

**Seasonal Influenza Vaccination for Persons with Intellectual Disability
(Non-institutionalized) 2016/17
Under Residential Care Home Vaccination Programme
Information about Seasonal Influenza Vaccination**

Seasonal Influenza and Vaccination

Influenza is an infectious viral disease. It can be caused by various types of influenza viruses. In Hong Kong, the two subtypes of influenza A virus, H1N1 and H3N2, and influenza B virus, are most commonly seen. Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March and from July to August. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, headache, muscle aches, runny nose and general tiredness. It is usually self-limiting with recovery in two to seven days. However, it can be a serious illness to the weak and frail and elderly persons, and may be complicated by bronchitis, pneumonia or even death in the most serious cases. Serious influenza infection can occur even in healthy individuals.

■ Seasonal Influenza Vaccine Composition

The vaccine provided under this Programme 2016/17 contains the following:

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus
- a B/Phuket/3073/2013-like virus

Inactivated seasonal influenza vaccine is used under this Programme 2016/17.

■ Recommended Dose

Persons aged 9 or above should receive one dose of seasonal influenza vaccine every year.

To ensure adequate immunity against seasonal influenza, children under 9 years old who have never received any seasonal influenza vaccine are recommended to be given 2 doses of seasonal influenza vaccine with a minimum interval of 4 weeks. Children below 9 years, who have received seasonal influenza vaccine in the 2015/16 season or before are recommended to receive one dose in the 2016/17 season.

■ Who should not receive inactivated seasonal influenza vaccination

People who are allergic to a previous dose of inactivated influenza vaccine or other vaccine components are not suitable to have inactivated seasonal influenza vaccination. For vaccine components, please refer to drug insert. **For example, FluarixTM Tetra contains Gentamicin Sulphate.** Individuals with mild egg allergy who are considering an influenza vaccination can be given inactivated influenza vaccine in primary care. Individuals with diagnosed or suspected severe egg allergy should be seen by an allergist/immunologist for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated. Those with bleeding disorders or on anticoagulants should consult their doctors for advice. If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

■ Why should pregnant women receive seasonal influenza vaccination

Influenza vaccination in pregnant women has shown benefits for both mother and child in terms of reduced acute respiratory infections. The World Health Organization considers inactivated seasonal influenza vaccine safe in pregnancy and there is no evidence showing such vaccine can cause abnormality in foetus even if given during the first trimester. However, pregnant women should not receive live attenuated influenza vaccine because it contains a live virus. Pregnant women should consult obstetrics and gynaecology doctors for any queries. Inactivated seasonal influenza vaccine is used under this Programme 2016/17.

■ What are the possible side effects of the inactivated seasonal influenza vaccine

Inactivated seasonal influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days. If fever or discomforts persist, please consult a doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency consultation. Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré syndrome (about 1 case per million vaccinees), meningitis or encephalopathy (1 in 3 million doses distributed) and severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. Studies have shown that the risk of Guillain-Barré Syndrome after influenza infection (17.20 per million) is much higher than after influenza vaccination (1.03 per million).

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of injection fee, and the administration and monitoring of the Residential Care Home Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this visit will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary healthcare service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive the vaccination under the Programme.

Classes of Transferees

4. The personal data you provided are mainly for use within the Government but they may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

5. You have a right to request access to and to request the correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to:
Executive Officer, Vaccination Office, Centre for Health Protection, 4/F 147C Argyle Street, Kowloon, Telephone No.: 2125 2125.

School / Institution Code
(To be completed by School / Institution)



Department of Health
Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalized) (2016/17)
Under Residential Care Home Vaccination Programme
Vaccination Consent Form

Transaction No. in eHS (Subsidies)
TR
(To be completed by VMO)

- Note
1. Please complete this form in BLOCK LETTERS using black or blue pen.
 2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 10 working days** prior to vaccination for checking vaccination record of the recipient.
 3. This form is to be retained by the VMO after vaccination.

Part A Personal Particulars of the recipient (as stated on the identity document)

Name	(English)	(Chinese)
Date of Birth	dd mm yyyy	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Chinese Commercial Code		

Identity Document (Please select an identity document by inserting a “✓” in the appropriate box below and fill in the information required)

Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.

<input type="checkbox"/> Hong Kong Identity Card No.	()	Date of Issue	dd mm yyyy
<input type="checkbox"/> Serial No. of the Certificate of Exemption			
Reference No.			
HKIC No. as shown on the Certificate	()	Date of Issue	dd mm yy
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	()		
<input type="checkbox"/> Hong Kong Re-entry Permit		Date of Issue	dd mm yyyy
<input type="checkbox"/> Document of Identity Document No.		Date of Issue	dd mm yyyy
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) Birth Entry No.	()	Permitted to remain until	dd mm yyyy
<input type="checkbox"/> Non- Hong Kong Travel Document No.			
Visa/Reference No.	- - ()		
<input type="checkbox"/> Certificate issue by the Birth Registry for adopted Children - No. of Entry	/		

Part B Undertaking and Declaration [Please fill in either Part (I) or (II)]**(I) To be completed by Parent/Guardian of the Recipient** (Please insert a “✓” as appropriate.)

I confirm that the above service user is a person with intellectual disability. I give my consent for the above service user to receive Seasonal Influenza vaccine.

Service user aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine.

First and only dose First dose of Seasonal Influenza vaccine Second dose of Seasonal Influenza vaccine

The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the “Statement of Purpose” .

Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)		Name of Parent/Guardian	
		Hong Kong Identity Card	
Relationship with the recipient	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Date	

(II) To be completed by In-charge Person of School / Institution and relatives(if applicable)
(Please insert a “✓” as appropriate.)

We have attempted but could not contact Parent/Guardian of the recipient to give consent for the recipient to receive Seasonal Influenza

Signature of In-charge Person		Official Chop:	
Name of In-charge Person			
Post / Title		Date	

However, relative of the recipient agreed to give Seasonal Influenza to the recipient.

Signature of the Relative		Name of the Relative	
Hong Kong Identity Card No.		Date	
Relationship with the recipient			

Part C To be Completed by the Witness (if applicable)

This document has been read and explained to the Parent/Guardian of the recipient in my presence.

Signature of witness		Name of witness	
Hong Kong Identity Card No.		Date	

Part D Date of Vaccination (to be completed by the VMO after vaccination)

Seasonal Influenza Vaccine	/ /20 (dd/mm/yyyy)
----------------------------	--------------------