred vaccine delivery and collection time (**Monday to Friday, and Saturday morning**).

KG/CCC: Monday to Friday & Saturday (AM).

Monday to Friday

| Delivery Time | Collection Time |
|-----------------------|------------------------|
| From 8:00am to 2:00pm | From 12:00pm to 4:00pm |

Saturday

| Delivery Time | Collection Time |
|------------------------|----------------------|
| From 8:00am to 11:00am | On or before 12:00pm |

- Please see the forms in the attached appendix or downloadable from the CHP website <https://www.chp.gov.hk/tc/features/100675.html>.
- **PMVD will confirm** the booking **within three working days** after submission. Please contact PMVD 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 or fax 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 first and second dose vaccination activity to issue *Notice to Parents on Seasonal Influenza Vaccination*. An example of a school notice can be found in **Appendix 8.5-8.6**.

3.2 Selection of vaccination venue

(Video on venue preparation is available at:

<https://www.youtube.com/watch?v=UecF8eGv8tQ&feature=youtu.be>)

- 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 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 if the clinical waste collection or delivery could not be arranged on the vaccination day. For details of clinical waste management, please refer to **Appendix G of VSS Doctors' Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** (provided by the EPD) (<https://www.chp.gov.hk/en/features/45838.html>).

3.3 Provision of adequate information to vaccine recipients

- *Consent Forms* (**Appendix 8.8-8.9**) will include essential information on SIV so parents/guardians can make an informed choice.

- If requested, liaise with the school to provide students and their parents/ guardians 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 side-effects of vaccination
- The doctor is encouraged to provide health talks to the school and their parents/guardians on SIV 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.
- Student’s participation in the SIVSOP is **strictly voluntary**.
- The doctor **cannot charge an extra service fee** from schools/ parents under the SIVSOP
- The doctor is required to provide contact information to students/parents/guardians to contact them for more information on SIV or for follow up after vaccination.
- The doctor/medical organization should be prepared to handle enquiries from the parents/guardians for issues related to the seasonal influenza vaccination.

3.4 Handling of Consent Forms

3.4.1 Collection of Consent Forms

- PMVD will send the *Consent Forms – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme (Consent Form)* (**Appendix 8.8-8.9**) to secondary schools, primary schools and KG/CCCs **around the end of August 2024**. Remind schools to distribute the *Consent Forms* to students for their parents/guardians to sign in around one to two weeks.
- Please note that a **different** consent form for injectable vaccine was specifically designed to be used in secondary schools. Please refer to **Appendix 8.8**; this consent form for injectable vaccine used in secondary schools (**yellow** consent form) is different from the one used in primary schools or KG/CCCs (**blue** consent form).
- Collect the signed *Consent Forms* from schools preferably **six weeks before** vaccination day. Sign the *Consent Form Receipt Note* (**Appendix 8.10**) 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/guardians**. **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 the DH** containing the details of consented students (*Consented Student List (Appendix 8.7)*) to PMVD via a designated email account, at least **four weeks** before vaccination day.
- 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 Birth Certificate, the data of the Hong Kong Birth Certificate should be entered.
 - ii. If students are not holders of the Hong Kong Birth Certificate, they may put down their information in their Hong Kong Identity Card (HKID) or other Identity Document. It is necessary to enter the **Date of Issue if using the HKID**. It is necessary to attach a copy of the Identity Document if using an Identity Document other than the Hong Kong Birth Certificate and HKID.
 - iii. 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 (if using HKID), Surname, Given Name, and Gender.**
- PMVD will batch upload the *Consented Student List (Appendix 8.7)* to eHS(S) for verification of students' vaccination history through eHS(S).

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 *Consent Forms (Appendix 8.8-8.9)* with the *Consented Student List (Appendix 8.7)* on eHS(S). Rectify if there is any misinformation. For amendment of document type and document number, doctors will need to submit documentary proof to PMVD for updating.
- Issue a list of students requiring vaccination to teachers **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.
- All students attending the participating schools are eligible for free SIV vaccination under SIVSOP. Those under the age of 9 who have never received SIV before are eligible to

receive two doses of SIV in that season.

- Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination and the original vaccine order.
- After the final report becomes available, compile a **list of students requiring the 2nd dose vaccination** to bring on the 1st dose vaccination day. The list is to be **provided to teachers** upon completion of the 1st dose vaccination for their future reference. **Bring the Final Report and On-site Vaccination List** to the schools on the day of vaccination activity.
- The Department of Health reserves the right to upload the seasonal influenza vaccination information to the Electronic Health Record Sharing System (eHRSS) after the vaccination if the parents/guardian of the vaccination recipient agrees to share their vaccination record to the eHRSS.

****** 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 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. ****

3.5 Mode of delivery and Vaccine ordering

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines are “Prescription Drug”. Under Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme, the DH will continue to purchase the vaccines for secondary schools, primary schools and KG/CCC.

3.5.1 Mode of Vaccine Delivery

- **The First dose / Only dose (for Secondary school) vaccines** will be **delivered to schools directly by the DH appointed distributor**, for all Secondary and Primary School Outreach, and KG/CCC Outreach.
- For the **second dose vaccines** (applicable only to Primary School and KG/CCC Outreach), PPP doctors can choose delivery by either:
 - i. **DH delivery:** vaccines will be delivered to the school directly, or
 - ii. **Self-delivery:** Distributor will deliver vaccines to PPP doctors’ clinic first, and then PPP doctor will self-deliver vaccines to the schools on the day of vaccination under

cold chain maintenance. It is recommended to combine the self-delivery vaccine orders for the 2nd dose vaccination activities to increase the flexibility of the vaccination day.

3.5.2 Vaccine ordering

- Obtain the SIV required for vaccination day using the *Consented Student List* on eHS(S).
- Fill in the *Vaccine Ordering Form-DH delivery* (please see sample in **Appendix 8.14** for vaccine delivery to schools; **or** *Vaccine Ordering Form- Clinic Delivery* (please see sample in **Appendix 8.15** for vaccine delivery to clinics (**for Self-delivery**)). Forms are also downloadable at the CHP website (<https://www.chp.gov.hk/en/features/100675.html>).
- Please complete and submit the *Vaccine Ordering Form* **at least two weeks prior to vaccination day** to confirm with PMVD:
 - i. **Type of SIV** (IIV and/or LAIV) for KG/CCC Outreach;
Please note: IIV will be supplied for the Secondary and Primary school outreach
 - ii. **Quantity** of vaccines required (it should be equivalent to the number of consented students deduct the number of students who have already received SIV this season and the number of students with contraindications SIV vaccination, those absent for the 1st dose vaccination (for the 2nd dose vaccine order));
 - iii. The 2nd dose vaccine order should be placed after the 1st dose vaccination completion
 - iv. Special points for DH-delivery (Appendix 8.14):
 - provide the **contact person** from the vaccination team and **contact number(s)** on the vaccination day for receiving the vaccines.
 - indicate the preferred vaccine **delivery time** and the **expected collection time** of unused vaccine/ equipment **according to the specified timeslot on the booking form** (Appendix 8.3 for Secondary School and Primary School and Appendix 8.4 for KGCCC).
 - v. Special points for Self-delivery (Appendix 8.15):
 - provide the **contact person, contact number(s)** and the **clinic address**
 - **vaccination details** of each school
 - combine the 2nd dose vaccine orders
 - deduct the number of doses remaining from the previous vaccination under cold chain management to minimize the wastage
 - ensure adequate time and storage space for the vaccine delivery that the vaccines will be sent to designated clinic within **5 working days** after the DH confirmation.
- **Ad hoc vaccination** for students who consented after submission of *Vaccine Ordering*

Form (Appendix 8.14 or 8.15) should not be entertained. Please advise students to visit any VSS doctors for subsidised vaccination.

- Reconfirm the number of students requiring vaccination and inform PMVD asap 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 SIV and delivery arrangement **within three working days** after submission of the *Vaccine Ordering Form (Appendix 8.14 or 8.15)*. Please contact PMVD if you do not receive a Confirmation Notice from PMVD **after three working days**.

3.6 Vaccine Receipt and Storage (for PPP doctors who have chosen Self-delivery of 2nd dose to schools)

- For information: All doctors enrolled in the SIVSOP have to be enrolled in VSS first. All VSS doctors have to be equipped with a Purpose-built vaccine refrigerator (PBVR).
- Please make sure your enrolled practice(s) have a PBVR with adequate space for vaccine storage, proper vaccine storage fridge condition, manpower and equipment and cold chain management for self-delivery of the vaccines. 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).
- Vaccines must only be received by the designated staff. When receiving the vaccines, staff must check whether the seal is intact and whether the cold chain is maintained before signing the delivery note provided by the vaccine distributor. Reject the vaccines if temperature excursion occurred during their delivery.
- The staff should check against the order for **vaccine type, brand and quantity**. In addition, the staff should also check the lot number and **expiry date** of the vaccine delivered. Report to PMVD in case of discrepancies, leakage or damages as soon as possible.
- Designated staff are required to record the date, time, and delivered vaccine temperature on the *Vaccine Delivery Note*; sign and then chop with the company/clinic stamp after confirmation of the above..
- Provided that the cold chain is maintained, vaccines with the earlier expiry date should be used first.

3.7 Preparation for Clinical Waste Collection and Delivery

(Video on clinical waste management is available at:

<https://www.youtube.com/watch?v=gbphrC3DsG8&feature=youtu.be>)

- Regulation of clinical waste is under the purview of EPD.
- PMVD would notify EPD of the time and venue of the vaccination activity. EPD may conduct random checks on outreach activity for compliance with the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation) in regards to clinical waste management.
- Doctor shall Inform the school of the arrangement of clinical waste disposal.
 - i. Secondary School Outreach: clinical waste to be collected **within 2 weeks after the vaccination activity**
 - ii. Primary School Outreach: clinical waste to be collected **within 2 weeks after each of the 1st and 2nd dose activity**
 - iii. KG/CCC Outreach: clinical waste to be collected **within 2 weeks after the 2nd dose activity.**
- For details of clinical waste management of outreach vaccination services, please refer to **Appendix G of VSS Doctors' Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** (provided by the EPD) (<https://www.chp.gov.hk/en/features/45838.html>).

3.8 Preparation of emergency situation

(Video on the preparation of emergency equipment is available at:

<https://www.youtube.com/watch?v=It3tMplmTVk&feature=youtu.be>)

- Ensure all the emergency equipment with age-appropriate parts for vaccine recipients in the emergency kit (e.g. **Bag Valve Mask, blood pressure monitor, and syringes & needles** suitable for IMI adrenaline administration) is sufficient, and vaccines and emergency drugs (e.g. **adrenaline** ampoule (1:1000) or **adrenaline auto-injector**) are registered in Hong Kong and are **not expired**. (please refer to **Appendix 8.1**)
- Keep written protocol and training material for reference.
- Arrange qualified personnel, who are **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The PPP doctor is highly preferred to be present at the venue during the vaccination activity, and should be personally and physically reachable in case of emergency. The PPP

doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis. Please refer to Chapter 5 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation**

(https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5).

Photo 1: Examples of essential equipment for an emergency at outreach vaccination activity



4. ON THE DAY OF VACCINATION ACTIVITY

4.1 Professional staffing

- Vaccine administration is a medical procedure that carries risks. The DH recommends that the **doctor should be present at the venue** during the vaccination activity, and he/she should be **personally and physically reachable** in case of an emergency.
- For the safety of vaccine recipients, vaccination should be administered by qualified healthcare professionals or trained personnel under personal supervision.
- The doctor should:
 - Arrange a sufficient number of **qualified/ trained healthcare personnel** to provide service, medical support and assess recipients’ suitability to receive the vaccination.
 - Arrange **at least one** qualified personnel **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The doctor/ his qualified personnel should keep **training up-to-date** and under regular review.
 - Exercise effective supervision over the trained personnel who cover his duty.
 - Retain personal responsibility for the vaccination activity and treatment of vaccine recipients. Please note that **improper delegation of medical duties to non-qualified persons** transgresses accepted codes of professional ethical behavior which may lead to **disciplinary action by the Medical Council**. Please refer to Part II E21 “Covering or improper delegation of medical duties to non-qualified persons” of the **Code of Professional Conduct**.
 - Ensure there are adequate trainings/ briefings to:
 - All personnel including the logistics of vaccination activities, infection control practice and safety concerns before the vaccination activity starts.
 - Relevant staffs on the terms of services and they all understand their responsibilities.
- Suggested manpower for reference:

| Secondary/Primary school (6 classes in a grade) | KG/CCC |
|---|---|
| Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training | Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training |
| 6 injection staff for secondary/primary schools with 6 classes in a grade | Injection staff should, if necessary, ask for assistance from an assistant for proper positioning of the child |

- The doctor and attending staff should study the **VSS Doctors’ Guide**

(<https://www.chp.gov.hk/en/features/45838.html>) and this supplementary guide before the vaccination activity.

4.2 List of items to bring and Vaccination equipment

- The doctor is required to bring items such as the *Consented Student List* (**Appendix 8.7**), *Consent Forms* (**Appendix 8.8-8.9**), and vaccination equipment, etc. to the venue on the vaccination day. Please refer to **Appendix 8.1** *List of Items to Bring to Venue on the Vaccination Day* for reference. In addition, doctors will receive from PMVD the following documents to be brought to the venue for completion on vaccination day:
 - *Seasonal Influenza Vaccination Cards* (unfilled) [**Appendix 8.11**];
 - *Information on Side Effects* (unfilled) [**Appendix 8.12**];
 - *Information on Side Effects And 2nd dose Arrangement* (unfilled) [**Appendix 8.13**];
 - *Notification to Parents – SIV Has Not Been Given* (unfilled) [**Appendix 8.20, 8.21**].
- 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 gauze/ non-woven ball 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/doc03.pdf>);
 - emergency equipment (Please see 3.8 & 4.12 for details); and
 - other accessories and stationery as indicated.



Photo 2: Examples of vaccination equipment at outreach vaccination activity

4.3 Infection control measures

4.3.1. General Principals

- 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.
- 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 this Guide and may be updated from time to time.

4.3.2. 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 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 new clean gauze/ non-woven ball for post-vaccination compression of the injection site.

4.4 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.

4.5 Vaccine Delivery

4.5.1. Vaccine delivered by the DH to Schools

(Video concerning procedures for receiving vaccines is available at:

<https://www.youtube.com/watch?v=O8TIBUCUgN4&feature=youtu.be>)

- 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).
- When receiving the vaccines, designated 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 **vaccine type, 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 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 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.
- Please note all unused vaccines (packing box opened and not opened) should be returned to vaccine distributor.

4.5.2. Self-Delivery by PPP doctors (for PPP doctors who have chosen Self-delivery of 2nd dose to schools)

(Video concerning cold box packing is available at:

<https://www.youtube.com/watch?v=8k8m9Ar7fiY&feature=youtu.be>)

- Delivery of SIV to schools on the day of vaccination activity: Tested Cold box should be used to store the vaccines temporarily for self-delivery of SIV to schools for vaccination activities. Vaccine temperature should be continuously monitored using a

temperature data logger/ digital maximum-minimum thermometer during vaccine transport (to and from the venue) and temporary storage at the venue and until return the vaccines to the clinic.

- The whole setup, i.e. cold box(es) with conditioned ice packs and insulating materials, should be **tested** for storage time and temperature stability in the cold chain before it is used for outreach vaccinations.
- Please refer to Section 6.4 and 6.6 in Chapter 6 of the VSS Doctors' Guide for requirements and recommendations on vaccine delivery, receipt, storage and handling, under non-clinic settings. Available at <https://www.chp.gov.hk/en/features/45838.html>
- Only the required type, brand and quantity of vaccine procured by the Government should be transported to the event.
- Unused vaccines under continuous cold chain management should be properly returned to the vaccine-storing refrigerator in the doctor's clinic/ medical organisation as soon as possible. The returned vaccines could be used for the coming school outreach vaccination activities provided the type and brand are the same and cold chain is maintained.
- Vaccines with the earlier expiry date should be used first.
- The PPP doctor will be asked to explain if the wastage rate (damaged vaccines and unused vaccines) is considered too high (usually not more than 5%).
- The vaccines are the Government Property and are provided to the doctors solely for vaccination to eligible recipients (students). Unused/ surplus vaccines under cold chain should be properly stored in the PBVR in the clinics /practices after each outreach. For the unused/ surplus vaccines exposed to room temperature, the vaccines should be stored in the locked cabinet in the clinic/practice after the vaccination event(s). **PPP doctors must return all unused/ surplus vaccines (whether or not exposed to room temperature) at the end of the programme.** PPP doctors shall not use the remaining SIV for purposes other than SIVSOP.
- The DH reserves the right to demand the doctor for payment of vaccine costs due to vaccine breakage or loss.
- Any cold chain breach of vaccines, should refer to section 4.6 below.

4.6 Management of cold chain breach in clinic

- The cold chain breach may render the vaccines ineffective. In case of temperature excursion, i.e. if vaccines have been exposed to temperatures outside the recommended range (within 2-8 °C), take appropriate actions, including:
 - Immediately isolate the affected vaccines and label "Do NOT use".
 - Record the range, date and duration of temperature breach. Report the incident and

consult the PMVD immediately to evaluate the stability/ effectiveness of the exposed vaccines and determine whether the vaccines are still potent. The affected vaccines should not be used and kept in the PBVR until all queries are clarified.

- If the affected vaccines have been administered to any vaccine recipients, the PPP doctor should report it as Clinical Incident to PMVD within the same day. Follow up with the concerned vaccine recipient promptly and assess the need for revaccination.
- Points to note in case of temporary power outages:
 - Check temperature record of the refrigerator before using the vaccines.
 - When the temperature of the refrigerator is found to be outside the recommended range of +2°C to +8°C, the vaccines should remain properly stored in the refrigerator, quarantined and marked “DO NOT USE”.
 - Record the temperature range, date and duration of cold chain breach. Together with other information required, please consult the PMVD (phone number 3975 4844 / 3975 4838) immediately.
 - Vaccines involved should not be administered until notice from the DH that confirms the stability and effectiveness of the involved vaccines according to manufacturer advice.
- For guidelines on the management of cold chain breach, please refer to Section 6.5 in Chapter 6 of the **VSS Doctors’ Guide** (Available at <https://www.chp.gov.hk/en/features/45838.html>) and Section 3.3 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation** (Available at https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3).

4.7 Health Assessment

- Health care professionals should obtain vaccination history, screen for contraindications to SIV to be administered, and assess fitness for vaccination before administering SIV (e.g. any fever or feeling unwell on the vaccination day);
- Collect and check the signed *Consent Form* (**Appendix 8.8-8.9**) 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 *Consent Forms* (**Appendix 8.8-8.9**) and the *Consented Student List* (**Appendix 8.7**), particularly for those students whose accounts could not be validated in eHS(S).

4.8 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.

4.9 Vaccine Administration

Under no circumstances should the PPP doctors administer SIV not provided by the DH to vaccine recipients under SIVSOP, even if the SIV are of the same type, brand or Lot.

4.9.1. For injectable vaccine (IIV)

- School student preparation
 1. Only arrange consented students to the vaccination venue.

2. Invite the student to sit down or invite an assistant to secure the student on his/her lap;
 3. Ask the student to state his/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 vial for any manufacturing defect. Shake vaccines before use according to the drug insert, if necessary.
 - 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.

4.9.2. For nasal spray vaccine (LAIV)

- School student preparation
 1. Only arrange consented students to the vaccination venue.
 2. Invite the student to sit down or arrange an assistant to secure the student on his/her lap;
 3. Ask the student to state his/her name and date of birth (LAIV should be used in children with age 2 years old or above);
 4. Inform the student of the type of vaccine to be given;
 5. Arrange the student to sit in an upright position and brief the student that spray

of the vaccine is administered in each nostril, one after another, and

6. Take out the vaccine from the storage (*First Check*).

- Immediate vaccine preparation

1. **Perform hand hygiene. Put on a new pair of gloves.**

2. Prepare the vaccine (*Second Check*) and inspect the pre-filled intranasal sprayer for any manufacturing defect.

- Vaccine administration

1. Recheck the vaccine before administering (*Third Check*);

2. The vaccination staff should keep the student informed of the vaccine to be administered. Ask the student to breathe normally;

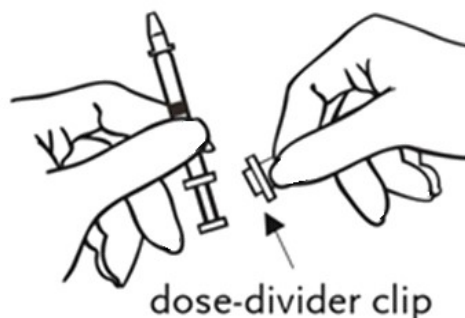
3. Remove rubber tip protector. Do not remove the dose-divider clip at the other end of the sprayer. Place the tip just inside the nostril to ensure the vaccine is delivered into the nose. With a single motion, depress the plunger as rapidly as possible until the dose-divider clip prevents it from going further.

Intranasal injection



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

4. Pinch and remove the dose-divider clip from the plunger. Then place the tip inside the other nostril and administer the remaining vaccine;



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

5. The student is advised to hold a piece of tissue for wiping any excessive vaccine without sneezing;

6. The used sprayer should be discarded directly into the sharps box; and

7. **Remove and dispose of the gloves** and then **perform hand hygiene** before documentation.

4.10 Plans for variant administration situations

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

- Failed injection attempts
- Student who 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.healthbureau.gov.hk/pho/rfs/english/reference_framework/pre_care_for_child.html)

4.11 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 he/she experiences an immediate adverse event. For details, please refer to **Appendix F: an extract of the Chapter 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/pho/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/ guardians for enquiries concerning the vaccination.
- Remind the vaccinated students of possible adverse reactions and advise the management of side effects.

4.12 Emergency management

- Vaccination may cause untoward reactions. Some recipients may even develop allergic

reactions to the vaccine(s). Failure to give timely intervention may result in serious consequences.

- The doctor should arrange qualified personnel, who are **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The doctor/ his qualified personnel should keep training up-to-date and under regular review.
- The PPP doctor is highly **preferred to be present** at the vaccination venue; he/she should be **personally and physically reachable** in case of emergency.
- Emergency kit equipment (with age-appropriate parts) should include, but is not limited to:
 - i. Appropriate size of **Bag Valve Mask**;
 - ii. **BP monitor** with appropriate size of **cuffs**; and
 - iii. **THREE** registered **adrenaline** ampoules (1:1000) with sufficient number of **1mL syringes (at least three)** and **25-32mm length needles (at least three)** for adrenaline injection/ **THREE** registered adrenaline auto-injectors. (please refer to **Appendix 8.1**)
- Ensure there is sufficient stock of all the emergency equipment and that the equipment and drugs have not reached expiry.
- Keep written protocol and training material for reference. The PPP doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis.



Photo 3: Examples of essential equipment for emergency at outreach vaccination activity

- **Should anaphylaxis happen after vaccination:**
 - call ambulance;
 - inform the doctor (on-site or via phone) immediately, and seek advice and

- approval on adrenaline administration, if appropriate;
- use bag valve mask to assist ventilation (give oxygen if available); and
- monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives.
- If no improvement within 5 minutes - seek advice from doctor (on-site or via phone) for approval on repeat dose of adrenaline injection (maximum 3 doses in total) if appropriate.

For details, please refer to Appendix F of the VSS Doctors' Guide (https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_f.pdf), which is an extract of Chapter 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/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5)

- After settling down, report the incident to PMVD (phone number 2125 2128) immediately.

4.13 Documentation

4.13.1. Consented Student List

- All vaccination given should be clearly documented on the *Consented Student List* (**Appendix 8.7**). Document clearly whether the vaccine has been administered to the student; Students not vaccinated should be remarked as well.

4.13.2. 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 *Consent Forms* (**Appendix 8.8-8.9**);

4.13.3. Vaccination Card

- Document information on the *Seasonal Influenza Vaccination Card* (**Appendix 8.11**) after vaccination (including the name of vaccine recipient, type of vaccine, date of injection and **name of PPP doctor/medical organization same as the Doctor Enrolment Form**). If students have brought their own *SIV Vaccination Card* from the previous year, please document date of injection, name and type of vaccine, and name of vaccine provider onto the old *Vaccination Card*.
- The name or chop that appears in the *Seasonal Influenza Vaccination Card* should match the name of the enrolled doctor and/or the enrolled medical organization.

- 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 Seasonal Influenza Vaccination Card should not contain any promotional information about the PPP doctor or medical organization.

4.13.4. Other Documents

- For students **requiring 2nd dose**, document date of injection, contact information and date of 2nd vaccination on *Information on Side Effects and 2nd dose Arrangement* (**Appendix 8.13**).
- For students who **do not require 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 8.12**).
- For students **completed 1st and 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 8.12**).
- Pass the list of students requiring 2nd dose vaccination to teachers for their future reference.
- After vaccination, the doctor needs to **pass** the following document filled in to teachers for distribution to students:
 - Filled in *Seasonal Influenza Vaccination Cards* (**Appendix 8.11**)
 - *Information on Side Effects* (**Appendix 8.12**)
 - *Information on Side Effects and 2nd dose Arrangement* (**Appendix 8.13**).
 - *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given* (**Appendix 8.20, 8.21**) for students on the *Student Vaccination List* who are unable to receive vaccination on the vaccination day (e.g. having fever or absent from school). Please see appendix and also downloadable from the CHP website <http://www.chp.gov.hk>).

4.14 Handling of clinical waste during vaccination

- 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.

5. UPON COMPLETION OF VACCINATION ACTIVITY

5.1 Management of unused/ surplus vaccines

5.1.1. The 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 the DH and should not be taken back to the Doctor's practice/ 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 organization to stay at the venue and **return all unused/ surplus vaccines** (packing box opened and not opened), 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 chop the clinic stamp and complete sign the **two copies** of the *Vaccine Usage Form – DH delivery (Appendix 8.16)* 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/100675.html>). A copy of the Delivery Note and *Return Form* should be submitted to PMVD **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.

5.1.2. Self Delivery of the second dose by PPP doctors

- Please refer to 6.4.1.

5.1.3. Monitor vaccine wastage rate

- The vaccine wastage rate (including damaged vaccine and unused vaccine rate) for each PPP doctor will be monitored closely.
- The PPP doctor will be asked to explain if the wastage rate is considered too high (usually not more than 5%).
- If the vaccine wastage rate (particularly damaged vaccine rate) for an individual PPP doctor is high and no reasonable explanation can be given, the participation of the doctor in the programme in the future will be affected.

5.2 Other issues related to vaccines

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

5.2.1. Broken vaccines

- If the vaccine is found to be broken upon unwrapping or by a staff of the School Outreach Teams, take a photo 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 4844 / 3975 4838) 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 the **two copies of** the *Vaccine Defect Report Form* (**Appendix 8.24**) and the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) before the vaccine distributor's arrival. Broken vaccines should be discarded into sharps boxes and disposed of as clinical waste.
- If the breakage quantity is extensive, inform the PMVD immediately for any remedy actions (e.g. urgent delivery of vaccines to the venue).
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**), *Vaccine Defect Report Form* (**Appendix 8.24**), *Delivery Note* along with the photos of the broken vaccine should send to PMVD (pilotsiv@dh.gov.hk) **within 1 day after** the vaccination activity.
- Broken vaccines should never be administered to students.

5.2.2. 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 on the box(es), and document the lot number, quantity, and description of the product defect and inform PMVD (Tel: 3975 4844 / 3975 4838) as soon as possible for any remedial action and handling instruction. The staff should complete the **two copies** of the *Vaccine Defect Report Form* (**Appendix 8.24**) and the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) before the vaccine distributor's arrival before the vaccine distributor's arrival.
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**), *Vaccine Defect Report Form* (**Appendix 8.24**), *Delivery Note* along with the photos of the defective vaccine should send to PMVD (pilotsiv@dh.gov.hk) **within 1 day after** the vaccination activity.
- Defective vaccines should never be administered to students.

5.2.3. Missing vaccines

- SIV will be delivered by a vaccine distributor appointed by the DH in quantity requested by medical organisation and agreed by PMVD. If any discrepancy was found on delivery, remark on the *Vaccine Delivery Note* and document in the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) and inform PMVD (phone number 3975 4844 / 3975 4838) immediately for remedial action (e.g. urgent delivery).
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) should be provided to PMVD **within 1 day after** the vaccination activity.
- For cases of missing vaccines, PMVD may launch an investigation or refer to the authority shall a felony is suspected.

5.3 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. For details of disposal methods of clinical waste, please refer to **Appendix G of VSS Doctors' Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** (provided by the EPD) (<https://www.chp.gov.hk/en/features/45838.html>).
- 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.

5.4 Submitting reports

5.4.1. Secondary and Primary School Outreach and KG/CCC outreach-DH delivery

- After 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 – DH delivery* (**Appendix 8.16**) to the 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.

5.4.2. Secondary and Primary School Outreach and KG/CCC Outreach-Self delivery

- Please refer to 6.4.2.

5.5 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 inclusive) 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.
- 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 vaccination card and *Consent Form* (**Appendix 8.8-8.9**).
- The DH will verify with schools/ PPP doctors in case of doubt.
- The 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.

5.6 Planning for second dose vaccination activity

- Please refer to 6.4.1.

5.7 Record keeping

- Documents including *Consent Forms*, vaccination records/ 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 unauthorized access, processing and use.
- Doctors must keep the clinical waste trip ticket for **12 months**. Please refer to section 5.3 for details.

6. OTHER ISSUES

6.1 Vaccination incident

- Clinical incident is defined as any events or circumstances³ 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.
- Medical operators should have the plan in place to manage vaccination incidents.
- Doctor-in-charge and members of the medical vaccination team should attend all clinical incident 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 and parents 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 2128, followed by the Clinical Incident Notification Form (Appendix 8.22) which will be provided upon request. The form should be returned to the PMVD via email 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 8.23) to the PMVD via email within 7 days from the occurrence of the incident.

³ Any events or circumstances refer to those with any deviation from usual medical care.

- 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.

6.2 Adverse events following immunisation

- Adverse events following immunisation (AEFIs)⁴ 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 serious⁵ 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).
- Please conduct medical assessment and report to the Drug Office online at

⁴ Adverse events following immunization (AEFI) - WHO (<https://www.who.int/teams/regulation-prequalification/regulation-and-safety/pharmacovigilance/guidance/aefi>)

⁵ An AEFI would be considered serious, if it:

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

6.3 Contingency Plan

6.3.1 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).

6.3.2 School Suspension (e.g. due to URTI outbreak, etc)

- Please be aware of the announcement by Education Bureau 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, the DH would liaise with EDB and SWD if necessary. In addition, support from EDB and SWD may be sought to convey the message via issuing letters regarding the arrangement.
- The arrangement of the outreach activity would be assessed by the DH. Depending on the situation, the scheduled vaccination activity may be:
 1. Suspended temporarily and rescheduled: please inform PMVD asap, liaise with the school and confirm the rescheduled date. Please fax the form of ***Booking of Time Slot for Outreach Vaccination Activity*** (Appendix 8.3, 8.4) 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 SIV under VSS at clinic settings⁶.

6.4 Additional points to note for second dose vaccination activity (For primary schools and KGCCCs only)

6.4.1. Planning for second dose vaccination activity

- The doctor is **required to provide the second dose** to consented students under age of 9 years who have not received SIV before. The second dose vaccination activity should be held within one vaccination day and at an interval of at least 4 weeks after the first dose and before the **end of January 2025**.
- It is recommended the vaccination date of the first and second dose **to be at least six weeks apart** to allow logistic preparation for the second dose (e.g. *Consent Form* collection and checking for the second dose).
- For both Primary School Outreach and KG/CCC Outreach, the doctor should notify PMVD of the date of second dose vaccination on or **before 28 July 2024** using the *Booking of Time Slot for Outreach Vaccination Activity Form* (**Appendix 8.3, 8.4**).
- Doctors are required to generate and handover an updated list of students requiring 2nd dose vaccination to the teachers upon the completion of the 1st dose vaccination activity (minus those who have not turned up for 1st dose).
- Doctors should check the consent form for the vaccination history provided by the parents/guardians in addition to the record on eHS(S). The vaccination record on eHS(S) may not show all vaccination history, e.g. the vaccine recipient may have received seasonal influenza vaccination overseas / through self payment by private doctors and it will not be shown on eHS(S). If the vaccination history provided by parents/guardians and the eHS(S) records are inconsistent, please clarify with the parents/ guardians.
- To minimize confusion, mop up vaccination for the first dose and ad hoc vaccination should not be entertained during the second dose activities. Please advise these students to visit any VSS doctors for subsidised vaccination.

6.4.2. Self Delivery of the second dose by PPP doctors

- The number of doses required for second dose activity is expected to be low. To allow flexibility in the arrangement, doctors may choose self-delivery of vaccines;

⁶ Children aged 6 months to under 18 are eligible groups for SIV under VSS in influenza season 2024/25.

please refer to 3.5.1.

- To transport vaccines, tested cold box(es) equipped with ice packs and insulating materials (please refer to section 4.5.2) are required.
- Vaccine temperature should be monitored continuously using a temperature data logger/ digital maximum-minimum thermometer during vaccine transport and temporary storage at the venue (do not use the venue's domestic fridge for vaccine storage).
- The staff should complete the signed *Vaccine Usage Form- Self delivery* (**Appendix 8.17**) upon completion of the vaccination activities. A copy of *Vaccine Usage Form- Self delivery* should be submitted to PMVD **within 1 day after** the vaccination activity.
- Unused/surplus vaccines under continuous cold chain management should be returned to the PBVR in the doctor's clinic/ medical organisation as soon as possible.

7. USEFUL FORM

The updated useful forms are downloadable in the following link:

<https://www.chp.gov.hk/tc/features/100675.html>

| 階段 | 參考編號 | 文件 |
|-------|--|--|
| 接種前 | SIVSO_D_A1(KG) SIVSO_D_A1(PS) | 接種時段預約表格 - 只供幼稚園 / 幼兒中心 使用 - 只供小學使用 |
| | SIVSO_S_A4 SIVSO_S_A4(LAIV) | 季節性流感疫苗接種同意書 (幼稚園/幼兒中心及小學適用) - 注射式 - 噴鼻式 |
| | SIVSO_S_A4_Sec | 季節性流感疫苗接種同意書 (中學適用) |
| | SIVSO_D_A2 | 同意書交收記錄 |
| | SIVSO_D_A3 | 疫苗申請表格 - 送學校 (第一劑及第二劑適用) - 送診所(第二劑適用) |
| 接種當日 | SIVSO_D_B1 | 家長通知書 - 未有接種季節性流感疫苗 |
| | SIVSO_D_B2 | 醫療廢物暫存轉交記錄 |
| 完成接種後 | SIVSO_D_C1 | 疫苗使用記錄 - 送學校 (第一劑及第二劑適用) - 自行攜帶(第二劑適用) |
| | SIVSO_D_C2 SIVSO_D_C2(LAIV) | 疫苗副作用資料頁 - 注射式 - 噴鼻式 |
| | SIVSO_D_C2(2nd) SIVSO_D_C2(LAIV) (2nd) | 疫苗副作用資料頁及第二劑的安排 - 注射式 - 噴鼻式 |
| | SIVSO_S_C1 | 學生接種記錄報告 (接種日) |
| | SIVSO_D_C4 | 季節性流感疫苗接種卡 |

Samples are included in Appendix for easy reference.

8. APPENDIX

Appendix 8.1

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

| Items | First Dose | Second Dose |
|--|------------|--------------------|
| 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 | ✓ | ✓ |
| Cold boxes | ✗ | ✓ if self delivery |
| Maximum and minimum thermometers (1 for each cold box) | ✗ | ✓ if self delivery |
| Additional ice packs with adequate insulating materials for cold chain maintenance | ✗ | ✓ if self delivery |
| 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 organization/ clinic (For vaccines delivery note, clinical waste collection and vaccination cards) | ✓ | ✓ |
| Pens | ✓ | ✓ |
| FORMS AND DOCUMENTS | | |
| Signed Students' Consent Form – Seasonal Influenza Vaccination 〔同意書 – 2024/ 25 季節性流感疫苗學校外展 (免費)〕 (已簽署) | ✓ | ✓ |
| Seasonal Influenza Vaccination Cards (Appendix 8.11) 〔季節性流感疫苗接種卡〕 | ✓ | ✓ |
| Information on Side Effects (Appendix 8.12) | ✓ | ✓ |

| Items | First Dose | Second Dose |
|---|----------------------------------|----------------------------------|
| (副作用資料頁) | | |
| Information on Side Effects and 2 nd dose Arrangement (Appendix 8.13) (副作用資料頁及第二劑的安排) | ✓ | ✘ |
| Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21) 〔家長通知書 – 未有接種季節性流感疫苗〕(待填) | ✓ | ✓ |
| Updated Consented Student List (1st dose & 2nd dose) (Appendix 8.7, i.e. Final Report, On-site Vaccination List, and List of Students Requiring 2nd Dose vaccination, printed out on or 3 days before vaccination day) | ✓ | ✓ |
| Vaccine Usage Form – DH delivery (2 unfilled copies) (Appendix 8.16) 〔疫苗使用報告- 送學校〕(一式兩份待填) | ✓ | ✓ if DH delivery |
| Vaccine Usage Form – Self Delivery (one unfilled copy) (Appendix 8.17) 〔疫苗使用報告-自行攜帶 (第二劑適用)〕(一份待填) | ✘ | ✓ if self delivery |
| Clinical Waste Temporary Storage Handover Form (Appendix 8.19) (醫療廢物暫存轉交記錄) | ✓ (if require temporary storage) | ✓ (if require temporary storage) |
| OTHERS | | |
| Body temperature thermometer | ✓ | ✓ |
| Disposable gloves | ✓ | ✓ |
| Surgical Mask | ✓ | ✓ |
| Plastic bags (for domestic rubbish) | ✓ | ✓ |

8.2 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 (if chosen self-delivery of second dose vaccines to schools, including cold box(es), equipped with conditioned ice packs, maximum-minimum thermometers, & insulating materials, etc.)
- 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) *Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme (Appendix 8.8-8.9)*
- 2) *Seasonal Influenza Vaccination Card (Appendix 8.11)*
- 3) *Vaccination record*
- 4) *Information on Side Effects (Appendix 8.12).*

- 5) *Information on Side Effects and 2nd dose Arrangement (Appendix 8.13).*
- 6) *Updated Consented Student List (Appendix 8.7)*

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 (Appendix 8.16, 8.17)*
- 5) Filling the *Students Vaccination Report (Appendix 8.18)*
- 6) *Issuing Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21)*

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.

8.3 Booking of Time Slot for Outreach Vaccination Activity – Secondary school and Primary school

| | | |
|----------|--|--|
| 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

傳真：2544 3927

電郵地址：pilotsiv@dh.gov.hk

電話：3975 4844 / 3975 4843

2024-2025 年度季節性流感疫苗學校外展(免費) 預約時間表格 【小學 / 中學 專用】*備註 2-4

我們已與以下的學校確認並希望預約以下時間作季節性流感疫苗學校外展活動： 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 | | | | |
| 負責老師 | | 姓名： | | | 聯絡電話： | |
| 疫苗款式 | | 注射式流感疫苗 | | | | |
| 接種場次 | | 預約日期 *備註 | 送疫苗 到校時間 | 收剩針 時間 | 星期一至五 | 預計醫療廢物 處置方法* |
| 第一劑 | 第一次到校 | ____年__月__日 (星期__) | | | 送針 07:30 - 09:30 10:00 - 11:30 12:00 - 14:00 | |
| | 第二次到校 (如需要) | ____年__月__日 (星期__) | | | | |
| 第二劑 *備註 5-6 | | ____年__月__日 (星期__) | | | 收剩針 13:00 - 13:30 14:00 - 14:30 15:30 - 16:00 | |
| | | <input type="checkbox"/> 送學校 <input type="checkbox"/> 送診所 (送診所無需填寫送針收針時間) | | | | |
| 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： | |

8.4 Booking of Time Slot for Outreach Vaccination Activity - KG/CCC

| | | |
|----------|--|--|
| 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

傳真: 2544 3927

電郵地址: pilotsiv@dh.gov.hk

電話: 3975 4843 / 3975 4844

2024-2025 年度季節性流感疫苗學校外展(免費)

預約時間表格

【 幼稚園 / 幼兒中心專用 】 *備註 2-4

我們已與以下的學校確認並希望預約以下時間作季節性流感疫苗學校外展活動: 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 | | | | |
| 負責老師 | 姓名: | | 聯絡電話: | | |
| 疫苗款式 | <input type="checkbox"/> 注射式流感疫苗 | | <input type="checkbox"/> 噴鼻式流感疫苗 | | |
| 接種場次 | 預約日期 *備註 1 | 送疫苗到校時間 | 收剩針時間 | 星期一至五 送針 08:00 - 09:30 10:00 - 11:30 12:00 - 14:00 收剩針 12:00 或之前 12:00 - 13:00 14:00 - 15:00 15:00 - 16:00 星期六 送針 08:00 - 09:30 10:00 - 11:00 收剩針 12:00 或之前 | 預計醫療廢物處置方法※ |
| | | 請依照右列時段填寫實際送 / 收針時間 | | | |
| 第一劑 | ____年____月____日 (星期____) | | | | |
| 第二劑 *備註 5-6 | ____年____月____日 (星期____) <input type="checkbox"/> 送學校 <input type="checkbox"/> 送診所 (送診所無需填寫送針收針時間) | | | | |
| 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: | |

SIVSO_D_A1(KGCCC)
Last update: May 2024※請選擇: 醫生安排 (A) 持牌收集商即日收集、(B) 醫護專業人士即日送交、
(C) 暫存於學校至持牌收集商收集或醫護專業人士送交

8.5 Notice to Parents on Seasonal Influenza Vaccination – First Dose

Notice
Vaccination under Seasonal Influenza Vaccination
School Outreach (Free of Charge) Programme

(Date of issue)

To: Parents **consenting** their children for vaccination.

The Department of Health (DH) has received your consent for vaccination for your child under the above Programme. DH will arrange vaccination team (by DH or public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly remind your child on the day of vaccination to:

1. Bring Seasonal Influenza Vaccination Card (if available)
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Please inform our school immediately if your child has already received 2024/25 seasonal influenza vaccine after 1 September 2024 or 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 in charge: _____

SIVSO_S_A2
Last updated: May 2024

Notice
Vaccination under Seasonal Influenza Vaccination
School Outreach (Free of Charge) Programme

(Date of issue)

To Parents of Students **NOT Consenting** to Vaccination.

The Department of Health (DH) will arrange vaccination team (by DH or through public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination).

DH has not received your consent for seasonal influenza vaccination for your child under the above Programme. Therefore, the vaccination team will **NOT** provide seasonal influenza vaccination for your child.

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

Principal/Teacher in charge: _____

SIVSO_S_A2
Last updated: May 2024

通告

**有關在季節性流感疫苗學校外展（免費）計劃下
接種事宜**

致 各位**同意**接種疫苗學生的家長

衛生署已收到你的同意為 貴子女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 貴子女提供第一劑季節性流感疫苗接種服務。請於接種當日提醒 貴子女：

1. 攜帶季節性流感疫苗接種卡 (如有)
2. 早上要進食早餐
3. 穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

如 貴子女在 2024 年 9 月 1 日後已接種 2024/25 年度流感疫苗或你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：_____ 謹啟

_____年____月____日

SIVSO_S_A2
最後更新：2024 年 5 月

通告

**有關在季節性流感疫苗學校外展（免費）計劃下
接種事宜**

致 各位**不同意**接種疫苗學生的家長：

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) 到校提供第一劑季節性流感疫苗接種服務。

衛生署**沒有**收到你的同意為 貴子女在上述計劃下接種季節性流感疫苗。因此，疫苗接種隊**不會**為 貴子女提供季節性流感疫苗接種服務。

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：_____ 謹啟

_____年____月____日

SIVSO_S_A2
最後更新：2024 年 5 月

8.6 Notice to Parents on Seasonal Influenza Vaccination – Second Dose
(Applicable for primary schools and KG/CCCs only)

Notice
2nd dose Seasonal Influenza Outreach Vaccination

_____ (Date of issue)

To Parents/ Guardians of _____ (Name of Student/ Class),

Department of Health will arrange vaccination team (by DH or through public private partnership) to provide 2nd dose seasonal influenza outreach vaccination* at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received 2nd dose 2024/25 seasonal influenza vaccine (SIV) after 1 September 2024 or you disagree for your child to receive the above vaccination
2. Bring Seasonal Influenza Vaccination Card on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: _____

*Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.

通告

有關（第二劑）季節性流感疫苗到校接種事宜

_____（學生姓名／班別）的家長／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）到校為本校學生提供第二劑季節性流感疫苗接種服務*。請貴家長細閱以下注意事項：

1. 如 貴子女在 2024 年 9 月 1 日後已接種第二劑 2024/25 年度流感疫苗，或你不同意 貴子女於上述安排中接種疫苗，請立即通知學校
2. 請於接種當日攜帶季節性流感疫苗接種卡（如有）
3. 請提醒 貴子女接種當天早上要進食早餐
4. 請安排 貴子女穿著方便外露手臂的衣服，以便接種（如接種注射式疫苗）

校長/負責老師：_____ 謹啟

_____年_____月_____日

*9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。

8.7 Consented Student List

| 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 | Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format) | Passport No. 護照號碼 (VISA) (corresponding format for the document type) | Serial No. 編號 (EC) (corresponding format for the document type) | Reference No. 參考編號 (EC) (corresponding format for the document type) |
|-----------------|----------------------|-------------------------|----------------------------|-----------------|---|---|---|---|------------------------|---|--|--|---|
| 1 | | TAI | CHIU MIU | M | 08-01-2012 | Birth Certificate - HK 香港出生證明書 | WD187163(7) | | 91112333 | | | | |
| 2 | | YUENX | FUKX CHIX | F | 18-11-2011 | Birth Certificate - HK 香港出生證明書 | YB185277(0) | | 23568978 | | | | |
| 3 | | FUNG | SIK KWONG | M | 21-04-2009 | Birth Certificate - HK 香港出生證明書 | TF025123(6) | | 31245688 | | | | |
| 4 | 陳小明 | CHAN | SIU MING | M | 03-02-2012 | Birth Certificate - HK 香港出生證明書 | F4340740 | | 98745612 | | | | |
| 5 | | YUE | NINGYI | F | 10-05-2015 | HKID Card 香港身份證 | FE082358(8) | | 23568978 | | | | |
| 6 | 李小雯 | LEE | SIU MAN | F | 15-08-2013 | HKID Card 香港身份證 | K1454250 | | 80945667 | | | | |
| 7 | 張百言 | CHEUNG | PAK YIN | M | 21-10-2015 | Recognition (Form No.8) 歸化行街紙 | ABC12345 | | 97845632 | | | | |
| 8 | | CHU | KA PO | F | 11-11-2014 | Birth Certificate - HK 香港出生證明書 | C986460A | | 9652222 | | | | |
| 9 | | WONG | HOI MING | F | 18-10-2012 | Permit to Remain in HKSAR (ID 235B) 香港居留許可證 (ID 235B) | ID122005 | | 36974502 | 01/02/2020 | | | |
| 10 | | CHAN | HOI SHAN | F | 18-10-2012 | Permit to Remain in HKSAR (ID 235B) 香港居留許可證 (ID 235B) | ID917088 | | 36974502 | | | | |
| 11 | | NG | MAN HEUNG | F | 01-03-2010 | Adoption Certificate 領養證明書 | S975329/90027 | | 98745612 | | | | |
| 12 | | KAM | MAN MAN | M | 24-09-2010 | Adoption Certificate 領養證明書 | S988621/90810 | | 98745612 | | | | |
| 13 | | CHEUNG | YUK KING | F | 07-10-2009 | HKID Card 香港身份證 | SF059998(2) | | 91112233 | 21/10/2010 | | | |
| 14 | | SUN | YI MAN | M | 12-12-2012 | Two-way Permit 雙程証 | W4782839 | | 98741023 | | | | |
| 15 | | WONG | NING NING | F | 15-02-2013 | HKID Card 香港身份證 | W724676(8) | | 31245688 | | | | |
| 16 | 潘訪正 | FUN | FONG CHING | F | 23-10-2007 | Others 其他身分證明文件 | T385748(9) | | 38549731 | | | | |

8.8 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme – Injectable Vaccine

i. For Primary Schools, KGs, KG/CCCs, and CCCs

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE | | | |
|---|------------------|---|--|
| POINTS TO NOTE: <ul style="list-style-type: none"> Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es). If you CONSENT to have your child vaccinated, please complete Part IV (Consent Form) ONLY. If you REFUSE, please complete Part V (Refusal Form) ONLY. DO NOT fill in both Part IV and Part V. | | | |
| (If consenting to vaccination) Part IV [Consent Form – Injectable Vaccine] (To return to school) | | | |
| 1. STUDENT INFORMATION School Name: _____ | | 3. VACCINATION RECORD Has your child received seasonal influenza vaccination in the past? <input type="checkbox"/> Yes (Last administration date: ____ MM/ ____ YYYYY) <input type="checkbox"/> No | |
| Class: _____ | Class No.: _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Student's Full Name (as indicated in identity document) Surname _____ First Name _____ Name _____ | | 4. CONSENT TO ADMINISTRATION OF SIV VACCINATION • I have read and understood the information in Part I to III, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination (1 st AND 2 nd doses*) as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [*DH will arrange 2 nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1 st dose for children who are under 9 years old and have never received any SIV before.] <input type="checkbox"/> I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II. | |
| 2. IDENTITY DOCUMENT Is your child below 12 years old and does your child have Hong Kong Birth Certificate (HKBC)? <input type="checkbox"/> Yes, please fill in HKBC No.: ____ (____) <input type="checkbox"/> No, please fill in information based on (i) or (ii) below: | | Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Identity Document of Parent/ Guardian: <input type="checkbox"/> Hong Kong Identity Card No.: ____ (____) <input type="checkbox"/> Other Identity Document, please specify: _____ Document Type: _____ Document No.: _____ | |
| (i) Hong Kong Identity Card No.: ____ (____) AND Date of Issue: ____ DD/ ____ MM/ ____ YY | | Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Contact number : _____ Date of Signature: ____ DD/ ____ MM/ ____ YYYYY | |
| (ii) Other Identity Document, please specify: Document Type: _____ Document No.: _____ AND attach a copy of the document to this consent form | | | |
| Please Note: (1) If your child (applicable to consented students) has received the 2024/ 25 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination. | | | |
| (If refusing vaccination) Part V [Refusal Form – Injectable Vaccine] (To return to school) | | | |
| Student's Full Name : Surname _____ First Name _____ Name _____ | | • I have read and understood the information in Part I to Part III, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25. | |
| Class: _____ | Class No.: _____ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Date of Signature: ____ DD/ ____ MM/ ____ YYYYY | |
| Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination | | | |
| First Dose Vaccination Day | | Second Dose Vaccination Day | |
| <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____) | | <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____) | |
| Signature of Vaccination Staff: _____ | | Signature of Vaccination Staff: _____ | |
| Name of Enrolled Doctor: _____ Dr. | | Name of Enrolled Doctor: _____ Dr. | |
| Date of Activity: _____ | | Date of Activity: _____ | |
| SIVSO_S_A4 Last updated: MAY 2024 | | | |

2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE



Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2024/ 25. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on _____ (date).

Quadrivalent Inactivated Seasonal Influenza Vaccine will be provided by **injection** to the consented students.

Please read the information in Part II and III carefully and **fill in the reply slip** (either Part IV or Part V) and **return it to the school** by _____ (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health

Part II: Information About Inactivated Seasonal Influenza Vaccines (by injection)

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

1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

2. Why children aged 6 months to 11 years are recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children 6 months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
- Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.

3. How many doses of seasonal influenza vaccine (SIV) will my child need?

One dose per year, except those under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks.

4. What is Quadrivalent Inactivated Influenza Vaccine (IIV)?

- The IIV contains inactivated (killed) viruses. IIV is given by injection.
- Quadrivalent IIV is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

5. Who should not receive inactivated influenza vaccine (IIV)/ What are the contraindications?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details.
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

6. What are the possible side effects following inactivated influenza vaccine (IIV) administration?

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to 2 days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of Centre for Health Protection of DH:

<https://www.chp.gov.hk/en/features/100764.html>



Part III: Collection of Personal Data - Statement of Purposes

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 students' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, 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, 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, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

**2024/ 25 季節性流感疫苗學校外展（免費）計劃
注射式疫苗**



填寫注意事項：

- 請仔細閱讀第一至第三部分的資料，請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 內加上「✓」號。
- 如同意接種，請只填寫第四部分（同意書）。
- 如不同意接種，請只填寫第五部分（不同意書），請勿同時填寫第四部分及第五部分。

（如同意接種）第四部分【同意書 - 注射式疫苗】（請家長填妥後交回學校）

| | | |
|--|--|--|
| <p>（一）學生資料</p> <p>學校名稱： _____</p> <p>班別： _____ 班號： _____ 性別：<input type="checkbox"/> 男 <input type="checkbox"/> 女</p> <p>學生姓名[中文] (請依照身份證明文件填寫)</p> <p>姓： _____ 名： _____</p> <p>學生姓名[英文] (姓氏先行，名字隨後)</p> <p>姓： _____ 名： _____</p> <p>出生日期： ____ 日 / ____ 月 / ____ 年</p> <p>（二）身份證明文件</p> <p>貴子女是否 12 歲以下並擁有香港出生證明書？</p> <p><input type="checkbox"/> 是，請填寫香港出生證明書號碼： _____ ()</p> <p><input type="checkbox"/> 否，請填寫以下 (i) 或 (ii)</p> <p>(i) 香港身份證號碼： _____ () 及 簽發日期： ____ 日 / ____ 月 / ____ 年</p> <p>(ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本</p> | | <p>（三）疫苗接種記錄</p> <p>貴子女是否曾經接種流感疫苗？</p> <p><input type="checkbox"/> 是，最近一次接種日期： ____ 月 / ____ 年</p> <p><input type="checkbox"/> 否</p> <p>（四）接種同意書</p> <p>● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容，包括禁忌症和收集個人資料的用途聲明，及 <input checked="" type="checkbox"/> 同意 小兒/ 小女（左附資料）接種衛生署安排之 2024/ 25 年度流感疫苗第一劑及第二劑*，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（如有需要）。(*9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。)</p> <p><input type="checkbox"/> 本人聲明小兒/ 小女（左附資料）並沒有附頁第二部分所述的任何禁忌症。</p> <p>家長/監護人簽署： _____</p> <p>家長/監護人姓名： _____</p> <p>家長/監護人身份證明文件及號碼： <input type="checkbox"/> 香港身份證號碼： _____ () <input type="checkbox"/> 其他身份證明文件，請註明 類別： _____ 號碼： _____</p> <p>與學生關係：<input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人</p> <p>家長/監護人聯絡電話： _____</p> <p>簽署日期： ____ 日 / ____ 月 / ____ 年</p> |
| <p>請注意：</p> <p>(i) 如 貴子女（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2024/ 25 年度流感疫苗，請立即通知學校。</p> <p>(ii) 如 貴子女錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。</p> | | |

（如不同意接種）第五部分【不同意書 - 注射式疫苗】（請家長填妥後交回學校）

| | |
|---|---|
| <p>學生姓名[英文] (姓氏先行，名字隨後)：</p> <p>姓： _____ 名： _____</p> <p>班別： _____ 班號： _____ 性別：<input type="checkbox"/> 男 <input type="checkbox"/> 女</p> | <p>● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容，包括禁忌症和收集個人資料的用途聲明，及 <input checked="" type="checkbox"/> 不同意 小兒/ 小女（左附資料）接種衛生署安排之 2024/ 25 年度流感疫苗。</p> <p>家長/監護人簽署： _____</p> <p>家長/監護人姓名： _____</p> <p>與學生關係：<input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人</p> <p>簽署日期： ____ 日 / ____ 月 / ____ 年</p> |
|---|---|

第六部分 以下資料只由提供疫苗接種的醫護人員填寫

| 第一劑接種日 | | | 第二劑接種日 | | |
|---|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> 有為學生接種流感疫苗 | | | <input type="checkbox"/> 有為學生接種流感疫苗 | | |
| <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： | | | <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： | | |
| <input type="checkbox"/> 缺課 | <input type="checkbox"/> 拒絕接種 | <input type="checkbox"/> 身體不適 | <input type="checkbox"/> 缺課 | <input type="checkbox"/> 拒絕接種 | <input type="checkbox"/> 身體不適 |
| <input type="checkbox"/> 其他（請註明： _____） | | | <input type="checkbox"/> 其他（請註明： _____） | | |
| 接種職員簽署： _____ | 已配對醫生姓名： _____ 醫生 | | 接種職員簽署： _____ | 已配對醫生姓名： _____ 醫生 | |
| 外展日期： _____ | | | 外展日期： _____ | | |

SIVSO_S_A4

最後更新: 2024 年 5 月

2024/25 季節性流感疫苗學校外展（免費）計劃 注射式疫苗



第一部分【給家長/監護人的信】(請家長保留)

致：家長/ 監護人

為提升學童的季節性流感疫苗（流感疫苗）接種率，衛生署於 2024/25 學年推行季節性流感疫苗學校外展（免費）之計劃。貴子女就讀的學校已參加此外展計劃。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之醫療機構）到校為學童提供免費季節性流感疫苗接種。

是次接種活動將使用注射式-四價滅活季節性流感疫苗為同意的學生接種。

請細閱本檔內第二部分及第三部分的資料後填妥回條（即第四部分或第五部分），並於 _____（日期）或之前將回條交回學校。逾期遞交可能不獲接納。

如有查詢，請於辦公時間內致電衛生署： 2125 2128（計劃安排）或 3975 4872（接種疑問）。

衛生署衛生防護中心 項目管理及疫苗計劃科

第二部分【滅活季節性流感疫苗（注射式）的資料】

請仔細閱讀資料。如你對 貴子女是否適宜接種流感疫苗有任何疑問，請先諮詢家庭醫生意見。

1. 甚麼是流行性感冒？

- 流行性感冒(簡稱流感)是一種由流感病毒引致的急性呼吸道疾病。病毒主要透過呼吸道飛沫傳播，患者會出現發燒、喉嚨痛、咳嗽、流鼻水、頭痛、肌肉疼痛及全身疲倦等症狀。患者一般會在 2 至 7 天內自行痊癒。
- 然而，免疫力較低的人和長者一旦染上流感，可以引致較重病徵，嚴重時更可導致死亡。
- 嚴重感染或流感併發症亦有可能發生在健康人士身上。

2. 為何建議 6 個月大至 11 歲兒童優先接種季節性流感疫苗？

- 6 個月大至 11 歲兒童獲建議接種季節性流感疫苗，以減低小童因流感併發症的人院率和死亡個案。
- 海外的研究顯示，小童接種季節性流感疫苗可能會減少缺課和流感在社區的傳播。

3. 兒童需要接種多少劑季節性流感疫苗？

每年接種一劑，除了 9 歲以下從未接種過季節性流感疫苗的兒童，建議在 2024-25 季應接種兩劑季節性流感疫苗，而兩劑疫苗的接種時間至少相隔 4 個星期。

4. 甚麼是四價滅活季節性流感疫苗？

- 滅活流感疫苗含有已滅活（按殺死）的病毒，以注射模式接種。
- 四價滅活季節性流感疫苗能提供兩種甲型流感病毒和兩種乙型流感病毒的保護。

5. 誰不宜接種滅活流感疫苗/ 有甚麼禁忌症？

- 對任何疫苗成分或接種任何流感疫苗後，曾出現嚴重過敏反應的人士
- 對雞蛋有輕度過敏的人士如欲接種流感疫苗，可於基層醫療場所接種滅活流感疫苗，而曾對雞蛋有嚴重過敏反應的人士，應由專業醫護人員在能識別及處理嚴重過敏反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白（即雞蛋蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極低，即使對雞蛋敏感的人士，在一般情況下亦能安全接種，詳情請向醫生查詢
- 出血病症患者或服用抗凝血劑的人士，應請教醫生
- 如接種當日發燒，應延遲至病癒後才接種疫苗

6. 滅活流感疫苗可能有甚麼副作用？

- 滅活流感疫苗十分安全，除了接種處可能出現痛楚、紅腫外，一般並無其他副作用。部分人士在接種後 6 至 12 小時內可能出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。若持續發燒或不適，請諮詢醫生。
- 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求醫。

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/100764.html>



第三部分【收集個人資料的用途聲明】

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. 確認學生個人身份、開設、處理及管理醫健通（資助）戶口、接種費付款，及執行和監察學校外展疫苗接種計劃，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，可能無法獲提供疫苗接種。

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 二樓 A 座衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。

ii. For Secondary Schools

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE – Secondary School | | | | |
|---|--|--|--|---|
| POINTS TO NOTE: <ul style="list-style-type: none"> Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put “✓” into the appropriate box(es). If you CONSENT to have your child vaccinated, please complete Part IV (Consent Form) ONLY. If you REFUSE, please complete Part V (Refusal Form) ONLY. DO NOT fill in both Part IV and Part V. | | | | |
| (If consenting to vaccination) Part IV [Consent Form – Injectable Vaccine] (To return to school) | | | | |
| 1. STUDENT INFORMATION School Name: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none;">Class:</td> <td style="width: 30%; border: none;">Class No.:</td> <td style="width: 50%; border: none;">Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> </table> Student’s Full Name (as indicated in identity document) Surname _____ First Name _____ Date of Birth: ____ DD/ ____ MM/ ____ YYY | Class: | Class No.: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | 3. VACCINATION RECORD Has your child received seasonal influenza vaccination in the past? <input type="checkbox"/> Yes (Last administration date: ____ MM/ ____ YYY) <input type="checkbox"/> No |
| Class: | Class No.: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 2. IDENTITY DOCUMENT Please fill in information on (i) or (ii) below: (i) Hong Kong Identity Card No.: ____ () AND Date of Issue: ____ DD/ ____ MM/ ____ YY (ii) Other Identity Document, please specify: Document Type: _____ Document No.: _____ AND attach a copy of the document to this consent form | 4. CONSENT TO ADMINISTRATION OF SIV VACCINATION <ul style="list-style-type: none"> I have read and understood the information in Part I to III, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. <input type="checkbox"/> I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II. | | | |
| Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Identity Document of Parent/ Guardian: <input type="checkbox"/> Hong Kong Identity Card No.: ____ () <input type="checkbox"/> Other Identity Document, please specify: Document Type: _____ Document No.: _____ Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Contact number : _____ Date of Signature: ____ DD/ ____ MM/ ____ YYY | | | | |
| Please Note: (1) If your child (applicable to consented students) has received the 2024/ 25 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination. | | | | |
| (If refusing vaccination) Part V [Refusal Form – Injectable Vaccine] (To return to school) | | | | |
| Student’s Full Name : Surname _____ First Name _____ <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border: none;">Class:</td> <td style="width: 30%; border: none;">Class No.:</td> <td style="width: 50%; border: none;">Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> </table> | Class: | Class No.: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <ul style="list-style-type: none"> I have read and understood the information in Part I to Part III, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25. Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Date of Signature: ____ DD/ ____ MM/ ____ YYY |
| Class: | Class No.: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination | | | | |
| Vaccination Day | | | | |
| <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____) | | | | |
| Signature of Vaccination Staff: _____ Name of Enrolled Doctor: _____ Date of Activity: _____ | Dr. _____ _____ | | | |

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE – Secondary School



Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2024/25. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on _____ (date).

Quadrivalent Inactivated Seasonal Influenza Vaccine will be provided by **injection** to the consented students.

Please read the information in Part II and III carefully and **fill in the reply slip** (either Part IV or Part V) and **return it to the school** by _____ (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health

Part II: Information About Inactivated Seasonal Influenza Vaccines (by injection)

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

1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

2. Why are children and adolescents aged 6 months to less than 18 years (or secondary school students) recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children and adolescents aged 6 months to less than 18 years (or secondary school students) for reducing influenza related complications such as excess hospitalisations or deaths.
- Vaccinating children and adolescents aged 6 months to less than 18 years (or secondary school students) can prevent possible school outbreaks and community transmission.

3. How many doses of seasonal influenza vaccine (SIV) will my child need?

For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

4. What is Quadrivalent Inactivated Influenza Vaccine (IIV)?

- The IIV contains inactivated (killed) viruses. IIV is given by injection.
- Quadrivalent IIV is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

5. Who should not receive inactivated influenza vaccine (IIV)? What are the contraindications?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

6. What are the possible side effects following inactivated influenza vaccine (IIV) administration?

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to 2 days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of Centre for Health Protection of DH:

<https://www.chp.gov.hk/en/feature/100764.html>



Part III: Collection of Personal Data - Statement of Purposes

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 students' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, 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, 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, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

2024/ 25 季節性流感疫苗學校外展 (免費) 計劃- 中學
注射式疫苗



填寫注意事項:

- 請仔細閱讀第一至第三部分的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 內加上「✓」號。
- 如同意接種，請只填寫第四部分 (同意書)
- 如不同意接種，請只填寫第五部分 (不同意書)，請勿同時填寫第四部分及第五部分。

(如同意接種) 第四部分【同意書 - 注射式疫苗】(請家長填妥後交回學校)

| | | | |
|---|-----------|---|--|
| (一) 學生資料 | | (三) 疫苗接種記錄 | |
| 學校名稱: _____ | | 貴子女是否曾經接種流感疫苗? <input type="checkbox"/> 是, 最近一次接種日期: <input type="text"/> 月/ <input type="text"/> 月/ <input type="text"/> 年 <input type="checkbox"/> 否 | |
| 班別: _____ | 班號: _____ | 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 | |
| 學生姓名[中文](請依照身份證明文件填寫) | | (四) 接種同意書 | |
| 姓: _____ | 名: _____ | ● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及 <input type="checkbox"/> 同意 小兒/ 小女 (左附資料) 接種衛生署安排之 2024/ 25 年度流感疫苗, 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 (如有需要)。 | |
| 學生姓名[英文](姓氏先行, 名字隨後) | | <input type="checkbox"/> 本人聲明小兒/ 小女 (左附資料) 並沒有附頁第二部分所述的任何禁忌症。 | |
| 姓: _____ | 名: _____ | 家長/ 監護人簽署: _____ | |
| 出生日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年 | | 家長/ 監護人姓名: _____ | |
| (二) 身份證明文件 | | 家長/ 監護人身份證明文件及號碼: | |
| 請填寫以下 (i) 或 (ii) | | <input type="checkbox"/> 香港身份證號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> () | |
| (i) 香港身份證號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> () 及 | | <input type="checkbox"/> 其他身份證明文件, 請註明 | |
| 簽發日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年 | | 類別: _____ | |
| | | 號碼: _____ | |
| | | 並必須隨同意書附上該身份證明文件的副本 | |
| | | 與學生關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 | |
| | | 家長/ 監護人聯絡電話: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | 簽署日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年 | |

請注意:

- (i) 如 貴子女 (適用於已簽署同意書的學生) 在此疫苗接種外展隊接種日前已接種 2024/ 25 年度流感疫苗, 請立即通知學校。
- (ii) 如 貴子女錯過了在學校的接種日, 將不會再安排在學校內補接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。

(如不同意接種) 第五部分【不同意書 - 注射式疫苗】(請家長填妥後交回學校)

| | | | |
|--|-----------|---|--|
| 學生姓名[英文](姓氏先行, 名字隨後): | | ● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及 <input type="checkbox"/> 不同意 小兒/ 小女 (左附資料) 接種衛生署安排之 2024/ 25 年度流感疫苗。 | |
| 姓: _____ | 名: _____ | 家長/ 監護人簽署: _____ | |
| 班別: _____ | 班號: _____ | 家長/ 監護人姓名: _____ | |
| 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 | | 與學生關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 | |
| | | 簽署日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年 | |

第六部分 以下資料只由提供疫苗接種的醫護人員填寫

| | | | |
|--|-------------------------------|-------------------------------|--|
| 接種日 | | | |
| <input type="checkbox"/> 有為學生接種流感疫苗 | | | |
| <input type="checkbox"/> 沒有為學生接種流感疫苗, 原因是學生: | | | |
| <input type="checkbox"/> 缺課 | <input type="checkbox"/> 拒絕接種 | <input type="checkbox"/> 身體不適 | <input type="checkbox"/> 其他 (請註明: _____) |
| 接種職員簽署: _____ | | 醫生: _____ | |
| 已配對醫生姓名: _____ | | | |
| 外展日期: _____ | | | |

SIVSO_S_A4_Sec

最後更新: 2024 年 5 月

2024/25 季節性流感疫苗學校外展（免費）計劃 - 中學 注射式疫苗



第一部分【給家長/監護人的信】(請家長保留)

致：家長/ 監護人

為提升學童的季節性流感疫苗（流感疫苗）接種率，衛生署於 2024/25 學年推行季節性流感疫苗學校外展（免費）之計劃。貴子女就讀的學校已參加此外展計劃。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之醫療機構）到校為學童提供免費季節性流感疫苗接種。

是次接種活動將使用注射式四價滅活季節性流感疫苗為同意的學生接種。

請細閱本檔內第二部分及第三部分的資料後填妥回條（即第四部分或第五部分），並於 _____（日期）或之前將回條交回學校。逾期遞交可能不獲接納。

如有查詢，請於辦公時間內致電衛生署：2125 2128（計劃安排）或 3975 4872（接種疑問）。

衛生署衛生防護中心 項目管理及疫苗計劃科

第二部分【滅活季節性流感疫苗（注射式）的資料】

請仔細閱讀資料。如你對貴子女是否適宜接種流感疫苗有任何疑問，請先諮詢家庭醫生意見。

1. 甚麼是流行性感冒？

- 流行性感冒（簡稱流感）是一種由流感病毒引致的急性呼吸道疾病。病毒主要透過呼吸道飛沫傳播，患者會出現發燒、喉嚨痛、咳嗽、流鼻水、頭痛、肌肉疼痛及全身疲倦等症狀。患者一般會在 2 至 7 天內自行痊癒。
- 然而，免疫力較低的人和長者一旦染上流感，可以引致較重病徵，嚴重時更可導致死亡。
- 嚴重感染或流感併發症亦有可能發生在健康人士身上。

2. 為何建議 6 個月大至 18 歲以下的兒童及青少年（或中學生）優先接種季節性流感疫苗？

- 6 個月大至 18 歲以下的兒童及青少年（或中學生）獲建議接種季節性流感疫苗，以減低因流感併發症的人院率和死亡個案。
- 6 個月大至 18 歲以下的兒童及青少年（或中學生）接種季節性流感疫苗可預防出現學校爆發和社區傳播。

3. 兒童需要接種多少劑季節性流感疫苗？

- 凡 9 歲或以上人士只須每年接種一劑季節性流感疫苗。

4. 甚麼是滅活季節性流感疫苗？

- 滅活流感疫苗含有已滅活（已死亡）的病毒，以注射模式接種。
- 今季的滅活季節性流感疫苗為四價疫苗，四價滅活季節性流感疫苗能提供對兩種甲型流感病毒和兩種乙型流感病毒的保護。

5. 誰不宜接種滅活流感疫苗/ 有甚麼禁忌症？

- 對任何疫苗成分或接種任何流感疫苗後，曾出現嚴重過敏反應的人士
- 對雞蛋有輕度過敏的人士如欲接種流感疫苗，可於基層醫療場所接種滅活流感疫苗，而曾對雞蛋有嚴重過敏反應的人士，應由專業醫護人員在能識別及處理嚴重過敏反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白（即雞蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極低，即使對雞蛋敏感的人士，在一般情況下亦能安全接種，詳情請向醫生查詢
- 出血病症患者或服用抗凝劑的人士，應請教醫生
- 如接種當日發燒，應延遲至病癒後才接種疫苗

6. 滅活流感疫苗可能有甚麼副作用？

- 滅活流感疫苗十分安全，除了接種處可能出現痛楚、紅腫外，一般並無其他副作用。部分人士在接種後 6 至 12 小時內可能出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。若持續發燒或不適，請諮詢醫生。
- 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求醫。

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/100764.html>



第三部分【收集個人資料的用途聲明】

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. 確認學生個人身份。開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察學校外展疫苗接種計劃，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；及作法律規定、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，可能無法獲提供疫苗接種。

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 二樓 A 座衛生防護中心項目管理及疫苗計劃科（電話：2125 2125）。

8.9 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme – Nasal Spray Vaccine

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme NASAL SPRAY VACCINE | | | |
|---|--|--|--|
| POINTS TO NOTE: <ul style="list-style-type: none"> Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es). If you CONSENT to have your child vaccinated, please complete Part IV (Consent Form) ONLY. If you REFUSE, please complete Part V (Refusal Form) ONLY. DO NOT fill in both Part IV and Part V. | | | |
| (If consenting to vaccination) Part IV [Consent Form – Nasal Spray Vaccine] (To return to school) | | | |
| 1. STUDENT INFORMATION School Name: _____ Class: _____ Class No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | 3. VACCINATION RECORD Has your child received seasonal influenza vaccination in the past? <input type="checkbox"/> Yes (Last administration date: ___ MM/ ___ YYY) <input type="checkbox"/> No | |
| Student's Full Name (as indicated in identity document) Surname _____ First Name _____ Date of Birth: ___ DD/ ___ MM/ ___ YYY | | 4. CONSENT TO ADMINISTRATION OF SIV VACCINATION <ul style="list-style-type: none"> I have read and understood the information in Part I to III, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.] <input type="checkbox"/> I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II. | |
| 2. IDENTITY DOCUMENT Is your child below 12 years old and does your child have Hong Kong Birth Certificate (HKBC)? <input type="checkbox"/> Yes, please fill in HKBC No.: ___ () <input type="checkbox"/> No, please fill in information based on (i) or (ii) below: | | Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Identity Document of Parent/ Guardian: <input type="checkbox"/> Hong Kong Identity Card No.: ___ () <input type="checkbox"/> Other Identity Document, please specify: Document Type: _____ Document No.: _____ | |
| (i) Hong Kong Identity Card No.: ___ () AND Date of Issue: ___ DD/ ___ MM/ ___ YY (ii) Other Identity Document, please specify: Document Type: _____ Document No.: _____ AND attach a copy of the document to this consent form | | Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Contact number : _____ Date of Signature: ___ DD/ ___ MM/ ___ YYY | |
| Please Note: (1) If your child (applicable to consented students) has received the 2024/ 25 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination. | | | |
| (If refusing vaccination) Part V [Refusal Form – Nasal Spray Vaccine] (To return to school) | | | |
| Student's Full Name : Surname _____ First Name _____ Class: _____ Class No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | <ul style="list-style-type: none"> I have read and understood the information in Part I to Part III, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25. | |
| | | Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Date of Signature: ___ DD/ ___ MM/ ___ YYY | |
| Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination | | | |
| First Dose Vaccination Day | | Second Dose Vaccination Day | |
| <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____) | | <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____) | |
| Signature of Vaccination Staff: _____ | | Signature of Vaccination Staff: _____ | |
| Name of Enrolled Doctor: Dr. | | Name of Enrolled Doctor: Dr. | |
| Date of Activity: _____ | | Date of Activity: _____ | |

2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme
NASAL SPRAY VACCINE



Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2024/ 25. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organisation under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on _____ (date).

Quadrivalent Live Attenuated Seasonal Influenza Vaccines by intranasal spray will be provided by the consented student.

Please read the information in Part II and III carefully and **fill in the reply slip** (either Part IV or Part V) and **return it to the school by** _____ (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health

Part II: Information About Live Attenuated Seasonal Influenza Vaccines (by Nasal Spray)

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

- What is influenza?**
 - Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
 - However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
 - Serious infection or complications can also occur in healthy individuals.
- Why children aged 6 months to 11 years are recommended as a priority group to receive seasonal influenza vaccination?**
 - Seasonal influenza vaccination is recommended for children 6 months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
 - Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.
- How many doses of seasonal influenza vaccine (SIV) will my child need?**

One dose per year, except those under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks.
- What is Quadrivalent Live Attenuated Influenza Vaccine (LAIV)?**
 - The LAIV contains weakened viruses and is given by intranasal spray. LAIV can be used for people 2-49 years of age.
 - LAIV is a quadrivalent vaccine, which is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

5. Who should not receive live attenuated influenza vaccine (LAIV)? What are the contraindications?

- History of severe allergic reaction to any vaccine component, or after previous dose of any influenza vaccine
 - Concomitant aspirin or salicylate-containing therapy in children and adolescents
 - Children aged 2 through 4 years who have asthma or who have had a history of wheezing in the past 12 months
 - Children and adults who are immunocompromised due to any cause
 - Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
 - Pregnancy
 - Receipt of influenza antiviral medication within previous 48 hours
 - Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV in primary care setting. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination.
- *For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least 4 weeks apart.

6. What are the possible side effects following live attenuated influenza vaccine (LAIV) administration?

- Overseas studies had indicated LAIV to be safe and effective.
- The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults).
- Children aged below 5 years with recurrent wheezing/ persons of any age with asthma may be at increased risk of wheezing following administration.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of Centre for Health Protection of DH:

<https://www.chp.gov.hk/en/features/100764.html>



Part III: Collection of Personal Data - Statement of Purposes

Statement of Purpose of Collection of Personal Data

- The personal data provided will be used by the Government for one or more of the following purposes:
 - confirm students' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
 - for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.
- 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.
- The provision of personal data is voluntary. If you do not provide sufficient information, 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, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

**2024/25 季節性流感疫苗學校外展（免費）計劃
噴鼻式疫苗**



填寫注意事項：

- 請仔細閱讀第一至第三部分的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 內加上「✓」號。
- 如同意接種，請只填寫第四部分（同意書）。
- 如不同意接種，請只填寫第五部分（不同意書），請勿同時填寫第四部分及第五部分。

（如同意接種）第四部分【同意書 - 噴鼻式疫苗】（請家長填妥後交回學校）

| | | | |
|--|--------------|---|--|
| （一）學生資料 | | （三）疫苗接種記錄 | |
| 學校名稱： _____ | | 貴子女是否曾經接種流感疫苗？ <input type="checkbox"/> 是，最近一次接種日期：____月/____日/____年 <input type="checkbox"/> 否 | |
| 班別： _____ | 班號： _____ | 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女 | |
| 學生姓名[中文] (請依照身份證明文件填寫) | | （四）接種同意書 | |
| 姓： _____ | 名： _____ | <ul style="list-style-type: none"> ● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容，包括禁忌症和收集個人資料的用途聲明，及 <input type="checkbox"/> 同意 小兒/ 小女（左附資料）接種衛生署安排之 2024/ 25 年度流感疫苗第一劑及第二劑*，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（如有需要）。(*9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。) | |
| 學生姓名[英文] (姓氏先行，名字隨後) | | | |
| 姓 _____ | 名 _____ | | |
| 出生日期：____日/____月/____年 | | | |
| （二）身份證明文件 | | <input type="checkbox"/> 本人聲明小兒/ 小女（左附資料）並沒有附頁第二部分所述的任何禁忌症。 | |
| 貴子女是否 12 歲以下並擁有香港出生證明書？ <input type="checkbox"/> 是，請填寫香港出生證明書號碼：____（ <input type="checkbox"/> ） <input type="checkbox"/> 否，請填寫以下 (i) 或 (ii) | | 家長/ 監護人簽署： _____ | |
| (i) 香港身份證號碼：____（ <input type="checkbox"/> ）及 簽發日期：____日/____月/____年 | | 家長/ 監護人姓名： _____ | |
| (ii) 其他身份證明文件，請註明 類別：_____ 號碼：_____ 並必須隨同意書附上該身份證明文件的副本 | | 家長/ 監護人身份證明文件及號碼： <input type="checkbox"/> 香港身份證號碼：____（ <input type="checkbox"/> ） <input type="checkbox"/> 其他身份證明文件，請註明 類別：_____ 號碼：_____ | |
| | | 與學生關係： <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 | |
| | | 家長/ 監護人聯絡電話：____ | |
| | | 簽署日期：____日/____月/____年 | |

請注意：

- (i) 如 貴子女（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2024/ 25 年度流感疫苗，請立即通知學校。
- (ii) 如 貴子女錯過了在學校的接種日，將不會再被安排在學校內補接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。

（如不同意接種）第五部分【不同意書 - 噴鼻式疫苗】（請家長填妥後交回學校）

| | | | |
|-----------------------|--------------|---|---|
| 學童姓名[英文] (姓氏先行，名字隨後)： | | ● 本人已閱讀及明白附頁第一至第三部分流感疫苗接種資料的內容，包括禁忌症和收集個人資料的用途聲明，及 <input type="checkbox"/> 不同意 小兒/ 小女（左附資料）接種衛生署安排之 2024/ 25 年度流感疫苗。 | |
| 姓 _____ | | 家長/ 監護人簽署： _____ | |
| 名 _____ | | 家長/ 監護人姓名： _____ | |
| 班別： _____ | 班號： _____ | 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女 | 與學童關係： <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 |
| | | 簽署日期：____日/____月/____年 | |

第六部分 以下資料只由提供疫苗接種的醫護人員填寫

| 第一劑接種日 | | | 第二劑接種日 | | |
|---|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> 有為學生接種流感疫苗 | | | <input type="checkbox"/> 有為學生接種流感疫苗 | | |
| <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： | | | <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： | | |
| <input type="checkbox"/> 缺課 | <input type="checkbox"/> 拒絕接種 | <input type="checkbox"/> 身體不適 | <input type="checkbox"/> 缺課 | <input type="checkbox"/> 拒絕接種 | <input type="checkbox"/> 身體不適 |
| <input type="checkbox"/> 其他（請註明：_____） | | | <input type="checkbox"/> 其他（請註明：_____） | | |
| 接種職員簽署： _____ | | | 接種職員簽署： _____ | | |
| 已配對醫生姓名： _____ 醫生 | | | 已配對醫生姓名： _____ 醫生 | | |
| 外展日期： _____ | | | 外展日期： _____ | | |

SIVSO_S_A4 (LAIV)

最後更新: 2024 年 5 月

2024/25 季節性流感疫苗學校外展（免費）計劃 噴鼻式疫苗



第一部分【給家長/監護人的信】（請家長保留）

致：家長/ 監護人

為提升學童的季節性流感疫苗（流感疫苗）接種率，衛生署於 2024/25 學年推行季節性流感疫苗學校外展（免費）之計劃。貴子女就讀的學校已參加此外展計劃。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之醫療機構）到校為學童提供免費季節性流感疫苗接種。

是次接種活動將使用噴鼻式-四價減活季節性流感疫苗為同意的學生接種。

請細閱本檔內第二部分及第三部分的資料後填妥回條（即第四部分或第五部分），並於 _____（日期）或之前將回條交回學校。逾期遞交可能不獲接納。

如有查詢，請於辦公時間內致電衛生署：2125 2128（計劃安排）或 3975 4872（接種疑問）。

衛生署衛生防護中心 項目管理及疫苗計劃科

第二部分【減活季節性流感疫苗（噴鼻式）的資料】

請仔細閱讀資料。如你對貴子女是否適宜接種流感疫苗有任何疑問，請先諮詢家庭醫生意見。

1. 甚麼是流行性感冒？

- 流行性感冒（簡稱流感）是一種由流感病毒引致的急性呼吸道疾病。病毒主要透過呼吸道飛沫傳播，患者會出現發燒、喉嚨痛、咳嗽、流鼻涕、頭痛、肌肉疼痛及全身疲倦等症狀。患者一般會在 2 至 7 天內自行痊癒。
- 然而，免疫力較低的人和長者一旦染上流感，可以引致較重病徵，嚴重時更可導致死亡。
- 嚴重感染或流感併發症亦有可能發生在健康人士身上。

2. 為何建議 6 個月大至 11 歲兒童獲優先接種季節性流感疫苗？

- 6 個月大至 11 歲兒童應接種季節性流感疫苗，以減低小童因流感併發症的人院率和死亡個案。
- 海外的研究顯示，小童接種季節性流感疫苗可能會減少缺課和流感在社區的傳播。

3. 兒童需要接種多少劑季節性流感疫苗？

每年接種一劑，除了 9 歲以下從未接種過季節性流感疫苗的兒童，建議在 2024-25 季度應接種兩劑季節性流感疫苗，而兩劑疫苗的接種時間至少相隔 4 個星期。

4. 甚麼是四價減活季節性流感疫苗？

- 減活流感疫苗含有已弱化的病毒，適用於 2-49 歲的人士，以噴鼻模式接種。
- 減活流感疫苗是一種四價疫苗，能提供兩種甲型流感病毒和兩種乙型流感病毒的保護。

5. 誰不宜接種減活流感疫苗/ 有甚麼禁忌症？

- 對任何疫苗成分，或接種任何流感疫苗後曾出現嚴重過敏反應
- 正服用亞士匹林或含水楊酸鹽藥物的兒童或青少年
- 患有哮喘或在過去 12 個月內曾患上喘鳴的 2 歲至 4 歲兒童
- 因任何原因導致免疫功能減弱的兒童及成人
- 免疫系統嚴重受抑制而需在受保護的環境下接受護理的人士之緊密接觸者和照顧者
- 懷孕
- 過去 48 小時曾服用流感抗病毒藥物
- 對雞蛋有輕度過敏的人士如欲接種流感疫苗，可於基層醫療場所接種減活流感疫苗，而曾對雞蛋有嚴重過敏反應的人士，應由專業醫護人員在能識別及處理嚴重過敏反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白（即雞蛋蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極低，即使對雞蛋敏感的人士，在一般情況下亦能安全接種。

* 接種減活流感疫苗的人士，可在同一天接種其他減活疫苗，或於相隔至少 4 個星期後，才可接種另一種減活疫苗。

* 如你對貴子女是否適宜接種流感疫苗有任何疑問，請先諮詢家庭醫生意見。

6. 減活流感疫苗可能有什麼副作用？

- 海外研究顯示，減活流感疫苗安全和有效
- 常見的副作用包括鼻塞或流鼻涕（所有年齡人士）、發燒（兒童）和喉嚨痛（成人）。
- 5 歲以下的兒童患上反覆喘鳴或任何年齡的哮喘患者，在接種減活流感疫苗後可能會增加喘鳴的風險。
- 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求醫。

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/100764.html>



第三部分【收集個人資料的用途聲明】

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. 確認學生個人身份、開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察學校外展疫苗接種計劃，包括但不限於通過電子程式與人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，可能無法獲得提供疫苗接種。

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 二樓 A 座衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。

8.10 Consent Form Receipt Note

To: PMVD, CHP
 Fax: 2320 8505

From: _____ (Name of Organisation)
 Name: _____ (Contact person)
 Tel: _____
 Date: _____

Please check with school, complete the form below and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after collection of consent forms.

**2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge)
 Programme
 Public-Private-Partnership (PPP) Outreach Team**

Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach 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 Outreach Team**

**Signature of School Representative
 and School Chop**

**Name of Collector of
 the PPP Outreach Team**

Name of School Representative

致：衛生署項目管理及疫苗計劃科
Fax: 2320 8505

由：_____ (醫療機構名稱)
_____ (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 傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼：2320 8505)

2024/25 季節性流感疫苗學校外展 (免費) 計劃
公私營合作外展隊

同意書交收記錄

(醫療機構名稱) _____ 醫生
的公私營合作外展隊已在 _____ 年 _____ 月 _____ 日，收取

(學校名稱) _____ 張同意書。

公私營合作外展隊同意書收取人
簽署及醫療機構蓋印

學校職員簽署及學校蓋印

公私營合作外展隊同意書收取人
姓名

學校職員姓名

8.12 Information on Side Effects (副作用資料頁)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2
Last updated: May 2024

季節性流感疫苗 副作用資料頁 (注射式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種減活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。
3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2
最後更新: 2024 年 5 月

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(LAIV)
Last updated: May 2024

季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種減活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種減活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2(LAIV)
最後更新: 2024 年 5 月

8.13 Information on Side Effects and 2nd dose Arrangement (副作用資料頁及第二劑的安排)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) and 2nd dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(2nd)
Last updated: May 2024

季節性流感疫苗 副作用資料頁 (注射式疫苗)及第二劑的安排

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女 _____ (學生姓名) 接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。
3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2(2nd)
最後更新: 2024 年 5 月

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine) and 2nd dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(LAIV)(2nd)
Last updated: May 2024

季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)及第二劑的安排

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女 _____ (學生姓名) 接種滅活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種滅活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2(LAIV)(2nd)
最後更新: 2024 年 5 月

8.14 Vaccine Ordering Form- DH delivery

| | | |
|----------|--|-------------------------------|
| 訂單編號 | 衛生署 2024 / 25 季節性流感疫苗學校外展 (免費) 送學校 疫苗申請表格 | <input type="checkbox"/> 新增訂單 |
| | | <input type="checkbox"/> 更改訂單 |
| 由衛生署職員填寫 | | 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傳真或電郵至衛生署項目管理及疫苗計劃科
(傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk)。

若發送本表格後三個月工作天後，仍未收到衛生署的訂單確認通知，請致電 3975 4844 查詢。

交表後，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 疫苗申請款式及數量

※ 請完成第一劑接種後才申請第二劑 ※

| | | | |
|---|-----------------------------|-------------------------------------|--|
| 學校名稱： | | 學校編號： | |
| <input type="checkbox"/> 中學 | <input type="checkbox"/> 小學 | <input type="checkbox"/> 幼稚園 / 幼兒中心 | |
| <input type="checkbox"/> 第一劑 | | <input type="checkbox"/> 第二劑 | |
| *幼稚園 / 幼兒中心 可同時選擇注射式及噴鼻式* | | | |
| | 注射式 | 噴鼻式 | |
| 由醫健通(資助)系統得出今季可接種人數： | 劑 | 劑 | |
| 減去 不適合接種人數： (例如：有禁忌症、最後決定不接種或缺席接種第一劑等) | 劑 | 劑 | |
| 總共申請疫苗數量： | 劑 | 劑 | |

乙部 送貨資料

| | | |
|--|-----------------------|---------------------|
| 接種日期 | 送疫苗到校時間 | 收剩針時間 |
| ____年____月____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 |
| 學校送貨地址： 樓層：_____ 升降機： <input type="checkbox"/> 有 <input type="checkbox"/> 無 | | |

丙部 聯絡資料

| | |
|--------------|----------|
| 醫療機構名稱： | |
| 負責醫生姓名： | 醫生註冊編號：M |
| 負責接收疫苗的職員姓名： | 手提電話： |
| 負責醫生簽署及蓋章： | |

SIVSO_D_A3 最後更新: 2024年5月

8.15 Vaccine Ordering Form- Clinic Delivery

| | | |
|----------|--|-------------------------------|
| 訂單編號 | 衛生署 2024 / 25 季節性流感疫苗學校外展 (免費) 疫苗申請表格 送診所 (第二劑適用) | <input type="checkbox"/> 新增訂單 |
| 由衛生署職員填寫 | | <input type="checkbox"/> 更改訂單 |

備註：由於訂購疫苗及安排運送需時，請於 接種日期最少兩星期前 填妥本表格並 傳真或電郵 至 衛生署項目管理及疫苗計劃科 (傳真號碼：2544 3927；電郵地址：pilotsiv@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，請與負責確認訂單職員聯絡。

甲部 聯絡資料 (中文/英文) ※請完成 第一劑 接種後才申請 第二劑 疫苗※

| |
|--|
| 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 *同一間幼稚園 / 幼兒中心 可 同時選擇 注射式 及 噴鼻式*

| 學校名稱 | 接種日期 (年 / 月 / 日) | (a) 注射式 | (b) 噴鼻式 | 申請數量 = (a) + (b) |
|-------------------------|---------------------|---------|---------|---------------------|
| 1. 學校編號：() | / / | | | 劑 |
| 2. 學校編號：() | / / | | | (+) 劑 |
| 3. 學校編號：() | / / | | | (+) 劑 |
| 4. 學校編號：() | / / | | | (+) 劑 |
| 5. 學校編號：() | / / | | | (+) 劑 |
| 6. 學校編號：() | / / | | | (+) 劑 |
| 7. 學校編號：() | / / | | | (+) 劑 |
| 8. 合計申請數量 (乙1 至 乙7 總和)： | | 劑 | (+) 劑 | = 劑 |
| 9. 診所內 該款 政府疫苗剩餘數量： | | 劑 | (+) 劑 | = 劑 |
| 10. 是次申請總數量 (乙8 減 乙9)： | | 劑 | (+) 劑 | = 劑 |

| | |
|--|--|
| 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 |
| 負責職員： _____ | 聯絡電話： _____ 負責醫生簽署及蓋章： _____ |

8.16 Vaccine Usage Form – DH delivery

衛生署

2024 / 25 季節性流感疫苗學校外展 (免費)

送學校 疫苗使用報告及冰箱收集記錄

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，於此表格上簽署及蓋印作實。
2. 醫療機構及物流商均應填妥兩份此表格，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格、※照片及收貨發票傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927 ; 電郵地址：pilotsiv@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 收集詳情及疫苗使用記錄 (收貨發票號碼：_____)

| | | | | | |
|---|-----------------------------------|---------|----------------------|------------------|---------------------|
| <input type="checkbox"/> 中學 / <input type="checkbox"/> 小學 / <input type="checkbox"/> 幼稚園及幼兒中心 | | | | | |
| <input type="checkbox"/> 注射式 流感疫苗 | <input type="checkbox"/> 噴鼻式 流感疫苗 | | | | |
| 十劑裝疫苗批號：_____ | 十劑裝疫苗批號：_____ | | | | |
| 單劑裝疫苗批號：_____ | | | | | |
| 剩餘未開盒疫苗數量(a) (綠色貼紙) (a) = (b) - (c) - (d) - (e) - (f) | | | | | |
| 十劑裝：_____ 劑 | 單劑裝：_____ 劑 | | | | |
| 冰箱連鐵盒 (內附溫度持續記錄器) | _____ 個 | | | | |
| | 已接收 (b) | 已使用 (c) | 損壞須棄置(d) (有裂痕/破裂) | 被污染 (黑色貼紙)(e) | 已開盒未使用 (紅色貼紙)(f) |
| 十劑裝： | | | | | |
| 單劑裝： | | | | | |
| ※如有任何因損壞(d)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 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： | |

8.17 Vaccine Usage Form – Self Delivery

衛生署

2024 / 25 季節性流感疫苗學校外展 (免費)

送診所 (第二劑適用) 疫苗使用報告

注意事項：

請醫療機構填寫後與學校核對資料並於此使用報告上簽署及蓋印作實，於疫苗接種活動後一個工作天內將此表格傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927；電郵地址:pilotsiv@dh.govhk)

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 (收貨發票號碼：_____)

※ 請將已開盒 / 未開盒但曾放置於室溫的疫苗列為已失效，並帶回診所存放，以便本署日後安排回收。※

| <input type="checkbox"/> 小學 / <input type="checkbox"/> 幼稚園及幼兒中心 | | |
|---|----------------------------|-----------------------------------|
| <input type="checkbox"/> 注射式 流感疫苗 | | <input type="checkbox"/> 噴鼻式 流感疫苗 |
| 十劑裝疫苗批號：_____ | | 十劑裝疫苗批號：_____ |
| 單劑裝疫苗批號：_____ | | |
| 疫苗款式 | 注射式 流感疫苗 | 噴鼻式 流感疫苗 |
| (a) 此校申請疫苗數量* *(須與疫苗申請確認通知書一致) | 十劑裝：_____ 劑 單劑裝：_____ 劑 | 十劑裝：_____ 劑 |
| (b) 已使用疫苗數量 | 十劑裝：_____ 劑 單劑裝：_____ 劑 | 十劑裝：_____ 劑 |
| (c) ※曾放置於室溫的 已失效疫苗數量 | 十劑裝：_____ 劑 單劑裝：_____ 劑 | 十劑裝：_____ 劑 |
| (d) 被污染/損壞 須棄置的疫苗數量 | 十劑裝：_____ 劑 單劑裝：_____ 劑 | 十劑裝：_____ 劑 |
| 剩餘疫苗數量 = (a) - (b) - (c) - (d) | 十劑裝：_____ 劑 單劑裝：_____ 劑 | 十劑裝：_____ 劑 |
| 如有任何因被污染/損壞(d)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 簽署及蓋章 (由外展隊職員填寫)

簽署：_____

姓名：_____

職位：_____ 電話：_____

醫療機構蓋印

8.18 Students Vaccination Report**(學生接種紀錄報告)**

2024/25 季節性流感疫苗學校外展(免費)計劃 學生接種紀錄報告 (接種日)
2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) 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 傳真此表格至衛生防護中心項目管理及疫苗計劃科(傳真號碼: 2320 8505)

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) 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 : 1st dose 2nd dose

(只適用於小學及幼稚園幼兒中心) 第一次到校 (1st visit)
For Primary Schools and KG/CCC only 1st visit

第二次到校 (2nd visit)
只適用於小學 (for Primary Schools only) 2nd visit

全校總學生人數 : _____
 Total no. of students in school : _____

同意接種人數 : _____
 Total no. of consented students : _____

實際接種人數* : _____
 Total no. of vaccinated students* : _____

貴校有否於季節性流感疫苗學校外展活動中安排學生接種其他疫苗 (例如: 新冠疫苗)?
 Has your School arranged other vaccination (e.g. COVID-19 vaccination) for students during the SIV School Outreach activity?


有 YES 沒有 NO

疫苗種類 Type of Vaccine : 新冠疫苗 COVID-19 Vaccine
 其他(請注明) Others (please specify) :

實際接種人數 Actual no. vaccinated* : _____

*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)

| | | |
|---|---|---|
| <p align="center">由醫療機構職員填寫 Fill in by medical organisation staff</p> <p>簽署 : _____ Signature : _____</p> <p>姓名 : _____ Name : _____</p> <p>職位 : _____ Post : _____</p> <p>電話 : _____ Contact No. : _____</p> |  | <p align="center">由學校職員填寫 Fill in by school staff</p> <p>簽署 : _____ Signature : _____</p> <p>姓名 : _____ Name : _____</p> <p>職位 : _____ Post : _____</p> <p>電話 : _____ Contact No. : _____</p> |
| 醫療機構蓋印 Clinic Chop | | |

8.19 Clinical Waste Temporary Storage Handover Form (醫療廢物暫存轉交記錄)

衛生署
2024/25 季節性流感疫苗學校外展(免費)計劃
公私營合作外展隊
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，參與外展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。
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： _____

乙、醫療廢物轉交詳情：

| 疫苗接種場次 (只適用於小學及幼稚園/幼兒中心 For Primary Schools and KG/CCC only) (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(第一天) <input type="checkbox"/> 接種第一劑(第二天)(小學適用) <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

8.20 Notification to Parents –
Seasonal Influenza Vaccination Has Not Been Given (English)

Date _____

Dear Parents/ Guardians of _____ (Name of Student/ Class),

2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) Programme
Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given

The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Quadrivalent Seasonal Influenza Vaccination (SIV) to students at your child's school today.

After the assessment, the vaccination team **did not** vaccinate your child because* your child:

- was 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 SIV for your child at his/ her school. Please arrange vaccination for your child at your family doctor's clinic or any private clinics.

Under the Vaccination Subsidy Scheme (VSS) of DH, children who are Hong Kong residents are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "*List of Participating Doctors*" to see whether the individual doctor charges service fee, the amount they charge and their address (<https://apps.hcv.gov.hk/SDIR/EN/index.aspx>).



"List of Vaccination Subsidy Scheme Participating Doctors"

Name of Medical Organisation : _____

Telephone Number : _____

*Vaccination team please tick the appropriate

8.21 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Chinese)

_____ (學生姓名/班別) 的家長/監護人：

2024/25 季節性流感疫苗學校外展 (免費) 計劃 家長通知書 - 未有接種季節性流感疫苗

衛生署已安排由指定的醫療機構提供的疫苗接種隊於今天到 貴子女就讀的學校為學生接種四價季節性流感疫苗。

經評估後，接種隊沒有為 貴子女接種流感疫苗，原因*是 貴子女：

- 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 貴子女接種季節性流感疫苗。請 貴家長自行安排 貴子女到你們的家庭醫生的診所或任何一間私家醫生診所接種。

衛生署的「疫苗資助計劃」下，有香港居民身份的兒童，可前往參與計劃的私家醫生診所接種獲政府資助的流感疫苗。參與計劃醫生可能收取或不收取服務費。家長可從「參與計劃醫生名單」(<https://apps.hcx.gov.hk/SDIR/Zh/index.aspx>) 中，參閱個別醫生會否收取服務費，收費水平及其診所地址



「參與「疫苗資助計劃」醫生名單」

醫療機構名稱： _____

電話： _____

日期： _____

* 接種隊請在合適的 內加上「✓」號

8.22 Clinical Incident Notification FormSEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) PROGRAMME
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP
 Fax: 2984 9608
 Email: sivon@dh.gov.hk

From: _____ (Name of Medical Organization)
 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): | | <ul style="list-style-type: none"> - 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 2128) <u>And</u> followed by this written Clinical Incident Notification Form - The completed form should be returned to the PMVD by email (sivon@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: _____ | | | | | | | |
| Date of incident (dd/mm/yyyy): _____ | | | | Time (24 hr format): _____ | | | |
| Place of occurrence: | | <input type="checkbox"/> In the School <input type="checkbox"/> Others, please specify: _____ | | | | | |
| Stage of care when incident occur | | <input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> 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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) PROGRAMME
CLINICAL INCIDENT NOTIFICATION FORM**

(RESTRICTED)

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| | | | | | | | |
| Summary of the incident: <i>(including what happened, how it happened, and what actions were taken etc.)</i> | | | | | | | |
| Any property damage? <input type="checkbox"/> Yes, details: _____ <input type="checkbox"/> No | | | | | | | |
| II. Reporter's Information | | | | | | | |
| Name (in Full) : Mr / Ms/ Dr _____ | | | | Post: Please tick the appropriate box below: | | | |
| Phone: _____ | | | | <input type="checkbox"/> Doctor | | | |
| | | | | <input type="checkbox"/> Nurse | | | |
| Email: _____ | | | | <input type="checkbox"/> Other healthcare professionals, please specify: _____ | | | |
| 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> |
|------------------------|---|

8.23 Clinical Incident Investigation Report

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) PROGRAMME CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP
 Fax: 2984 9608
 Email: ivtop@dh.gov.hk

From: _____ (Name of Medical Organization)
 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: | | <input type="checkbox"/> In the School <input type="checkbox"/> Others, please specify: _____ | | | | |
| Stage of care when incident occur | | <input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> 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: <i>(including what happened, how it happened)</i> | | | | | | |
| | | | | | | |

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) PROGRAMME
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

| |
|--|
| |
| Actions taken for this incident: |
| Remedial measures to prevent future similar occurrences: |
| Other recommendations and comments: |
| Reporter's Information |
| Name (in Full) : Dr _____ Phone: _____ Email: _____ Date: _____ |

SAMPLE

8.24 Defective Vaccine Form

衛生署

2024 / 25 季節性流感疫苗學校外展 (免費)

被污染 / 損壞的疫苗 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報告，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此報告傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927 ; 電郵地址：pilotsiv@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 詳細紀錄

| | | |
|--|------------------------------|--|
| 疫苗款式 | <input type="checkbox"/> 注射式 | <input type="checkbox"/> 噴鼻式 |
| 批號 | | |
| 有效期限 (年/月/日) | | / / |
| 被污染 / 損壞的疫苗的總劑量 | | |
| 展示被污染 / 損壞的疫苗的照片 | 有 / 否 | 有 / 否 |
| 醫療服務提供者曾否為接受者注射過有關疫苗？ | 有 / 否 | 有 / 否 |
| 如發生注射器洩漏或疫苗容器破裂，醫療服務提供者的皮膚曾否直接接觸到溶液？ | | 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： | |

8.25 Additional Points-to-Note regarding Hybrid Mode

For schools opting for Hybrid Mode (i.e. providing both IIV and LAIV)

1. Overall arrangement

- The overall arrangement is similar to previous arrangement. Please refer to the Doctors' Guide for details.
- Additional points-to-note regarding hybrid mode are described below.

2. Liaison with schools on date of vaccination activity

- Recommended date: follow the usual schedule of first dose by December 2024 (preferably by November 2024) and the second dose by January 2025
- Vaccination activity could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively).

3. Selection of vaccination venue

- If the outreach activity is arranged in the same vaccination session with segregation (i.e. different locations in school), please collaborate with school to ensure that the students could reach the correct vaccination venue and avoid mixing up students receiving different vaccine.
- The vaccination venue should have enough space to allow for any emergency treatment or resuscitation.

4. Provision of adequate information to vaccine recipients

- Specifically designed hybrid mode *Consent Forms* (green consent form) will include essential information on IIV and LAIV, so parents/guardians can make an informed choice.

5. Handling of consent forms

- Please note that specifically designed hybrid mode *Consent Forms* (green consent form) for IIV and LAIV is to be used.
- It is the responsibility of the doctor to ensure that the Consent Forms are completely filled in and signed by parents/guardians. Please clarify with the parents/ guardians for the improperly filled Consent Forms **especially for the choice of vaccine**.
- Provide two separate **password-protected Excel table** (for IIV and LAIV respectively) with names of consented students (*Consented Student List*) to PMVD.

6. Generation of report and vaccination list

- **Two First Report** (for IIV and LAIV respectively) will be generated. Doctors should log on to eHS(S) at least three weeks before vaccination day to verify and match the information on the

collected *Consent Forms* with the *Consented Student List* on eHS(S).

- Issue *two* lists of students (for IIV and LAIV respectively) requiring vaccination to teachers at least one week before the vaccination day.
- Download and double-check the *two* **final report** and *two* **On-site Vaccination List** (for IIV and LAIV respectively) **THREE Working Days** before vaccination day.

7. Vaccine ordering

a. Your organisation may order both IIV and LAIV by submitting **one** Vaccine Ordering Form only if both IIV and LAIV would be provided in the same vaccination session (i.e. same day, same session and different locations in school).

b. If vaccination activities will be separated by two different sessions or two different days, please order IIV and LAIV by separate Vaccine Ordering Forms.

8. Vaccine administration and post vaccination

- Pay extra attention (e.g. to strictly apply the **3 checks 7 rights**) to ensure the right student will receive the right vaccine.
- The injection staff should keep the student informed of the vaccine to be administered.
- The injection staff should be familiar with the procedure of administrating the corresponding vaccine (IIV or/and LAIV).
- Ensure to document the right information (e.g. type of vaccine) on the vaccination card.
- Ensure the corresponding *Information on Side Effects* is distributed to students.

8.26 Additional Points-to-Note for PS/SSs Providing LAIV

1. Overall arrangement

- The overall arrangement is similar to previous arrangement. Please refer to the Doctors' Guide for details.
- Additional points-to-note are described below.

2. Handling of consent forms

- The **green** consent form for LAIV will be used for **SS**
- The **pink** consent form for LAIV will be used for **PS**.

3. Vaccine ordering

- a. Please complete and submit the usual Vaccine Ordering Form at least two weeks prior to vaccination day to confirm with PMVD.
- b. LAIV will be supplied.

4. Vaccine administration

- c. The injection staff should keep the student informed of the vaccine to be administered.
- d. The injection staff should be familiar with the procedure of administering the corresponding vaccine (please refer to Doctors' Guide session 4.9.2 on LAIV).