

# **2020/21 Seasonal Influenza Vaccination School Outreach (Free of charge)**

## **Briefing Session to Participating Doctors**

### **16 July 2020**



**衛生署**  
Department of Health

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# Part I

## Preparations



# Recap

	Primary School Outreach	Kindergarten / Child Care Centre (KG/CCC) Outreach
<b>Eligible group</b>	All students at Primary school	All students at KGs / CCCs
<b>Vaccine procurement and delivery</b>	Government	Private doctors
<b>Outreach teams</b>	Private doctors	
<b>Collection of unused vaccines</b>	Government	Private doctors
<b>Collection of clinical waste</b>	Private doctors	
<b>Extra Service Fee chargeable</b>	Not allowed	
<b>Reimbursement to doctors for vaccination provided</b>	\$100 for each dose of SIV given (including clinical waste disposal cost)	\$270 for each dose of SIV given (including vaccine cost and clinical waste disposal cost)
<b>1<sup>st</sup> and 2<sup>nd</sup> dose</b>	1 <sup>st</sup> and 2 <sup>nd</sup> dose mop up required	

# Type of Vaccines

	Primary School Outreach	Kindergarten / Child Care Centre (KG/CCC) Outreach (Pilot)
Quadrivalent or Trivalent?	Quadrivalent Vaccine ONLY	
Inactivated or Live Attenuated?	Inactivated Influenza Vaccine (IIV), by injection	Inactivated Influenza Vaccine (IIV), by injection  OR  Live Attenuated Influenza Vaccine (LAIV), by nasal spray

# Preparations

- Liaise with schools to fix the date and venue for vaccination
  - 1<sup>st</sup> dose: between **End October** and **Mid December 2020**
  - 2<sup>nd</sup> dose: completed latest by **end January 2021**
- Notify PMVD of 1<sup>st</sup> and 2<sup>nd</sup> dose vaccination activity dates using *Booking of Time Slot for Outreach Vaccination Activity Form* by **14 August 2020**
- 1<sup>st</sup> dose and 2<sup>nd</sup> dose **at least four weeks apart**
- **1<sup>st</sup> dose by December 2020**
- **2<sup>nd</sup> dose by end of January 2021**

**Booking of Time Slot for Outreach Vaccination Activity  
under 2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge)**

**PRIMARY SCHOOL ONLY** Notes 1 - 6

We have checked with the following school and would like to book the following time slot for the outreach vaccination activity:

Name and Address of Primary School (in English)			
Name and Contact Number of Responsible Teacher			
NOTE: vaccination activities should be conducted during normal school hours (Mon-Fri, 8am-3pm)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose Notes 5 - 6
	1 <sup>st</sup> visit	2 <sup>nd</sup> visit (if required)	
Proposed Date			
Proposed Time	From : To :	From : To :	From : To :
Date and Time of Health Talk (if arranged)			

Chop of Clinic/ Medical Organisation

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Name of Enrolled Doctor

Fax Number

Date

Contact Phone Number

\*\*\*\*\*

**FOR OFFICE USE ONLY**

To : Dr. \_\_\_\_\_ (Fax number : \_\_\_\_\_)

The date(s) of the vaccination on \_\_\_\_\_ for the captioned school is / are confirmed.

**DEADLINE:**

**Primary School  
14 August 2020**

**Booking of Time Slot for Outreach Vaccination Activity  
under 2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge)**

**KINDERGARTEN/CHILD CARE CENTRE (KG/CCC) ONLY** Notes 1 - 5

We have checked with the following school and would like to inform the following time slot for the outreach vaccination activity:

Name and Address of KG/CCC (in English)			
Name and Contact Number of Responsible Teacher			
	1 <sup>st</sup> dose	2 <sup>nd</sup> dose Notes 4 - 5	
	1 <sup>st</sup> visit	2 <sup>nd</sup> visit (if required)	
Proposed Date			
Proposed Time	From : To :	From : To :	From : To :
Type of Vaccine	<input checked="" type="checkbox"/> Tick as appropriate <input type="checkbox"/> Inactivated Influenza Vaccine Injectable <input type="checkbox"/> Live Attenuated Influenza Vaccine Nasal Spray		
Date and Time of Health Talk (if arranged)			

Chop of Clinic/ Medical Organisation

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Name of Enrolled Doctor

Fax Number

Date

Contact Phone Number



**DEADLINE:**  
**KG/CCC**  
**14 August 2020**



# Preparations

- Study **VSS Doctors' Guide** and **PPP Doctors' Guide**
- Prepare the necessary equipment and materials with reference to the *List of Items to Bring to Venue on the Vaccination Day* (PPP Doctors Guide Appendix 7.1)
- Obtain Clinical Waste Producer Premises Code for outreach services from EPD (For more information please refer to [https://www.epd.gov.hk/epd/clinicalwaste/en/producer\\_code.html](https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html))

# List of Items to Bring to Venue on the Vaccination Day

## (PPP Doctors Guide Appendix 7.1)

Items	Primary School	KG/CCC
<b>For Injection and cold chain maintenance</b>		
Sharps boxes (at least 1 for each vaccination station)	✓	✓
Dry clean gauzes / cotton wool balls	✓	✓
Alcohol pads / swabs	✓	✓
70-80% Alcohol-based hand rub solution (1 for each vaccination station)	✓	✓
Kidney dishes / containers	✓	✓
Vaccines and cold boxes	✗	✓
Maximum and minimum thermometers (1 for each cold box)	✗	✓
Additional ice packs with adequate insulating materials for cold chain maintenance	✗	✓
<b>For Emergency</b>		
Bag Valve -Mask, including both child and adult size masks	✓	✓
Registered Adrenaline in pre-filled pen or auto-injector / Adrenaline injection 1:1000 (With appropriate syringe, i.e. 1 ml syringes and 25-32mm needles, each of 3 numbers at least)	✓	✓
Blood Pressure monitor	✓	✓
Protocol for emergency management	✓	✓
<b>Stationery</b>		
Date chops		
Clinic chops (For vaccination card)	✓	✓
Organization/ Clinic stamp (For vaccines delivery note and clinical waste collection)	✓	✓
Pens	✓	✓
<b>Forms and Documents</b>		
Signed Students' Consent Form – Seasonal Influenza Vaccination [同意書 – 2020/ 21 季節性流感疫苗學校外展 (免費)] (已簽署)	✓	✓
Seasonal Influenza Vaccination Cards (Appendix 7.10) [季節性流感疫苗接種卡]	✓	✓
Information on Side Effects (Appendix 7.11) (副作用資料頁)	✓	✓

Items	Primary School	KG/CCC
Information on Side Effects and 2 <sup>nd</sup> dose Arrangement (Appendix 7.12) (副作用資料頁及第二劑的安排)	✓	✓
Updated Student Vaccination List (1st dose & 2nd dose) (Appendix 7.6, i.e. list printed out on or 3 days before vaccination day)	✓	✓
Completed Confirmation Notice on Vaccine Ordering and Unused Vaccine Collection (Appendix 7.13) [疫苗申請及疫苗送收時間表格] (已填妥)	✓	✗
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 7.17) [家長通知書 – 未有接種季節性流感疫苗] (待填)	✓	✓
Vaccine Report and Cold Boxes Return Form – Primary School Outreach (2 unfilled copies) (Appendix 7.14) [疫苗使用報告及冰箱收集記錄] (一式兩份待填)	✓	✗
Vaccination Report – KG/CCC Outreach (Appendix 7.15) [接種記錄報告]	✗	✓
Clinical Waste Temporary Storage Handover Note (Appendix 7.16) (醫療廢物暫存轉交記錄)	✓	✓
Copy of vaccine delivery note	✗	✓
Copy of temperature record from date of vaccine delivery till vaccination day	✗	✓
<b>Others</b>		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags (for domestic rubbish)	✓	✓

# Preparations

## List of Documents to Bring on the Vaccination Day

- *Seasonal Influenza Vaccination Card*
- *Information on Side Effects*
- *Information on Side Effects and Arrangement*
- *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given*
- *Vaccine Report and Cold Boxes Return Form (Primary School Outreach only)*
- *Clinical Waste Temporary Storage Handover Note*

PMVD will print and send to your clinics

2<sup>nd</sup> dose

Please print from CHP website

- Consent Forms will be sent directly to schools

## 【Consent Form】

Please return to School once completed

### 2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).

☐ I have read and understood the appended information, including contraindications, and agree for my child (named below) to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses\*) as arranged by the Department of Health (DH) in year 2020/ 21 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary.

\*DH will arrange 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]

Has your child received SIV in the past? ☐ Yes (Last administration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) (MM/YYYY) ☐ No

School Name: \_\_\_\_\_ Class: \_\_\_\_\_ Class no.: \_\_\_\_\_

Student's Full Name: (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY) Gender: \_\_\_\_\_

Identity Document: ☐ Hong Kong Birth Certificate Document no.: 


 ( )  
☐ Hong Kong Identity Card Document no.: 


 ( )  
(Date of Issue: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) (DD/MM/YY)  
☐ Others (Please attach a copy of the identity document)

Signature of Parent/ Guardian : \_\_\_\_\_ Name of Parent/ Guardian : \_\_\_\_\_

Contact number (mobile) : \_\_\_\_\_ Date : \_\_\_\_\_

## 【Refusal Form】

### 2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

☐ I have read and understood the appended information, including contraindications, and disagree for my child (named below) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2020/ 21.

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Class: \_\_\_\_\_ Class no.: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Name of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### To be filled in by the healthcare worker providing the vaccination

#### First dose vaccination day

- ☐ Seasonal influenza vaccine was provided to the student  
☐ Seasonal influenza vaccine was NOT provided to the student as the student:  
☐ was absent from school ☐ refused vaccination  
☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature \_\_\_\_\_°C)/ others \_\_\_\_\_]  
☐ others (please specify: \_\_\_\_\_)  
The above reason(s) was informed by \_\_\_\_\_ (teacher/ staff).  
Follow-up: ☐ "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.

Name of Medical Organisation: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Vaccination Staff: \_\_\_\_\_

Name of Vaccination Staff: \_\_\_\_\_

Remarks: \_\_\_\_\_

#### Second dose vaccination day

- ☐ Seasonal influenza vaccine was provided to the student  
☐ Seasonal influenza vaccine was NOT provided to the student as the student:  
☐ was absent from school ☐ refused vaccination  
☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature \_\_\_\_\_°C)/ others \_\_\_\_\_]  
☐ others (please specify: \_\_\_\_\_)  
The above reason(s) was informed by \_\_\_\_\_ (teacher/ staff).  
Follow-up: ☐ "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.

Name of Medical Organisation: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Vaccination Staff: \_\_\_\_\_

Name of Vaccination Staff: \_\_\_\_\_

Remarks: \_\_\_\_\_

# Consent Form for IIV



# **【Consent Form】**

Please return to School once completed

## **2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Nasal Spray Vaccine**

Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).

School Name: \_\_\_\_\_ Class: \_\_\_\_\_ Class no.: \_\_\_\_\_

Student's Full Name: (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_ Gender: \_\_\_\_\_

(1) I have read and understood the appended information, including contraindications:

- ☐ I **agree** for my child (named above) to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses\*) as arranged by Department of Health (DH) in year 2020/ 21 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. < PLEASE FILL IN (2) TO (4) >  
 [\*DH will arrange 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]
- ☐ I **disagree** for my child (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2020/ 21. < PLEASE FILL IN (4) ONLY >

(2) Identity document type

Identity Document: ☐ Hong Kong Birth Certificate Document no.: 


 ( )

☐ Hong Kong Identity Card Document no.: 


 ( )

(Date of Issue: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_) (DD/MM/YY)

☐ Others (Please attach a copy of the identity document)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY) Contact number (mobile): \_\_\_\_\_

(3) Please answer the following relating to your child's health condition (Please check your child's vaccination record before filling in this part)

- Has your child received SIV in the past? ☐ Yes (Last administration date: \_\_\_\_\_ / \_\_\_\_\_) (MM/YYYY) ☐ No
- Does your child have history/ currently have any of the following conditions: [If the answer to any of the following is "Yes", no answer or uncertainty, your child will not be eligible to participate in the Seasonal Influenza Vaccination School Outreach (Free of Charge). Please consult your family doctor for vaccination at the clinic.]
 

2.1 Limb numbness or weakness after receiving SIV <input type="checkbox"/> Yes <input type="checkbox"/> No	2.6 Immunosuppressive disease or taking immunosuppressive medication <input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 Allergic reaction after SIV <input type="checkbox"/> Yes <input type="checkbox"/> No	2.7 Living with persons of immunocompromised state <input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 Allergic reaction to egg <input type="checkbox"/> Yes <input type="checkbox"/> No	2.8 Taking Aspirin or receiving salicylate-containing therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 Allergic reaction to antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5 Asthma or wheeze <input type="checkbox"/> Yes <input type="checkbox"/> No	

(4) Signature of Parent/ Guardian: \_\_\_\_\_ Name of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **To be filled in by the healthcare worker providing the vaccination**

First dose vaccination day	Second dose vaccination day
<input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.	<input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.
Name of Medical Organisation: _____	Name of Medical Organisation: _____
Name of Doctor: _____ Date: _____	Name of Doctor: _____ Date: _____
Signature of Vaccination Staff: _____	Signature of Vaccination Staff: _____
Name of Vaccination Staff: _____	Name of Vaccination Staff: _____
Remarks: _____	Remarks: _____

# Consent Form for LAIV



# Vaccination Card

Vaccination Date 接種日期	Name of Doctor/ Clinic/ Outreach Team 醫生/ 診所/ 外展隊名稱	Name of Influenza Vaccine 流感疫苗名稱

Seasonal Influenza Vaccination Card  
季節性流感疫苗接種卡

衛生署  
DEPARTMENT OF HEALTH  
季節性流感疫苗接種卡  
Seasonal Influenza Vaccination Card

姓名 Name Chan Tai Ming

出生日期 Date of Birth 01/09/2012 性別 Sex M

請妥善保存，並於下次接種流感疫苗時出示此卡  
Please keep properly, and present this card on receiving  
subsequent influenza vaccination

SIVSO\_D\_C4  
Last updated: June 2020

Last updated: June 2020  
SIVSO\_D\_C4

請妥善保存，並於下次接種流感疫苗時出示此卡  
Please keep properly, and present this card on receiving  
subsequent influenza vaccination

姓名 Name \_\_\_\_\_

出生日期 Date of Birth \_\_\_\_\_ 性別 Sex \_\_\_\_\_

衛生署  
DEPARTMENT OF HEALTH  
季節性流感疫苗接種卡  
Seasonal Influenza Vaccination Card

接種日期 Vaccination Date	醫生/ 診所/ 外展隊名稱 Name of Doctor/ Clinic/ Outreach Team	流感疫苗名稱 Name of Influenza Vaccine
15/11/2020	Dr. Chan Siu Ming	

# Side Effects Information Sheet

## Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe reactions like hives, swelling of the lips or tongue, and difficulty breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_

(Name of Medical Organisation)

## 季節性流感疫苗 副作用資料頁 (注射式疫苗)

衛生署已於 \_\_\_\_\_ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學童在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。

## Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_

(Name of Medical Organisation)

## 季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)

衛生署已於 \_\_\_\_\_ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種滅活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種滅活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 \_\_\_\_\_

接種隊: \_\_\_\_\_

(醫療機構名稱)

# Proposed Timeline for preparations

## ≥ 8 WEEKS BEFORE VACCINATION

- Remind schools to distribute *Consent Forms* to parents for signing

## ≥ 6 WEEKS BEFORE VACCINATION

- Collect completed *Consent Forms* from schools
- Sign *Consent Form Receipt Note*
- Check completeness of *Consent Forms*
  - Name
  - Gender
  - Date of Birth
  - Identity document number





# Consent Forms Receipt Note

2020/ 21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge)  
Public-Private-Partnership (PPP) Outreach Team

## Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach Team under  
Dr. \_\_\_\_\_ (Name of Doctor) of  
\_\_\_\_\_ (Organisation)  
has collected \_\_\_\_\_ (Quantity) Consent Forms from  
\_\_\_\_\_ (Name of School) on  
\_\_\_\_\_ (Date).

X

Signature of Collector and  
Organisation Chop of  
the PPP Outreach Team

X

Signature of School Representative  
and School Chop

X

Name of Collector of  
the PPP Outreach Team

X

Name of School Representative



# Proposed Timeline for preparations

## ≥ 4 WEEKS BEFORE VACCINATION

- Create password protected *Excel* table with names of consented students i.e. *Consented Student List*
- Send to PMVD via designated email account
- PMVD will upload *Consented Student List* to eHS(S)
- “Pop-up” message will be shown on eHS(S) when the first checking results are ready (as soon as possible, within 1 week)
- Download the *first report* from eHS(S)



# Proposed Timeline for preparations

## ≥ 4 WEEKS BEFORE VACCINATION

- Cross check information on consent forms with the results from eHS(S)
- Correct any misinformation on eHS(S) directly
- Contact parents if there are any discrepancies e.g.

		Results from eHS(S)	
		YES for vaccination	NO for vaccination
Consent form	YES for vaccination	✓	?
	NO for vaccination	?	✓

# Proposed Timeline for preparations

## ≥ 4 WEEKS BEFORE VACCINATION

- Double check the date of vaccination on eHS(S), correct if wrong
- For children below 9, remember to check the need for 2<sup>nd</sup> dose
- Estimate the quantity of vaccines required
- Submit documentary proof to PMVD for updating if there is any amendment of document type and document number



# Proposed Timeline for preparations

Primary School  
Outreach ONLY

## ≥ 2 WEEKS BEFORE VACCINATION

- Submit the *Vaccine Ordering and Unused Vaccine Collection Form* to PMVD to request vaccine quantity, preferred delivery time, and time for unused vaccine and cold box collection
- PMVD will send a *Confirmation Notice* to doctors confirming arrangement of vaccine delivery, unused vaccine and cold box collection arrangement within three days



訂單編號
由衛生署職員填寫

**衛生署**  
**2020/ 21 季節性流感疫苗學校外展 (免費)**  
**公私營合作外展隊-小學**  
**疫苗申請及疫苗送收時間表格**

表格
<input type="checkbox"/> 新增訂單
<input type="checkbox"/> 更改訂單



備註：由於訂購疫苗及安排運送或收集需時，請於接種日期前最少兩星期前填妥本表格並傳真至衛生署項目管理及疫苗計劃科（傳真號碼：2320 8505）。醫生如於發送本表格後三個工作天內仍未收到衛生署的訂單確認通知，請致電 2125 2428 與衛生署職員聯絡。請於疫苗接種活動當日帶同訂單確認通知到校，以便核對疫苗數目。

**甲部 聯絡資料**

1. 醫療機構名稱：(中文／英文) _____		
2. 負責醫生姓名：(中文／英文) _____	3. 醫生註冊編號： <b>M</b> _____	
4. 學校名稱：(中文／英文) _____		
5. 學校編號： _____	6. 學生總人數： <b>700</b> 位	7. 同意接種疫苗學生人數： <b>500</b> 位

**乙部 疫苗訂購及送貨資料**

1. 申請疫苗數目： (不可多於同意接種人數)	(四價)季節性流感疫苗	<b>500</b> 劑	疫苗資源寶貴， 請珍惜，勿浪費。
2. 接種場次：	<input type="checkbox"/> 第一劑 第一次到校 (1st dose, 1st visit) <input type="checkbox"/> 第一劑 第二次到校 (1st dose, 2nd visit) <input type="checkbox"/> 第二劑 (2nd dose visit)		
3. 接收疫苗的 日期及時間：	_____ 年 _____ 月 _____ 日 (要求接收時間： <b>7:30</b> ；疫苗接種時間： <b>8:30</b> ) (建議接收疫苗時間為開始接種疫苗前一小時。)		
4. 學校地址：(中文／英文) (請註明接種場地樓層)	_____		
5. 運送員須知：	1. 學校範圍內落貨 <input type="checkbox"/> 可以 <input type="checkbox"/> 不可以 2. 粒 <input type="checkbox"/> 有 <input type="checkbox"/> 無		
6. 負責接收疫苗 的職員姓名：	7. 接收疫苗職員 的手提電話： _____		
8. 負責醫生簽署： _____			

**Vaccine Ordering and  
Unused Vaccine  
Collection Form**

**8:30 - 1hr = 7:30**

**丙部 收集剩餘疫苗及冰箱資料**

1. 預計收集時間：	<b>15:30</b>
2. 負責職員姓名：	3. 手提電話： _____

# Proposed Timeline for preparations

## ≥ 2 WEEKS BEFORE VACCINATION

- Decide method of clinical waste collection and disposal
  1. Liaise with licensed clinical waste collectors for immediate collection after activity and inform schools; or
  2. Arrange self-delivery to a licensed disposal facility and inform schools; or
  3. Liaise with schools to arrange temporary storage if immediate collection of clinical waste cannot be arranged
- Liaise with licensed clinical waste collectors about how the *Waste Producer Copy of the Clinical Waste Trip Ticket* would be received for record



# Proposed Timeline for preparations

## ≥ 2 WEEKS BEFORE VACCINATION

- For temporary storage, clinical waste must be collected:
  - Primary School Outreach: within 2 weeks after 1<sup>st</sup> AND 2<sup>nd</sup> dose (subject to school's agreement)
  - KG/CCC: within 2 weeks after 2<sup>nd</sup> dose (subject to school's agreement)





# Proposed Timeline for preparations

## 1 WEEK BEFORE VACCINATION

- Submit a list of students requiring vaccination to school.
- Remind schools to distribute *Notice to Parents on Seasonal Influenza Vaccination* to parents to remind students to wear short-sleeved clothing and bring old *SIV Vaccination card* to the vaccination activity.
- Double-check the vaccination date and time with schools and whether they have any ad-hoc activities on the day that may require rescheduling.

# Notice to Parents

## Notice Seasonal Influenza Outreach Vaccination

\_\_\_\_\_  
(Date of issue)

To All Parents,

Department of Health will arrange vaccination team (by DH or through public private partnership) to provide 1<sup>st</sup> dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received 2020/21 seasonal influenza vaccine after 1 September 2020
2. Bring Seasonal Influenza Vaccination Card on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: \_\_\_\_\_

## 通告

### 有關季節性流感疫苗到校接種事宜

衛生署將於 \_\_\_\_\_ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女提供第一劑季節性流感疫苗接種服務。請貴家長細閱以下注意事項：

1. 如在 2020 年 9 月 1 日後已接種 2020/21 年度流感疫苗，請立即通知學校
2. 請於接種當日攜帶季節性流感疫苗接種卡 (如有)
3. 請提醒 貴子女接種當天早上要進食早餐
4. 請安排 貴子女穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

此致

各位家長

校長/負責老師：\_\_\_\_\_ 謹啟

\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

# Proposed Timeline for preparations

## 3 CALENDAR DAYS BEFORE VACCINATION

- Check the *Final Report* and *On-site Vaccination List* generated on eHS(S) for vaccination eligibilities
- Generate a list of students requiring 2nd dose vaccination to pass to schools on day of vaccination

