

**Briefing Session on
Vaccination Subsidy Scheme (VSS) 2018/19,
Residential Care Home Vaccination Programme (RVP) 2018/19,
and Elderly Health Care Voucher Scheme (HCVS) 2018/19**

August 2018



**Vaccination Subsidy Scheme (VSS) 2018/19,
Residential Care Home Vaccination Programme (RVP) 2018/19 and
Elderly Health Care Voucher Scheme (HCVS) 2018/19**

Overview of Vaccination Subsidy Scheme (VSS) 2018/19

Outline

1. Overview of 2017/18 Winter Influenza Season
2. 2017/18 Influenza Vaccination Statistics
3. New Initiatives in 2018/19
4. VSS 2018/19 (including Enhanced VSS Outreach Vaccination)
5. Roles and Responsibility of Enrolled Doctors
6. Vaccination at Non-clinic Settings
7. Vaccine Storage and Cold Chain
8. Vaccines Recommended for 2018/19
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1. Overview of 2017/18 Winter Influenza Season

- The 2017/18 winter influenza season in HK started in **early Jan 2018**
- The predominant virus was **influenza B** (Yamagata lineage which was included in the Quadrivalent seasonal influenza vaccines)
- Overall local seasonal influenza activity
 - increased rapidly since mid-Jan 2018
 - peaked in **mid-Feb 2018**
 - returned to baseline level in last 2 weeks of Mar 2018
- Duration was ~12 weeks
(~16 weeks in major influenza seasons in previous years)

1. Overview of 2017/18 Winter Influenza Season

- **600 influenza-like illness (ILI) outbreaks** were recorded, exceeding the numbers recorded in major influenza seasons in the previous 5 years
- Most ILI outbreaks occurred in **schools** (primary schools, kindergartens, child care centres)
- Weekly influenza admission rates
 - Highest: among young children aged 0-5 years
 - followed by elderly aged ≥ 65 years and children aged 6-11 years
- Severe cases mainly affected elderly
- 20 cases of paediatric influenza-associated severe complication/ death (including 2 deaths) were recorded, and 19 (95%) of the cases did not receive 2017/18 seasonal influenza vaccine

2. 2017/18 Influenza Vaccination Statistics

	Government Vaccination Programme (GVP) (including Residential Care Home Vaccination Programme (RVP))	Vaccination Subsidy Scheme (VSS)	Total no. of doses of seasonal influenza vaccine administered in 2017/18	Change compared with 2016/17
No. of doses	482 000	337 000	820 000	+117 000 (+16.7%)

(as at 31 July 2018)

3. New Initiatives in VSS 2018/19

- Newly added eligible group under Vaccination Subsidy Scheme (VSS): persons aged **50 to 64 years**
- Increased subsidy for seasonal influenza vaccination (SIV) from HK\$190 to **HK\$210** per dose
- Increased subsidy for 23-valent pneumococcal polysaccharide vaccination (23vPPV) from HK\$190 to **HK\$250** per dose
- **Enhanced VSS Outreach Vaccination** for kindergartens, child care centres, primary schools and special schools (primary sections)
- Start dates: VSS and Enhanced VSS Outreach Vaccination start on **10 Oct 2018**

4. VSS 2018/19 – SIV

Eligible groups	Checking eligibility (HK residents)
<ul style="list-style-type: none">• Persons aged 50 to 64 years (newly added)	Persons reach 50 years old in that year
<ul style="list-style-type: none">• Elderly (aged 65 or above)	Persons reach 65 years old in that year
<ul style="list-style-type: none">• Children (aged 6 months to under 12 years or attending a primary school)	Primary school students aged 12 or above need to provide a photocopy of student handbook or student card to the doctor
<ul style="list-style-type: none">• Pregnant Women	The pregnancy status should be confirmed by the attending enrolled doctor on the consent form
<ul style="list-style-type: none">• Persons with intellectual disability (PID)	They should have one of the following document proof: <ul style="list-style-type: none">• Registration Card for People with Disability (with indication of intellectual disability*)• Medical Certificate• Certificate issued from designated PID institutions *The term "mentally handicap" is also accepted
<ul style="list-style-type: none">• Persons receiving disability allowance	They should bring approval letter for Disability Allowance issued by Social Welfare Department

4. VSS 2018/19 – SIV

Enhanced VSS Outreach Vaccination

- School children (Hong Kong residents) of
 - **primary schools,**
 - **primary section of special schools, and**
 - **kindergartens, kindergarten-cum-child care centres and child care centres**are eligible for free vaccination at schools
- Enrolled doctors
 - will provide the **1st dose** AND the **2nd dose** (for children aged under 9 years who have never received SIV before)
 - will **NOT provide mop up vaccination** at school for students who have missed either the 1st and/ or 2nd dose

4. VSS 2018/19 – SIV

Enhanced VSS Outreach Vaccination

- The Government will provide to the enrolled doctors
 - subsidy of **HK\$250** each dose (include vaccine cost)
 - allowance of **HK\$800** for clinical waste disposal per Enhanced VSS Outreach Vaccination activity
- Enrolled doctors **cannot impose any charge**
- Students who missed the vaccination at schools, can be referred to family doctor or any VSS doctor. Subsidy for VSS doctors will be HK\$210. Service fee may be charged.

4. VSS 2018/19 – Pneumococcal Vaccination

- Ongoing since 2009
 - 23-valent pneumococcal polysaccharide vaccine (23vPPV) for elderly aged 65 years or above who have not received pneumococcal vaccine before
- Starting from 2017/18
 - Adding 13-valent pneumococcal conjugate vaccine (PCV13) to **elderly with high-risk conditions**
- Subsidy level in 2018/19
 - Subsidy level for 23vPPV is **HK\$250** per dose
 - Subsidy level for PCV13 is **HK\$730** per dose

4. VSS 2018/19 – Pneumococcal Vaccination

	Have not received any pneumococcal vaccination	Have received 23vPPV	Have received PCV13	Have received both PCV13 and 23vPPV
<u>Without</u> high-risk conditions	Subsidise one dose of 23vPPV	No vaccination needed	No vaccination needed	
<u>With</u> high-risk conditions	Subsidise one dose of PCV13 followed by one dose of 23vPPV one year after	Subsidise one mop up dose of PCV13 one year after the previous 23vPPV	Subsidise one dose of 23vPPV one year after the previous PCV13	No vaccination needed

4. VSS 2018/19 – Pneumococcal Vaccination

- List of high-risk conditions for subsidised PCV13
 - History of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant
 - Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases
 - Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above)
 - Immunocompromised states related to weakened immune system due to conditions such as asplenia, HIV/AIDS or cancer/steroid treatment
 - Chronic neurological conditions that can compromise respiratory functions, the handling of respiratory secretions, increase the risk for aspiration or those who lack the ability to take care of themselves

Please be reminded to perform clinical assessment, confirm the elderly's high-risk conditions and sign on the consent form

5. Roles and Responsibility of Enrolled Doctors

Overall role and responsibility

- It is the prime responsibility of all doctors to **ensure safety and quality** of the vaccination service

Supervision

- Enrolled doctors should
 - ensure **sufficient number of qualified and trained health care personnel** to provide service and medical support
 - exercise effective supervision over the trained personnel who cover his duty
 - **retain personal responsibility for treatment of vaccine recipients**

5. Roles and Responsibility of Enrolled Doctors

All doctors should observe the Code of Professional Conduct



CODE OF PROFESSIONAL CONDUCT

FOR THE GUIDANCE OF REGISTERED
MEDICAL PRACTITIONERS

MEDICAL COUNCIL OF HONG KONG
(Revised in January 2016)

1201-2020

21. Covering or improper delegation of medical duties to non-qualified persons

21.1 A doctor who improperly delegates to a person who is not a registered medical practitioner duties or functions in connection with the medical treatment of a patient for whom the doctor is responsible or who assists such a person to treat patients as though that person were a registered medical practitioner, is liable to disciplinary proceedings. The proper training of medical and other bona fide students or the proper employment of nurses, midwives and other persons trained to perform specialized functions relevant to medicine is entirely acceptable provided that the doctor concerned exercises effective personal supervision over any persons so employed and retains personal responsibility for the treatment of the patients.

5. Roles and Responsibility of Enrolled Doctors

Prescription and health assessment

- Should check the recommendation, **expiry date**, **vaccine contraindications** and **precautions** to ascertain the need and suitability for vaccination
- Should follow the age-appropriate **dosage** and **route of administration** of vaccine in the respective package inserts
- The enrolled doctors are **highly preferred to be present** at the vaccination venue, and should be personally and physically reachable in case of emergency

5. Roles and Responsibility of Enrolled Doctors

PCD enrolment and CME requirement

- Starting in the 2018/19 season, VSS doctors have to be **enrolled in the Primary Care Directory (PCD)**
 - www.pcdirectory.gov.hk for information
- For maintenance in the PCD, doctors need Continuing Medical Education (**CME**)
 - Specialists: should be in Specialist Register
 - Non-specialists:
 - join the “CME programme for practising doctors who are not taking CME for specialists” of **the Medical Council of Hong Kong**
 - accumulate the required CME points for obtaining the yearly CME certificate or become qualified to quote the title “CME-Certified”

5. Roles and Responsibility of Enrolled Doctors

Preparation, procedures and vaccination skills

- Place order for vaccines
- Maintain cold chain
- **Check vaccination history / record**
- Communicate on type of vaccines (TIV / QIV, 23vPPV / PCV13) to be provided
- Explain about the vaccinations (e.g. use, side effects)
- **Conduct health assessment** of recipients' suitability for receiving vaccination
- Screen for contraindications and take the precautions
- Complete and sign "Consent to Use Vaccination Subsidy" form

5. Roles and Responsibility of Enrolled Doctors

Preparation, procedures and vaccination skills

- Vaccination must be provided by **trained** health care personnel
- **3 checks and 7 rights** for vaccine administration
 - **3 Checks:**
 - ◆ Check when taking out vaccine from storage
 - ◆ Check before preparing the vaccine
 - ◆ Check before administering the vaccine
 - **7 Rights:**
 - ◆ Right recipient
 - ◆ Right vaccine or diluent
 - ◆ Right dosage
 - ◆ Right time (e.g. correct age, correct interval, vaccine not expired)
 - ◆ Right site
 - ◆ Right route, needle length and technique
 - ◆ Right documentation

5. Roles and Responsibility of Enrolled Doctors

Preparation, procedures and vaccination skills

- Infection control and hand hygiene practice
- Vaccination skills
- **Documentations**
 - Recipients' self-held vaccination card
 - Medical record / clinic record: recipients' identity, vaccine type / date / expiry date / lot number of vaccine, etc.
- Advise recipients on the 2nd dose arrangement (for children aged below 9 years and have never received SIVs before)

6. Vaccination at Non-clinic Settings

Enrolled doctors should:

- supervise the vaccination activity and the trained staff
- ensure sufficient trained staff, protocol and emergency equipment to provide emergency treatment
- vaccination must be provided by trained health care personnel
- maintain cold chain of vaccines
- do 3 checks and 7 rights
- observe infection control practice and proper vaccination procedures
- inform Vaccination Office at least 2 weeks before the vaccination date
- handle sharps and wastes according to Environmental Protection Department guidelines

6. Vaccination at Non-clinic Settings

Vaccination Equipment

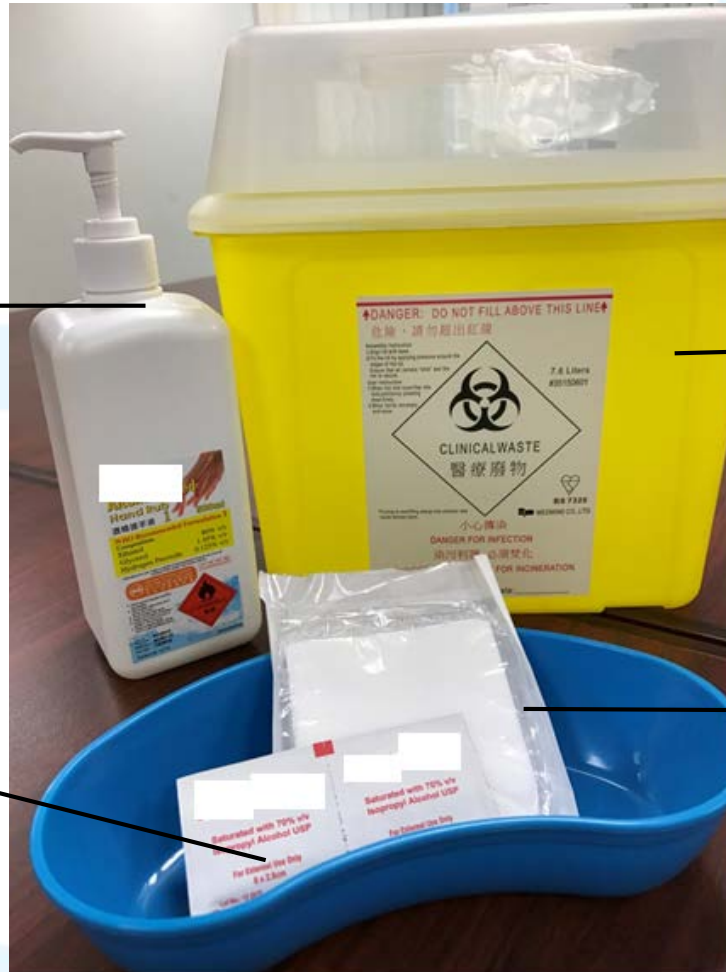
Ensure the alcohol preps, gauzes and needles are not expired

70-80 %
Alcohol-
based
Handrub

Sharps
Box

Sterile
Alcohol
Preps

Dry
Sterile
Gauze



6. Vaccination at Non-clinic Settings

Essential Equipment for Emergency

- Ensure all the emergency equipment (e.g. Bag Valve Mask, BP monitor) is **sufficient**, and emergency drugs (e.g. adrenaline auto injector or adrenaline) **are not expired**
- Keep **written protocol** and training materials for reference



**Written protocol for
emergency management**

7. Vaccine storage and cold chain

- Prevent cold chain breakage
 - Equipment: fridge, thermometer, socket,
 - Procedures: routines and contingency plan
- Follow vaccine manufacturers' recommendation
- Maintain cold chain and **store vaccines between 2-8°C**
- **Do not use bar refrigerators**
- Suggest using **purpose-built vaccine refrigerators (PBVR)**
- Take precautions for domestic fridges
- Check spot, maximum and minimum temperature twice daily
- Take appropriate actions if temperature is out of recommended range

Reference: Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings – Module on Immunisation

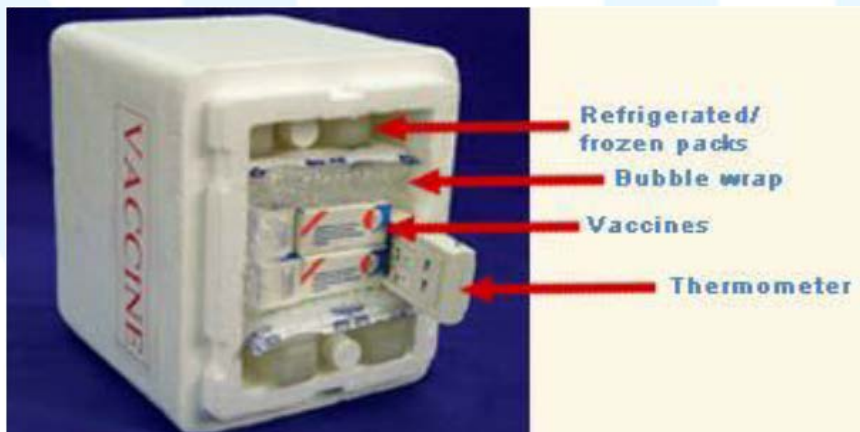
(http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

7. Vaccine storage and cold chain

Use of cold boxes

- Temperature **between 2-8°C** should be kept for a desirable period
- Cold boxes of appropriate size, with **adequate insulating materials** between ice packs and vaccines to prevent freezing of vaccines
- The vaccines should be delivered to and back from the vaccination venue in cold boxes with **regular temperature checking**

Appendix G of Doctors' Guide: Principle for Packing Cold Box



(Source: CDC, 2007)

Example of maximum-minimum thermometer (reference only)



7. Vaccine storage and cold chain

Action on vaccines exposed to out-of-range temperatures

- Label **“Do Not Use”** on them and **store properly**
- Consult drug company about whether the vaccines are still effective / usable, with the provision of time period and temperature range that the vaccines were exposed to
- Follow up with the recipients administered with the vaccines and assess the need for re-vaccination
- Find out causes and take **preventive measures**
- Inform Vaccination Office if
 - **VSS recipients are involved**
 - Manufacturer replied that vaccines exposed to out-of-range temperatures are not effective / usable

7. Vaccine storage and cold chain

- Random checking of temperature charts and photo of the refrigerator in 2017/18
 - Result: 10% used bar fridge, 14% did not implement temperature monitoring with maximum-minimum thermometer, 76% of them were satisfactory
- On-site inspection of outreach vaccination
 - Areas for improvement: cold chain monitoring, infection control, hand hygiene, sharps handling, documentation, health assessment

8. Vaccines Recommended for 2018/19

- Both **trivalent** and **quadrivalent** inactivated influenza vaccines (IIVs) are recommended for use in Hong Kong in 2018/19
- Component of **Trivalent** influenza vaccine:
 - A/Michigan/45/2015 (H1N1)pdm09-like virus
 - A/Singapore/INFIMH-16-0019/2016(H3N2)-like virus
 - B/Colorado/06/2017-like virus
- Component of **Quadrivalent** influenza vaccine contains the above 3 viruses and B/Phuket/3073/2013-like virus
- Seasonal influenza vaccines currently registered in Hong Kong:
 - Inactivated influenza vaccines (**IIVs**): trivalent and quadrivalent injectable vaccines
 - Live attenuated influenza vaccine (**LAIV**): quadrivalent nasal vaccine registered in Hong Kong in April 2018

8. Vaccines Recommended for 2018/19

IIVs

Indications

- Recommended for people aged 6 months or above

Contraindications

- Contraindicated in those with history of **severe allergic reaction** to any vaccine component or a previous dose of any influenza vaccine

Precautions

- Individuals with **mild egg allergy** who are considering influenza vaccination can be given SIVs in primary care settings
- Individuals with a history of **anaphylaxis to egg** should have SIVs administered by health care professionals in appropriate medical facilities with capacity to recognize and manage severe allergic reactions
- Special precautions should be taken for individuals with **bleeding disorders** or **on anticoagulants**
- If individuals suffer from **fever** on the day of vaccination, the vaccination should be deferred till recovery

8. Vaccines Recommended for 2018/19

IIVs

Side Effects

- Occasional soreness, redness or swelling at the injection site
- Fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare

Severe adverse events following immunization (AEFI)

- Influenza vaccination is rarely followed by
 - Guillain-Barré syndrome (1 to 2 cases per million vaccinees)
 - Severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed)
- Influenza vaccination does not necessarily have causal relation to these adverse events

8. Vaccines Recommended for 2018/19

LAIV

- While overseas studies and clinical experience had generally indicated LAIV provides comparable protection against influenza to that afforded by IIV, a systemic review of studies from the 2010/11 - 2016/17 seasons conducted by the United States Centers for Disease Control and Prevention revealed that the effectiveness of LAIV against influenza A(H1N1)pdm09 was lower than IIV among children aged 2-17 years.* Data on effectiveness of the LAIV against influenza A(H1N1)pdm09 in the 2017/18 season in the United States was not available

(*Morbidity and Mortality Weekly Report. 2018 Jun 8;67(22):643-645.)

8. Vaccines Recommended for 2018/19

LAIV

Indications

- It can be used among **non-pregnant and non-immunocompromised** people aged **2 to 49 years of age**
- If health care providers choose to use LAIV, they should consider the **contraindications and precautions**

Reference: Recommendations on Seasonal Influenza Vaccination for the 2018/19 Season in Hong Kong (as of April 27, 2018) of the Scientific Committee on Vaccine Preventable Diseases (https://www.chp.gov.hk/files/pdf/scvcpd_recommendations_on_siv_for_2018_19_season.pdf)

8. Vaccines Recommended for 2018/19

LAIV

Contraindications

- History of **severe allergic reaction** to any vaccine component or after previous dose of any influenza vaccine
- Concomitant **aspirin or salicylate-containing therapy** in children and adolescents
- Children aged 2 through 4 years who are in one of the following conditions
 - Receiving a diagnosis of **asthma**
 - Whose parents or caregivers report that a health care provider has told them during **the preceding 12 months** that their child had **wheezing or asthma**
 - Whose medical record indicates **a wheezing episode** has occurred during the preceding 12 months

8. Vaccines Recommended for 2018/19

LAIV

Contraindications (cont'd)

- Children and adults who are **immunocompromised**
- Persons having **close contacts** and **caregivers** of severely immunosuppressed persons who require a protected environment
- **Pregnant women**
- Persons with receipt of **influenza antiviral medication** within previous 48 hours

Precautions

- Individuals with **mild egg allergy** who are considering an influenza vaccination can be given SIVs in primary care settings
- Individuals with a history of **anaphylaxis to egg** should have SIV administered by health care professionals in appropriate medical facilities with capacity to recognize and manage severe allergic reactions

8. Vaccines Recommended for 2018/19

LAIV

Possible Side Effects

- **Nasal congestion or runny nose** (in all ages)
- **Fever** (in children) and sore throat (in adults)
- **Increased risk of wheezing** among children aged below 5 years with recurrent wheezing / persons of any age with asthma

Administration with other vaccines

- With other **live** vaccines: LAIV should be administered on the **same day or at least 4 weeks apart**
- With other **inactivated** vaccines: LAIV can be administered simultaneously or at any interval

9. More Information

- CHP website
<https://www.chp.gov.hk/en/features/17980.html>
- Recommendations on Seasonal Influenza Vaccination for the 2018/19 Season in Hong Kong (as of April 27, 2018) of the Scientific Committee on Vaccine Preventable Diseases
https://www.chp.gov.hk/files/pdf/scvcpd_recommendations_on_siv_for_2018_19_season.pdf
- Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016) of the Scientific Committee on Vaccine Preventable Diseases
http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf
- 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

9. More Information

疫苗計劃辦事處

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Address : 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon

網站 : <https://www.chp.gov.hk/en/features/17980.html>
Website

Thank You