Residential Care Home Vaccination Programme 2014/15
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 with complications to the weak and frail and elderly persons and may be even lead to death in the most serious cases. Serious influenza infection can occur even in healthy individuals.

■ Vaccine Composition
The vaccine provided under Residential Care Home Vaccination Programme 2014/15 contains the following:

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Texas/50/2012(H3N2)-like virus
- a B/Massachusetts/2/2012-like virus
- a B/Brisbane/60/2008-like virus

■ Recommended Dose for Children
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 2013/14 season or before are recommended to receive one dose in the 2014/15 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, Fluarix™ Tetra contains Gentamicin Sulphate. Individuals with mild egg allergy 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 warfarin, caution should be taken to reduce bleeding. For Fluarix™ Tetra, consideration may be taken to administer the vaccine by deep subcutaneous injection to reduce bleeding. Please note that FluQuadri™ Quadrivalent Influenza Vaccine should only be given intramuscularly. Individual assessment should be done to balance the benefits and risks of vaccination. 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 Residential Care Home Vaccination Programme.

■ 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 (1 to 2 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.

**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 such as pneumonia, septicemia, and meningitis etc. The case fatality rate for invasive pneumococcal diseases is substantially higher 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.

- **Recommended Dose of 23-valent pneumococcal polysaccharide vaccine (23vPPV)**
  For elders 65 years of age and older, Scientific Committee on Vaccine Preventable Diseases (SCVPD) recommends either a single dose of PCV13 or a single dose of 23vPPV. For those with additional at-high risk conditions, one-time revaccination may be considered 5 years after the first dose, depending on clinical judgment. Please discuss with doctor on the vaccination regimen.

- **Who are not suitable to receive 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.

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### 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 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.
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) **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)

<table>
<thead>
<tr>
<th>Name</th>
<th>(English)</th>
<th>(Chinese)</th>
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<tbody>
<tr>
<td>Date of Birth</td>
<td>dd mm yyyy</td>
<td>Sex</td>
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<tr>
<td></td>
<td></td>
<td>□ Male</td>
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**Chinese Commercial Code**

| Identity Document | (Please select an identity document by ticking the appropriate box below and fill in the information required)
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>□ Hong Kong Identity Card No.</td>
<td>( ) Date of Issue dd mm yyyy</td>
</tr>
<tr>
<td>□ Serial No. of the Certificate of Exemption</td>
<td></td>
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<tr>
<td>□ Reference No.</td>
<td></td>
</tr>
<tr>
<td>□ HKIC No. as shown on the Certificate</td>
<td>( ) Date of Issue dd mm yyyy</td>
</tr>
<tr>
<td>□ Hong Kong Birth Certificate Registration No.</td>
<td>( )</td>
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<tr>
<td>□ Hong Kong Re-entry Permit</td>
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<tr>
<td>□ Document of Identity Document No.</td>
<td>Date of Issue dd mm yyyy</td>
</tr>
<tr>
<td>□ Permit to Remain in HKSAR (ID 235B) Birth Entry No.</td>
<td>( ) Permitted to remain until dd mm yyyy</td>
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<tr>
<td>□ Non-Hong Kong Travel Document No.</td>
<td></td>
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<tr>
<td>□ Visa/Reference No.</td>
<td>- - ( )</td>
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<tr>
<td>□ Certificate issue by the Birth Registry for adopted Children – No. of Entry</td>
<td>/</td>
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</table>
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 “✓” 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

(Re-vaccination is not required for people who have received one dose after 65 years old)
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 |

(II) To be completed by Parent/Guardian of the Recipient (Please “✓” 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

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 recommend 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”.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)</th>
<th>Name of Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hong Kong Identity Card No.</td>
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<tr>
<td>Relationship with the recipient</td>
<td>Date</td>
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</tbody>
</table>

- Father
- Mother
- Guardian

(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.

<table>
<thead>
<tr>
<th>Signature of In-charge Person</th>
<th>Name of In-charge Person</th>
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<tr>
<td>Hong Kong Identity Card No.</td>
<td>Date</td>
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However, relative of the recipient agreed to give

- Seasonal Influenza and /or
- Pneumococcal vaccination to the recipient.

<table>
<thead>
<tr>
<th>Signature of the Relative</th>
<th>Name of the Relative</th>
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<tr>
<td>Hong Kong Identity Card No.</td>
<td>Date</td>
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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.

<table>
<thead>
<tr>
<th>Signature of witness</th>
<th>Name of witness</th>
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<td>Hong Kong Identity Card No.</td>
<td>Date</td>
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Part D Date of Vaccination (to be completed by the VMO after vaccination)

<table>
<thead>
<tr>
<th>Seasonal Influenza Vaccine</th>
<th>/ /20 (dd/mm/yyyy)</th>
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<tbody>
<tr>
<td>Pneumococcal vaccine</td>
<td>/ /20 (dd/mm/yyyy)</td>
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Updated on February 2015