1. INTRODUCTION

1.1 Code of practice

It is the prime responsibility of all doctors and healthcare providers to ensure safety and quality of the vaccination service delivered to clients. All enrolled doctors should follow the Code of Practice issued by the Medical Council of Hong Kong as the standard for locally registered medical practitioners to provide quality health care. All registered medical practitioners are earnestly advised to read through the Code of Professional Conduct issued by The Medical Council of Hong Kong (http://www.mchk.org.hk/code.htm). Please observe in particular the following sections to acquaint thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Medical Council:-

a) Part II A1 “Medical records and confidentiality”
b) Part II C9 “Prescription and labelling of dispensed medicines”
c) Part II D12 “Fees”;
d) Part II D14 “Improper financial transactions”
e) part II E21 “Covering or improper delegation of medical duties to non-qualified persons”; and
f) part II G26 “Untrue or misleading certificates and similar documents”.
1.2 What is Vaccination Subsidy Scheme?

The Vaccination Subsidy Scheme (VSS), administered by the Department of Health (DH), provides incentive to facilitate vulnerable groups of Hong Kong residents to get vaccinations from private medical doctors enrolled in the scheme. The VSS 2017/18 covers:

(1) **seasonal influenza vaccinations** for five target groups, including
   (a) pregnant women
   (b) elderly aged 65 years or above
   (c) children aged 6 months to less than 12 years
   (d) persons with intellectual disability
   (e) persons receiving disability allowance **AND**

(2) **pneumococcal vaccinations** for eligible elders aged 65 or above:
   a) Elderly aged 65 years or above who have never pneumococcal vaccination before
      i. For those without high-risk conditions*: provide one dose of 23v PPV
      ii. For those with high-risk conditions*, provide one dose of PCV 13 followed by one dose of 23v PPV a year later as recommended by SCVPD.
   b) Who have received pneumococcal vaccination before, and have high-risk conditions*,
      i. Who have received 23vPPV before: provide one dose of PCV 13 a year after the 23vPPV
      ii. Who have received PCV 13 before: provide one dose of 23vPPV a year after the PCV 13
      iii. Who is known to have both 23vPPV and PCV 13 given before: no further vaccination is needed
      iv. Who recall a dose of pneumococcal vaccination was given but no documented vaccination history or cannot recall the type given (vaccination card or electronic record)
         - Thorough history taking or past vaccination record finding
         - If no vaccination card available, encourage patient to go back to the clinic where the first dose was given
         - May assume 23vPPV was given. Provide one dose of PCV 13 a year after that pneumococcal vaccination
VSS Doctors’ Guide - Introduction

For private doctors, (1) they can enroll in VSS anytime; (2) in 2017/18 season, the Government will subsidise **HK$ 190 per dose of seasonal influenza/23v PPV and HK$ 730 per dose of PCV 13** given to eligible person (see Section 1.3) under VSS. The subsidy is reimbursed by DH to private doctors joining VSS. Subsidy for the seasonal influenza vaccination and PCV13 will be available for eligible persons from 18 October 2017 onwards. Eligible persons are advised to receive influenza and pneumococcal vaccination as soon as the vaccines become available.

1.3 What kinds of service providers can participate in VSS?

A doctor can join VSS if he/she:-

a) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161);

b) holds a valid annual practicing certificate; and

c) works in the private medical sector (including university and non-government organisations).

d) Enrol to Primary Care Directory (before enroll in VSS in the 2018/19 season).

e) To join VSS, a doctor is required to enroll in advance (see Section 3 Participating in VSS).
1.4 Type of Vaccines covered in VSS and eligible groups

1.4.1 Seasonal Influenza Vaccine

Under VSS, eligible persons are recommended to receive one dose of seasonal influenza vaccine in 2017/18 except for vaccine-naïve children aged below 9 years, two doses with an interval of 4 weeks are required and will be subsidised by the Government. Please note that there are different preparations available in the market. Some are registered for use for persons aged above three years old only. Hence, for children less than 3 years old, you are required to pay special attention to the product information, in particular the age-range registered for use and the recommended dosage, before administration.

Vaccine Composition

In June 2017, the SCVPD issued the recommendations for seasonal influenza vaccination in Hong Kong for the 2017/18 season. In accordance with the World Health Organization's recommendation, the vaccine recommended by the SCVPD in the 2017/18 season (for northern hemisphere winter) contains the following:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus

Trivalent influenza vaccine (TIV) consists of the above three seasonal influenza viruses. If quadrivalent influenza vaccine (QIV) is being used, it shall contain the above three viruses and a B/Phuket/3073/2013-like virus.

Vaccine Type

Both trivalent and quadrivalent inactivated influenza vaccines are registered for use in Hong Kong. Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B.

Vaccination precautions

People who are allergic to a previous dose of inactivated seasonal influenza vaccine or other vaccine components (please refer to the insert of the vaccine) are not suitable to have the inactivated seasonal influenza vaccination. Individuals with mild
VSS Doctors’ Guide - Introduction

egg allergy who are considering an influenza vaccination can be given inactivated seasonal influenza vaccine in primary care. Individuals with a history of anaphylaxis to egg should be seen by an allergist/immunologist for evaluation of egg allergy and for administration of inactivated seasonal influenza vaccine if clinically indicated. Those with bleeding disorders or on anticoagulants may receive the vaccine by deep subcutaneous injection. If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

Seasonal influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré syndrome (GBS) (1 to 2 case per 1 million vaccinees) and severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed).

GBS is a polyneuritis which may follow about two weeks after viral infection, surgery or rarely after immunisation. It is characterised by progressive weakness of all limbs and areflexia. So far, no clear association has been found between GBS with seasonal influenza vaccine. The risk of Guillian-Barré Syndrome after influenza infection (17.20 per million) is higher than after influenza vaccination (1.03 per million). For reference, please refer to the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation (http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

**Note: All doctors are advised to read carefully the product information of the vaccines they have procured, noting especially the recommendations, contraindications, route of administration, dosage and expiry date, storage and handling. There are different types for vaccines and some may be for some specific age group only. To avoid administering expired vaccines to clients, doctors should dispose the expired vaccines properly.**
1.4.2 Eligible groups for subsidised seasonal influenza vaccination under VSS in 2017/18

1.4.2.1 PREGNANT WOMEN

A pregnant woman is eligible for subsidy by VSS if she fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to Appendix A for sample of the identity/ travel documents;

AND

b) holds a medical certificate certifying the person is pregnant issued by a registered medical practitioner; OR

c) her pregnancy status is confirmed by the attending enrolled doctor

1.4.2.2 ELDERLY

An elderly is eligible for subsidy by VSS if he fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to Appendix A for sample of the identity/ travel documents;

AND

b) age of 65 years or above in the year of receiving the vaccine(s).

1.4.2.3 CHILDREN

A child is eligible for subsidy by VSS if he fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status (please refer to Appendix A for sample of the identity/ travel documents);

AND

b) meets either of the following conditions:-

(i) between the age of 6 months and less than 12 years on the day receiving
the first dose of seasonal influenza vaccine; OR
(ii) 12 years old or above attending a primary institution (documentation by student handbook or student card).

1.4.2.4 PERSONS WITH INTELLECTUAL DISABILITY (PID)

A PID is eligible for subsidy by VSS if he fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to Appendix A for sample of the identity/ travel documents;

AND

b) meets one of the following conditions:-

(i) holds a valid Registration Card for People with Disabilities (with indication of intellectual disability^) issued by Labour and Welfare Bureau (Central Registry for Rehabilitation). Please refer to Appendix C for a sample of the Registration Card; OR

(ii) holds a medical certificate issued by a Registered Medical Practitioner that the PID is entitled for subsidised vaccination. Please refer to Appendix C for a sample of the medical certificate; OR

(You may wish to base on the medical history, clinical assessment and documents provided by the parents/guardians, taking reference to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV) or 5th edition (DSM-V) to certify the eligibility. Please refer to Appendix B for DSM(IV) and DSM(V).)

(iii) holds a certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that the PID is a service user of the institution. Please refer to Appendix C for a sample of the certificate.
1.4.2.5 PERSONS RECEIVING DISABILITY ALLOWANCE (PDA)

A PDA is eligible for subsidy by VSS if he fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to Appendix A for sample of the identity/ travel documents;

AND

b) is a recipient of the Social Welfare Department’s Disability Allowance. Please refer to Appendix D for a sample of a valid Letter of Notification of Successful Application for Disability Allowance issued by the Social Welfare Department.
VSS Doctors’ Guide - Introduction

1.4.3 Pneumococcal vaccine

Under VSS, elders who have never received pneumococcal vaccination before or bear high-risk medical conditions* can receive subsidy of pneumococcal vaccination.

Vaccine Type

Both 23vPPV and PCV 13 are included in the scope of subsidised pneumococcal vaccination under VSS in 2017/18 season.

Vaccination precautions

Pneumococcal vaccine has demonstrated good safety and side effect profiles. Common adverse reactions include slight swelling and tenderness at the injection site that may occur shortly following injection. After 23vPPV vaccination, fever, muscle aches or more severe local reactions are uncommon. While after PCV13 vaccination, some may experience mild fever, fatigue, headache, chills, or muscle pain. Severe pain or difficulty in moving the arm where the shot was given was very rare.

Severe allergic reaction to a vaccine component or following a prior dose, or any diphtheria toxoid-containing vaccine, is a contraindication to further doses of vaccine. Persons with moderate or severe acute illness should not be vaccinated until their condition improves. For reference, please refer to the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation (http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

For individuals who will undergo elective splenectomy, pneumococcal vaccines should be given at least 2 weeks before the procedures if possible. Pneumococcal vaccines should not be given during chemotherapy or radiotherapy for cancer.

**Note: All doctors are advised to read carefully the product information of the vaccines they have procured, noting especially the recommendations, contraindications, route of administration, dosage and expiry date, storage and handling. There are different types for vaccines and some may be for some specific age group only. To avoid administering expired vaccines to clients, doctors should dispose the expired vaccines properly.**
1.4.4 Eligible groups for subsidised pneumococcal vaccination under VSS in 2017/18 (Fig 1.)

An elderly is eligible for subsidy for 23v PPV and/ or PCV13 (depending on conditions listed in section 1.4.4.1 and 1.4.4.2) under VSS if he fulfils criteria (a) AND (b) listed as follows:-

a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to Appendix A for sample of the identity/ travel documents;

AND

b) age of 65 years or above in the year of receiving the vaccine(s).

The eligibility of an elderly to receive 23v PPV and/ or PCV13 under VSS also depends on the following consideration on whether he has received the vaccination before and whether he has high-risk conditons*. Health assessments should be done to confirm the presence of high-risk conditions in an elderly before PCV13 vaccination is given. Relevant part of the “Consent To Use Vaccination Subsidy” form should be completed and signed by the enrolled doctor. If there are any changes made to data (eg. high risk or not, PCV13 or 23vPPV having been used) recorded on this particular section of the form subsequent to the signing by the client, the amendments should be countersigned by him/her as well.

1.4.4.1 ELDERLY WHO HAS NEVER RECEIVED PNEUMOCCOCAL VACCINATION BEFORE

(i) **ELDERLY WITHOUT HIGH-RISK CONDITIONS***

An elderly without high-risk conditions* who has never received pneumococcal vaccination before is eligible for subsidy for a single dose of 23v PPV under VSS if he fulfils the eligibility criteria mentioned above.

(ii) **ELDERLY WITH HIGH-RISK CONDITIONS***

An elderly with high-risk conditions who has never received pneumococcal vaccination before is eligible for subsidy for a single dose of 23v PPV or PCV 13 under VSS if he fulfils the eligibility criteria mentioned above.

SCVPD recommends one dose of PCV 13 first and another dose of 23vPPV one year later
1.4.4.2 ELDERLY WHO HAS RECEIVED PNEUMOCCOCAL VACCINATION BEFORE

(iii) ELDERLY WITH 23VPPV GIVEN BEFORE

An elderly with high-risk conditions* who has received 23vPPV before is eligible for a dose of PCV13 a year after the 23vPPV under VSS if he fulfils the eligibility criteria mentioned above.

(iv) ELDERLY WITH PCV13 GIVEN BEFORE

An elderly with high-risk conditions* who has received PCV 13 before is eligible for a dose of 23vPPV under VSS if he fulfils the eligibility criteria mentioned above.

(v) ELDERLY WITH 23VPPV AND PCV13 GIVEN BEFORE

An elderly with high-risk conditions* who has received 23vPPV and PCV 13 before is not eligible for further subsidised pneumococcal vaccination under VSS. Revaccination is not indicated.

(vi) ELDERLY WHO RECALL A DOSE OF PNEUMOCCOCAL VACCINATION GIVEN BUT NO DOCUMENTED VACCINATION HISTORY (VACCINATION CARD OR ELECTRONIC RECORD)

For an elderly with high-risk conditions* who recall a dose of pneumococcal vaccination given but cannot recall the type and has no documented vaccination history, take a thorough history or finding past vaccination record. If no vaccination card is available, encourage patient to go back ot the clinic where the first dose was given. May assume 23vPPV was given and the elderly is eligible for a dose of PCV 13 under VSS one year after that pneumococcal vaccination, if he fulfils the eligibility criteria mentioned above.
### List of high-risk conditions / medical conditions:
- History of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant
- Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, HIV/AIDS or cancer/steroid treatment
- Chronic neurological conditions that can compromise respiratory functions, the handling of respiratory secretions, increase the risk for aspiration or those who lack the ability to take care of themselves

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Recommendation of elders with medical conditions**</th>
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<tbody>
<tr>
<td>1. No known history of pneumococcal vaccination</td>
<td>One dose PCV13, follow by one dose 23vPPV one year after</td>
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<tr>
<td>2. Known to have 23vPPV before</td>
<td>One dose PCV13 one year after 23vPPV</td>
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<tr>
<td>3. Known to have PCV13 before</td>
<td>One dose 23vPPV one year after PCV13</td>
</tr>
<tr>
<td>4. Known to have both 23vPPV and PCV 13</td>
<td>No further vaccination is needed</td>
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<tr>
<td>5. Elders recall pneumococcal vaccination was given but no documented vaccination history (vaccination card and electronic record) and cannot recall the type given</td>
<td>May assume 23vPPV was given Provide one dose PCV13 one year after that pneumococcal vaccination</td>
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