

**2024/25**  
**Seasonal Influenza Vaccination**  
**School Outreach**  
**(Free of Charge) Programme (SIVSOP)**

**Schools' Guide for**  
**Secondary Schools, Primary Schools,**  
**Kindergartens, Kindergarten-cum-**  
**Child Care Centres and Child Care**  
**Centres**

Updated in September 2024

|  |    |
|--|----|
| DISCLAIMER .....   | 3  |
| 1. Introduction.....   | 4  |
| 2. Application and Eligibility .....   | 5  |
| 3. Timeline for Preparation by Schools .....   | 7  |
| 3.1 Preparation before 1 <sup>st</sup> dose of Seasonal Influenza Vaccination .....  | 7  |
| 3.2 Arrangement of the 1 <sup>st</sup> dose Vaccination Day.....   | 10 |
| 3.3 Arrangement of the 2 <sup>nd</sup> dose Vaccination Day.....   | 14 |
| 4. Temporary Storage of Clinical Waste .....   | 16 |
| 4.1 Preparation for Temporary Storage of Clinical Waste .....  | 16 |
| 4.2 Specifications of Cabinet for Temporary Storage of Clinical Waste .....  | 17 |
| 4.3 Handover of Clinical Waste (Sharps Box).....   | 18 |
| 4.4 Collection of Clinical Waste .....   | 19 |
| 5.1 Additional Points-to-Note regarding Hybrid Mode .....  | 20 |
| 5.2 Additional Points-to-Note for PS/SS Providing LAIV .....   | 23 |
| 5.3 Notice to Parents – Organize Hybrid Mode Vaccination Activities.....   | 24 |
| 6. Useful Form .....   | 25 |
| Appendix 1 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach<br>(Free of Charge) Programme- Injectable Vaccine (Inactivated) ..... | 27 |
| Appendix 2 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach ..  | 31 |
| Appendix 3 The Number of Students Consented to Vaccination of Each Class.....  | 33 |
| Appendix 4 Consent Forms Receipt Note .....  | 36 |
| Appendix 5 Consented (Seasonal Influenza Vaccination) Student List-First Dose.....   | 38 |
| Appendix 6 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week<br>before the 1st dose of Vaccination Day- Consented).....        | 39 |
| Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week<br>before the 1st dose of Vaccination Day- Non-Consented).....    | 40 |

Appendix 7 List of Students Withheld Seasonal Influenza Vaccination (On the Vaccination Day) 41

Appendix 8 Consented (Seasonal Influenza Vaccination) Student List-Second Dose ..... 42

Appendix 9 Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2nd dose of Vaccination Day)..... 43

Appendix 10 Seasonal Influenza Vaccination Information on Side Effects ..... 44

Appendix 11 Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement ..... 46

Appendix 12 Seasonal Influenza Vaccination Card..... 48

Appendix 13 Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given 49

Appendix 14 Student Vaccination Report (On Vaccination Day)..... 51

Appendix 15 Clinical Waste Temporary Storage Handover Note ..... 52

Appendix 16 Clinical Waste Trip Ticket..... 53

## **DISCLAIMER**

This Schools' Guide for 2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) Programme (SIVSOP) illustrates the roles and responsibilities of the participating schools, including secondary schools (SS), primary schools (PS), kindergartens (KGs), kindergarten-cum-child care centres (KG/CCCs), and child care centres (CCCs) when collaborating with the Department of Health (DH)/ private medical organisations to provide outreach vaccination to students at schools.

The contents of this Guide will be updated from time to time for schools' reference. Please refer to the latest version at the following link ([https://www.chp.gov.hk/files/pdf/schoolguide\\_eng.pdf](https://www.chp.gov.hk/files/pdf/schoolguide_eng.pdf)). If you have any comments or questions, please contact Programme Management and Vaccination Division (PMVD), DH, at 2125 2128.

The English version shall prevail in case of any discrepancy or inconsistency between the English and Chinese versions.

Centre for Health Protection,  
Department of Health,  
The Government of Hong Kong Special Administrative Region  
of the People's Republic of China  
May 2024

## 1. Introduction

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. In order to lower the risks of serious complications and hospitalisation from seasonal influenza infection, the Government has been providing subsidised/ free seasonal influenza vaccination (SIV) to eligible children aged 6 months to less than 12 years (or aged 12 years or above but attending primary schools in Hong Kong).

In 2024/25, SIVSOP will continue to provide the SIV outreach services for SS, PS and KG/CCCs.

This Guide serves as a reference for schools. The information covers:

- Application and Eligibility for the Programme;
- Preparation before vaccination; and
- Arrangements on the vaccination day and upon completion of vaccination.

More information about SIVSOP including Frequently Used Forms, Presentation Materials in Briefing Sessions, Videos on Venue Setup and Temporary Storage of Clinical Waste, please refer to the webpage: <https://www.chp.gov.hk/en/features/100634.html>.

The vaccination teams will contact school regarding the upcoming outreach activity in due course. Please assign a responsible teacher/staff of the school to follow up with the vaccination team for the detailed arrangement. If you have any enquiries, please contact DH at 2125 2128 or your vaccination team. Please notify us as soon as possible if there is any change in the vaccination activity in special circumstances.

## **2. Application and Eligibility**

### ***Application***

All secondary schools (including the secondary section of special schools), primary schools (including the primary section of special schools) and pre-primary institutions, including KGs, KG-cum-CCCs, CCCs and special CCCs can join the Programme.

All schools should apply for the Programme on or before 15 July 2024, either through Self-selection of Doctors or by DH-matching. For schools joining the Programme through Self-selection of Doctors, they may choose a doctor/ medical organisation from the list posted on the Centre for Health Protection website (<https://www.chp.gov.hk/en/features/100634.html>). Application results will be released in August 2024.

### ***Eligibility***

All students attending the participating SS, PS, KGs, KG/CCCs, or CCCs and who have not received SIV in the 2024/25 season are eligible for free SIV under the Programme. Those under the age of 9 who have never received SIV before are eligible to receive two doses of free SIV with a minimum interval of 4 weeks.

Parents/ guardians of the students must fill in and sign the consent forms; and consent to provide students' personal data to the Government or other relevant healthcare personnel.

***Remarks***

Schools not joining the 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) may consider the Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed) Programme. Persons other than students can receive SIV in a different session at schools, but the Government only provides subsidies to the persons of VSS eligible groups. Persons ineligible under VSS can join the activity with self-payment.

Schools and doctors/ medical organisations should **stay clear of** engaging in any **improper financial or profitable transactions** during the participation of the 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and/ or VSS School Outreach (Extra Charge Allowed) Programme.

### 3. Timeline for Preparation by Schools

#### 3.1 Preparation before 1<sup>st</sup> dose<sup>1</sup> of Seasonal Influenza Vaccination

A general timeline of the preparation before the vaccination is provided as below for your reference.

| Date   | Preparatory Work   |
|--|--|
| <b>By 28 July 2024</b>                             | 1. Confirm the 1 <sup>st</sup> and 2 <sup>nd</sup> dose (if any) vaccination dates with the vaccination team <ul style="list-style-type: none"> <li>➤ Proposed schedule : 1<sup>st</sup> dose (Oct to Mid-Dec), 2<sup>nd</sup> dose (recommended to be at least <b>6 weeks</b> apart to allow logistic preparation for the 2<sup>nd</sup> dose, before the end of Jan 2025)</li> <li>➤ Please note that the vaccination date by School Immunisation Teams (SIT) is recommended to be at least one week apart (applicable to PS and KG/CCCs)</li> <li>➤ Vaccination team will inform Programme Management and Vaccination Division for the vaccination dates</li> </ul> |
| <b>End of August</b>                               | 2. Check and receive the Consent Forms delivered to the school directly from the printing agent.   |
| <b>At least 8 weeks before the vaccination day</b> | 3. Distribute the <b>Consent Forms (Appendix 1 or Appendix 2)</b> to the parents/ guardians. <ul style="list-style-type: none"> <li>➤ Before distributing to parents, school staff please fill in:                             <ul style="list-style-type: none"> <li>(i) The date of 1<sup>st</sup> dose of SIV vaccination; and</li> <li>(ii) The date for school to collect the consent forms</li> </ul> </li> </ul>  |
| <b>At least 6 weeks before the vaccination day</b> | 4. Collect and check the signed Consent Forms to <b><u>ensure they have been completed fully</u></b> . Samples of the <i>Consent Forms</i> can be seen in <b>Appendix 1 or Appendix 2</b> .<br>5. Separate the <i>Consent Forms</i> into: <ul style="list-style-type: none"> <li>(i) <b><u>Consent</u></b> for vaccination; and</li> </ul>   |

<sup>1</sup> 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.



|  |  |
|--|--|
|  | <p>(ii) <b><u>Not consent</u></b> for vaccination</p> <p>6. Sort out the <i>Consent Forms</i> for vaccination by class and class no. in ascending order (vaccination teams will arrange staff for collection at school). The <b><u>Not consent</u></b> forms are to be retained for your school's record.</p> <p>7. Complete <b>2 copies</b> of <i>The Number of Students Consented to Vaccination of Each Class</i> (<b>Appendix 3</b>).</p> <p>8. Vaccination teams will contact participating schools, arrange staff to collect Consent Forms (<b>Appendix 1 or Appendix 2</b>) for vaccination and the form of <i>The Number of Students Consented to Vaccination of Each Class</i> (<b>Appendix 3</b>), and complete the <i>Consent Forms Receipt Note</i> (<b>Appendix 4</b>).</p> <p>9. Please fax a copy of <i>The Number of Students Consented to Vaccination of Each Class</i> (<b>Appendix 3</b>) to the Programme Management and Vaccination Division of the Centre for Health Protection (Fax number: <b>2320 8505</b>) <u>within ONE working day after collection of Consent Forms</u> (at least 6 weeks before the vaccination date).</p> <p>10. Assist vaccination teams in verifying the particulars of the students listed in the <i>Consent Forms</i>.</p> <p>11. Liaise with the vaccination team regarding the issues on the vaccination day, which includes:</p> <ul style="list-style-type: none"><li>➤ Starting time, logistics, manpower and venue setup</li><li>➤ The temporary storage of clinical waste (See Section 4)</li><li>➤ Management of Emergency Situation (See Figure 1)</li><li>➤ Arrangement of Health talk/ Provision of hotlines to the School</li><li>➤ School suspension arrangement (e.g. inclement weather, communicable disease outbreak, etc.)</li></ul> |
|--|--|

|   |   |
|---|---|
| <p><b>2 to 3 weeks before the vaccination day</b></p> | <p>12. Do not arrange other vaccination activities within one week before or after the scheduled vaccination date.</p> <p>13. Observe for any conditions that may affect the number of students to receive vaccination, e.g. infectious diseases outbreak or other sudden incidents/ special activities which cause consented students being not able to receive the vaccines on the vaccination day. If any, please inform vaccination teams as soon as possible.</p> <p>14. Reserve the venue, resources and manpower, including:</p> <ul style="list-style-type: none"> <li>(i) Hall or spacious venues, e.g. multipurpose room</li> <li>(ii) Tables, chairs, mattresses, and rubbish bins for use on the vaccination day</li> <li>(iii) <b>Lockable cabinet(s)</b> for temporary storage of sharps boxes (size 26 x 25 x 17 cm each)</li> <li>(iv) Teachers who accompany students to the venue</li> <li>(v) School staff/ workers/ volunteers who assist vaccination</li> </ul> <p>15. Check with the vaccination team to arrange temporary storage of clinical waste at the school until collection of clinical waste if the waste could not be collected or delivered on the date of vaccination. Please refer to Section 4 for more details.</p> <p>16. There are videos on venue set up and temporary storage of clinical waste for reference. Please refer to the link below at:<br/> <a href="https://www.chp.gov.hk/en/features/101928.html">https://www.chp.gov.hk/en/features/101928.html</a></p> |
| <p><b>1 week before the vaccination day</b></p>       | <p>17. Vaccination team will send the <i>Consented (Seasonal Influenza Vaccination) Student List- First Dose (Appendix 5)</i> to school.</p> <p>18. Distribute the <i>Notice to Parents on Seasonal Influenza Vaccination-First Dose (One Week before the 1<sup>st</sup> dose of Vaccination Day) (Appendix 6)</i> according to the Consented Student list</p> <ul style="list-style-type: none"> <li>➤ Remind parents to inform the school immediately if students have received the 2024/25 Seasonal Influenza Vaccine after 1 September 2024</li> </ul>  |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>➤ Remind students to bring the old <i>Seasonal Influenza Vaccination Card (Appendix 12)</i>, if any, on the vaccination day</li> <li>➤ Remind students to have breakfast on the vaccination day</li> <li>➤ Arrange all consented students to wear clothes that the arm of students can be exposed easily for vaccination (if receiving the injectable vaccine)</li> </ul> |
|--|--|

### 3.2 Arrangement of the 1<sup>st</sup> dose Vaccination Day

A general timeline is provided below for your reference. See Figure 1 for the details.

| Date                          | Preparation and Arrangement   |
|-------------------------------|---|
| <b>On the vaccination day</b> | <p><b>Before the start of vaccination activity:</b></p> <ol style="list-style-type: none"> <li>1. Confirm the venue, resources, and manpower are ready (See Pt. 14 under Section 3.1).</li> <li>2. The vaccination team will be responsible for arranging the vaccine delivery/receiving vaccines at school. Please support the vaccination team to arrange a safe and cool area for vaccine storage.</li> <li>3. If the consented students cannot have vaccination due to individual circumstances, e.g. absence, sick leave, etc., please fill in <i>List of Students Withheld Vaccination on the Vaccination Day (On the Vaccination Day) (Appendix 7)</i> and submit to the vaccination team <u>before the vaccination activity starts</u>.</li> </ol> <p><b>During vaccination activity:</b></p> <ol style="list-style-type: none"> <li>4. Responsible teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. <b><u>Extra precaution should be exercised to identify students who may have similar surname or given names, and students' parents should be contacted for confirmation if in doubt.</u></b> (For KG/ CCC: Remind teachers that students need to wear their name</li> </ol> |

|  |   |
|--|---|
|  | <p>badges or bring their handbooks or student cards with photos for identification).</p> <p>5. Distribute the signed <i>Consent Forms</i> to each student and arrange them to line up for vaccination.</p> <p>6. After completing the vaccination, the teacher guides the students to the observation area. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.</p> <p><b>Upon completion of vaccination:</b></p> <p>7. After vaccination, vaccination team would <b>pass</b> the following documents to teachers:</p> <ul style="list-style-type: none"><li>➤ Consented (Seasonal Influenza Vaccination) Student List-Second Dose (<b>Appendix 8</b>)</li><li>➤ Seasonal Influenza Vaccination Information on Side effects (<b>Appendix 10</b>)</li><li>➤ Seasonal Influenza Vaccination Information on Side effects and 2<sup>nd</sup> dose Arrangement (<b>Appendix 11</b>)</li><li>➤ Seasonal Influenza Vaccination Card (<b>Appendix 12</b>)</li><li>➤ Notification to Parents-Seasonal Influenza Vaccination Has Not Been Given (<b>Appendix 13</b>)</li></ul> <p>Please distribute the corresponding documents to the students according to the following situation:</p> <p>(i) <u>Students who require 2<sup>nd</sup> dose of SIV Vaccination (For PS and KG/CCC only)</u></p> <ul style="list-style-type: none"><li>➤ The Vaccination team should provide a <i>Consented (Seasonal Influenza Vaccination) Student List-Second dose (Appendix 8)</i> to the school staff</li></ul> |
|--|---|

|  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>➤ Please base on the above list and distribute Seasonal Influenza Vaccination Information on Side Effects and 2<sup>nd</sup> dose Arrangement (<b>Appendix 11</b>) to the relevant students</li><li>➤ Keep their <i>Seasonal Influenza Vaccination Card</i> (<b>Appendix 12</b>) in school (for distribution after completing the 2<sup>nd</sup> dose of SIV vaccination)</li></ul> <p>(ii) <u>Students who do not require 2<sup>nd</sup> dose of Seasonal Influenza Vaccination</u></p> <ul style="list-style-type: none"><li>➤ Distribute <i>Seasonal Influenza Vaccination Card</i> (<b>Appendix 12</b>)</li><li>➤ Distribute <i>Seasonal Influenza Vaccination Information on Side Effects</i> (<b>Appendix 10</b>)</li></ul> <p>(iii) <u>Students withheld Seasonal Influenza Vaccination on the vaccination day</u></p> <ul style="list-style-type: none"><li>➤ Distribute <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (<b>Appendix 13</b>)</li></ul> <p>8. The responsible teacher confirms with the vaccination team and completes <i>Student Vaccination Report (On Vaccination Day)</i> (<b>Appendix 14</b>). Then fax to DH <u>within one working day</u> after completion of each vaccination activity.</p> |
|--|--|

**Figure 1. A Schematic Diagram Illustrating an Example of Vaccination Venue Setup and Logistics on the Vaccination Day**

**Registration Counter**

- ✓ Submit a *List of Students Withheld Vaccination on the Vaccination Day* to the vaccination team
- ✓ Teachers receive the *Consent Forms* from Registration Counter



**Waiting Area**

- ✓ Assist students in lining up in ascending class numbers
- ✓ Distribute the *Consent Forms* to students



**Vaccination Area**

- ✓ School staff/ workers/ volunteers assist in holding students
- ✓ Vaccination team provides vaccination to students



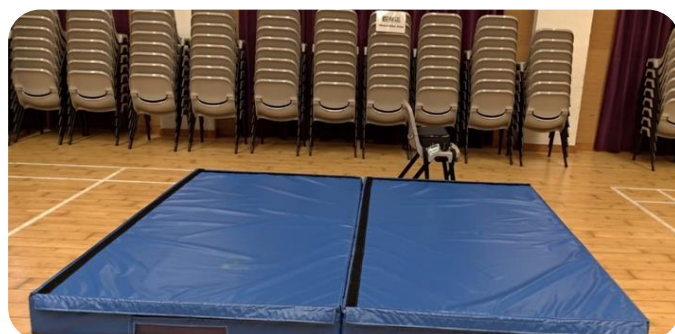
**Observation Area**

- ✓ Students can leave the vaccination venue 15 minutes after vaccination if they show no signs of discomfort



**Treatment Area**

- ✓ Vaccination may cause serious adverse reactions; therefore mattress is prepared for emergency assessment and management if needed



### 3.3 Arrangement of the 2<sup>nd</sup> dose Vaccination Day

**(Applicable for primary schools and KG/CCCs only)**

Children 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. Under SIVSOP, it is advisable to arrange the 2<sup>nd</sup> dose activities 6 weeks apart to allow more time for preparation for the 2<sup>nd</sup> dose. Preparation and arrangement of the 2<sup>nd</sup> dose vaccination are similar to that of the 1<sup>st</sup> dose. Fewer students are expected in the 2<sup>nd</sup> dose. Parents do not need to sign the *Consent Forms* again.

A general timeline is provided below for your reference. See Figure 1 for the details.

| Date  | Preparation and Arrangement  |
|---|--|
| <p><b>1 week before the vaccination day</b></p> | <ol style="list-style-type: none"> <li>1. <i>The vaccination team should provide a Consented (Seasonal Influenza Vaccination) Student List-Second dose (Appendix 8) to school staff upon completion of the 1<sup>st</sup> dose vaccination activity. Please check with the vaccination team if any updates are required.</i></li> <li>2. <i>Distribute the Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2<sup>nd</sup> dose of Vaccination Day) (Appendix 9) according to the Consented Student List.</i> <ul style="list-style-type: none"> <li>➤ <i>Inform school and vaccination team immediately if students had received <u>2<sup>nd</sup> dose</u> of 2024/25 Seasonal Influenza Vaccine after 1 September 2024.</i></li> <li>➤ <i>Remind students to bring an old <i>Seasonal Influenza Vaccination Card (Appendix 12), if any</i>, on the vaccination day.</i></li> <li>➤ <i>Remind students to have breakfast on the vaccination day.</i></li> <li>➤ <i>Arrange all consented students to wear clothes so that the arm of the students can be exposed for vaccination (if receiving injectable vaccine).</i></li> </ul> </li> </ol> |
| <p><b>On the vaccination day</b></p>            | <ol style="list-style-type: none"> <li>3. <i>Similar to the arrangement on the day of 1<sup>st</sup> dose vaccination activity</i></li> </ol>  |

|  |   |
|--|---|
|  | <p><b>Upon completion of vaccination:</b></p> <p>4. Vaccination team will provide the following documents to the teacher. Please distribute the corresponding documents to the students according to the following situation:</p> <p><u>i) Students completed 2<sup>nd</sup> dose of Seasonal Influenza Vaccine</u></p> <ul style="list-style-type: none"><li>➤ Distribute <i>Seasonal Influenza Vaccination Card (Appendix 12)</i></li><li>➤ Distribute <i>Seasonal Influenza Vaccination Information on Side Effects (Appendix 10)</i></li></ul> <p><u>ii) Students withheld vaccination on the vaccination day</u></p> <ul style="list-style-type: none"><li>➤ Distribute <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 13)</i></li></ul> <p>5. The responsible teacher confirms with vaccination team and completes <i>Student Vaccination Report (On Vaccination Day) (Appendix 14)</i>. Then fax to DH <u>within one working day</u> after completing each vaccination activity.</p> |
|--|---|



## 4. Temporary Storage of Clinical Waste

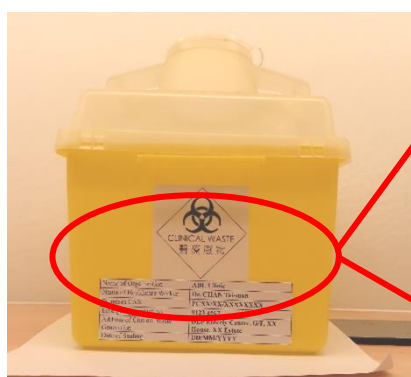
### 4.1 Preparation for Temporary Storage of Clinical Waste

The vaccination team would arrange schedule of collecting clinical waste on the same day as far as possible. In case the clinical waste cannot be collected at the end of activities, vaccination team would liaise with the school **two weeks** before the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector.


Vaccination team would liaise with licensed clinical waste collectors for collection and inform the school of the arrangement.

- i. Secondary School Outreach: clinical waste to be collected **within 2 weeks after 1<sup>st</sup> dose activity**
- ii. Primary School Outreach: clinical waste to be collected **within 2 weeks after each of the 1<sup>st</sup> and 2<sup>nd</sup> dose activity**
- iii. KG/CCC Outreach (and schools located in remote areas and on islands): clinical waste to be collected **within 2 weeks after the 2<sup>nd</sup> dose activity.**

Vaccination Team should affix a label on each clinical waste container requiring temporary storage (see Figure 2).



**Figure 2. Example of a Labelled Clinical Waste Container**

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

## 4.2 Specifications of Cabinet for Temporary Storage of Clinical Waste


The school **must** provide lockable cabinet(s) for the temporary storage of the sharps boxes (size 26 x 25 x 17 cm each) (See Figure 2). The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorized persons only, away from the area of food preparation and storage, and properly locked and labelled.

A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see Figure 3).

- The cabinet must be located in a covered place unaffected by weather
- Depending on the number of vaccinated students and vaccination, the cabinet should be able to contain about 6-8 sharps boxes



**Figure 3. Example of Warning Sign and Label on Temporary Storage Cabinet**

|                              |   |
|------------------------------|---|
| Name of doctor               | Dr XXX  |
| Name of medical organisation | XXX Clinic  |
| Emergency contact no.        | XXXX-XXXX   |
| Premises code                | PC02/XX/XXXXXXXXXXXX  |
| Clinical waste warning sign  |  |

### 4.3 Handover of Clinical Waste (Sharps Box)

- The vaccination team should fill in the *Clinical Waste Temporary Storage Handover Note (Appendix 15)* (Figure 4) when transferring the clinical waste to the school staff.
- The school staff has to fill in his/ her name, post and contact number; to sign and stamp the school chop on the *Clinical Waste Temporary Storage Handover Note (Appendix 15)* (Figure 4).
- Both the vaccination team and the school should keep a copy of the completed form *Clinical Waste Temporary Storage Handover Note (Appendix 15)* for record.

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，核對數量後，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<br><small>(只適用於小學及幼稚園/幼兒中心<br/>For Primary Schools and KG/CCC only)<br/>(請在適當的位置加上“✓”號)</small>             | 利器收集箱 數量 |
|--|----------|
| <input type="checkbox"/> 接種第一劑(第一天)<br><input type="checkbox"/> 接種第一劑(第二天)(小學適用)<br><input type="checkbox"/> 接種第二劑 | _____ 個  |

丙、醫療機構及學校簽署及蓋印

|  |  |
|--|--|
| <p style="text-align: center;">由醫療機構職員填寫</p> <p>簽署： _____</p> <p>姓名： _____</p> <p>職位： _____</p> <p>電話： _____</p> <p style="text-align: center;">醫療機構蓋印</p> | <p style="text-align: center;">由學校職員填寫</p> <p>簽署： _____</p> <p>姓名： _____</p> <p>職位： _____</p> <p>電話： _____</p> <p style="text-align: center;">學校蓋印</p> |
|--|--|

SIVSO\_D\_B2  
最後更新：2024年5月

By Medical Organisation

By School

Figure 4. Clinical Waste Temporary Storage Handover Note

#### 4.4 Collection of Clinical Waste

- Upon collection, school staff and clinical waste collector should confirm the quantity and weight of sharps boxes. School staff should sign on the *Clinical Waste Trip Ticket* (**Appendix 16**) (Figure 5).

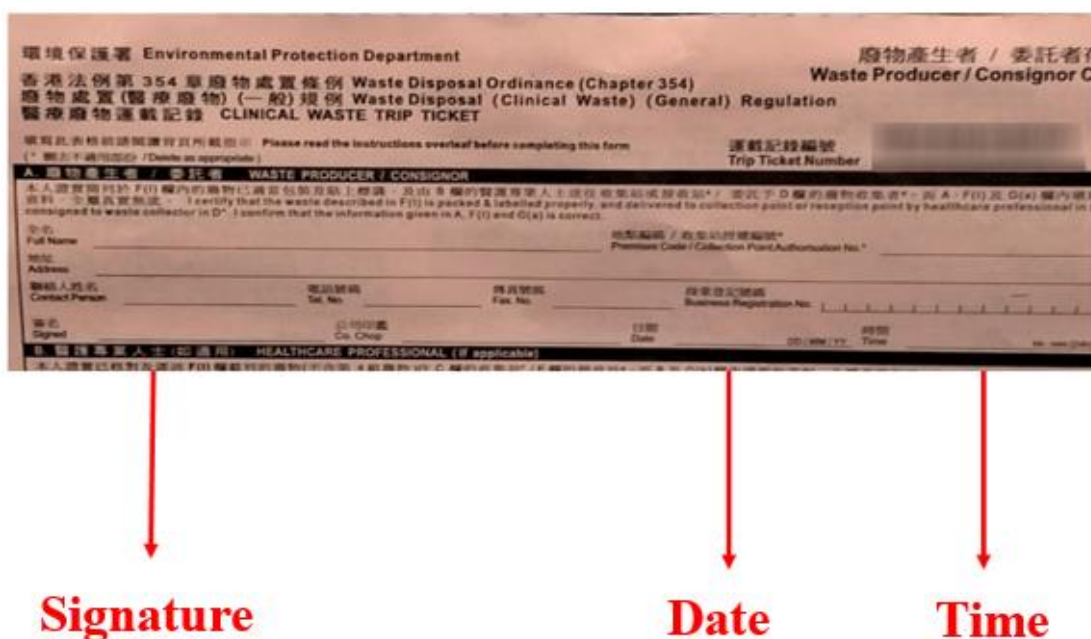


Figure 5. Clinical Waste Trip Ticket

## 5.1 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 Schools' Guide for details.
- Additional points-to-note regarding hybrid mode are described below.

#### 2. Distribution of information sheets and consent forms

- Please note that specifically designed hybrid mode *Consent Forms* (green consent form) is to be used, which had been distributed to schools already.
- Schools may also issue a “Notice to Parents/Guardians” together with the consent forms to parents, or by other means to inform parents of the following information:
  - (i) The date of 1<sup>st</sup> dose of SIV vaccination (for IIV and LAIV); and
  - (ii) The date for school to collect the consent forms

#### 3. Collection of consent forms and handing over to HMOs

- Separate the Consent Forms into:
  - Consent for IIV
  - Consent for LAIV
  - Not Consent for vaccination
- Sort out the Consent Forms for vaccinations of the two groups (IIV/ LAIV) by class and class no. in ascending order (vaccination teams will arrange staff for collection at school). The NOT consent forms are to be retained for your school's record.

#### 4. Liaison with HMO and date of vaccination activity

- Confirm the 1<sup>st</sup> and 2<sup>nd</sup> dose (if any) vaccination dates with HMO

- Proposed schedule : 1<sup>st</sup> dose (Oct to Mid-Dec, preferably by Nov), 2<sup>nd</sup> dose (recommended to be at least **6 weeks** apart to allow logistic preparation for the 2<sup>nd</sup> dose, before the end of Jan 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).

#### **5. Selection of vaccination venue**

- If the outreach activity is arranged in the same vaccination session with segregation (i.e. different locations in school), please ensure that the students could reach the correct vaccination venue and avoid mixing up students receiving different vaccine.

#### **6. On day of activity**

- Before the start of vaccination activity, especially if both IIV and LAIV are provided in the same session/ day:
  - (i) Confirm the venue(s), resources, and manpower are ready
  - (ii) Support the vaccination team for vaccine delivery by arranging a safe and cool area for vaccine storage

#### **7. During vaccination activity**

- Segregation measures (especially if both IIV and LAIV are provided in the same session):
  - (i) Teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. Under hybrid mode, consented students should be separated into two groups: consented for IIV and consented for LAIV.
  - (ii) Students opted for IIV and LAIV should be brought to designated vaccination booth respectively.
  - (iii) Distribute the specific signed Consent Forms to each student and arrange them to line up for vaccination.

- (iv) After completing the vaccination, the teacher guides the students to the observation area under two groups: Vaccinated with IIV & Vaccinated with LAIV. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.

**8. Upon completion of vaccination**

- Ensure the distribution of corresponding documents to students with respect to receiving IIV/LAIV (e.g. Information on Side Effects, vaccination card, etc).

## **5.2 Additional Points-to-Note for PS/SS Providing LAIV**

### **1. Overall arrangement**

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

### **2. Distribution of information sheets and consent forms**

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

### **3. Upon completion of vaccination**

- Ensure the distribution of corresponding documents to students upon receiving LAIV (e.g. Information on Side Effects, vaccination card, etc).



### 5.3 Notice to Parents – Organize Hybrid Mode Vaccination Activities

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

\_\_\_\_\_ (Date of issue)

To: 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. Details are as follows:

| Date | Type of Vaccine Available* |
|------|----------------------------|
|      | Injectable Vaccine         |
|      | Nasal Spray Vaccine        |

\*Choose either one type of vaccine for vaccination

Please read the information in Annex of the Consent Form carefully and **complete the Consent Form** (Part I to Part III) and **return it to the school** by \_\_\_\_\_ (date). Late submission may not be accepted.

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

## 6. Useful Form

The updated useful forms are downloadable in the following link:

<https://www.chp.gov.hk/en/features/100782.html>

Samples of the above useful forms are included in Appendix for easy reference.

| Stage  | Code   | Document   |
|--|--|--|
| Selection of Doctor/<br>Medical Organisation |  | Form B<br>- For Kindergarten/Child Care Centre<br><br>- For Primary School<br><br>- For Secondary School                                     |
| Before vaccination                           | SIVSO_S_A1(KG)   | The Number of Students Consented to Vaccination of Each Class<br>- For KG/CCC  |
|  | SIVSO_S_A1(PS)   | - For Primary School   |
|  | SIVSO_S_A1(SS)   | - For Secondary School   |
|  | SIVSO_S_A2   | Notice to Parents One Week before the First Dose of Vaccination Day (Sample)   |
|  | SIVSO_S_A3   | Notice to Parents One Week before the Second Dose of Vaccination Day (Sample)  |
|  | SIVSO_S_A4<br>SIVSO_S_A4(LAIV)                                     | Seasonal Influenza Vaccination Consent Form (For KG/CCC and Primary School)<br>- Injectable Vaccine<br>- Nasal Spray Vaccine                 |
|  | SIVSO_S_A4_Sec   | Seasonal Influenza Vaccine Consent Form (For Secondary School)   |
| During vaccination                           | SIVSO_S_A4<br>SIVSO_S_A4(LAIV)                                     | Consent Form Sample<br>- Injectable Vaccine<br>- Nasal Spray Vaccine   |
|  | SIVSO_D_A2   | Consent Forms Receipt Note   |
|  | SIVSO_S_B1   | List of Students Withheld Seasonal Influenza Vaccination   |
| After vaccination                            | SIVSO_D_C2<br>SIVSO_D_C2(LAIV)                                     | Seasonal Influenza Vaccine Information on Side Effects<br>- Injectable Vaccine<br>- Nasal Spray Vaccine                                      |
|  | SIVSO_D_C2(2 <sup>nd</sup> )<br>SIVSO_D_C2(LAIV)(2 <sup>nd</sup> ) | Seasonal Influenza Vaccine Information on Side Effects and 2 <sup>nd</sup> Dose Arrangement<br>- Injectable Vaccine<br>- Nasal Spray Vaccine |
|  | SIVSO_S_C1   | Student Vaccination Report (on Vaccination Day)  |

Schools' Guide for 2024/25 SIVSOP


|  |            |   |
|--|------------|---|
|  | SIVSO_D_C4 | Seasonal Influenza Vaccination Card                                   |
|  | SIVSO_D_B2 | Clinical Waste Temporary Storage Handover Note (Chinese version only) |

Appendix Forms from CHP website

(<https://www.chp.gov.hk/en/features/100782.html>)

## Appendix 1 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme- Injectable Vaccine (Inactivated)


### i) For PS, KGs, KG/CCCs, and CCCs

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme<br><b>INJECTABLE VACCINE</b>   |   |
|---|---|
| <b>Part I: Letter to Parents/Guardians (To be retained by Parents)</b>  |   |
| <p>Dear Parents/ Guardians,</p> <p>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 <u>free seasonal influenza vaccination</u> at your child's school on _____ (date).</p> <p><u>Quadrivalent Inactivated Seasonal Influenza Vaccine</u> will be provided <u>by injection</u> to the <u>eligible</u> students.</p> <p>Please read the information in Part II and III carefully and <u>fill in the reply slip</u> (either Part IV or Part V) and <u>return it to the school</u> by _____ (date). Late submission may not be accepted.</p> <p>For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).</p>   |   |
| <p><b>Part II</b></p> <p>Please provide the following information to the school:</p> <p><b>Date for school to collect the consent forms</b><br/>(To be filled in by school)</p> <p><b>1. Why is influenza vaccination recommended for children aged 6 months to 11 years?</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.</li> <li>Serious infection or complications can also occur in healthy individuals.</li> </ul> <p><b>2. Why children aged 6 months to 11 years are recommended as a priority group to receive seasonal influenza vaccination?</b></p> <ul style="list-style-type: none"> <li>Seasonal influenza vaccination is recommended for children 6 months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.</li> <li>Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.</li> </ul> <p><b>3. How many doses of seasonal influenza vaccine (SIV) will my child need?</b></p> <p>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.</p> <p><b>4. What is Quadrivalent Inactivated Influenza Vaccine (IIV)?</b></p> <ul style="list-style-type: none"> <li>The IIV contains inactivated (killed) viruses. IIV is given by injection.</li> <li>Quadrivalent IIV is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.</li> </ul>  | <p><b>Part III</b></p> <p><b>Influenza Vaccine (IIV)</b></p> <p>1. <b>Who should not receive IIV?</b><br/>(To be filled in by school) (IIV)</p> <ul style="list-style-type: none"> <li>People who have a severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine</li> <li>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</li> <li>Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice</li> <li>In case of fever on the day of vaccination, vaccination should be deferred till recovery</li> </ul> <p><b>6. What are the possible side effects following inactivated influenza vaccine (IIV) administration?</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.</li> </ul> <p>For more detailed information, please visit website of Centre for Health Protection of DH:<br/><a href="https://www.chp.gov.hk/en/features/100764.html">https://www.chp.gov.hk/en/features/100764.html</a></p>  |
| <b>Part III: Collection of Personal Data - Statement of Purposes</b>  |   |
| <p><b>Statement of Purpose of Collection of Personal Data</b></p> <p>1. The personal data provided will be used by the Government for one or more of the following purposes:</p> <p>(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;</p> <p>(ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;</p> <p>(iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.</p> <p>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.</p> <p>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.</p> <p><b>Classes of Transferees</b></p> <p>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.</p> <p><b>Access to Personal Data</b></p> <p>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.</p> <p><b>Enquiries</b></p> <p>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)</p> |   |

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

## ii) For Secondary Schools

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme<br>INJECTABLE VACCINE – Secondary School  |   |
|--|---|
| <b>Part I: Letter to Parents/Guardians (To be retained by Parents)</b>   |   |
| Dear Parents/ Guardians,<br>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).<br><u>Quadrivalent Inactivated Seasonal Influenza Vaccine</u> will be provided by <u>injection</u> to the consented students.<br>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.<br>For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 872 (Vaccination enquiry). |   |
| <b>F</b><br><b>P</b><br><b>a</b><br><b>r</b><br><b>t</b><br><b>I</b><br><b>I</b><br><b>I</b>   | <p>PMVD, Centre for Health Protection, 1<sup>st</sup> dose vaccination date</p> <p><b>Personal Influenza Vaccination</b> (To be filled in by school)</p> <p><b>5. Who should not receive the vaccine?</b><br/>What are the contraindications?<br/>• People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine<br/>• Individuals with mild egg allergy who are considering an influenza vaccination can be given IV 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<br/>• Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice<br/>• In case of fever on the day of vaccination, vaccination should be deferred till recovery</p> <p><b>6. What are the possible side effects following inactivated influenza vaccine (IV) administration?</b><br/>• IV 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.<br/>• Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.</p> <p>For more detailed information, please visit website of Centre for Health Protection of DH:<br/><a href="https://www.chp.gov.hk/en/features/100764.html">https://www.chp.gov.hk/en/features/100764.html</a></p>  |
| <b>Part III: Collection of Personal Data - Statement of Purposes</b>   |   |
| <b>Statement of Purpose of Collection of Personal Data</b>   |   |
| 1. The personal data provided will be used by the Government for one or more of the following purposes:<br>(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;<br>(ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;<br>(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.   |   |
| <b>Classes of Transferees</b>  |   |
| 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.   |   |
| <b>Access to Personal Data</b>   |   |
| 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.  |   |
| <b>Enquiries</b>   |   |
| 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 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme<br>INJECTABLE VACCINE – Secondary School  |                  |  |  |
|--|------------------|--|--|
| <b>POINTS TO NOTE:</b> <ul style="list-style-type: none"> <li>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).</li> <li>If you <b>CONSENT</b> to have your child vaccinated, please complete Part IV (Consent Form) ONLY.</li> <li>If you <b>REFUSE</b>, please complete Part V (Refusal Form) ONLY. DO NOT fill in both Part IV and Part V.</li> </ul> |                  |  |  |
| <b>(If consenting to vaccination) Part IV (Consent Form – Injectable Vaccine) (To return to school)</b>  |                  |  |  |
| <b>1. STUDENT INFORMATION</b>  |                  | <b>3. VACCINATION RECORD</b>   |  |
| School Name: _____   |                  | Has your child received seasonal influenza vaccination in the past?  |  |
| Class: _____   | Class No.: _____ | <input type="checkbox"/> Yes (Last administration date: ___/___/____ YYY)<br><input type="checkbox"/> No   |  |
| Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female   |                  |  |  |
| Student's Full Name (as indicated in identity document)  |                  | <b>4. CONSENT TO ADMINISTRATION OF SIV VACCINATION</b>   |  |
| Surname _____  |                  | I have read and understood the information in Part I to III, including contraindications, and <b>AGREE</b> 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. |  |
| First Name _____   |                  | <input type="checkbox"/> I declare that my child (named left) does <b>NOT</b> have <b>ANY</b> of the <u>contraindications</u> as stated in Part II.  |  |
| Date of Birth: ___/___/____ YYY  |                  | Signature of Parent/ Guardian: _____   |  |
| <b>2. IDENTITY DOCUMENT</b>  |                  | Name of Parent/ Guardian: _____  |  |
| Please fill in information on (i) <u>or</u> (ii) below:  |                  | Identity Document of Parent/ Guardian:   |  |
| (i) Hong Kong Identity Card No.: ___/___/____ ( )  |                  | <input type="checkbox"/> Hong Kong Identity Card No.: ___/___/____ ( )<br><input type="checkbox"/> Other Identity Document, please specify:  |  |
| AND Date of Issue: ___/___/____ YY   |                  | Document Type: _____   |  |
| (ii) Other Identity Document, please specify:  |                  | Document No.: _____  |  |
| Document Type: _____   |                  | Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian  |  |
| Document No.: _____  |                  | Contact number : _____   |  |
| AND attach a copy of the document to this consent form   |                  | Date of Signature: ___/___/____ 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, <b>no mop-up</b> dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.  |                  |  |  |
| <b>(If refusing vaccination) Part V (Refusal Form – Injectable Vaccine) (To return to school)</b>  |                  |  |  |
| Student's Full Name :  |                  | I have read and understood the information in Part I to Part III, including contraindications, and <b>DISAGREE</b> for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25.  |  |
| Surname _____  |                  | Signature of Parent/ Guardian: _____   |  |
| First Name _____   |                  | Name of Parent/ Guardian: _____  |  |
| Class: _____   | Class No.: _____ | Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian  |  |
| Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female   |                  | Date of Signature: ___/___/____ YYY  |  |
| <b>Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination</b>  |                  |  |  |
| Vaccination Day  |                  |  |  |
| <input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student<br><input type="checkbox"/> SIV was <b>NOT</b> 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: _____   |                  | Dr. _____  |  |
| Date of Activity: _____  |                  | _____  |  |
| SIVSO_S_A4_Sec<br>Last updated: MAY 2024   |                  |  |  |

## Appendix 2 Consent Form – 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme- Nasal Spray Vaccine (Live Attenuated) (For KG/CCC only)

| 2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme<br>NASAL SPRAY VACCINE  |  |
|--|--|
| <p><b>Part I: Letter to Parents/Guardians (To be retained by Parents)</b></p> <p>Dear Parents/ Guardians,</p> <p>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).</p> <p>Quadrivalent Live Attenuated Seasonal Influenza Vaccines by intranasal spray will be provided by the consented student.</p> <p>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.</p> <p>For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).</p>  |  |
| <p><b>Part II: Information About Live Attenuated Seasonal Influenza Vaccine</b></p> <p>Please read the information carefully. If you have any concerns, please contact the Centre for Health Protection of DH.</p> <p>Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>Common side effects include: runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.</p> <ul style="list-style-type: none"> <li>• However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.</li> <li>• Serious infection or complications can also occur in healthy individuals.</li> </ul> <p>2. Why children aged 6 months to 11 years are recommended as a priority group to receive seasonal influenza vaccination?</p> <ul style="list-style-type: none"> <li>• Seasonal influenza vaccination is recommended for children 6 months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.</li> <li>• Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.</li> </ul> <p>3. How many doses of seasonal influenza vaccine (SIV) will my child need?</p> <p>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.</p> <p>4. What is Quadrivalent Live Attenuated Influenza Vaccine (LAIV)?</p> <ul style="list-style-type: none"> <li>• The LAIV contains weakened viruses and is a given by intranasal spray. LAIV can be used for people 2-49 years of age.</li> <li>• 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.</li> </ul>   | <p>1. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>2. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>3. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>4. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>5. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>6. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>7. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>8. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>9. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>10. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>11. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>12. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>13. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>14. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>15. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>16. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>17. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>18. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>19. Date for school to collect the consent forms<br/>(To be filled in by school)</p> <p>20. Date for school to collect the consent forms<br/>(To be filled in by school)</p> |
| <p>For more detailed information, please visit website of Centre for Health Protection of DH: <a href="https://www.chp.gov.hk/en/features/100764.html">https://www.chp.gov.hk/en/features/100764.html</a></p>   |  |
| <p><b>Part III: Collection of Personal Data - Statement of Purposes</b></p> <p>Statement of Purpose of Collection of Personal Data</p> <p>1. The personal data provided will be used by the Government for one or more of the following purposes:</p> <ol style="list-style-type: none"> <li>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;</li> <li>for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;</li> <li>for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.</li> </ol> <p>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.</p> <p>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.</p> <p><b>Classes of Transferees</b></p> <p>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.</p> <p><b>Access to Personal Data</b></p> <p>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.</p> <p><b>Enquiries</b></p> <p>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)</p> |  |



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

### Appendix 3 The Number of Students Consented to Vaccination of Each Class

#### For Kindergartens/ Kindergarten-cum-child Care Centres/ Child Care Centres

**KG/CCCs Outreach**

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

The Number of Students Consented to Vaccination of Each Class

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

\*\*\*\*\*

**K 1**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**K 2**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**K 3**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Other classes**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Other classes**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

Total no. of consented students: \_\_\_\_\_

Total no. of students in school: \_\_\_\_\_

School Chop: \_\_\_\_\_

Name of School: \_\_\_\_\_

Date: \_\_\_\_\_

**Primary School Outreach**

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

**The Number of Students Consented to Vaccination of Each Class**

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

\*\*\*\*\*

**Primary 1**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Primary 2**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Primary 3**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Primary 4**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Primary 5**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Primary 6**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

Total no. of consented students: \_\_\_\_\_

Total no. of student in school: \_\_\_\_\_

School Chop: \_\_\_\_\_

Name of school: \_\_\_\_\_

Date: \_\_\_\_\_

**Secondary School Outreach**

**2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme**  
**The Number of Students Consented to Vaccination of Each Class**

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

\*\*\*\*\*

**Secondary 1**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Secondary 2**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Secondary 3**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Secondary 4**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Secondary 5**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

**Secondary 6**

|                           |  |  |  |  |  |  |  |  |       |
|---------------------------|--|--|--|--|--|--|--|--|-------|
| Class                     |  |  |  |  |  |  |  |  | Total |
| No. of consented students |  |  |  |  |  |  |  |  |       |
| Total no. of students     |  |  |  |  |  |  |  |  |       |

Total no. of consented students: \_\_\_\_\_

Total no. of student in school: \_\_\_\_\_

School Chop: \_\_\_\_\_

Name of school: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 4 Consent Forms Receipt Note

香港特別行政區政府  
衛生署  
項目管理及疫苗計劃科  
九龍紅磡德豐街 18-22 號  
海濱廣場二座 3 樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
PROGRAMME MANAGEMENT &  
VACCINATION DIVISION  
3/F, TWO HARBOURFRONT, 18-22 TAK FUNG  
STREET, HUNG HOM, KOWLOON

本署權號 Our Ref. :  
電話 Tel : 3975 4872  
圖文傳真 Fax : 2320 8505

### 2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) Programme Consent Forms Receipt Note

This is to acknowledge that the Programme Management and Vaccination Division of the  
Centre for Health Protection, Department of Health has collected \_\_\_ Consent Forms from  
\_\_\_\_\_ (Name of School) on \_\_\_/\_\_\_/\_\_\_

---

Signature of Representative of  
Programme Management and  
Vaccination Division

---

Signature of School Staff and  
School Chop

---

Name of Representative of  
Programme Management and  
Vaccination Division

---

Name of School Staff

*We build a healthy Hong Kong and  
aspire to be an internationally renowned public health authority*

To: PMVD, CHP  
Fax: 2320 8505

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

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 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**

## Appendix 5 Consented (Seasonal Influenza Vaccination) Student List-First Dose

學校名稱: xx學校

學校編號: xx

班別: 1A

疫苗名稱: 1st dose Seasonal Influenza Vaccine

接種日期: 28/10/20xx

| Class No.<br>班號 | Name / 姓名                | Sex<br>性別 | DOB<br>(DD/MM/YY)<br>出生日期 | Vaccinated<br>in current<br>year?<br>本年度已<br>接種? | Put a Pafter<br>vaccination<br>接種後請加P 號 | May need 2nd dose<br>有可能要接種第二<br>劑 | Remarks<br>備註 |
|-----------------|--------------------------|-----------|---------------------------|--|---|------------------------------------|---------------|
| 1               | 陳樑<br>Chan Leung         | M         | 04/01/13                  | N  |   | Y                                  |               |
| 2               | 陳小明<br>Chan Siu Ming     | F         | 08/11/13                  | N  |   | Y                                  |               |
| 3               | 陳大明<br>Chan Tai Ming     | F         | 09/12/13                  | N  |   | Y                                  |               |
| 4               | 劉鐘明<br>Chan Chong Ming   | M         | 04/08/12                  | N  |   | Y                                  |               |
| 5               | 陳明<br>Chan Ming          | M         | 31/12/13                  | N  |   | Y                                  |               |
| 6               | 鄭明<br>Cheng Ming         | F         | 04/06/13                  | N  |   | Y                                  |               |
| 7               | 張小明<br>Cheung Siu Ming   | F         | 13/02/13                  | N  |   | Y                                  |               |
| 8               | 張大明<br>Cheung Tai Ming   | F         | 27/06/13                  | N  |   | Y                                  |               |
| 9               | 張鐘明<br>Cheung Chong Ming | F         | 15/09/13                  | N  |   | Y                                  |               |
| 10              | 周鐘明<br>Chow Chong Ming   | M         | 23/09/12                  | N  |   | Y                                  |               |
| 11              | 何鐘明<br>Ho Chong Ming     | M         | 30/07/13                  | N  |   | Y                                  |               |
| 12              | 洪明<br>Hong Ming          | M         | 13/09/13                  | N  |   | Y                                  |               |

**Appendix 6 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Consented)**

Notice  
2024/25 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 1<sup>st</sup> 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: \_\_\_\_\_



**Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Non-Consented)**

Notice  
2024/25 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 1<sup>st</sup> 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: \_\_\_\_\_

### Appendix 7 List of Students Withheld Seasonal Influenza Vaccination (On the Vaccination Day)

To : Vaccination Team

Date : \_\_\_\_\_

**List of Students Withheld Seasonal Influenza Vaccination**

If the students are not able to have vaccination, please fill in the details and submit to the vaccination team **before the start of activity** on the vaccination day.

| Class | Class No. | Name of Students | Students with consent for vaccination BUT withhold vaccination today because of (please put a “✓” to the appropriate box ) : |                     |                             | Remarks |
|-------|-----------|------------------|--|---------------------|-----------------------------|---------|
|       |           |                  | absence  | physical discomfort | Other reasons (pl. specify) |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |
|       |           |                  |  |                     |                             |         |

## Appendix 8 Consented (Seasonal Influenza Vaccination) Student List- Second Dose

(Applicable for primary schools and KG/CCCs only)

學校名稱: xx學校 學校編號: xx 班別: 1A  
疫苗名稱: 2nd dose Seasonal Influenza Vaccine 接種日期: 28/12/20xx

| Class No.<br>班號 | Name / 姓名                | Sex<br>性別 | DOB<br>(DD/MM/YY)<br>出生日期 | May need 2nd dose 有可能要<br>接種第二劑 | Remarks<br>備註 |
|-----------------|--------------------------|-----------|---------------------------|---------------------------------|---------------|
| 1               | 陳樑<br>Chan Leung         | M         | 04/01/13                  | Y                               |               |
| 2               | 陳小明<br>Chan Siu Ming     | F         | 08/11/13                  | Y                               |               |
| 3               | 陳大明<br>Chan Tai Ming     | F         | 09/12/13                  | Y                               |               |
| 4               | 劉鐘明<br>Chan Chong Ming   | M         | 04/08/12                  | Y                               |               |
| 5               | 陳明<br>Chan Ming          | M         | 31/12/13                  | Y                               |               |
| 6               | 鄭明<br>Cheng Ming         | F         | 04/06/13                  | Y                               |               |
| 7               | 張小明<br>Cheung Siu Ming   | F         | 13/02/13                  | Y                               |               |
| 8               | 張大明<br>Cheung Tai Ming   | F         | 27/06/13                  | Y                               |               |
| 9               | 張鐘明<br>Cheung Chong Ming | F         | 15/09/13                  | Y                               |               |
| 10              | 周鐘明<br>Chow Chong Ming   | M         | 23/09/12                  | Y                               |               |
| 11              | 何鐘明<br>Ho Chong Ming     | M         | 30/07/13                  | Y                               |               |
| 12              | 洪明<br>Hong Ming          | M         | 13/09/13                  | Y                               |               |

**Appendix 9 Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2nd dose of Vaccination Day)**

**(Applicable for primary schools and KG/CCCs only)**

Notice  
2<sup>nd</sup> dose Seasonal Influenza Outreach Vaccination  
(For PS and KG/CCC)

\_\_\_\_\_ (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 2<sup>nd</sup> 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 2<sup>nd</sup> 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.

## Appendix 10 Seasonal Influenza Vaccination Information on Side Effects

### For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

#### 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)

**For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)**

**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)

## Appendix 11 Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement

(Applicable for primary schools and KG/CCCs only)

### For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

#### Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) and 2<sup>nd</sup> 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 2<sup>nd</sup> 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)

**For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)**

**Seasonal Influenza Vaccination  
Information on Side Effects (Nasal Spray Vaccine)  
and 2<sup>nd</sup> 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 2<sup>nd</sup> 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)



**Appendix 12 Seasonal Influenza Vaccination Card**

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 衛生署<br>DEPARTMENT OF HEALTH<br>季節性流感疫苗接種卡<br>Seasonal Influenza Vaccination Card                                      |   |  | 姓名 Name _____ 性別 Sex _____<br>出生日期 Date of Birth _____ |   |  |
| 請妥善保存，並於下次接種流感疫苗時出示此卡<br>Please keep properly, and present this card on receiving<br>subsequent influenza vaccination |   |  | SIVSO_D_C4<br>Last updated: May 2024                   |   |  |
| 季節性流感疫苗接種卡<br>Seasonal Influenza Vaccination Card   |   |  | 季節性流感疫苗接種卡<br>Seasonal Influenza Vaccination Card      |   |  |
| 接種日期<br>Vaccination Date  | 醫生 / 診所 / 外展隊名稱<br>Name of Doctor / Clinic /<br>Outreach Team | 流感疫苗名稱<br>Name of Influenza<br>Vaccine | 接種日期<br>Vaccination Date                               | 醫生 / 診所 / 外展隊名稱<br>Name of Doctor / Clinic /<br>Outreach Team | 流感疫苗名稱<br>Name of Influenza<br>Vaccine |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   |  |  |   |  |

## Appendix 13 Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given

香港特別行政區政府  
衛生署  
項目管理及疫苗計劃科  
九龍紅磡德豐街 18-22 號  
海濱廣場二座 3 樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
PROGRAMME MANAGEMENT &  
VACCINATION DIVISION  
3/F, TWO HARBOURFRONT, 18-22 TAK FUNG  
STREET, HUNG HOM, KOWLOON

本署權號 **Our Ref.** : (4) in DH/ERPMB/PMVD/VS/SIVOP/P1-5/4  
電話 **Tel** : 3975 4872  
圖文傳真 **Fax** : 2320 8505

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 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 arranged by DH **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"*

For enquiries, please call our office at 3975 4872.

\*Vaccination team please tick the appropriate

Programme Management and Vaccination Division  
Centre for Health Protection  
Department of Health

*We build a healthy Hong Kong and  
aspire to be an internationally renowned public health authority*

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

## Appendix 14 Student Vaccination Report (On Vaccination Day)

**2024/25 季節性流感疫苗學校外展(免費)計劃 學生接種記錄報告 (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<br>School Code | : | 學校名稱<br>Name of school               | : |
| 服務提供者碼<br>SPID      | : | 負責醫生姓名<br>Name of responsible doctor | : |

|   |   |   |
|---|---|---|
| 醫療機構名稱<br>Name of medical organisation                          | : |   |
| 接種日期<br>Date of vaccination                                     | : |   |
| 接種場次<br>Vaccination session                                     | : | <input type="checkbox"/> 第一劑 (1st dose) <input type="checkbox"/> 第二劑 (2nd dose)   |
| (只適用於小學及幼稚園<br>及幼兒中心<br>For Primary Schools<br>and KG/CCC only) |   | <input type="checkbox"/> 第一次到校 (1st visit)<br><input type="checkbox"/> 第二次到校 (2nd visit)<br>只適用於小學 (for Primary Schools only) |
| 全校總學生人數<br>Total no. of students in school                      | : |   |
| 同意接種人數<br>Total no. of consented students                       | : |   |
| 實際接種人數*<br>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)?<br>Has your School arranged other vaccination (e.g. COVID-19 vaccination) for students during the SIV School Outreach activity? |  |
| <input type="checkbox"/> 有 YES  | <input type="checkbox"/> 沒有 NO   |
| 疫苗種類 Type of Vaccine :  | <input type="checkbox"/> 新冠疫苗 COVID-19 Vaccine<br><input type="checkbox"/> 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)

|  |   |  |                   |   |
|--|---|--|-------------------|---|
| 由醫療機構職員填寫<br>Fill in by medical organisation staff |   | 由學校職員填寫<br>Fill in by school staff   |                   |   |
| 簽署<br>Signature                                    | : | <div style="border: 1px solid black; width: 150px; height: 80px; display: flex; align-items: center; justify-content: center;"> </div> | 簽署<br>Signature   | : |
| 姓名<br>Name   | : |  | 姓名<br>Name        | : |
| 職位<br>Post   | : |  | 職位<br>Post        | : |
| 電話<br>Contact No.                                  | : | 醫療機構蓋印 Clinic Chop   | 電話<br>Contact No. | : |

SIVSO\_S\_C1  
最後更新: 2024 年 5 月

## Appendix 15 Clinical Waste Temporary Storage Handover Note

**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<br><small>(只適用於小學及幼稚園幼兒中心<br/>For Primary Schools and KG/CCC only)</small><br><small>(請在適當的位置加上“√”號)</small> | 利器收集箱 數量 |
|---|----------|
| <input type="checkbox"/> 接種第一劑(第一天)<br><input type="checkbox"/> 接種第一劑(第二天)(小學適用)<br><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

### Appendix 16 Clinical Waste Trip Ticket

**環境保護署 Environmental Protection Department**

香港法例第 354 章廢物處置條例 Waste Disposal Ordinance (Chapter 354)

廢物處置(醫療廢物) (一般)規例 Waste Disposal (Clinical Waste) (General) Regulation

醫療廢物運載記錄 **CLINICAL WASTE TRIP TICKET**

廢物產生者 / 委託者存  
**Waste Producer / Consignor Co**

填寫此表格前請閱讀背頁所載指示 Please read the instructions overleaf before completing this form

(\* 刪去不適用部份 / Delete as appropriate)

運載記錄編號  
Trip Ticket Number

---

**A. 廢物產生者 / 委託者 WASTE PRODUCER / CONSIGNOR**

本人證實開列於 F(i) 欄內的廢物已適當包裝及貼上標籤，及由 B 欄的醫護專業人士送往收集站或接收站\* / 委託予 D 欄的廢物收集者\* - 而 A、F(i) 及 G(a) 欄內填報資料，全屬真實無誤。 I certify that the waste described in F(i) is packed & labelled properly, and delivered to collection point or reception point by healthcare professional in B\* consigned to waste collector in D\*. I confirm that the information given in A, F(i) and G(a) is correct.

全名 Full Name \_\_\_\_\_ 地點編碼 / 收集站授權編號\* Premises Code / Collection Point Authorisation No.\* \_\_\_\_\_

地址 Address \_\_\_\_\_

聯絡人姓名 Contact Person \_\_\_\_\_ 電話號碼 Tel. No. \_\_\_\_\_ 傳真號碼 Fax No. \_\_\_\_\_ 商業登記號碼 Business Registration No. \_\_\_\_\_

簽名 Signed \_\_\_\_\_ 公司印戳 Co. Chop \_\_\_\_\_ 日期 Date DD/MM/YY \_\_\_\_\_ 時間 Time \_\_\_\_\_

---

**B. 醫護專業人士 (如適用) HEALTHCARE PROFESSIONAL (If applicable)**

本人證實已核對及運送 F(i) 欄載列的廢物(不含第 4 組廢物)至 C 欄的收集站\* / E 欄的接收站\* - 而 B 及 G(b) 欄內填報的資料，全屬真實無誤。 I certify that I have checked and delivered the waste set out in F(i) (which does not contain Group 4 waste) to collection point in C\* / reception point in E\*. I confirm that the information given in B and G(b) is correct.

全名 Full Name \_\_\_\_\_ 醫護專業 Healthcare Profession \_\_\_\_\_ 醫護專業團體註冊編號 Healthcare Professional Body Registration No. \_\_\_\_\_

簽名 Signed \_\_\_\_\_ 日期 Date DD/MM/YY \_\_\_\_\_ 時間 Time \_\_\_\_\_

---

**C. 收集站 (如適用) COLLECTION POINT (If applicable)**

本人證實本收集站已接收 B 欄的醫護專業人士運送到列於 F(i) 欄內的廢物及放置於 F(ii) 欄的流動收集箱內 - 而 C、F(ii) 及 G(c) 欄內填報的資料，全屬真實無誤。 I certify that the waste set out in F(i) delivered by healthcare professional in B has been received by this collection point and placed inside the Transit Skip(s) in F(ii). I confirm that the information given in C, F(ii) and G(c) is correct.

公司名稱 Company Name \_\_\_\_\_ 收集站授權編號 / 廢物收集牌照編號\* Collection Point Authorisation No. / Waste Collection Licence No.\* \_\_\_\_\_

地址 Address \_\_\_\_\_

收集站經理姓名 Collection Point Manager \_\_\_\_\_ 電話號碼 Tel. No. \_\_\_\_\_ 傳真號碼 Fax No. \_\_\_\_\_

簽名 Signed \_\_\_\_\_ 公司印戳 Co. Chop \_\_\_\_\_ 日期 Date DD/MM/YY \_\_\_\_\_ 時間 Time \_\_\_\_\_

---

**D. 廢物收集者 (如適用) WASTE COLLECTOR (If applicable)**

本人證實列於 F(i) 欄內的廢物已收集及放置於 F(ii) 欄的流動收集箱內 - 而 D、F(ii) 及 G(d) 欄內填報的資料，全屬真實無誤。 I certify that the waste set out in F(i) is collected and placed inside the Transit Skip in F(ii). I confirm that the information given in D, F(ii) and G(d) is correct.

公司名稱 Company Name \_\_\_\_\_ 廢物收集牌照編號 Waste Collection Licence No. \_\_\_\_\_

運載員姓名 Operator Name \_\_\_\_\_ 電話號碼 Tel. No. \_\_\_\_\_ 車輛登記編號 Vehicle Registration No. \_\_\_\_\_ 船隻牌照編號 Vessel Licence No. \_\_\_\_\_

簽名 Signed \_\_\_\_\_ 公司印戳 Co. Chop \_\_\_\_\_ 日期 Date DD/MM/YY \_\_\_\_\_ 時間 Time \_\_\_\_\_

---

**E. 接收站 RECEPTION POINT**

本人證實本接收站已接收 B 欄的醫護專業人士運送到列於 F(i) 欄內的廢物\* / D 欄的廢物收集者運送到列於 F(ii) 欄內的流動收集箱\* - 而 E、F(ii) 及 G(e) 欄內填報的資料，全屬真實無誤。 I certify that the waste stated in F(i) delivered by healthcare professional in B\* / the transit skip(s) stated in F(ii) delivered by waste collector in D\* has been received by this reception point. I confirm that the information given in E, F(ii) and G(e) is correct.

設施名稱 Facility Name \_\_\_\_\_ 接收站經理姓名 Reception Point Manager \_\_\_\_\_ 廢物處置牌照編號 Waste Disposal Licence No. \_\_\_\_\_

簽名 Signed \_\_\_\_\_ 公司印戳 Co. Chop \_\_\_\_\_ 日期 Date DD/MM/YY \_\_\_\_\_ 時間 Time \_\_\_\_\_

---

**F. 廢物資料 WASTE DESCRIPTION**

| 廢物項目 Item | (i) 醫療廢物種類及數量 (公斤) Clinical Waste Type & Quantity (kg) | (ii) 流動收集箱編號 (由廢物收集者或收集站填寫) Transit Skip Serial No. (filled by Waste Collector or Collection Point) | (iii) 接收站接收廢物數量 (公斤) Waste Quantity Received by Reception Point (kg) | G. 註釋 REMARKS                       |
|-----------|--|---|--|-------------------------------------|
| 1         | 第三組 / 非第三組* Group 3 / non-Group 3*                     | 公斤 kg   | 公斤 kg  | (ii) 醫護專業人士 Healthcare Professional |
| 2         | 第三組 / 非第三組* Group 3 / non-Group 3*                     | 公斤 kg   | 公斤 kg  | (ii) 收集站 Collection Point           |
| 3         | 第三組 / 非第三組* Group 3 / non-Group 3*                     | 公斤 kg   | 公斤 kg  | (ii) 廢物收集者 Waste Collector          |
| 4         | 第三組 / 非第三組* Group 3 / non-Group 3*                     | 公斤 kg   | 公斤 kg  | (ii) 接收站 Reception Point            |
| 5         | 第一組 / 非第一組* Group 1 / non-Group 1*                     | 公斤 kg   | 公斤 kg  |                                     |
| 6         | 第一組 / 非第一組* Group 1 / non-Group 1*                     | 公斤 kg   | 公斤 kg  |                                     |
| 7         | 第一組 / 非第一組* Group 1 / non-Group 1*                     | 公斤 kg   | 公斤 kg  |                                     |
| 8         | 第一組 / 非第一組* Group 1 / non-Group 1*                     | 公斤 kg   | 公斤 kg  |                                     |

附註: 1. 廢物種類請參閱《環境保護署 2011 年 12 月 1 日生效的《廢物處置(醫療廢物) (一般)規例》第 354 章第 354A 條。 2. 廢物收集者須將廢物運送到收集站或接收站。 3. 接收站經理姓名及地址請參閱《環境保護署 2011 年 12 月 1 日生效的《廢物處置(醫療廢物) (一般)規例》第 354 章第 354A 條。 4. 廢物收集者須將廢物運送到收集站或接收站。 5. 接收站經理姓名及地址請參閱《環境保護署 2011 年 12 月 1 日生效的《廢物處置(醫療廢物) (一般)規例》第 354 章第 354A 條。