



**Influenza Vaccination for Persons with
Intellectual Disability (PID)
Arrangement under Residential Care
Home Vaccination Programme (RVP)
2015/16**

**Briefing to Visiting Medical Officers (VMO)
(23 September 2015)**



衛生署
Department of Health

Overview of arrangement

- “ Eligibility: About 22 000 PID receiving services in ~190 designated institutions (Day Activity Centres, Schools for children with intellectual disability, Sheltered Workshops, Integrated Vocational Rehabilitation Services Centres, Integrated Vocational Training Centres, District Support Centres for Persons with Disabilities, Schools for children with physical disabilities/visual or hearing impairment)
- “ Institutions to join RVP or VSS voluntarily
- “ 350 VMOs enrolled under RVP can accept invitation from designated institutions serving PID on a voluntary basis
- “ For PID only, not for staff of institutions, not for other service users of the institutions
- “ Seasonal influenza vaccine only, not pneumococcal vaccine



Arrangement similar to RVP

- “ Institutions:
 - collect consent forms from parents/guardians
 - invite VMO
 - place vaccine order
- “ Government:
 - deliver vaccines and necessary materials such as vaccination card, sharp boxes, etc. to institutions
- “ VMO:
 - provide on-site vaccination service
 - claim injection fee via eHealth System within 7 days of injection



Consent form

乙部 承諾及聲明 [只須填寫第(一)或(二)其中一項]			
(一) 供服務使用者的家長／監護人填寫 (請在適當的位置加上“√”號)			
<input type="checkbox"/> 本人確認以上服務使用者為智障人士，現同意以上服務使用者接種季節性流感疫苗。			
<p>如服務使用者是九歲以下，並從未接種季節性流感疫苗，本季度可接種兩劑季節性流感疫苗。如在以往季度已接種季節性流感疫苗，本季度只需接種一劑（即單劑）季節性流感疫苗。今次是：</p> <p> <input type="checkbox"/> 單劑季節性流感疫苗 <input type="checkbox"/> 第一劑季節性流感疫苗 <input type="checkbox"/> 第二劑季節性流感疫苗 </p> <p>本人在此同意書中所提供的資料全屬真確。本人同意把此同意書內服務使用者的個人資料及向醫護人員所提供的資料供政府用於收集個人資料目的所述的用途。</p>			
家長／監護人簽署 (如不會讀寫，可印上指模；而見證人須填寫丙部)		家長／監護人姓名	
		香港身份證號碼	
與服務使用者的關係	<input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人	日期	
(二) 供學校 / 服務機構負責人／主管及親屬 (如適用) 填寫 (請在適當的位置加上“√”號)			
<input type="checkbox"/> 本學校 / 服務機構曾嘗試但未能聯絡服務使用者的家長／監護人以安排為服務使用者接種季節性流感疫苗			
學校／服務機構負責人／主管簽署		學校 / 服務機構印鑑	
學校／服務機構負責人／主管姓名			
職級		日期	
<input type="checkbox"/> 但服務使用者的親屬同意服務使用者接種季節性流感疫苗			
親屬簽署		親屬姓名	
香港身份證號碼		日期	
與服務使用者的關係			



Vaccination to PID without consent from parents/guardians

- “ In-charge of the institution to confirm that the parent/guardian of the recipient cannot be contacted and sign on the consent form
- “ For the benefit of the residents without consent from parent/guardian, VMO can provide vaccination to them after assessment and considers the vaccination is in the best interest of the them
- “ Other relatives of residents (if any) will be encouraged to sign on the consent form to record their will acknowledge that VMO will provide vaccination to the residents (Recommended)

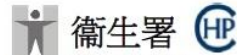


Consent form

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與服務使用者的關係	<input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人	日期	
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親屬簽署		親屬姓名	
香港身份證號碼		日期	
與服務使用者的關係			

Consent list

學校 / 服務機構編號



為智障人士提供流感疫苗 (2015/16 年度)
於院舍防疫注射計劃下的接種安排
同意接種季節性流感疫苗 (服務使用者名單)

P 2 服務使用者 (同意) 流感疫苗

學校/服務機構名稱: _____ 到診註冊醫生姓名: _____

使用本學校/服務機構的智障人士資料 (由學校/機構負責人或主管於 ____年____月____日填寫)				季節性流感疫苗接種記錄 (由到診註冊醫生於接種疫苗後當日填寫)		
姓名	身份證明文件 號碼頭 4 個字 (例: A123)	性別	已核對 同意書 (請加✓)	疫苗批次編號 (Lot No.): _____ 有效日期: _____		如暫時未能接受接種, 請註明原因 (請於該服務使用者補打當日立即 再傳真至本處)
				接種日期	到診註冊醫生簽署	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
合共人數 (B): _____				已接種人數 (B1): _____		未能接種人數 (B2): _____

聲明: 本人明白本學校 / 服務機構有責任提供正確資料, 如本人故意填報失實資料, 可能被檢控及須承擔有關法律責任。

學校/服務機構負責人或主管姓名: _____ 學校/服務機構負責人或主管簽署: _____ 日期: _____ 第 ____頁/____頁

備註:

- 請於完成首次接種後的一星期內將填妥的服務使用者名單 (P2 及 P3) 及報告表 (P6) 傳真至疫苗計劃辦事處 (傳真號碼: 2713 6916)。
- 以上個人資料主要供衛生署推行院舍防疫注射計劃之用, 亦可能因此向有關部門披露。由於此文件載有個人資料, 請機構妥善保存。
- 服務使用者有權查閱及修正個人資料。如有需要, 服務使用者可向上列學校/機構負責人或主管提出。

Time line

- “ Briefing sessions to institutions on 24 and 25 September 2015
- “ Can place vaccine order after the briefing sessions
- “ From mid Oct 2015 to mid Dec 2015 (for protection before peak influenza season; body needs 2 weeks to produce antibodies after vaccination) . same as residential care homes



Seasonal influenza vaccine

- ” Quadrivalent, inactivated
- ” Vaccine Composition
 - an A/California/7/2009 (H1N1)pdm09-like virus
 - an A/Switzerland/9715293/2013(H3N2)-like virus
 - a B/Phuket/3073/2013-like virus
 - a B/Brisbane/60/2008-like virus



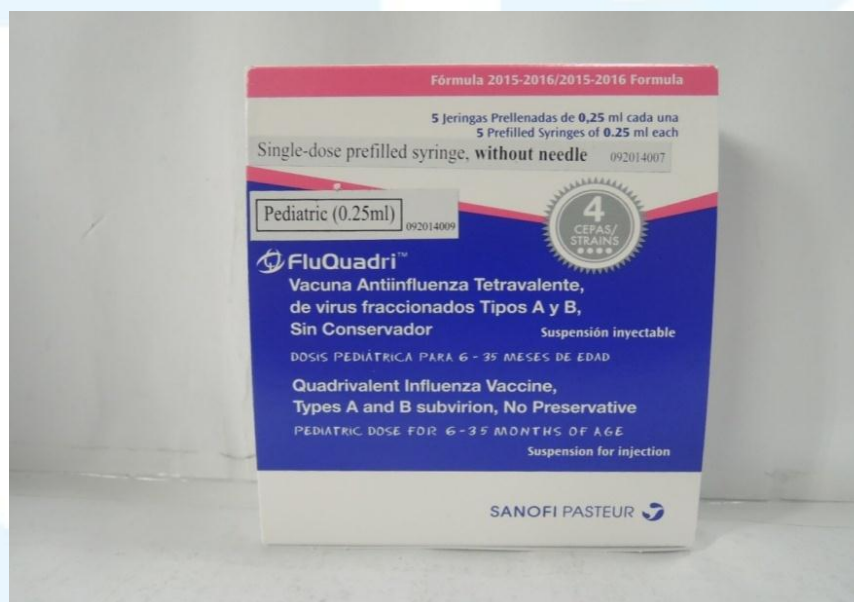
Fluarix™ Tetra (GlaxoSmithKline)

- “ For persons aged 36 months or above
- “ 0.5 ml pre-filled syringe (with needle)
- “ Intramuscular (please contact Vaccination Office to order trivalent influenza vaccine which can be used deep subcutaneously if clinically indicated for patients with bleeding tendency)
- “ Expiry date: end of month marked on package



FluQuadri (Sanofi)

- “ For children 6 months to 35 months
- “ 0.25 ml pre-filled syringe (without needle; needle separately provided)
- “ Intramuscular (please contact Vaccination Office to order trivalent influenza vaccine which can be used deep subcutaneously if clinically indicated for patients with bleeding tendency)
- “ Expiry date: date marked on package (e.g. 29 May 2016)



Seasonal influenza vaccine

- “ For those aged 9 years or above, only one dose is needed
- “ For those aged 6 months to below 9 years who have never received seasonal influenza vaccine before should receive two doses with a minimal interval of 4 weeks
- “ Persons who have already been vaccinated with the 2015 Southern hemisphere seasonal influenza vaccine are recommended to receive the 2015/16 seasonal influenza vaccine, preferably with an interval of at least 4 weeks



Before vaccination

- . DH supplies and delivers consent forms, vaccines, sharp boxes and immunization cards to institutions before the scheduled vaccination
- . Institutions to send consent forms signed by parent/guardian to VMO **10 days** in advance for checking
- . VMO should **perform prior checking of vaccination history and eligibility for all recipients through eHealth System** (**delay vaccination if checking has not been done**)
- . Create account for new eligible clients if necessary
- . Confirm with the institutions date and time for vaccination and that adequate number of vaccines are ready and properly stored



During Vaccination

- . Ensure the recipients vaccination record have been checked through eHS, vaccination card or history from recipients or relatives
- . Oversee the whole vaccination process and ensure personnel involved in vaccination are qualified/trained to perform vaccination duties
- . Ensure the personnel involved in vaccination are qualified and trained in emergency management of severe immediate reactions and are equipped to do so and to supervise and stand-by for emergency
- . Counterchecking identity of recipients against consent form and identity document before vaccination
- . Check medical conditions and contraindications (refer to product insert for ingredients e.g. Fluarix™ tetra contains gentamicin sulfate, eggs, sodium deoxycholate, formaldehyde, octoxinol 10, ð etc.)
- . Ensure correct vaccines (SIV for \geq or $<$ 36 months) to be given to recipients and the vaccines are unexpired and in good condition



After vaccination

- “ Proper record: vaccination card, put down vaccination date in consent form, check and sign on the consent list
- “ Make claims in eHS within seven days of injection (to keep records in eHS updated)
- “ Report vaccination incidents to Vaccination Office as soon as possible
- “ Report adverse event following seasonal influenza vaccination
- “ Keep consent forms for seven years



Points to note

- “ Only use vaccines supplied by DH
- “ Provide vaccination service on-site in institutions only
- “ Do not charge additional fee from recipients
- “ Do not share the vaccination fee with institutions
- “ Make Claims under RVP instead of Vaccination Subsidy Scheme (VSS)
- “ Pre- and post-payment checking



Contact us

Vaccination Office

” Tel : 2125 2125

” Fax : 2713 6916

” Email : vacs@dh.gov.hk

” Address : 2/F, 147C, Argyle Street,
Kowloon





THANK YOU



衛生署
Department of Health