

## Persons with Intellectual Disability Vaccination Subsidy Schemes (PIDVSS) 2015/16

(Sept 2015)





## **Vaccination Subsidy Schemes**

- Persons with Intellectual Disability
   Vaccination Subsidy Scheme (PIDVSS)
  - □ Seasonal influenza vaccination
- Childhood Influenza Vaccination Subsidy Scheme (CIVSS)
  - □ Seasonal influenza vaccination
- Elderly Vaccination Subsidy Scheme (EVSS)
  - □ Seasonal influenza vaccination
  - □ Pneumococcal vaccination





## **Recipient Eligibility - PIDVSS**

- 1) Hong Kong resident (aged 6 months or above); AND
- 2) Holder of:
- A Registration Card for People with Disabilities (with indication of intellectual disability) issued by Labour and Welfare Bureau (Central Registry for Rehabilitation); OR
- A medical certificate certifying the person is a PID eligible for PIDVSS issued by a registered medical practitioner





## **Checking Eligibility - PIDVSS**

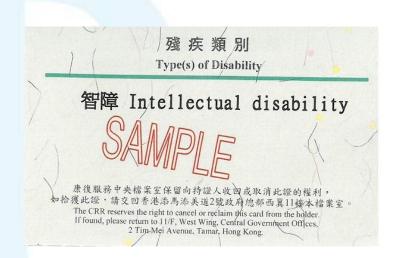
- 1)The parent/guardian is required to:
- declare the person is a PID in the consent form; and
- confirm the PID status by showing the Registration Card for People with Disabilities or a medical certificate
- 2) If no document: The attending doctor may base on the history of the parent/guardian and clinical assessment\* whether to certify the person as a PID for the purpose of PIDVSS 2015/16
- 3) In doubt: The doctor may advise parent/guardian to apply for the Registration Card for People with Disabilities



## Registration Card for People with Disabilities









## **Consent Form**

## Consent to Use Vaccination Subsidy Persons with Intellectual Disability Vaccination Subsidy Scheme Department of Health

	Transaction No.:	SI Vaccine Used:			
TD		TIV [	QIV 🗆		
	(For Doctor	's Usc)	,		

Note: Please complete this form in BLOCK letters using black or blue pen and use a new form each time you use the vaccination subsidy.

Please read the information sheet about the Subsidy Scheme and the seasonal influenza vaccine before you sign this form.

I consent to use Government subsidy for my child/ward* to receive seasonal influenza vaccination under the Persons with Intellectual Disability Vaccination Subsidy Scheme with details as follow:  Name of Doctor    Date of Vaccination   / 20 (dd/mm/yyyy)	(To	be completed b	y parent/guardian	) *Delete as appropriate						7916
Place of Vaccination	I co Inte	onsent to use G llectual Disabili	overnment subsidy ity Vaccination Subs	for my child/ward* to received sidy Scheme with details as follows:	e seasonal ow:	influenza vac	ecination und	der the Per	sons with	
Confirm my child/ward* is an intellectual disabled person and is using the following document to confirmed his/her disability:    Registration Card for People with Disabilities	Name	e of Doctor					/ /20	(dd/	mm/yyyy)	
Registration Card for People with Disabilities   Medical Certificate			(please specify th	e name of the venue where t	he vaccina	tion is provi	ded)	4	1	
Applicable only to vaccine recipient under the age of 9, I declare my child/my ward* (Put a tick a box as appropriate):    has already received, seasonal influenza vaccination in previous season and my child/my ward* is receiving the first and only dose of seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season.    has already received, seasonal influenza vaccination in a my place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season.   My child/my ward* is receiving	I confin	rm my child/war	rd* is an intellectua	l disabled person and is using th	ne following	document to	confirmed l	nis/her disa	bility:	
has already received seasonal influenza vaccination in previous season and my child/my ward* is receiving the first and only dose of seasonal influenza vaccine in this vaccination season.    has a never received seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season.    My child/my ward* is receiving		Registration	on Card for People	with Disabilities	Medical Cer	tificate				
only dose of seasonal influenza vaccine in this vaccination season.  has never received seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season.  My child/my ward* is receiving  the first dose the second dose of seasonal influenza vaccine in this vaccination season.  The personal particulars of my child/ward* (as stated on the identity document). Those aged 11 or above can only select Hong Kong Identity Card and Certificate of Exemption  Name (English)  Chinese;  Sex Male Female  Date of Birth dd mm yyyy  Identity document (Please select an identity document and tick a box as appropriate and fill in the information required)  Hong Kong Identity Card No.  Serial No. of the Certificate of Exemption  Reference No.  HKID No. shown on the Certificate  Certificate  Hong Kong Re-entry Permit No.  Date of Issue dd mm yyy  Document of Identity—  Document No.  Date of Issue dd mm yyyyy  Permit to Remain in HKSAR (ID 235B)- Birth Entry No.	Applica	able only to vac	cine recipient under	the age of 9, I declare my child	d/my ward*	(Put a tick a	box as appro	priate):		
vaccine in this vaccination season. My child/my ward* is receiving  the first dose	1					and my child	my ward* is	receiving	the first and	d .
The personal particulars of my child/ward* (as stated on the identity document). Those aged 11 or above can only select Hong Kong Identity Card and Certificate of Exemption    Name						use subsidies	for 2 doses	of seasonal	influenza	
Serial No. of the Certificate of Exemption   Reference No.   HKID No. shown on the Certificate   Hong Kong Re-entry Permit No.   Date of Issue   Date of Iss				cond dose of seasonal influenz	a vaccine in	this vaccinat	ion season.			
Sex   Male   Female   Date of Birth   Girth	The	personal parti	culars of my child/ ertificate of Exempt	ward* (as stated on the identity ion	document).	. Those aged	11 or above	can only se	lect Hong I	Cong
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Hong Kong Identity Card No.   ( )   Date of Issue   dd   mm   yy	Sex		☐ Male	☐ Female						
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Visa / Reference No.		Visa / Reference	ce No.			- (	)			
Certificate issued by the Births Registry for adopted children – No. of Entry		Births Registry	for adopted	1				1		
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## Persons with Intellectual Disability Vaccination Subsidy Scheme (PIDVSS)

智障人士疫苗資助計劃

### **Medical Certificate**

醫生證明書

This is to certify the person named below is a Person with Intellectual Disability for the purpose of claiming vaccination subsidy under PIDVSS 2015/16.

兹證明下列人士是符合 [2015/16 智障人士疫苗資助計劃] 接受資助資格的智障人士

Name:	(English) (英文)
姓名	(Chinese) (中文)
Date of Birth:/	(DD/MM/YYYY)
出生日期	(日日/月月/年年年年)
Identity Document No.:	
身分證明文件	(the first four digit) (首 4 個數字)
Signature of attending do 醫生簽署	ctor:
Name of attending docto	:
醫生姓名	
Date :	
日期	





## Seasonal Influenza Vaccine for 2015/16

- Both trivalent and quadrivalent inactivated influenza vaccines are continued to be recommended for use
- Recommended trivalent vaccine contains:
  - A/California/7/2009 (H1N1)pdm09-like virus;
  - A/Switzerland/9715293/2013 (H3N2)-like virus;
  - B/Phuket/3073/2013-like virus.
- Recommended quadrivalent vaccine contains:
  - above three and B/Brisbane/60/2008-like virus
- Trivalent vaccine could prevent the majority of influenza cases, however quadrivalent vaccine may provide additional protection against influenza B



## **Dosing**

- Eligible PID under 9 years old who have never received SI vaccination before are entitled for a maximum of two doses (4 weeks apart)
- Other PID are entitled for one dose only



## HP 衛生防護中心 Centre for Health Protection

## VSS 2015/16

## Level of Government subsidy

## Seasonal influenza vaccination

- \$160 (\$110 vaccine cost + \$50 injection cost)
- up to 2 doses for children 9 years or below if not vaccinated before

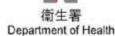


## HP 衛生防護中心 Centre for Health Protection

## VSS\_ Pricing

- No restriction on doctor's pricing
- Require transparency in doctor's pricing
  - □ Publish in CHP website (www.chp.gov.hk)
  - □ Display price poster at clinic

Draft price poster 智障人士流感疫苗資助計劃 Persons with Intellectual Disability Influenza Vaccination Subsidy Scheme (PIDIVSS) 疫苗 Vaccine **Our Clinic Charge** 季節性流感 費助由 2015年10月5日開始 After deducting the Seasonal influenza Need vaccination every year Government subsidy \* 以肌肉注射滅活疫苗計算(有關接種其他流感疫苗的收費 \* For inactivated influenza vaccine given intramuscularly (please consult doctor about the charge for receiving other influenza vaccines) 所需文件: • 香港居民身份證明文件 • 「殘疾人士登記證」 或醫生證明書 Document required: · Identity document showing Hong Kong resident status · Registration Card for Persons with Disabilities or medical 查詢 Enquiry 2125 2125 www.chp.gov.hk



## Common problems in subsidy claims



- Omission of checking for vaccination history and availability of subsidy (BEFORE vaccination / making claims)
- 2. Wrong entry of the identity document type
- Delay confirmation of claims by enrolled doctors (after entry by clinic staff)
- Late submission of claims (beyond 7 days of vaccination)



### ー 御生防護中心 Centre for Health Protection

## Points to note (1)

- Before providing vaccination:
  - ☐ Check identity document for eligibility
  - Check electronic vaccination records in eHealth System
  - ☐ Check vaccination card and vaccination history
  - □ Communicate with patient (Guardian on type of SI (TIV/QIV) provided
  - □ Check Consent to Use Vaccination Subsidy form is duly completed and signed





## Points to note (2)

- At the time of vaccination:
  - □ Explain about the vaccinations (Information leaflet)
  - □ Read carefully the product information of the vaccine, noting especially the route of administration, dosage for children & adult and expiry date
  - □ Record on vaccination card and proper documentation after vaccination
  - Advise return for second dose as appropriate (For PID under 9 years old who have never received SI vaccination before)



## Points to note (3)

- For submission of claims on eHS:
  - □ Submit claims immediately

[NOTE: claims have to be submitted within SEVEN DAYS after vaccination service (both days inclusive) for online processing for reimbursement ]

- ☐ Ensure vaccination is provided before submitting claims
- □ Keep proper vaccination record to facilitate processing and verification of claims



## Points to note (4a)



- Vaccination for non-clinic settings (Doctors' Guide)
- Preparation
  - □ Prime responsibility: ensure safe and quality delivery of vaccination to recipient
  - □ Safety and legal
    - Properly delegate medical duties to qualified persons
    - Ensure personnel properly trained and equipped to manage severe immediate reactions
    - Observe vaccinees for at least 15 min post-vaccination for immediate adverse event
  - ☐ Maintain cold chain of vaccines during transport
  - Choose suitable vaccination environment (e.g. fire safety and building safety)
- Inform Vaccination Office two weeks in advance of the vaccination activity



## Points to note (4b)



Vaccination for non-clinic settings (Doctors' Guide)

## Vaccination and claims

- Make service fee transparent before providing service
- □ Comply requirements for subsidy claims:
  - Check vaccination history and availability of subsidy in advance
  - Obtain Duly signed Consent to Use Vaccination Subsidy form
  - Keep proper vaccination record and issue vaccination card to recipients
  - Submit claims online for reimbursement after it is
     CONFIRMED that the clients have received vaccination
- Healthcare providers coordinate with out-reaching activity organisers for complying with the above



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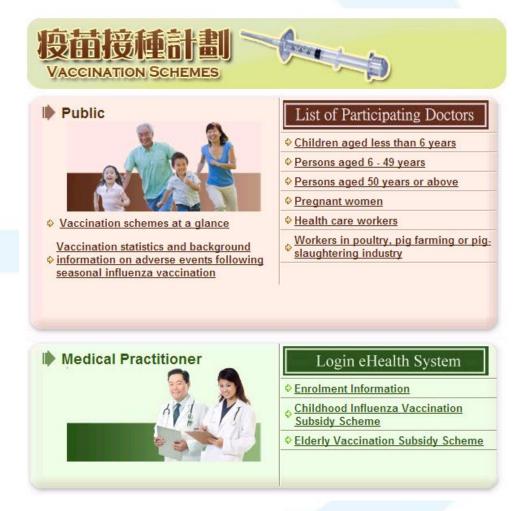
## VSS 2015/16

- Start date of seasonal influenza vaccination
  - □ 15 October 2015
- End date of seasonal influenza vaccination
  - □ Until Stocks of vaccines expire





## For updated information



http//:www.chp.gov.hk





## Contact us

## **Vaccination Office**

■ Tel: 2125 2125

■ Fax: 2713 9576

■ Email: vacs@dh.gov.hk

■ Address : 2/F, 147C, Argyle Street,

**Kowloon** 





# THANK YOU

