

Residential Care Home Vaccination Programme 2016/17

Information about Seasonal Influenza Vaccination and Pneumococcal Vaccination

Benefits of Getting Seasonal Influenza Vaccination and Pneumococcal Vaccination

Respiratory infection caused by seasonal influenza or pneumococcal infection is common. It can be a serious illness with complications to the weak and frail and elderly persons and may even lead to death in the most serious cases. During influenza pandemics, secondary bacterial pneumonia is an important cause of morbidity and mortality. Vaccination is one of the effective means to prevent seasonal influenza, pneumococcal infection and its complications. It can also lower the risk of hospitalisation and mortality among elderly people.

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 Residential Care Home Vaccination Programme (RVP) 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/Phuket/3073/2013-like virus
- a B/Brisbane/60/2008-like virus

Inactivated seasonal influenza vaccine is used under RVP 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 RVP 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 for 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 cases 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).

Pneumococcal Infection and Vaccination

Pneumococcal infection represents a wide range of diseases caused by the bacterium *Streptococcus pneumoniae* (or more commonly referred as pneumococcus). While pneumococcus is a common cause of mild illnesses such as sinus or middle ear infections, it may also cause severe or even life-threatening invasive pneumococcal diseases (IPD) such as pneumonia, septicaemia, and meningitis etc. The outcomes for IPD are usually more severe among elderly persons.

The treatment of pneumococcal infections usually involves the use of antibiotic(s). But there is a problem of increasing resistance of the bacterium to antibiotics, which makes prevention of pneumococcal infections important. One of the most effective means of preventing pneumococcal diseases is by immunising with pneumococcal vaccines. Residents of Residential Care Homes for the Elderly and residents aged 65 years or above of Residential Care Homes for Persons with Disabilities who have never received pneumococcal vaccine before are eligible for one dose of free pneumococcal vaccination under RVP.

23-valent pneumococcal polysaccharide vaccine (23vPPV) is used under RVP 2016/17.

■ Who are not suitable to receive 23-valent pneumococcal polysaccharide vaccine (23vPPV)

Severe allergic reaction following a prior dose of 23vPPV or to the vaccine component is a contraindication to further doses of vaccine. For individuals who will undergo elective splenectomy, 23vPPV should be given at least 2 weeks before the procedures if possible. 23vPPV should not be given during chemotherapy or radiation therapy for cancer.

■ What are the adverse events associated with 23vPPV

23vPPV has been demonstrated to be safe. Slight swelling and tenderness at the injection site may occur shortly following injection. Local reactions are more severe following a second dose but nearly all reactions resolve within a few days without treatment.

■ Can 23vPPV be received together with seasonal influenza vaccine

23vPPV can be given with seasonal influenza vaccine at the same time, but should be administered with a different syringe and at a different injection site.

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.

Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III)]

Recipient aged 18 or above with mental capacity, please fill in Part (I).

Recipient aged below 18 or mentally-incapacitated, please fill in Part (II).

Recipient aged below 18 or mentally-incapacitated and Parent/ Guardian cannot be contacted, please fill in Part (III).

(I) To be completed by the Recipient (Please insert a “✓” as appropriate.)

☐ I am staff of residential care home for elderly/persons with disabilities. I consent to receive Seasonal Influenza vaccination. OR

☐ I am a resident/boarder of residential care home for ☐elderly / ☐persons with disabilities. I consent to receive the following vaccination(s):

☐Seasonal Influenza vaccination ☐Pneumococcal vaccination (☐ I have never received any pneumococcal vaccination before)

The information provided in this consent form is correct. I agree to provide my 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 Recipient (or finger print if illiterate, witness to complete Part C)		Date	
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(II) To be completed by Parent/Guardian of the Recipient (Please insert a “✓” as appropriate.)

I confirm that the recipient is a resident/boarder of residential care home for ☐elderly ☐persons with disabilities. I give my consent for the recipient to receive the following vaccination(s):

☐ Seasonal Influenza vaccination ☐ Pneumococcal vaccination (☐ The recipient has never received any pneumococcal vaccination before)

Children 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	

(III) To be completed by In-charge Person of RCH and relatives(if applicable)

We have attempted but could not contact Parent/Guardian of the recipient to give consent for the recipient to receive ☐Seasonal Influenza and /or ☐Pneumococcal vaccination.

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 and /or ☐Pneumococcal vaccination 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 recipient or 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)	Pneumococcal vaccine	/ /20 (dd/mm/yyyy)
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