

Frequently Asked Questions for Visiting Medical Officers (VMO) Residential Care Home Vaccination Programme (RVP) 2017/18

(I) SEASONAL INFLUENZA VACCINE AND VACCINATION

1. What seasonal influenza vaccine (SIV) is provided this year?

The SIV provided under Residential Care Home Vaccination Programme (RVP) 2017/18 is an inactivated quadrivalent vaccine and contains the followings:

- 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
- a B/Phuket/3073/2013-like virus

For persons aged 36 months or above:

Fluarix™ Tetra – 0.5 ml prefilled syringe without needle (needles separately provided)

For persons aged 6 months to 35 months:

FluQuadri™ Quadrivalent Influenza Vaccine – 0.25 ml prefilled syringe without needle (needles separately provided)

2. Who are eligible to receive free SIV under RVP 2017/18?

All residents and staff of Residential Care Homes for the Elderly (RCHE) and Residential Care Homes for Persons with Disabilities (RCHD) are eligible for free SIV.

Non-institutionalised persons with intellectual disability (PID) receiving services in designated institutions for PID (day centres/sheltered workshops/special schools for PID) are also eligible to receive free SIV under RVP 2017/18.

These institutions include:

- a. Subvented Day Activity Centre
- b. Subvented Sheltered Workshop
- c. Subvented Integrated Vocational Rehabilitation Services Centre (IVRSC)

- d. Subvented Integrated Vocational Training Centre (IVTC)
- e. Subvented District Support Centre for Persons with Disabilities
- f. Aided Schools for Children with Intellectual Disability, Physical Disability, Hearing Impairment and Visual Impairment

The list of the designated institutions can be found in the websites of Social Welfare Department and Education Bureau. The websites are provided at Annex 1 for your reference.

Staff and other service users of these designated institutions are not eligible for the free SIV.

Institutionalised PID in RCHs are already covered under existing RVP.

3. Who are PID?

PID are those meeting the diagnostic criteria of intellectual disability of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorder. The latest edition is the fifth edition while the fourth edition is still widely used in Hong Kong. As such, both editions are accepted under RVP. In addition, the assessment criteria currently used by Education Bureau and Social Welfare Department for PID are also accepted. PID issued with Registration Card for People with Disabilities with indication of intellectual disability are also eligible for the free influenza vaccine.

The summaries of diagnostic criteria are given in Annex 2 for your reference.

4. 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. Individuals with mild egg allergy who are considering an influenza vaccination can be given inactivated 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 influenza vaccine if clinically indicated. Those with bleeding disorders or on anticoagulants, caution should be taken to reduce bleeding. Both **Fluarix™ Tetra** and **FluQuadri™ Quadrivalent Influenza Vaccine** are to be given intramuscularly. If clinically indicated and necessary, VMO can consider using trivalent influenza vaccine (TIV) which can be given by deep subcutaneous injection to reduce risk of bleeding. (Upon recommendation by VMOs, RCHs and the designated institutions for PID may order TIV for their service users.) If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

5. How many doses of influenza vaccination will a child need?

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 2016/17 season or before are recommended to receive one dose in the 2017/18 season.

6. When should recipients receive seasonal influenza vaccination?

In Hong Kong, influenza is more common in periods from January to March and from July to August. As it takes about 2 weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection, the vaccine should be given as early as possible and before mid December preferably.

7. 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 pain, 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 case per million vaccinees) and severe allergic reaction (anaphylaxis) (9 per 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).

8. What is Guillain-Barré Syndrome (GBS)? Can influenza vaccination cause GBS?

GBS is a rare neurological disorder causing paralysis and even respiratory difficulties. Most people recover completely but some have chronic weakness. GBS can also develop following a variety of infections, including influenza. So far, no clear association has been found between GBS with seasonal influenza vaccine.

9. Can recipient receive seasonal influenza vaccine if he/she had history of GBS?

As it is unknown whether influenza vaccination is causally associated with increased risk of recurrent GBS, precaution should be made to ascertain the temporal relationship if there is a history of GBS.

10. 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 is 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 gynecology doctors for any queries.

(II) PNEUMOCOCCAL VACCINE AND VACCINATION

1. Are there different types of pneumococcal vaccines?

There are different types of pneumococcal vaccines available in the market, such as 13-valent pneumococcal conjugate vaccine (PCV13), 23-valent pneumococcal polysaccharide vaccine (23vPPV) etc. 23vPPV consists of pneumococcal capsular polysaccharides for 23 pneumococci serotypes. PCV consists of pneumococcal capsular polysaccharides conjugated to carrier proteins.

2. What is the difference between 23-valent pneumococcal polysaccharide vaccine (23vPPV) and 13-valent pneumococcal conjugate vaccines (PCV13)?

PCV13 is effective against both invasive pneumococcal disease and non-invasive pneumococcal pneumonia (NIPP). On the other hand, while clinical studies indicated that 23vPPV is generally effective in preventing IPD, its efficacy against NIPP is suboptimal. Nevertheless, it is worth noting that 23vPPV contains more serotypes and theoretically offers extra protection.

3. Why is it necessary for elders to receive both influenza vaccine and pneumococcal vaccines?

Secondary bacterial pneumonia is an important cause of morbidity and mortality for those infected with influenza. Data from a local study shows that dual vaccination with influenza vaccine and pneumococcal vaccines can lower the risk of hospitalisation and mortality among elderly people.

4. Can pneumococcal vaccines be received together with seasonal influenza vaccine?

Yes. Both 23-valent pneumococcal polysaccharide vaccine (23vPPV) and pneumococcal conjugate vaccines (PCV) can be given together with other vaccines, including influenza vaccine, but they should be administered with a different syringe and at a different injection site.

5. Can pneumococcal vaccines be given prior to / after certain medical procedures?

For individuals who will undergo elective splenectomy, pneumococcal vaccines should be given at least 2 weeks before the procedures if possible. Pneumococcal vaccines should ideally be given before or after completion of chemotherapy/radiotherapy but they may still be given as clinically indicated during long term use of chemotherapeutic agents.

6. What are the adverse events associated with 23-valent pneumococcal polysaccharide vaccine (23vPPV) ?

Pneumococcal vaccines have been demonstrated to be safe. Common adverse reactions include slight swelling and tenderness at the injection site shortly following injection but most resolve within two days. Fever, muscle aches or more severe local reactions are uncommon.

7. What are the adverse events associated with pneumococcal conjugate vaccines (PCV)?

Pneumococcal vaccines have been demonstrated to be safe. Common adverse reactions include slight swelling and tenderness at the injection site shortly following injection but most resolve within two days. 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.

8. Who are not suitable to receive pneumococcal vaccines?

Severe allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine component or any diphtheria toxoid-containing vaccine is a contraindication to further doses of vaccine. 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.

9. Can individual receive pneumococcal vaccines if they are not feeling well on the day of vaccination?

Minor illnesses such as upper respiratory tract infections are not contraindications to vaccination. Vaccination may also be deferred until symptoms subside in case of any worry.

10. What pneumococcal vaccine is provided under RVP 2017/18?

Under RVP 2017/18, the Government provides 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV).

11. Who are eligible for free pneumococcal vaccination under RVP 2017/18?

Under 2017/18 RVP, the Government provides 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) vaccination to eligible residents.

Residents of Residential Care Homes for the Elderly and residents aged 65 years or above of Residential Care Homes for Persons with Disabilities:

- (1) Residents who have already received 23vPPV are eligible for one dose of free PCV13 1 year after previous 23vPPV vaccination.
- (2) Residents who have already received PCV13 are eligible for one dose of free 23vPPV 1 year after previous PCV13 vaccination
- (3) Residents who have never received PCV13 or 23vPPV before are eligible for one dose of free PCV13, and followed by one dose of free 23vPPV 1 year later.

Staff of RCHs and non-institutionalised PIDs are not eligible for free pneumococcal vaccination.

12. How can elders confirm their previous pneumococcal vaccination history?

Elders should try to find out all their previous vaccination records/cards and bring them to their attending doctor. Vaccination records are important reference to doctors

before they can provide appropriate vaccination. Else, elders should return to the clinics where they received previous vaccinations to trace their records. If they still cannot trace the records, they should tell their doctors their vaccination history as far as they can recall so that their doctor can make assessment and provide them with the necessary vaccination.

13. If elders are not sure if they have previously received pneumococcal vaccine (type and time), should they go for vaccination?

If elders do not have a documented vaccination history (vaccination card and electronic record) for pneumococcal vaccine, they should trace record from clinics receiving previous dose of pneumococcal vaccine. If the elders still cannot trace the record and cannot recall the type and time of vaccination, they should still receive the recommended doses, i.e. a single dose of PCV13 followed by a dose of 23vPPV one year later.

14. What is the interval between 23-valent pneumococcal polysaccharide vaccine (23vPPV) and 13-valent pneumococcal conjugate vaccines (PCV13)?

According to the recommendation of The Scientific Committee on Vaccine Preventable Diseases (SCVPD), the recommended interval between 23vPPV and PCV13 should be 1 year.

(III) VACCINATION PROCESS

1. When is the vaccination period under RVP 2017/18?

The seasonal influenza vaccination under RVP 2017/18 will start from 25 October 2017. In order to provide adequate protection to the recipients to protect against winter flu season which usually occurs from January to March, it is advised to provide seasonal influenza vaccine as early as possible and preferably before mid-December 2017. Nevertheless, the vaccine can be used before the expiry date and before end of the programme as announced. For pneumococcal vaccination, it should also be provided early to eligible residents and will be continued throughout the year.

2. What should I do before providing vaccination to recipients in RCHs/designated institutions for PID?

You should contact the staff/supervisors of RCHs/designated day centres/sheltered workshops/special schools for PID and agree on the date and time of vaccination. Make sure the vaccines (supplied by the Government) and necessary equipments are available on your visit. Please confirm the RCH/Institution Code (for claiming procedure via eHS(S)) and collect consent forms from RCH/designated institutions for PID at least 10 days before the date of vaccination. Before the vaccination date, you should retrieve the validated eHealth System (Subsidies) (eHS(S)) account of the consented recipient and check his/her vaccination record and confirm his/her availability of “vaccination quota” (e.g. whether he/she has already received the vaccination). Particular attention should be paid to the pneumococcal vaccination history. Injection of unnecessary vaccination to recipients may cause unnecessary adverse effects. Vaccination given to recipient who has no “vaccination quota” will not be reimbursed. For those without validated account in the eHS(S), please create a temporary account. It takes 24 hours for Immigration Department to validate the account.

3. What should I be aware of during and after vaccination process?

Particular attention should be paid on the correct identity of the recipients and name of vaccines and whether the vaccines are non-expired and in good conditions. After vaccination, put down the date of vaccination in the consent form for record purpose. Records should also be made in the recipients' vaccination cards and other relevant documents.

4. Can I use vaccine from my own clinic, instead of using vaccine from the Government?

Under RVP, only vaccines provided by the Government should be used. Vaccines will be sent to RCH/designated institutions for PID before vaccination. RCHs/ designated institutions for PID should follow the guides from the Department of Health (DH) to ensure all vaccines are being kept in proper conditions. VMO will only be reimbursed HK\$50 for each injection made to eligible recipients with the vaccines provided by the Government. There will not be any reimbursement for vaccine cost if vaccine provided by VMO is used.

5. Where should vaccination be conducted under RVP?

RVP is an outreach programme, which aims to provide on-site free and convenient vaccination services to residents and staff of RCHs and PIDs receiving services in designated institutions for PID.

6. Can I give vaccination to recipients without checking their vaccination history in eHealth System (Subsidies) (eHS(S))?

Vaccination should not be provided unless past vaccination history is ascertained e.g. through checking the eHS(S), vaccination cards and history taking from the recipients and/or their relatives/guardians. Postpone the vaccination if records have not been checked through the eHS(S). An information sheet with diagrammatic illustration of important steps in checking vaccination records in eHS(S) "Five steps of checking vaccination record in eHealth System (Subsidies)" has been prepared. VMOs are advised to be acquainted with the steps involved.

7. Can relieving doctor provide vaccination service under RVP on behalf of the VMO when the VMO is not available?

Yes. However, the relieving doctor should have already successfully enrolled in RVP and has to make claims via eHS(S) with his/her own Service Provider account.

8. What is the arrangement of mop up vaccination for residents or staff of RCHs?

Majority of vaccination are usually conducted before end of December each year. Afterwards, if there are still some residents or staff of RCHs who have not received the vaccine, RCHs should liaise with their own VMO or other VMOs to provide mop up vaccination to the remaining residents/staff. Lists of VMOs of all districts are available in CHP website or could be provided to RCH on request. If mop up service by VMO could not be sourced eventually, RCHs could contact VO for arrangement of mop up vaccination in General Out Patient Clinics starting from 1 January 2018. This arrangement of mop up vaccination only applies to residents and staff of RCHs. For non-institutionalised PID, they may choose to receive the vaccine with \$190 subsidy in clinics of doctors who have enrolled under the PID Vaccination Subsidy Scheme.

(IV) Enrolment

1. Who are Visiting Medical Officers?

Visiting Medical Officers (VMOs) are medical practitioners who are in private practice and have successfully enrolled in RVP to provide vaccination service to residents/staff of RCHs or non-institutionalised PIDs receiving services in designated institutions for PID.

2. Can I enrol as a VMO and participate in RVP?

All medical practitioners who:

- (i) are registered with the Medical Council of Hong Kong;
- (ii) work in private practice; and
- (iii) hold valid annual practicing certificates

can enrol as VMO.

Upon successful enrolment and invitation from a RCH/designated institution for PID, a VMO can participate in RVP and provide vaccinations to eligible recipients under RVP.

3. I have enrolled in the RVP last year. Do I need to enrol for RVP this year?

VMOs who have enrolled in RVP last year do not need to renew their application this year. VMOs may also provide SIV to eligible PIDs upon invitation from the designated institutions for PID. No further enrolment is required. The updated Definitions, Terms and Conditions of Agreement, and Schedule can be found in the Centre for Health Protection website www.chp.gov.hk in due course.

4. Do I need to enrol again if I want to provide vaccination service to PID under RVP?

There is no need to enrol again. You may provide vaccination service to PID under RVP upon invitation from designated institutions for PID. However, the designated institutions need to apply to join RVP first.

5. If I have joined the Vaccination Subsidy Scheme (VSS) /Health Care Voucher Scheme (HCVS), will I be enrolled automatically in RVP?

No. Doctors need to enrol in RVP separately. Doctors who are invited by RCHE/RCHD/designated institutions for PID and are interested in participating in RVP, please call Vaccination Office (VO) at 2125 2125 to initiate the application process. VO will send the application form and related documents to doctors concerned. Relevant documents can also be found in the Centre for Health Protection (CHP) website www.chp.gov.hk. The invited doctors need to complete the forms and send them back to VO for processing. It may take up to 14 working days to process an enrolment application.

6. Can all doctors working under the same medical organisation use one application form instead of sending individual application forms to enrol in RVP?

Doctors have to enrol on individual basis since personal particulars and professional registration information are required from each applicant.

7. How can I know whether my enrolment for RVP is successful?

VO will send a confirmation of enrolment to your correspondence address by mail.

(V) ACTIVATION OF eHealth System (Subsidies) SERVICE PROVIDER ACCOUNT

1. Do all the RVP enrolled doctors need to open an eHealth System (Subsidies) Service Provider Account?

Yes. All RVP enrolled doctors need to open an eHealth System (Subsidies) Service Provider Account to enable them to submit vaccination claims for reimbursement. For those newly enrolled doctors who do not have an eHealth System (Subsidies) Service Provider Account, the VO will provide the account information and an authentication token for activation of the account.

2. Within how many days should a Service Provider Account be activated upon receiving the enrolment confirmation letter?

The Service Provider Account should be activated within 21 days after the issuance of the confirmation letter. If an account is not activated within 21 days, the confirmation will be voided and the doctor will have to re-enrol again.

3. Can I delegate clinic staff for data entry in my eHealth System (Subsidies) Service Provider Account?

Yes. An enrolled doctor can create Data Entry Accounts and delegate the data entry work to his/her staff through the eHealth System (Subsidies). However, the doctor should supervise staff under his/her charge carefully and has the responsibility to ensure that the information entered are correct and up-to-date.

4. If the authentication token is lost, what should the enrolled doctor do?

If an enrolled doctor has lost the authentication token, he/she should report to VO and request for replacement. VO will charge the doctor for the replacement of authentication token.

(VI) DOCUMENTS SUBMITTED BY RECIPIENTS

1. What documents are required to be submitted by recipients and checked by VMOs?

Staff in RCHs/designated institutions for PID will assist completion of RVP consent forms for eligible persons agreeing to receive vaccination. VMO should counter-check the information on the consent forms, which should be **duly, legibly and accurately** completed and

- (i) the identity information on the consent form is identical with those in the eHS(S). Doubts should be clarified with the assistance of staff of RCHs/designated institutions for PID before the vaccination; and
- (ii) the recipient is eligible for the vaccination. Sometimes, VMO may need to check the original identity document to verify the recipient's identity and eligibility if necessary.

For PID, if VMO has doubt whether the recipient is a PID, the VMO should verify with the staff of designated institutions for PID to provide supporting documents.

2. Do I need to make a copy of the identity documents of the recipients?

VMOs should check the identity documents of the recipients if necessary, but it is NOT necessary to keep a copy of their identity documents.

3. Are residents of RCHE and RCHD/PID receiving services in designated institutions for PID born outside Hong Kong or non Hong Kong residents eligible for free vaccination under RVP?

All residents in RCHEs and RCHDs/PID receiving services in designated institutions for PID are eligible for free seasonal influenza vaccination under RVP.

All residents of Residential Care Homes for the Elderly and residents aged 65 years or above of Residential Care Homes for Persons with Disabilities:

- (1) Residents who have already received 23vPPV are eligible for one dose of free PCV13 1 year after previous 23vPPV

vaccination.

- (2) Residents who have already received PCV13 are eligible for one dose of free 23vPPV 1 year after previous PCV13 vaccination
- (3) Residents who have never received PCV13 or 23vPPV before are eligible for one dose of free PCV13, and followed by one dose of free 23vPPV 1 year later.

Non-institutionalised PIDs are not eligible for free pneumococcal vaccination.

4. Who can give consent for the mentally incapacitated residents/ PIDs to receive vaccination?

Parents or guardians appointed by the Guardianship Board can give consent for vaccination for mentally incapacitated residents and PIDs. In order to facilitate mentally incapacitated residents in RCHs/DIs without parents or appointed guardians to receive vaccination in their best interest, if relative of the person concerned can be contacted, they should complete Part B (III) of the consent form for persons in RCHs or Part B (II) of the consent form for persons on DIs, to confirm the person's parents / guardians could not be contacted and to agree to providing vaccination to the person. If parents / guardians / relatives could not be contacted, In-charge Person of RCHEs / RCHDs should complete Part B (IV) of the consent form for persons in RCHs or In-charge Person of DIs should complete Part B (III) of the consent form for persons in DIs, to confirm that they have attempted but could not contact the person's parents / guardian. Vaccination can be administered if VMO considers the vaccination is to the best interest of the person.

5. Can I administer the vaccine for mentally incapacitated residents/boarders/PIDs who do not have parents or legal guardians to sign the consent form?

VMO may administer the vaccine for mentally incapacitated residents/boarders/PIDs who do not have parents or legal guardians to sign the consent form if the VMO, after assessing the residents/boarders/PIDs concerned, considers that the vaccination is necessary and is in the best interest of the

recipients. If relative of the person concerned can be contacted, they should complete Part B (III) of the consent form for persons in RCHs or Part B (II) of the consent form for persons on DIs, to confirm the person's parents / guardians could not be contacted and to agree to providing vaccination to the person. If parents / guardians / relatives could not be contacted, In-charge Person of RCHEs / RCHDs should complete Part B (IV) of the consent form for persons in RCHs or In-charge Person of DIs should complete Part B (III) of the consent form for persons in DIs, to confirm that they have attempted but could not contact the person's parents / guardian. Vaccination can be administered if VMO considers the vaccination is to the best interest of the person.

6. If the recipient is illiterate but mentally fit (not applicable to PID) to make a consent, how can he/she sign on the consent form?

If the recipient is illiterate but mentally fit (not applicable to PID) to make a consent, he/she can put a finger print on the space for signature. The process of the consent form being read and explained to the recipient needs to be witnessed by an adult. The witness can be staff of medical organisations or RCHs (e.g. nurses). The witness should also sign Part C of the consent form.

(VII) REIMBURSEMENT & CHECKINGS

1. How many consent forms need to be collected from child who needs two doses of seasonal influenza vaccine?

The doctor should collect one completed and signed consent form for each vaccination given (i.e., two consent forms are needed for two injections given to the same child). These consent forms need to be kept for seven years after the injection.

2. What is the injection fee reimbursed by the Government under RVP?

The Government will reimburse HK\$50 to the VMO for each injection of seasonal influenza vaccine or pneumococcal vaccine given under RVP. For seasonal influenza vaccine, a maximum of HK\$100 injection fee for two doses will be reimbursed for eligible child recipients. Children who have received seasonal influenza vaccine before need only one dose of the vaccine. Only children below the age of 9 who have never received seasonal influenza vaccine before need two doses of the vaccine with a minimum interval of 4 weeks.

3. Can I start giving vaccination service under RVP immediately after I have submitted an application?

No. A doctor may start giving vaccinations under RVP only after he/she receives confirmation of enrolment from VO, which may take up to 14 working days after VO receives the enrolment application. In addition, an eHS (Subsidies) Service Provider Account needs to be activated first.

4. When should I claim reimbursement after giving the vaccination?

VMOs should submit confirmed vaccination record through the eHS(S) **within seven days** counting from the date of vaccination. Claims will be checked by the VO and a monthly statement will be sent to doctors for confirmation through the eHS(S). Any claim for reimbursement not made within seven calendar days counting from the date of vaccination will be considered as a LATE CLAIM and the Government shall have the absolute discretion to refuse

payment of any vaccination fee to the VMO or its Associated Organization for such late claims.

5. What can I do if I find difficulties to operate the eHealth System (Subsidies)?

You may contact the VO at 2125 2125 for enquiries and assistance.

6. Can a VMO request for payment in cash or in cheque?

No. We only provide direct payment to the enrolled doctor's nominated bank account, which must be in the name of the doctor or his Associated Organisation.

7. When will the Government pay the VMO or his Associated Organisation?

Reimbursement of the claims would be provided on a monthly basis. At the end of each month, the eHS(S) will generate payment files based on the transaction claims logged by the eHS(S) for processing reimbursement. Reimbursement will be paid directly into the account designated by the providers.

8. Will the Government pay the VMO if recipients' identity documents could not be validated by the Immigration Department through the eHealth System (Subsidies)?

For valid identity documents that could not be validated by the Immigration Department through the eHS(S), upon provision of certified true copies of the duly completed and signed consent form after providing vaccination service to eligible recipients and copies of valid identity documents, VMO may make the claims through application for payment outside eHS(S) (Manual Payment). The Government will reimburse the injection fee to the VMO after examination of the related documents and vaccination records. For details, please contact 2125 2125.

9. Will the DH perform checking on my claims under RVP?

Yes. To ensure that public funds are properly used, the DH will perform checking of the claims under RVP. DH staff will collect

information on recipients and vaccination from RCHs/designated institutions for PID, and may contact VMO for collecting consent forms kept by him/her (to be kept for at least 7 years) if necessary. DH staff may also contact the recipients/ parents/ guardians/ supervisors of RCHs/ designated institutions for PID to confirm and clarify information related to the RVP.

10. How should I claim for injection fee for vaccination to PID?

Reimbursement for injection fee for PID can be done through the eHS(S). The procedures for claiming of injection fee are exactly the same as those for resident/healthcare worker under RVP. The VMO is required to login to the RVP module of the eHS(S) and input the identity information of the PID to search for a validated eHS(S) account and ascertain injection fee is available. Then, the VMO should select the category “**PID**”, input the **institution code** and submit the injection fee claim.

For institutionalised PID (i.e. residents of RCHs), claims should be made under existing RVP. The procedures for submitting injection fee claim are exactly the same as those in previous season. Please remember to select the category “**resident**” and input the “**RCH/RCD code**” exactly the same as in previous season.

(VIII) AMENDMENT OF PERSONAL PARTICULARS

1. If a VMO wants to update or amend some information after enrolling to the RVP, what should he/she do?

The VMO may retrieve the Change Form from the CHP website (www.chp.gov.hk) and fax the completed Form to the DH. If the doctor needs to change the nominated bank account, he/she would also need to fill in an “Authority for Payment to a Bank Form” and send the completed forms together with the required supporting documents to the DH by mail. Doctor should re-enrol if he/she has changed his/her Associated Organisation. Enquiries can be made to the Vaccination Office at 2125 2125.

(IX) CME / PCD requirement for enrolment in RVP

1. What is the continuing medical education (CME) / Primary Care Directory (PCD) requirement for enrolment in RVP in 2018/19?

Starting from 2018/19 season, for any doctor who newly applies or applies to continue enrolment in RVP, he/ she should have enrolled in the PCD first before he/ she is eligible to enrol in the RVP. The Vaccination Office (VO) would check against the list of doctors in PCD. The doctor's application will only be considered, if his / her name is on the list of PCD. Enquiry on enrolment in RVP can be directed to our enquiry hotline 2125 2125.

2. Suppose I successfully enrol in RVP in Aug 2018, can I continue providing vaccination if I later become inactivated (i.e. practice information no longer available to the public) in the PCD?

If you have successfully enrolled in the RVP in 2018/19, you could continue to provide vaccination under RVP for the whole 2018/19 season.

All inactivated PCD enrolled doctors are required to have annual CME certificate for the past CME cycle if they re-apply to join PCD.

It should be noted that doctors have to attend CME-accredited activities and satisfy the CME requirement of PCD in order to maintain themselves in the PCD every year.

3. What is the CME/ PCD requirement for enrolment in RVP for 2019/2020?

For 2019/2020, the same principle as in 2018/19 applies. Any doctor who newly applies or applies to continue enrolment in RVP, should enrol in the PCD first before he/ she is eligible to enrol in the RVP 2019/20. The VO would check against the list of doctors in the PCD when handling the applications.

4. If I do not accumulate sufficient CME points for the cycle Jan 2017 – Dec 2017, will I become ineligible to enrol in RVP in 2018/19?

You will be able to join RVP for 2018/19 if your name can be found on PCD when you newly apply or continue enrolment in RVP. If you successfully enrolled in RVP, you can continue to provide vaccination under RVP for the whole 2018/19 season.

5. How to enrol or maintain in the PCD?

For details about how to enrol or maintain in the PCD, please refer to the following information:

- a) To be qualified for enrolment in PCD, doctors must be:
 - i. a registered medical practitioner holding a valid practicing certificate issued under the Medical Registration Ordinance; and
 - ii. committed to the provision of directly accessible, comprehensive, continuing and coordinated person-centred primary care services.
- b) To maintain listing in the PCD, as stated in the “Terms and Conditions” of the PCD, enrolled PCD doctors who are:
 - i. specialists will need to remain in the Specialist Register of the Medical Council of Hong Kong and comply with the CME requirements relevant to the specialty; or
 - ii. non-specialists will need to participate in the “CME programme for Practising Doctors who are not taking CME Programme for Specialists” approved by the Medical Council of Hong Kong (MCHK) and shall obtain a yearly CME Certificate or qualified to quote the

title “CME-Certified” as approved by MCHK after each CME cycle.

- c) The Primary Care Office of Department of Health will conduct checking of relevant list of names published in the website of MCHK with valid title of “CME-certified” as well as yearly CME Certificate to match against existing PCD enrolled doctors. Upon the advice of the Advisory Committee on PCD, discretion is exercised for once after checking was conducted in 2017 for all existing PCD enrolled doctors. PCD enrolled doctors who fail to attain 30 CME points in the 2017 cycles (either starting from 1 Jan 2017 and ending on 31 Dec 2017; or cycle starting from 1 July 2017 and ending on 30 June 2018) will be subjected to inactivation.
- d) If you have any enquiries, please contact the Primary Care Office (PCO) at 3576 3658, email to pco@dh.gov.hk, or visit the website of PCO at <http://www.pcdirectory.gov.hk/>.

6. How to calculate the CME points?

Under PCD's Terms & Conditions, non-specialist doctors need to participate in the "CME Programme for Practising Doctors who are not taking CME Programme for Specialists" approved by the Medical Council of Hong Kong, and NOT CME programme offered by other professional organizations. Please refer to the following website for more information:

<http://www.mchk.org.hk/english/cme/index.html>

7. Why is CME needed for enrolment in RVP?

It was a new policy directive of the Food and Health Bureau, and agreed by the Department of Health, that all participating non-specialist doctors in government subsidy schemes need to have sufficient CME attainment. Specialists who are maintained on the specialist registry confirm that they have attained the required CME points. Doctors are encouraged to have continuous quality improvement through continuing medical education.

Annex 1

Please refer to the following websites for the updated lists of designated institutions for PID which can opt to join RVP

Relevant websites

Special school list: (only applicable to schools for children with intellectual disability, physical disability, hearing impairment and visual impairment of this list; those schools for social development and hospital schools are NOT included)

http://www.edb.gov.hk/attachment/en/edu-system/special/overview/factsheet/special-edu/special_school_list.pdf

Day Activity Centre list:

https://www.swd.gov.hk/storage/asset/section/360/tc/DAC_bilingual_022018.pdf

Sheltered workshop list:

http://www.swd.gov.hk/doc/RMB/SW_Eng_Feb-2015.pdf

Integrated Vocational Rehabilitation Services Centre list:

https://www.swd.gov.hk/storage/asset/section/387/en/IVRSC_Eng_052018.pdf

Integrated Vocational Training Centre list:

http://www.swd.gov.hk/storage/asset/section/388/en/IVTC_E_092017.pdf

District Support Centre list:

https://www.swd.gov.hk/storage/asset/section/736/tc/List_of_16_DSCs_042018.pdf

Annex 2

A. American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV)'s criteria for intellectual disability:

- (a) significantly sub-average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgement of significantly sub-average intellectual functioning);
- (b) concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his/her age by his/her cultural group) in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety; and
- (c) onset before the age of 18.

B. American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition, 2013 (DSM-V)'s criteria for intellectual disability:

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

- (a) Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- (b) Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily

life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

- (c) Onset of intellectual and adaptive deficits during the developmental period.

Note:

The diagnostic term intellectual disability is the equivalent term for the ICD-11 diagnosis of intellectual developmental disorders. Although the term intellectual disability is used throughout this manual, both terms are used in the title to clarify relationships with other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa' s Law) replaces the term mental retardation with intellectual disability, and research journals use the term intellectual disability. Thus, intellectual disability is the term in common use by medical, educational, and other professions and by the lay public and advocacy groups.