

Reference

REFERENCE

1. American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)
2. American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV)
3. Centre for Health Protection website <http://www.chp.gov.hk>
4. Code of Professional Conduct, the Medical Council of Hong Kong
<http://www.mchk.org.hk/code.htm>
5. Department of Health website <http://www.dh.gov.hk>
6. Nursing procedure Guidelines on Immunisation: Quality Assurance Committee, Public Health Nursing Division, Department of Health, HK (December 2014 revised)
7. Pharmacovigilance Unit of Drug Office, the Department of Health
http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_form.html
8. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2016/17 Season (June 2016)
http://www.chp.gov.hk/files/pdf/short_version_of_recommendations_on_seasonal_influenza_vaccination_for_the_2016_17.pdf
9. Scientific Committee on Vaccine Preventable Diseases Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016)
http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf
10. 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

LIST OF APPENDICES

Appendix A Hong Kong Resident Status

Appendix B Diagnostic Criteria of Intellectual Disability

Appendix C PID Status

Appendix D PDA Status

Appendix E Post-payment Checking

Appendix F Guidelines for proper vaccine storage and handling

Appendix G Points to note for Vaccine transport and handling

Appendix H Monitoring and Management of Adverse Events Following Immunisation

Reference

Appendix A. Hong Kong Resident Status

- | | |
|--|--------------------|
| a) Hong Kong Birth Certificate (Established) | Appendix A1 |
| b) Hong Kong Identity Card | Appendix A2 |
| c) Hong Kong SAR Re-entry Permit (回港證) | Appendix A3 |
| d) Document of Identity for Visa Purposes bearing one of the following endorsements on the observations page: | Appendix A4 |
| <ul style="list-style-type: none">(i) The bearer has the right to return to the Hong Kong Special Administrative Region during the validity of this document;(ii) The bearer has the right to return to the Hong Kong Special Administrative Region provided that the limit of stay in the Region imposed upon the bearer (as endorsed on this document) has not expired; or(iii) The bearer has the right of abode in and the right to return to Hong Kong Special Administrative Region. | |
| e) ID 235B showing the holder is: | Appendix A5 |
| <ul style="list-style-type: none">(i) Of no condition of stay imposed; or(ii) Permitted to remain until specific date. | |
| f) Non-Hong Kong issued travel documents bearing: | Appendix A6 |
| <ul style="list-style-type: none">(i) Endorsement showing that the holder has the right to land in Hong Kong;(ii) Endorsement showing the holder was permitted to land;(iii) Endorsement showing "Previous conditions of stay are hereby cancelled";(iv) Endorsement showing that holder's eligibility for Hong Kong permanent identity card verified;(v) "Certificate of Entitlement to the right of abode in the Hong Kong SAR";(vi) Endorsement showing unconditional stay in HKSAR granted;(vii) Endorsement showing the holder is "Permitted to remain until (date)" or "Permission to remain extended until (date)", and the limit of stay has not expired; or(viii) Endorsement showing "Permission to remain until (date)" as a dependant under the Quality Migrant Admission Scheme. | |
| g) Certificate issued by the Births Registry for Adopted Children | Appendix A7 |
| h) Certificate of Exemption | Appendix A8 |

Reference

Appendix A1

(a) Samples of Hong Kong Birth Certificate (Established)

(with status of permanent resident indicated as "Established")

Issued between 1.7.1997 and 27.4.2008

BIRTHS AND DEATHS REGISTRY, HONG KONG

香港出生登記處

CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS
 KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
 根據出生登記條例備定有關香港出生登記處之正式註冊紀錄副本

1	Registration No. 登記號碼	SLE34967
2	Registered name (in Chinese) 註冊姓名(中文)	5 JANUARY 2008 QUEEN ELIZABETH HOSPITAL
3	Name, if any 父之姓名	KAN CHUN 靳春
4	Sex 性別	FEMALE 女
5	Chinese name and surname 中文姓名	HO, TUN YUN 何鈞雲
6	Chinese name(s) and name of mother 母親的姓名及名字	HING ZONG CHU 凌宗秋
7	Place, date, identification and residence of mother 母親住址及日期	SOMER HING, 2007 CHU MOTHER PLAT A, 9F, RAFFLE GARDEN, 4 HAPPY STREET SOMERHILL
8	Marriage registration 結婚日期	5 JANUARY 2008
9	Registration of marriage 結婚登記號碼	SKNED - 181, 111 DISTRICT REGISTRY
10	Place of birth 出生地點	CHINA
11	Any medical conditions or diseases 任何疾病或病症	NOT RECORDED

Registration

Status

CERTIFIED COPY OF AN ENTRY IN AN ENTRY IN THE REGISTER OF BIRTHS AND DEATHS, HONG KONG, ON 5th day of JANUARY 2008
 根據出生登記條例備定有關香港出生登記處之正式註冊紀錄副本，日期為二〇〇八年一月五日

Se
 JENNIFER LING
 CHIEF CLERK
 (Appointed by the Registrar of Births and Deaths)

CERTIFYING: Any person who is a holder of any of the powers in this certificate, or who is a holder of a certificate of appointment, knowing it to be false or that he is providing false information, shall be liable to prosecution under the provisions of the Births and Deaths Registration Ordinance (Chapter 352) of the laws of Hong Kong.

Any other
 A 123322

Issued on or after 28.4.2008

香港出生及死亡登記處
BIRTHS AND DEATHS REGISTRY, HONG KONG

香港出生及死亡登記處存檔的出生及死亡登記證副本
CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS
KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE

1. 姓名 (Name)	SILKIN, JOEY
2. 出生日期及時間 (Date and time of birth)	二零零九年一月二日 21 JANUARY 2009
3. 醫院 (Hospital)	伊利沙伯醫院 QUEEN ELIZABETH HOSPITAL
4. 名字 (如有的話) (Name, if any)	新念 AN CHIN
5. 性別 (Sex)	女 FEMALE
6. 母親姓名 (Mother's full name)	區佩蓮 HO, TUN YUN
7. 母親居住地址及職業 (Mother's address and occupation)	樓中樓 FUNG & NG CO.
8. 申報人姓名 (Name of declarant)	新嘉 (陳志輝) SHING (CHEN ZHI HUI) MURDER PLAT A, SEI HING GARDEN, 8 EAST STREET KOWLOON
9. 申報日期 (Date of declaration)	二零零九年一月五日 5 JANUARY 2009
10. 申報人職業 (Occupation of declarant)	董事 (李達生) DIRECTOR (LI, TAT SENG) 新嘉樂記酒樓 DISTRICT RESTAURANT
11. 醫生 (Physician) (如有的話) (if any)	*****
12. 註冊醫生 (Registered medical practitioner) (如有的話) (if any)	確定 (人驗屍的) (確立死者的) (註明) ESTABLISHED (死因) (死因) (死因) (死因) (死因) (死因)

此證明是香港出生及死亡登記處存檔的出生及死亡登記證副本
This is a certified copy of an entry in the register of births in Hong Kong, kept in terms of the BIRTHS AND DEATHS REGISTRATION ORDINANCE

二零零九年一月五日
5 JANUARY 2009
註冊醫生
JEROME YOUNG, M.D.
死因登記處
a physician of death's death

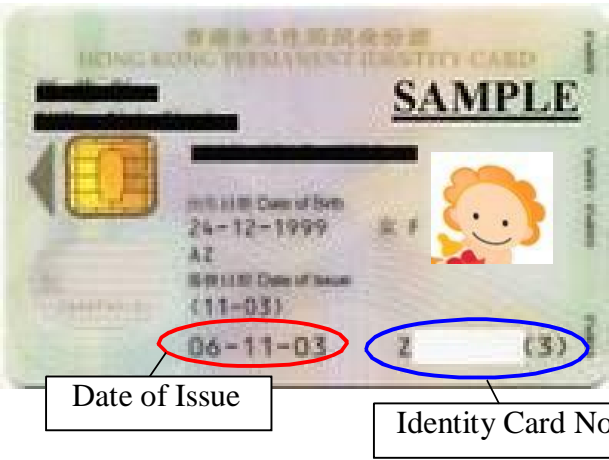
Remarks:-

- For births registered in Hong Kong between 1 July 1997 and 27 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is **“Established/Not Established”**.
- For births registered in Hong Kong **on or after 28 April 2008**, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.
- The letter "S" is used as the prefix of the registration number for births registered from April 2005 to present.

(b) Samples of Hong Kong Identity Card

(i) Issued to a person under the age of 11

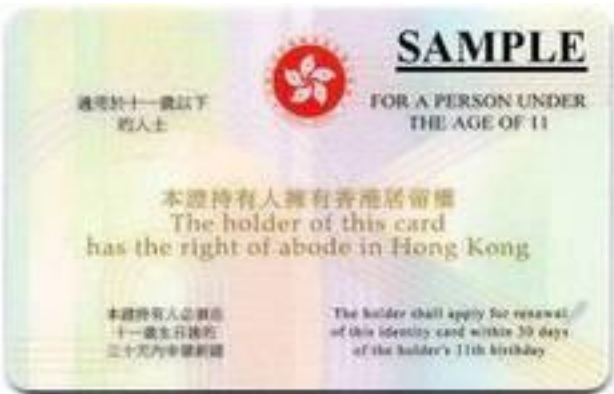
Issued in Hong Kong



Issued Overseas



(正面 Front)



(背面 Back)

Reference

Appendix A2

(ii) Issued to a person of the age of 18 or over

Issued in Hong Kong



Issued Overseas



(正面 Front)



(背面 Back)

Remarks:-

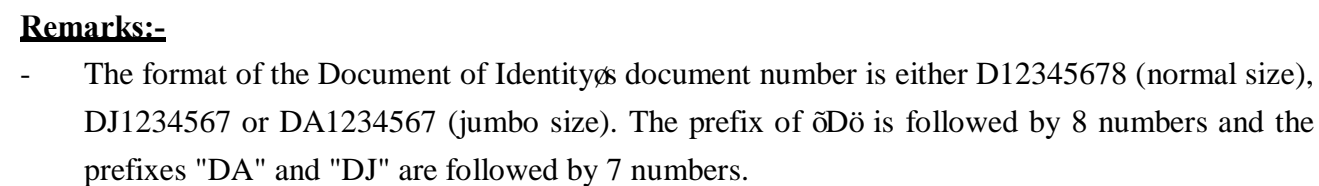
- For the smart Hong Kong Identity Card, the date of issue should be 23 June 2003 or after.

Re-entry Permit



- The format of Hong Kong SAR Re-entry Permit's document number is RM1234567 (Multiple Re-entry Permit) or RS1234567 (Single Re-entry Permit). The prefixes "RM" and "RS" are followed by 7 numbers.

(d) Samples of Document of Identity for Visa Purposes bearing endorsement showing holder is permitted to remain in Hong Kong



- The format of the Document of Identity's document number is either D12345678 (normal size), DJ1234567 or DA1234567 (jumbo size). The prefix of "D" is followed by 8 numbers and the prefixes "DA" and "DJ" are followed by 7 numbers.

Reference

Appendix A5

(e)(i) Samples of ID235B showing no condition of stay imposed

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A010006
正本—白色
ORIGINAL—WHITE PAPER
副本—黃色
DUPLICATE—YELLOW PAPER

編號 GSB- [REDACTED] -02(8)

SAMPLE

Reference: 香港特別行政區居留許可證
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名
Name of child [REDACTED]

性別 女 FEMALE

出生日期及地點 二零零八年七月四日 香港 JULY 2008 HONG KONG

出生登記編號 222(592(4))

父親姓名 [REDACTED]

母親姓名 [REDACTED]

香港地址 [REDACTED] TREGUNTER
PAATH, MID-LEVELS, HONG KONG

半讀的持有者(其詳情如上)獲准在香港居留。
The holder, whose particulars appear above, is permitted to remain in the
Hong Kong Special Administrative Region on the following conditions:—

N.E.

31 JUL 2008
IMMIGRATION
入境事務處
Immigration Officers
authenticating stamp

性別
Gender

姓名
Name

出生日期
Date of Birth

出生登記編號
Birth Entry No.

Remarks:-



(Authenticating stamp before 23 January 2008)



(Authenticating stamp on or after 23 January 2008)

Remarks

- ID235B is an A5 size document.

Appendix A5

(e)(ii) Sample of ID 235B showing the holder is permitted to remain in Hong Kong until a specific date or permitted to remain extended until a specific date

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A 000000

NAME—姓名字號
IDENTIFICATION NUMBER

SAMPLE

姓名
Applicant's name

香港特別行政區政府許可證
Permit to Remain in the Hong Kong Special Administrative Region

申請人姓名
Name of holder

性別
Sex

出生日期及地點
Date and place of birth

出生登記編號
Birth entry number

父母姓名
Name of father

母親姓名
Name of mother

申請地點
Address in Hong Kong

香港
Hong Kong

本證持有人在上述日期前，獲准在香港居留。
The holder, whose passport appears above, is permitted to remain in the
Hong Kong Special Administrative Region on the following condition—

SAMPLE

Permitted to remain
until—5 MAR 2008

THE HONG KONG GOV
—5 MAR 2008
IMMIGRATION

入境事務處人員專用
Immigration Officer's
Authorising Stamp

Birth Entry No.

The holder is permitted to remain until a specific date.

Remarks:-



(Authenticating stamp on or after 23 January 2008)

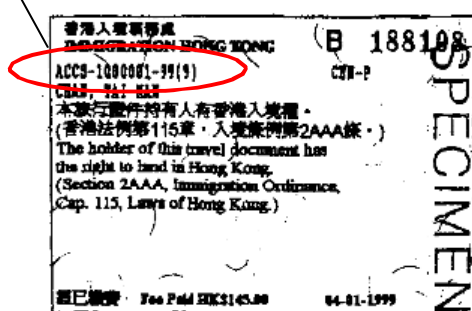


(Authenticating stamp before 23 January 2008)

(f)(i) Samples of Endorsement showing “The holder of this travel document has the right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap.115, Laws of Hong Kong.)”

The holder of this travel document has the
right to land in Hong Kong.
(Section 2AAA, Immigration Ordinance,
Cap.115, Laws of Hong Kong.)
本旅行證件持有人有香港入境權。
(香港法例第 115 章，入境條例第 2AAA 條。)

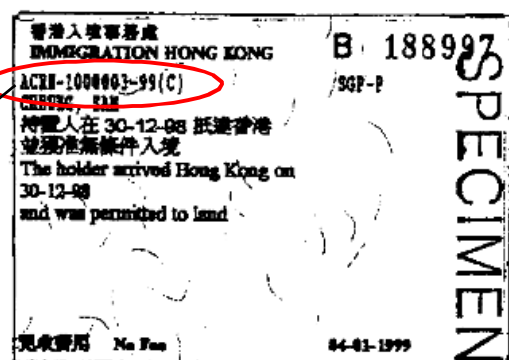
Visa/Reference No



(f)(ii) Sample of Endorsement showing “the holder arrived Hong Kong on (date) and was permitted to land”

The holder arrived Hong Kong on (date) and was permitted to land
持證人在 年 月 日抵達香港並獲准無條件入境

Visa/Reference No

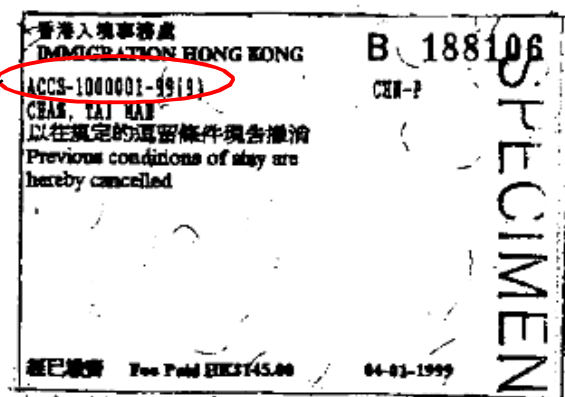


(f)(iii) Sample of Endorsement showing “Previous conditions of stay are hereby cancelled”

Previous condition of stay are hereby cancelled

以往規定的逗留條件現告撤消

Visa/Reference No

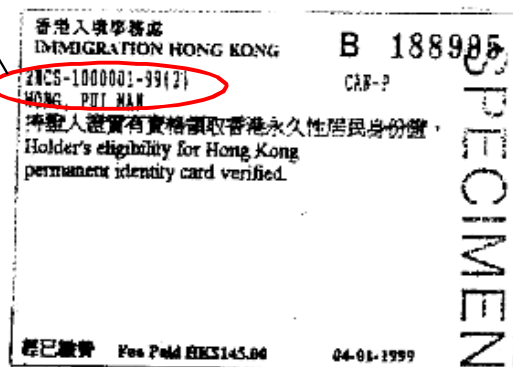


(f)(iv) Sample of Endorsement showing “Holder’s eligibility for Hong Kong permanent identity card verified”

Holder’s eligibility for Hong Kong permanent identity card verified.

持證人證實有資格領取香港永久性居民身份證。

Visa/Reference No



(f)(v) Sample of Endorsement of “Certificate of Entitlement to the right of abode in Hong Kong SAR”

Visa/Reference No

檔案編號 00000 [redacted] 證明書編號
Ref. No. EUCE-0000 [redacted]-10 (●) Serial No. A 212 [redacted]

香港特別行政區居留權證明書
Certificate of Entitlement to the Right of Abode
in the Hong Kong Special Administrative Region

本證明書持有人在香港特別行政區的居留權已確立。
本證明書必須附貼於本證明書持有人的有效旅行證件上，方為有效。
The holder's Right of Abode in the Hong Kong Special Administrative Region has been established. This certificate is valid only if it has been affixed onto a valid travel document issued to the holder of this certificate.

姓名 [redacted]
Name [redacted]
出生日期 [redacted]
Date of Birth [redacted]
香港特別行政區
入境事務處處長
Director of Immigration
Hong Kong
Special Administrative Region

發出日期 [redacted]
Date of Issue [redacted]

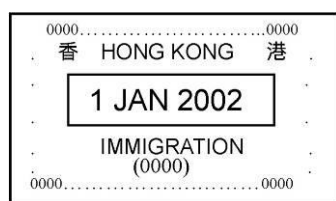
《入境條例》(第 115 章，附屬法例)表格 ID 850
Immigration Regulations (Cap. 115 sub. leg.) Form ID 850

SPECIMEN
樣本

(f)(vi) Samples of Endorsement on the child's valid travel document showing "unconditional stay in HKSAR had been granted"

Unconditional stay in HKSAR had been granted can be identified by a Hong Kong landing stamp on a person's valid travel document showing that he/she is permitted to stay with no condition attached (獲准無條件在香港居留) (i.e. an arrival stamp without any condition attached on top of the landing endorsement).

Landing Endorsement



(for person arrived in Hong Kong before 23 January 2008)



(for person arrived in Hong Kong on or after 23 January 2008)

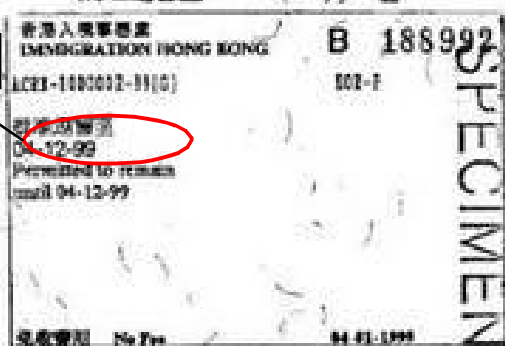
(f)(vii) Samples of Endorsement showing “Permitted to remain until (date)” and “Permitted to remain extended until (date)” – the date showing the stay in Hong Kong to be still valid at the time the child receiving influenza vaccination provided by private doctors under VSS

Endorsement

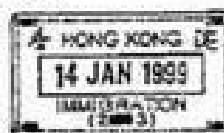
Landing Stamp

(i) Permitted to remain until (date)
批准逗留至 年 月 日

Visa/Reference No



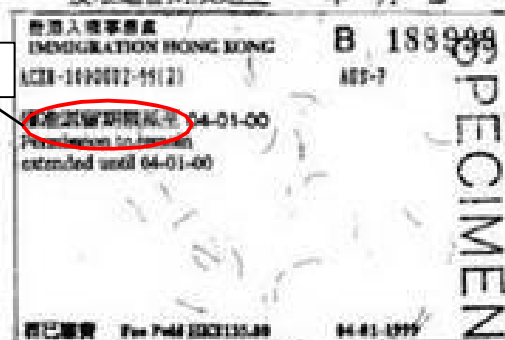
批准逗留至
Permitted to remain
until



and

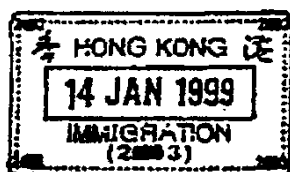
(ii) Permission to remain extended until (date)
批准逗留期就延至 年 月 日

Visa/Reference No



Remarks:-

- The Immigration Officer's authenticating stamp has been changed since 23 January 2008, a sample of the old and the new authenticating stamp is illustrated below:



(Authenticating stamp before 23 January 2008)



(Authenticating stamp on or after 23 January 2008)

(f)(viii) Samples of Endorsement showing “Permitted to remain extended until (date)” as a dependant under the Quality Migrant Admission Scheme

Quality Migrant Admission Scheme (Dependant)

Permission to remain extended until (date).

優秀人才入境計劃 (受養人)

獲准逗留期限延至 年 月 日

香港入境事務處
IMMIGRATION HONG KONG Q 956492
QMR-1000003-06(D)
CHAN, TAI NAI
優秀人才入境計劃 (受養人)
Quality Migrant Admission Scheme (Dependant)
獲准逗留期限延至 01-05-09
Permission to remain
extended until 01-05-09

or

香港入境事務處
IMMIGRATION HONG KONG D 593514
QMR-0000029-06(A)
陳太文
優秀人才入境計劃 (受養人)
獲准逗留期限延至 03-05-08
TWP-1

經已繳費 費用 \$400 (HK\$400.00) 25-04-2007

經已繳費 總額 \$400.00元正 03-05-2007

(g) Samples of Certificate issued by the Births Registry for Adopted Children
(With their status of permanent resident indicated "Established")

Issued before 25 January 2006

香港特別行政區政府 社會登記處
 HONG KONG SPECIAL ADMINISTRATIVE REGION
 THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府社會登記處 一般登記證管理處
 CERTIFICATE COPY FOR A.D. 2001.01.01
 IN THE RECORDS OF THE GENERAL REGISTRATION DEPARTMENT
 THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

第壹項 No. of entry	第貳項 Personal details of the person	第參項 Personal details of the person	第肆項 Personal details of the person	第伍項 Personal details of the person	第陸項 Personal details of the person	第柒項 Personal details of the person	第捌項 Personal details of the person
1	1	1	1	1	1	1	1

此證乃根據香港特別行政區政府社會登記條例第15條及第16條而發出。
 This certificate is issued pursuant to the Ordinance of the General Registration Department, Chapter 352 of the Laws of the Hong Kong Special Administrative Region.

此證乃根據香港特別行政區政府社會登記條例第15條及第16條而發出。
 This certificate is issued pursuant to the Ordinance of the General Registration Department, Chapter 352 of the Laws of the Hong Kong Special Administrative Region.

Issued on or after 25 January 2006

香港特別行政區衛生處登記處
BIRTHS AND DEATHS REGISTRY
THE GOVERNMENT OF
THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府登記處發給一項准可記錄的證明書本
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

No. of Entry	A123456789	記項編號 No. of Entry
(1) 子女出生日期及國家 (Date and country of birth of child)	14 FEBRUARY 2009 HONG KONG	出生日期 Date of Birth
(2) 子女姓名 (Surname and name of child)	雷快榮 SHIELUNG FAI LOK	姓名 Name
(3) 子女性別 (Sex of child)	MALE	性別 Gender
(4) 報帳人或多個報帳人的姓名、地址及職業 (Statutory name, address and occupation of submitter or submitors)	雷楚康 SHEUNG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER.	
(5) 領養令日期及作出該作的法院名稱 (Date of adoption order and description of Court which made the order)	14 FEBRUARY 2009 THE DISTRICT COURT OF HONG KONG SPECIAL ADMINISTRATIVE REGION	
(6) 登記日期 (Date of entry)	15 FEBRUARY 2009	
(7) 署記實事項的 執事記項的人員的簽署 (Signature of officer deputised by Registrar to attest the entry)	ZONG, DAK LEE	
(8) 是否已註冊，或如：(註明在何處註冊) (Whether registered or not; if so, state where registered) (Is the entry registered or not? If so, state where it is registered.)	ESTABLISHED	Status

附註：此文件須由持證人於出生後四個月內向本處提交，否則將被視為虛假。
NOTE: This document must be submitted to the General Register Office within four months after the date of birth, otherwise it will be treated as false.

ZONG DAK LEE
副生處長
Deputy Registrar of Births and Deaths

Reference

Appendix A8

h) Certificate of Exemption within the meaning of the Immigration Ordinance (Cap. 115)

人 境 事 務 處
IMMIGRATION DEPARTMENT
人 事 登 記 處
REGISTRATION OF PERSONS OFFICE
香 港 灣 仔 告 士 打 道 七 號
7 GLOUCESTER ROAD, WAN CHAI,
HONG KONG
豁 免 登 記 證 明 書
CERTIFICATE OF EXEMPTION

編號
Serial No. 000000
檔案編號
Reference: RCIX-0000000-00(0)
日期
Date: 16 August 2011

先生*
XOXOX
XOXOX

*Mr./Ms. XOXOX ()

根據人事登記規例第二十五條規定獲准豁免登記。
is exempted from the requirement to register under regulation 25 of the Registration of Persons Regulations.

-SAMPLE-

人事登記處處長 (代行)
for Commissioner of Registration

* Delete where inappropriate
ROP 60 (5/2003)

Appendix B: Diagnostic Criteria of Intellectual Disability

i) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV)

Definition of 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.

ii) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V)

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 socio-cultural 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.

Appendix C: PID Status

(a) Sample of Registration Card for People with Disabilities (Intellectual Disability[^])



Appendix C: PID Status

(b) Sample of medical certificate issued by a Registered Medical Practitioner that the PID is entitled for subsidised vaccination

<p>Vaccination Subsidy Scheme</p> <p>Medical Certificate for Persons with Intellectual Disability</p>	
<p>This form is to be completed and kept by the attending registered medical practitioner to certify that the person named below is a Person with Intellectual Disability for the purpose of claiming vaccination subsidy under VSS 2016/17</p>	
<p>Name: _____ (English) _____ (Chinese)</p>	
<p>Date of Birth: ____ / ____ / ____ (DD/MM/YYYY)</p>	
<p>Identity Document No.: _____ (the first four digit)</p>	
<p>Signature of attending doctor: _____</p>	
<p>Name of attending doctor: _____</p>	
<p>Clinic Chop: _____</p>	
<p>Date: _____</p>	

Appendix C: PID Status**(c) Sample certificate issued by the Person-in-charge of designated PID Institutions that certifying the person is a service user of the institution**

(i) For SINGLE person to receive subsidised vaccination at VSS enrolled doctor's clinic

Vaccination Subsidy Scheme (VSS)	
Certificate for Persons with Intellectual Disability (single person)	
This is to certify the person named below is a user of our institution, which is mainly provide service to persons with intellectual disability (PID), for the purpose of claiming vaccination subsidy under VSS 2016/17	
Name:	_____ (English) _____ (Chinese)
Date of Birth:	____/____/____ (DD/MM/YY)
Identity Document No.:	_____ (the first four digit)
Signature:	_____ (_____) (Name of the Person-in-charge of the PID institution)
	_____ (Name of the PID Institution)
Chop of the PID Institution :	_____
Date :	_____

Appendix C: PID Status**(c) Sample certificate issued by the Person-in-charge of designated PID Institutions that certifying the person is a service user of the institution**

(ii) For MULTIPLE persons to receive subsidised vaccination in outreaching activity at the designated PID institutions.

Vaccination Subsidy Scheme (VSS)				
Certificate for Persons with Intellectual Disability (multiple persons)				
This is to certify the persons listed below are users of our institution, which is mainly provide service to persons with intellectual disability (PID), for the purpose of claiming vaccination subsidy under VSS 2016/17.				
Serial No.	Name (English)	Name (Chinese)	Date of Birth (DD/MM/YY)	Identity Document Number (First 4 digits only)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Signature: _____				
(_____)				
(Name of the Person-in-charge of the PID institution)				

(Name of the PID Institution)				

Chop of the PID Institution				

Date : _____				

Appendix D: PDA Status**Sample of Notification Letter of Successful Application for Disability Allowance (English)**

Our Ref. : SME-S-003XXXX,		PAGE 1.									
Tel. No. : 28663142		SAU MAU PING (EAST) SOCIAL SECURITY FIELD UNIT., SAU MAU PING SHOPPING CENTRE, 3/F., SHOP CX310, SAU MING RD, KWUN TONG., 05/04/2016.									
MS XX XXXX., FLAT/RM XXXX, XXX HOUSE., PO TAI ESTATE., KOWLOON., Dear Madam.,		樣本 SAMPLE									
Notification of Successful Application											
With reference to your application for Normal Disability Allowance, I would like to inform you that allowance for a period of 24 months, commencing on 01/05/2015, has been approved. The monthly payment will be credited to the bank account no. 012-891-10XXXXXX. We shall review your case upon expiry of payment. (See remarks).											
You will receive the allowance normally on the 11/12 day of each month. The monthly payment are listed below for your reference :-											
1.. \$0 per month from 01/05/2015 to 29/02/2016 including.											
<table border="1"><tr><td>Normal Disability Allowance.</td><td>\$.</td><td>1,580.00.</td></tr><tr><td>TRANSPORT SUPPLEMENT.</td><td>\$.</td><td>255.00.</td></tr><tr><td>TOTAL.</td><td>\$.</td><td>1,835.00.</td></tr></table>			Normal Disability Allowance.	\$.	1,580.00.	TRANSPORT SUPPLEMENT.	\$.	255.00.	TOTAL.	\$.	1,835.00.
Normal Disability Allowance.	\$.	1,580.00.									
TRANSPORT SUPPLEMENT.	\$.	255.00.									
TOTAL.	\$.	1,835.00.									
LESS:											
Received amount.											
AMOUNT TO BE PAID.											
2.. \$1,835 per month from 01/03/2016 to 30/04/2017 including.											
<table border="1"><tr><td>Normal Disability Allowance.</td><td>\$.</td><td>1,580.00.</td></tr><tr><td>TRANSPORT SUPPLEMENT.</td><td>\$.</td><td>255.00.</td></tr><tr><td>TOTAL.</td><td>\$.</td><td>1,835.00/ROUNDED TO 1,835</td></tr></table>			Normal Disability Allowance.	\$.	1,580.00.	TRANSPORT SUPPLEMENT.	\$.	255.00.	TOTAL.	\$.	1,835.00/ROUNDED TO 1,835
Normal Disability Allowance.	\$.	1,580.00.									
TRANSPORT SUPPLEMENT.	\$.	255.00.									
TOTAL.	\$.	1,835.00/ROUNDED TO 1,835									
If you have any enquiries or require further explanation, please contact MS XX XXXX of our field unit (Tel. No. 23541234). If you are still not satisfied with our decision, you may lodge an appeal to the SOCIAL SECURITY APPEAL BOARD either through our field unit or directly at the Board's office (24/F, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong, Tel. No. 2835 1946) within 4 weeks from the date of this notification.											
Absence from Hong Kong/Guangdong (applicable to Guangdong Scheme) exceeding the											
Our Ref. : SME-S-003XXXX,		PAGE 2.									
permissible limit, imprisonment, death, will affect an Old Age Allowance/Old Age Living Allowance/Disability Allowance/Guangdong Scheme recipient's entitlement, if any of these things happens, you are required to report it immediately to this social security field unit so that a re-assessment of the allowance payable can be duly made. We shall conduct a review on the applicant's financial necessary.		樣本 SAMPLE									
Reminder											
The information provided by the applicant or his/her guardian/appointee must be true, correct and complete. You are reminded that it is an offence for any person to obtain property/pecuniary advantage/benefits by deception, with a view to gain for himself/herself or another or with intent to cause loss to another to procure deposit entry to a bank account by deception. An applicant or his/her guardian/appointee who knowingly or wilfully provides false statement or withholds any information in order to obtain allowance by deception or intentionally fails to report changes in information previously provided which may cause a reduction of the amount of allowance payable or disqualification for SSA may be liable to prosecution for an offence under the Theft Ordinance. Furthermore, any overpaid allowance must be refunded to the Department.											
Beware of impostors. Under no circumstances would staff of the Social Welfare Department ask you for monetary or other rewards.											
Yours faithfully,											
XX XXXX,											
Supervisor,											
SAU MAU PING (EAST) SOCIAL SECURITY FIELD UNIT.,											
Social Welfare Department.											
Remarks:											
(1) This is a computer print out. No signature is required.											
(2) For Disability Allowance recipient, upon expiry of the validity period of the current Medical Assessment Form, he/she will have to attend a fresh medical assessment to establish his/her eligibility for continued allowance.											
If you wish to have an appointment with the responsible caseworker, please make arrangement by phone beforehand.											

Sample of Notification Letter of Successful Application for Disability Allowance (Chinese)

第 1 頁

本署編號：CBY-S-140XXXX。

電話：26634788。

XXX 女士。

FLAT/7M X FLOOR XX, XXX MANSION。
TAIKOO SHING。
HONG KONG。

XXX 女士。

申請獲准通知書

現特此通知你，關於你申請普通傷殘津貼一事，已獲批准，本署將發放津貼 24 個月，由 2015 年 7 月 1 日開始計算，每月的款項將會存入銀行戶口 004-027-00XXXX 號。期滿時再行覆查。(見附註)。

你通常會在每月的 16/17 日收到津貼金，現將你每月可得金額列出如下，給你參考：

1. 由 2015 年 7 月 1 日至 2017 年 6 月 30 日，每月應得的款項為 1,835 元，包括：

普通傷殘津貼	1,580.00 元
交通補助金	255.00 元
合計	1,835.00 元 (整數計 1,835 元)

如你對本通知書有任何疑問或查詢，請與本辦事處職員 XXX 女士聯絡 (電話號碼 28541284)。如你對本署決定仍有不滿，可於本通知書發出日期起四星期內，透過本辦事處或上訴，或直接向社會保障上訴委員會 (香港灣仔軒尼詩道 130 號修頓中心 24 字樓，電話號碼 2835 1946) 提出上訴。

凡離開本港/廣東(適用於廣東計劃)日數超過規限，被拘禁，死亡，將會影響高齡津貼 / 生活津貼 / 傷殘津貼 / 廣東計劃受惠人應得的津貼金額。如有任何上述情況，你必須從速通知社會保障辦事處，以便及時調整受惠人應得的津貼金額。本署在有需要時，亦會覆查申請人的資料。

提示

申請人或其監護人/受委人所提供的資料必須真實及完整。申請人或其監護人/受委人須注意任何人以欺詐手段獲得財物/金錢利益/任何利益，或為使自己或另一人獲益，或意圖使另一人遭受損失，而不誠實地以欺騙手段促使在銀行的紀錄內記入款項，均屬違法行為。申請人或監護人/受委人如明知或故意作虛假陳述或隱瞞任何資料以騙取津貼金，或已申報的資料如有改變並可能導致津貼金額減少或申請人不合資格領取公共福利金，而申請人或其監護人/受委人故意不自本署申報有關資料的變更，可能會引致被檢控。任何多領的津貼金均須退還本署。

偵防騙子，社會福利署或社會福利署的代理機構職員不會收受金錢或任何報酬。

社會福利署

第 2 頁

本署編號：CBY-S-140XXXX。

XXX 女士。

附註

(1) 此乃電腦列印文件，須按機讀取。

(2) 有關津貼受惠人在醫療評估報告有效期滿時，須再接受醫生檢查，以確定是否繼續符合領取傷殘津貼的資格。

2015 年 11 月 10 日

如果你有需要與個案職員會面，請先以電話預約。

Appendix E. Post-payment Checking**Post-payment checking**

EHCP contacted by DH for arrangement of post-payment check

Letter for confirmation of arrangement will be faxed to EHCP

**On the day of
Post-payment Checking**

Consent to Use Vaccination Subsidy forms for selected transactions will be collected for checking

Receipt will be provided for *Consent to Use Vaccination Subsidy* forms collected by VO

Information on *Consent to Use Vaccination Subsidy* forms will be cross-checked with information on eHS records (Medical records may need to be provided for verification of information)

Clients will be randomly selected for ascertainment of claim by DH

Original Consent to Use Vaccination Subsidy forms will be returned to EHCP

Appendix F: Guidelines for proper vaccine storage and handling

Vaccine storage and handling

The success against vaccine-preventable diseases is attributable in part to proper storage and handling of vaccines. Vaccines are sensitive to heat and light. They must be maintained at the temperatures recommended by manufacturers and protected from light at every link in the cold chain. Storage and handling errors reduce vaccine potency and protective effect. It is better to not vaccinate than to administer a dose of vaccine that has been mishandled. In each primary care practice providing vaccination, an adequately trained person, with at least one backup person, should be designated for this responsibility. In addition, written routine and emergency storage and handling plans should be available.

Vaccine storage equipment and placement

- É A proper cold chain is a temperature-controlled supply chain that includes all equipment and procedures used in the transport and storage and handling of vaccines from the time of manufacturer to administration of the vaccine.¹
- É The optimal cold chain temperature for the majority of commonly recommended vaccines is +2°C to +8°C.
- É Primary care providers should strictly follow the manufacturers' recommendation on storage temperatures of individual vaccines.
- É **Purpose-built vaccine refrigerators (PBVR) are the preferred means of storage for vaccines.**
- É Cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating.²
- É Fill the lower drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR.
- É The refrigerator/freezer should be used exclusively for the storage of vaccines. No food or beverage is allowed.
- É Ensure the power source is marked clearly in a way to prevent the refrigerator from being accidentally unplugged or turned off.
- É Refrigerator/freezer should be placed in a secure area accessible to staff only.
- É The refrigerator/freezer should not be placed near a heat source, and there should be sufficient ventilation space around it.
- É Opening of the refrigerator/freezer door should be kept to a minimum.

Reference

É **Appendix F**

- É Store the vaccines in an enclosed plastic container, in their original packaging, and label the containers clearly. Allow space between stocks for air circulation.
- É Never store vaccines in the door of refrigerator/freezer.

Vaccine storage temperature and monitoring

- É Each refrigerator storing vaccines should have a minimum/maximum thermometer and a temperature recording chart.
- É It is a good practice to check and record temperatures manually at least twice daily.
- É For the vaccine storage temperature of each vaccine, primary care providers should refer to individual package inserts.

Reference

Appendix F

Vaccine	Vaccine storage temperature	Diluent storage temperature
Diphtheria, tetanus, pertussis-containing vaccines	+2°to +8°C (35°F-46°F) Do not freeze.	No diluent
Hepatitis A	+2°to +8°C (35°F-46°F) Do not freeze.	No diluent
Hepatitis B	+2°to +8°C (35°F-46°F) Do not freeze.	No diluent
<i>Haemophilus influenzae</i> type b	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze. (Reg. No. HK37568) ii) +2°to +8°C (35°F-46°F) Not affected by freezing. (Reg. No. HK43304) Protect from light.	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze (Reg. No. HK37568) ii) +2°to +8°C (35°F-46°F), or at ambient temperature (up to 25°C) Do not freeze. (Reg. No. HK43304) Protect from light.
Human papillomavirus	+2°to +8°C (35°F-46°F) Do not freeze. Protect from light.	No diluent
Influenza (LAIV)	+2°to +8°C (35°F-46°F) Do not freeze.	No diluent
Influenza (TIV)	+2°to +8°C (35°F-46°F) Do not freeze. Protect from light.	No diluent
Measles, mumps and rubella	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze. (Reg. No. HK25030) (Reg. No. HK43861) ii) +2°to +8°C (35°F-46°F). To maintain potency, must be stored between -50°C to +8°C (-58°F-46°F) (HK01891) Protect from light.	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze. (HK25030) ii) Can be refrigerated (+2°to +8°C) or stored at room temperature. Do not freeze. (HK43861) (HK01891) Protect from light.

Storage temperature of some vaccines (Information as at December 2012)

Important: This table is not exhaustive and is for reference only. Primary care provider should always refer to individual package insert for the storage temperature of each vaccine.

Reference

Appendix F

Vaccine	Vaccine storage temperature	Diluent storage temperature
Measles, mumps and rubella-varicella	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze (Reg. No. HK57798) ii) -15°C (+5°F) or colder (Reg. No. HK54831) Protect from light.	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze (Reg. No. HK57798) ii) +2°to +8°C (35°F-46°F), or at room temperature (20-25°C, 68-77°F) (Reg. No. HK54831) Protect from light.
Meningococcal conjugate vaccine	+2°to +8°C (35°F-46°F)	No diluent
Meningococcal polysaccharide vaccine	+2°to +8°C (35°F-46°F) Protect from light.	Subject to brand: i) +2°to +8°C (35°F-46°F) Do not freeze (Reg. No. HK36398) ii) +2°to +8°C (35°F-46°F), can be stored at ambient temperature (Reg. No. HK48475) Protect from light.
Pneumococcal conjugate vaccine	+2°to +8°C (35°F-46°F) Do not freeze	No diluent
Pneumococcal polysaccharide vaccine	+2°to +8°C (35°F-46°F)	No diluent
Polio (IPV)	+2°to +8°C (35°F-46°F)	No diluent
Rotavirus	+2°to +8°C (35°F-46°F) Do not freeze Protect from light.	No diluent
Varicella	+2°to +8°C (35°F-46°F) or colder, not affected by freezing Protect from light.	Subject to brand: i) +2°to +8°C (35°F-46°F), or at room temperature (20-25°C, 68-77°F) (Reg. No. HK39958) (Reg. No. HK41798) (Reg. No. HK55419) ii) +2°to +8°C (35°F-46°F) Do not freeze (Reg. No. HK45858) Protect from light.

Storage temperature of some vaccines (Information as at December 2012)

Important: This table is not exhaustive and is for reference only. Primary care provider should always refer to individual package insert for the storage temperature of each vaccine.

Reference

Appendix F

Management of cold chain breach

- É Establish protocols for response to cold chain breach.
- É Stored vaccines exposed to temperatures outside the recommended ranges should remain properly stored, but segregated from the unexposed vaccines and marked **Do NOT Use**.
- É Record the range, date and duration of temperature breach.
- É Contact the manufacturer or drug company to determine whether the vaccines are still usable. If in doubt, it is better not to vaccinate.
- É Take active steps to correct and prevent the problem from recurring.

Vaccine stocking and disposal

- É Written protocol for ordering, rotating and receiving stock and vaccine disposal should be available.
- É Order appropriate levels of stock. Overstocking of vaccines may
 - Increase wastage and the cost of disposal.
 - Lead to poor air circulation, failure to achieve stable temperature throughout the refrigerator and make all vaccines at risk.
 - Poor stock rotation and increase the risk of using out-of-date vaccines.
 - Increase the cost of replacement of stocks if the refrigerator fails.
- É When receiving the vaccines, staff must check them against the order for discrepancies and leakage or damage. Vaccines must be refrigerated immediately on receipt. Vaccine types, brands, quantities, batch numbers and expiry dates should be recorded with the date and time at which the vaccines were received.
- É Rotating stock so that vaccines with the shortest expiry date are used first.
- É Keep an up-to-date inventory record and perform vaccine storage audit at least every 12 months.
- É Any expired vaccine should be labeled clearly and removed from the refrigerator immediately.
- É Expired vaccines should be disposed according to guidelines from the Environmental Protection Department.

Handling of spillage

- É Cover the spill with disposable absorbent materials. For live attenuated vaccines, mop the area with a cloth or paper towels wetted with one part of household bleach (5.25% hypochlorite solution) in 4 parts of water, leave for 10 minutes then

Reference

rinse

Appendix F

with water. Use 70% alcohol to disinfect metal surfaces. Use forceps to transfer the sharps into sharp box.

- É Spillage should be cleared up quickly; personal protective equipment should be worn.
- É Dispose of all contaminated waste material into appropriate plastic waste bag.
- É Spillages on skin should be washed with soap and water. For mucosal contact such as spillage into the eyes, the exposed part should be washed immediately and liberally with running water. Medical advice should be sought.

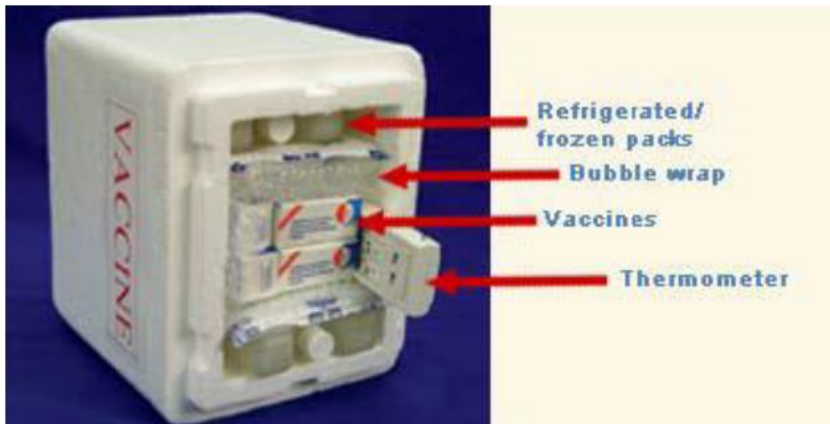
(Source: Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation

http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

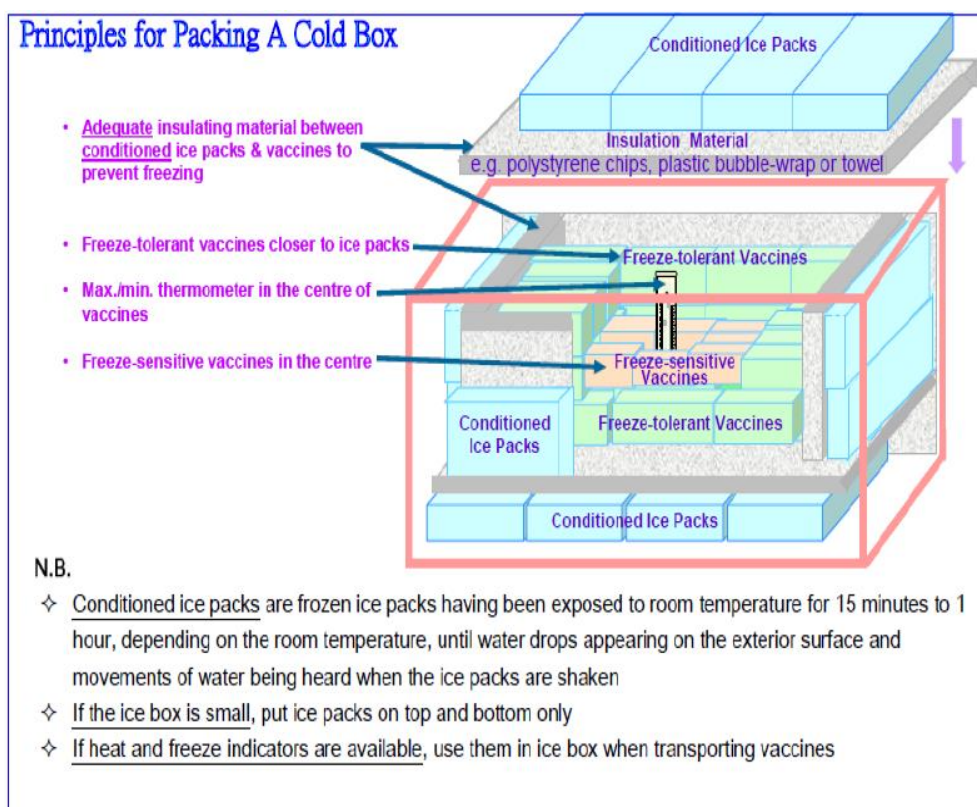
Appendix G: Points to note for Vaccine Transport and Handling

- Vaccines should only be removed from the refrigerator just before use.
- Cold box can be used to store the vaccine temporarily for immunisation activities in non-clinic settings.
- Use appropriate insulated cold box with tight fitting lid, adequate space and ice packs to hold the vaccines to ensure the cold chain is maintained at 2-8°C when transporting vaccines.
- Pre-cool cold box to desirable temperature before packing vaccine. The principles of packing a cold box should be followed as shown below.
- Monitor the cold chain during vaccine transportation. Place a maximum-minimum thermometer inside the cold box to monitor the temperature.
- Record the temperature at the start of operation at the non-clinic settings, at the end of operation and before placing the vaccines back to the vaccine refrigerator.
- Avoid putting vaccines directly on the ice packs. Pack the cold box with insulating materials (e.g. bubble wrap or Styrofoam) between conditioned ice packs and vaccines.
- Keep enough stock of frozen ice packs to meet the needs of vaccine transport.

Principles for Packing Cold Box



(Photo source: CDC, 2007)



(Photo source: Public Health Nursing Division, 2008.)

(Source: Nursing procedure Guidelines on Immunisation: Quality Assurance Committee, Public Health Nursing Division, Department of Health, HK (December 2014 revised))

Appendix H: Monitoring and Management of Adverse Events Following Immunisation

Adverse event following immunisation (AEFI) is defined as any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. All vaccines, like other medicinal products, have the potential to cause an adverse event. To minimise adverse events, vaccinees should be carefully screened for precautions and contraindications before vaccine administration. Vaccinees or the carers should also be informed of the possible AEFI and the management of these events. Primary care providers should be prepared for their management if any adverse reaction occurs.

Adverse events following immunisation***Classification of AEFI***

AEFI can be classified into one of the following categories:

	Description
Allergic reaction	Anaphylaxis is the severe reaction that characteristically evolves rapidly towards cardiovascular collapse requiring resuscitative therapy. Other examples of severe allergic reactions are wheezing or shortness of breath due to bronchospasm, swelling of mouth or throat, skin manifestation (e.g. hives, eczema, pruritus); or facial or generalised oedema. Allergic reactions usually occur within 24 hours of immunisation.
Local reaction	Local reactions, usually occurs within 5 days of immunisation, of concern may include abscess (sterile or infected), or other severe local reactions, such as redness and swelling that extend beyond the nearest joint or last 4 days or more.
Systemic reaction	Systemic reactions usually occur within 5 days but may occur up to 3 months after immunisation. Early onset ones of concern include toxic shock syndrome, hypotonic-hyporesponsive episode, persistent crying or screaming episodes, high fever (greater than 39°C or 102.2°F), sepsis, or rash (especially those lasts for 4 days or more or requires hospitalisation). Thrombocytopenia (with platelet < 50,000/mm ³) may have a delayed onset.
Neurological disorders	Some neurological adverse reactions may be related to vaccination. Seizures (usually generalized convulsion), encephalopathy, meningitis or encephalitis, if occurred, may have an onset within 15 days of immunisation. Guillain-Barré Syndrome, if occurred, may have an onset within 6 weeks of immunisation. Brachial neuritis, if occurred within 3 months of immunisation, may be related to the immunisation.

Reference

Appendix H

- É The frequency of adverse events can be classified as follows: very common (>10%), common (1-10%), uncommon (0.1-1%), rare (0.01-0.1%), very rare (<0.01%) and not previously reported.
- É Most vaccines cause mild adverse events such as low-grade fever, pain or redness at the injection site and these should be anticipated.
- É Anaphylaxis is a severe form of allergic reaction. It is very rare but can be fatal. The risk of an allergic reaction can be minimised by good screening prior to vaccination.

Events where evidence demonstrates no causal link or favours rejections of the causal relationship with immunisation

- É Sudden infant death syndrome (SIDS) and any vaccine;
- É Autism and MMR vaccine,
- É Multiple sclerosis and hepatitis B vaccine
- É Inflammatory bowel disease and MMR vaccine;
- É Diabetes and Hib vaccine;
- É Type 1 diabetes and MMR vaccine or DTaP vaccine,
- É Asthma and any vaccine;
- É Asthma exacerbation or reactive airway disease episodes in children and adults and inactivated influenza vaccine,
- É Bell's palsy and inactivated influenza vaccine

Reporting vaccine adverse events

- É Primary care providers are encouraged to report any suspected AEFI which are serious (even if the reaction is well-known), non-serious but deemed medically significant by the healthcare professional, or unexpected, to the Pharmacovigilance Unit of the Drug Office, Department of Health, to facilitate assessment process.
- É Further information and Adverse Drug Reaction (ADR) report form are available on the next page or online at the following link: http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_form.html



Report can be returned by fax to 2319 6319

For Follow-up report (see Guidance),

Please provide previous case Ref. No.: _____

Department of Health

Adverse Drug Reactions (ADR) Report Form

Please read the following instructions:

1. Please read the Guidance for Healthcare Professionals (<http://www.drugoffice.gov.hk/adr.html>); and Guidance for Pharmaceutical Industry (http://www.drugoffice.gov.hk/adr_industry.html) before completing the ADR report form.
2. ADR can be briefly described as a noxious and unintended response to a pharmaceutical product (i.e. drug or vaccine).
3. If the ADR of a newborn/child may be related to the mother, please submit a separate report for the mother.
4. Please provide information to every section.
5. **Full name and any kind of personal identifier of the patient**, such as identity card number and hospital admission number, **should not be provided** on the report form.
6. Information of individual reporter will be treated in strict confidence. Please read the Statement of Purposes overleaf in respect of the collection of your personal data.
7. As limited space is provided, please use another page for additional information if necessary.
8. For further enquires, please contact the Pharmacovigilance Unit of Drug Office of the DH at 2319 2920.

Section (A): Patient Information

Patient initials or ref. no.: _____

(Please read instruction 5 above)

Sex: ☐ M ☐ F ☐ Unknown For woman, is she pregnant? ☐ No ☐ Yes ☐ Unknown

Weight (if known): _____ kg Date of birth: (dd/mm/yyyy) ____/____/____ or age (at last birthday): _____

Ethnic group: ☐ Chinese ☐ Asian (Not Chinese) ☐ African ☐ Caucasian ☐ Eurasian ☐ Unknown ☐ Others _____

Section (B): About the Adverse Drug Reaction

Date of onset of ADR: (dd/mm/yyyy) ____/____/____

Description of event: _____

ADR category (for vaccine related ADR only):

☐ Allergic reaction ☐ Local reaction ☐ Systemic reaction ☐ Neurological disorders

Severity (can tick more than 1 box if appropriate):

☐ Life threatening ☐ Prolonged Hospitalization ☐ Hospitalized on: (dd/mm/yyyy) ____/____/____

☐ Hospitalization NOT required

Laboratory result (if applicable): _____

All Drug Therapies/Vaccines Prior to ADR (Please use trade names and, for vaccine, indicate batch number. Please <u>circle</u> the suspected drug.)	Daily Dosage (dose number for vaccines e.g. 1 st DTP)	Route	Date Begun	Date Stopped	Reason for Use

Section (C): Treatment & Outcome

Treatment for ADR: ☐ No ☐ Yes. Details (including dosage, frequency, route, duration) _____

Laboratory result (if applicable): _____

Outcome: ☐ Recovered on: (dd/mm/yyyy) ____/____/____ ☐ Not yet recovered ☐ Unknown ☐ Died on: (dd/mm/yyyy) ____/____/____

Sequelae: ☐ No ☐ Yes: ☐ Persistent disability ☐ Birth defect ☐ Medically significant events Details: _____

Allergies or other relevant history (including medical history, liver/kidney problems, smoking, alcohol use etc) _____

Section (D): Reporter Details (Please read instruction 6 above)

Name of Reporter and Organization: _____ Sector of service: ☐ Private ☐ Public

Occupation: ☐ Doctor ☐ Chinese medicine practitioner ☐ Dentist ☐ Pharmacist ☐ Nurse ☐ Others _____

Correspondence Address: _____

Tel. no.: _____ Fax. no.: _____ Email: _____

Also report to: ☐ Manufacturer ☐ Distributor/Importer ☐ Others _____ Date of this report: _____

5.2. Allergic reactions to vaccine constituents

Person may be allergic to the vaccine antigen or to a vaccine component such as animal protein, antibiotic, preservative or stabiliser. The recipient may present with skin rash as a minor form of allergic reaction. Anaphylaxis is a more severe form of allergic reaction. Typical symptoms and signs of anaphylactic reactions are generalized urticaria (hives), swelling of the mouth and throat, difficulty in breathing, wheezing, hypotension, or shock.

Allergic reactions to vaccine components

1. MMR vaccine

É According to the Pink Book from CDC, because measles and mumps vaccine viruses are both grown in chick embryo fibroblasts, not actually in eggs, children who have a history of severe allergy to eggs rarely have reactions to MMR vaccine.

É Many MMR reactions are attributable to gelatine allergy.

2. Yellow fever vaccine

É Grown on egg embryos and do contain residual egg protein.

É Person with history of anaphylactic reactions to eggs should be referred for further evaluation.

3. Influenza vaccine

É Most inactivated influenza vaccines and live attenuated influenza vaccine are grown on egg embryos and do contain residual egg protein.

É Person with history of anaphylactic reactions to egg but considering an influenza vaccination should be evaluated by an allergist/immunologist for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated.

É Person with history of anaphylactic reactions to eggs should not receive live attenuated influenza vaccines.

4. Varicella, MMR, MMRV and zoster vaccines

É These vaccines contain gelatine and persons with history of an anaphylactic reaction to gelatine should avoid or exercise extreme caution when receiving these vaccines.

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5. Hepatitis B vaccine

- É Allergy to yeast or allergy to latex has been suggested as a possible cause of vaccine reactions.

As the above list is not exhaustive, primary care providers should consult package inserts of individual vaccines for the list of vaccine constituents before vaccination.

Antibiotic-induced allergic reaction

1. IPV, MMR, varicella and zoster vaccines contain neomycin.
 2. In addition to neomycin, IPV also contains streptomycin and polymyxin B.
- É Person with history of anaphylactic reactions to the above antibiotics should not receive these vaccines.
- É More often, neomycin allergy present as contact dermatitis (delayed-type cell-mediated immune response) rather than anaphylaxis, which is not a contraindication for administration of vaccines containing neomycin.

Table 22. Immunisation for known pre-existing anaphylactic reactions or conditions.

Pre-existing <i>anaphylactic</i> reaction or condition	Vaccine(s)	Vaccinate?
To any vaccine component or previous dose of vaccine	All	No
To 2-phenoxyethanol	Hepatitis A vaccine (Havrix only)	No
	All others	Yes
To alum	Hepatitis A vaccine	No
	All others	Yes
To yeast	Hepatitis B vaccine	No
	Human papillomavirus vaccine	No
	All others	Yes
To duck meat or duck feathers	All	Yes
To eggs	Influenza vaccine	No (See 5.2.1 and chapter 6.7)
	Yellow fever vaccine	No
	All others	Yes

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Pre-existing <i>anaphylactic</i> reaction or condition	Vaccine(s)	Vaccinate?
To gelatine	Measles, mumps and rubella vaccine	See Note 1
	Varicella vaccine	See Note 1
	Zoster vaccine	No
	All others	Yes
To latex	All	See Note 2
To neomycin	Inactivated poliovirus vaccine	No
	Measles, mumps and rubella vaccine	No
	Varicella vaccine	No
	Zoster vaccine	No
	All others	Yes
To penicillin	All	Yes
To polymyxin B	Inactivated poliovirus vaccine	No
	All others	Yes
To proteins of rodent or neural origin	Japanese encephalitis vaccine	No
	All others	Yes
To streptomycin	Inactivated poliovirus vaccine	No
	All others	Yes
Non-specific or non-anaphylactic	All	Yes
In relatives	All	Yes
To thimerosal	Diphtheria, tetanus and acellular pertussis vaccine/Diphtheria and tetanus vaccine	See Note 3
	Inactivated influenza vaccine	See Note 3
	Hepatitis B vaccine	See Note 3
	Japanese encephalitis vaccine	No
	Meningococcal polysaccharide vaccine	See Note 3
	All others	Yes

Remarks:

Note 1: If vaccinating persons with a history of an anaphylactic reaction to gelatine or gelatine-containing products with MMR or its component vaccines, or with varicella vaccine, extreme caution should be exercised. Before administering these vaccines to such persons, skin testing for sensitivity to gelatine can be considered. However, no specific protocols for this purpose have been published.

Note 2: Refer to Latex in Vaccine Packaging. In: Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky J, eds. 12th ed. Washington DC: Public Health Foundation, 2011. Available from:

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf>

Note 3: Some formulations still contain thimerosal as a preservative. Alternatively some may contain trace amounts of thimerosal that are a remnant of the manufacturing process. Check the appropriate manufacturer's package insert for more information.

Management

Vaccinees should remain under observation for a short interval to ensure that they do not experience an immediate adverse event. It is recommended that the recipients remain in the vicinity of the place of vaccination for at least 15 minutes. Severe anaphylactic reactions usually have a rapid onset and most life-threatening adverse events manifest within 10 minutes of vaccination.

Management of local and systemic adverse reactions

- É Treatment of local adverse reaction such as pain and swelling at the injection site can be alleviated by applying a cold compress to the injection site.
- É Paracetamol can be prescribed for pain or fever if necessary.
- É The most common immediate adverse event in adults and older children is a vasovagal episode either immediate or soon after vaccination. Anyone who complains of giddiness or light-headedness before or after vaccination should be advised to lie down until free of symptoms. Most faints following vaccination occur within 5 minutes, and 98% occur within 30 minutes.
- É Specialist medical care is needed for management of the rare but more severe AEFI such as Guillain-Barré syndrome, encephalitis and idiopathic thrombocytopenic purpura.

Management of anaphylaxis (See Figure 2)

- É All primary care providers providing vaccinations should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipments and medications should be checked regularly and readily available for immediate use.
- É Early recognition of anaphylaxis is important. Primary care providers should distinguish anaphylaxis from other conditions such as vasovagal episode. (see Table 23)
- É Seek help and call ambulance immediately if anaphylaxis is suspected.
- É Assess airway, breathing, circulation and level of consciousness of patient. Perform cardiopulmonary resuscitation (CPR) if necessary.
- É Administer adrenaline intramuscularly in case of anaphylaxis. (See Table 24).
- É If oxygen is available, administer by facemask at a high flow rate.
- É Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.

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- É Because of the possibility of delayed reactions, individuals who have had an anaphylactic reaction should be sent to hospital, even though they may appear to have made a full recovery.
- É Report the adverse event (See respective chapter).

Table 23. Clinical features which may assist differentiation between a vasovagal episode and anaphylaxis.

	Vasovagal episode	Anaphylaxis
<i>Onset</i>	<ul style="list-style-type: none">• Immediate, usually within minutes of or during vaccine administration	<ul style="list-style-type: none">• Usually within 15 minutes, but can occur within hours, of vaccine administration
<i>Symptoms / Signs</i>		
Skin	<ul style="list-style-type: none">• Generalised pallor, cool, clammy skin	<ul style="list-style-type: none">• Skin itchiness, generalised skin erythema (redness), urticaria (wheals) or angioedema (localised oedema of the deeper layers of the skin or subcutaneous tissues).
Respiratory	<ul style="list-style-type: none">• Normal respiration; may be shallow, but not laboured	<ul style="list-style-type: none">• Cough, wheeze, stridor, or signs of respiratory distress (tachypnoea, cyanosis, rib recession)
Cardiovascular	<ul style="list-style-type: none">• Bradycardia, weak/absent peripheral pulse, strong carotid pulse• Hypotension – usually transient and corrects in supine position	<ul style="list-style-type: none">• Tachycardia, weak/absent peripheral and carotid pulse• Sustained hypotension and no improvement without specific treatment.• Limpness and pallor may suggest hypotension in infants and young children
Neurological	<ul style="list-style-type: none">• Feels faint, light-headed• Loss of consciousness – improves once supine or head down position	<ul style="list-style-type: none">• Sense of severe anxiety and distress• Loss of consciousness – no improvement once supine or head down position
Others		<ul style="list-style-type: none">• Abdominal cramps, diarrhoea and/or vomiting

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Figure 2. Anaphylactic reactions: treatment algorithm for healthcare providers
(Modified from anaphylaxis algorithm of Resuscitation Council UK)

<ul style="list-style-type: none"> • Call for help, never leave patient alone • Lie patient supine in “head down and feet up” position if conscious (unless this results in breathing difficulties) • Lie patient on left side and position to keep airway clear if unconscious • Cardiopulmonary resuscitation if necessary
↓
Adrenaline 1:1000 – 0.01ml/kg/dose intramuscularly Repeat after 5 minutes if no better (see Table 24 for quick dosage reference)
↓
When skill and equipment available:
<div style="display: flex; justify-content: space-between;"> <div> Monitor: <ul style="list-style-type: none"> • Establish airway • High flow oxygen • IV fluid challenge </div> <div> <ul style="list-style-type: none"> • Pulse oximetry • Blood pressure • ECG </div> </div>
↓
Documentation Transfer to hospital Report adverse events

Table 24. Quick reference for dosage of adrenaline (The recommended dose for adrenaline is 0.01mg/kg body weight) (Adopted from Immunization Action Coalition²)

	Age group	Range of weight (kg)*	Range of weight (lb)	Adrenaline dose 1mg/ml injectable (1:1000 dilution) IM
<i>Infants and Children</i>	1-6 months	4-8.5 kg	9-19 lb	0.05 ml (or mg)
	7-36 months	9-14.5 kg	20-32 lb	0.1 ml (or mg)
	37-59 months	15-17.5 kg	33-39 lb	0.15 ml (or mg)
	5-7 years	18-25.5 kg	40-56 lb	0.2-0.25 ml (or mg)
	8-10 years	26-34.5 kg	57-76 lb	0.25-0.3 ml (or mg)†
<i>Teens</i>	11-12 years	35-45 kg	77-99 lb	0.35-0.4 ml (or mg)
	≥ 13 years	46+ kg	100+ lb	0.5 ml (or mg)‡

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range

†Maximum dose for children

‡Maximum dose for teens

(Source: Section 5 of 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)