

2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

How can I join?

Briefing with VSS doctors

26 Feb 2019



衛生署
Department of Health

VSS and PCD Enrolment

- To participate in the SIV School Outreach /VSS, doctors have to be enrolled in
 1. the **Vaccination Subsidy Scheme** (VSS) **AND**
 2. the **Primary Care Directory** (PCD) (www.pcdirectory.gov.hk for information)
- To remain listed in the PCD, CME requirements have to be fulfilled
 - Specialists: included in Specialist Register;
 - Non-specialists: to satisfy CME requirements (yearly CME certificate or qualified to quote the title “CME-Certified”)



2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

- Doctors can join **either or both**:-
 - Primary School Outreach
 - KG/CCC Outreach (Pilot)
- Doctors can opt for **either or both types of matching**:-
 - School Self-selection of Doctors
 - DH-matching



Mandatory Criteria for SIV School Outreach

	Primary School Outreach	KG/CCC Outreach (Pilot)
1. VSS and PCD requirement	Must be enrolled in the VSS and PCD in 2019/20	
2. Attendance of briefing	Doctors/ their representatives must have attended our briefing session on 26 February 2019	
3. Manpower	Possess sufficient manpower to provide 1st dose vaccination service within 2 days and 2nd dose within 1 day	Possess sufficient manpower to provide vaccination service, including staff for proper positioning of school children
4. Outreach hours	Provide vaccination service during normal school hours (Mon-Fri, 8am-3pm)	Mutual arrange the vaccination date and time with schools
5. Purchase, storage and deliver of vaccines	Not applicable	Have the capacity to purchase, store and deliver vaccines for outreach activities

SCHOOL SELF-SELECTION OF DOCTORS



Primary Schools/ KG/ CCCs Choose Their Doctor First

- DH will encourage primary schools/ KG/CCCs to choose doctors/ medical organisations, preferably in their **districts** (according to 18 districts)
- DH will update a list of doctors participating in School Self-selection of Doctors
- **Name, name of practice, contact details and service district(s)** of enrolled doctors/ medical organisations on CHP website for schools' reference (**Form A-1**)
- DH will **encourage** primary schools/ KG/ CCCs to **continue existing** partnerships

DH-MATCHING



DH-matching

- DH will encourage schools to choose **a doctor** first
- DH will then **match** those primary schools /KG/CCCs which **do not choose a PPP/ VSS doctor**



DH-matching

- DH will match by batches (e.g. 5 primary schools or 3 KG/CCCs) with doctors/ medical organisation according to
 - 4 Regions (Hong Kong, Kowloon, New Territories East, New Territories West) **AND**
 - School size
The gross total number of students in each batch of primary schools or KG/ CCCs should be **similar**
- Matching of less than 3 KGCCCs / less than 5 primary schools **may be considered**



DH-matching

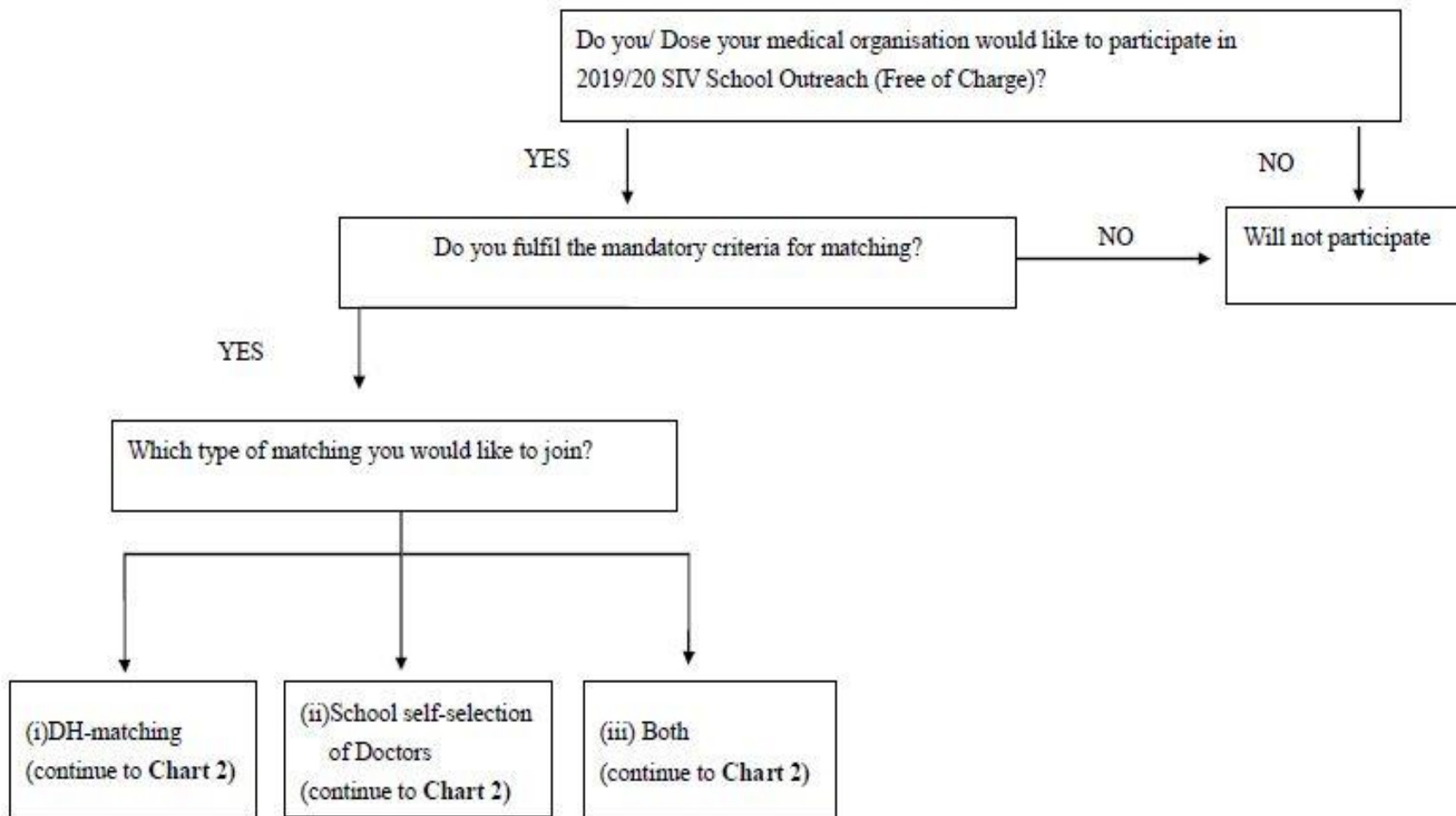
Priority will be given to doctors/ medical organisations:-

- with **any types of outreach vaccination experiences** in the **past 2 years under VSS** (particularly in schools of larger size)
- with **good past track records**
- be able to take up at least **one batch of schools (e.g. 5 primary schools or 3 KG/CCCs)**, etc.



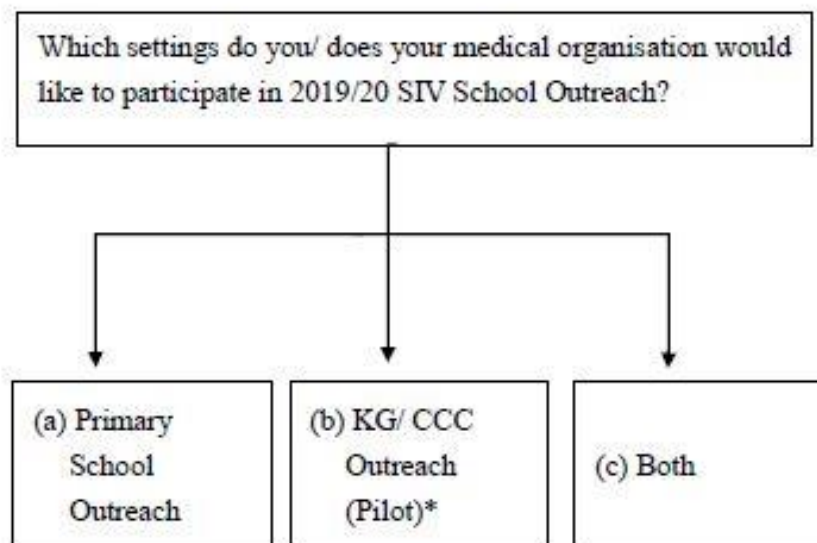
Flowchart for Doctors to join 2019/20 SIV School Outreach

Chart 1. Flow Chart on Types of Matching under 2019/20 SIV School Outreach (Free of Charge)



Flowchart for Doctors to join 2019/20 SIV School Outreach

Chart 2. Flow Chart on the Choice of Settings under 2019/20 SIV School Outreach (Free of Charge)



* PPP doctors are required to purchase, store and deliver vaccines for outreach vaccination activities

FORMS AND DEADLINES



Forms and Submission Deadlines

	Forms required	Deadlines to return the forms
<u>School Self-selection of Doctors</u>	Form A-1	1 March 2019
	Form A-2 and Form A-3	29 March 2019
<u>DH-matching</u>	Form B	29 March 2019

Form A-1 (for School Self-Selection of Doctors)

Form A-1

To: Vaccination Office

Fax Number: 2984 9608

Email Address: pilotsiv@dh.gov.hk

(Please fax or email to Vaccination Office preferably on or before 1 March 2019)

Name of Enrolled Doctor : _____
Service Provider ID : _____
Name of Medical Organisation : _____
Contact Number : _____
Contact Email : _____
Date : _____

Application to School Self-selection of Doctors under the 2019/20 SIV School Outreach (Free of Charge)

Please note that enrolment in the “Vaccination Subsidy Scheme” (VSS) and Primary Care Directory (PCD) are mandatory requirements* for private medical practitioners to participate in the 2019/20 SIV School Outreach (Free of Charge). The link to the eligibility in joining the PCD:- <https://apps.pcdirectory.gov.hk/SP/Main/Main.aspx>

*Other mandatory requirements include:-

	Primary School Outreach	KG/CCC Outreach (Pilot)
Attendance of briefing	Doctors/ their representatives must have attended our briefing session on 26 February 2019	
Manpower	Possess sufficient manpower to provide 1st dose vaccination service within 2 days and 2nd dose within 1 day	Possess sufficient manpower to provide vaccination service, including staff for proper positioning of school children
Outreach hours	Provide vaccination service during normal school hours (Mon-Fri, 8am-3pm)	Mutual arrange the vaccination date and time with schools
Purchase, storage and deliver of vaccines	Not applicable	Have the capacity to purchase, store and deliver vaccines for outreach activities

Please check the appropriate box(es).

I apply to join School Self-selection of Doctors under the 2019/20 SIV School Outreach (Free of Charge) AND agree to have my name, name of practice, contact details and service district(s) to be published for the purpose of School Self-selection of Doctors with the following types of schools under the 2019/20 SIV School Outreach (Free of Charge): -

- a. KG/CCC Outreach (Pilot)
 b. Primary School Outreach
 c. Both

Form A-1 (for School Self-Selection of Doctors)

Form A-1

I prefer to provide outreach vaccination service in the primary schools and/or KG/ CCCs in the following district(s) (may choose more than one district)

- | | | | | | |
|--|---------------------------------------|--|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Central and Western | <input type="checkbox"/> Eastern | <input type="checkbox"/> Southern | <input type="checkbox"/> Wan Chai | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Sham Shui Po |
| <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Yau Tsim Mong | <input type="checkbox"/> Islands | <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tsuen Wan |
| <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Yuen Long | <input type="checkbox"/> North | <input type="checkbox"/> Sai Kung | <input type="checkbox"/> Sha Tin | <input type="checkbox"/> Tai Po |

I would provide the following type(s) of SIV - (For doctors apply to join KG/CCC's Outreach (Pilot) ONLY)

- Quadrivalent Influenza Vaccine (Injection) Nasal Spray

Agreement

I agree to provide outreach seasonal influenza vaccination to schools in accordance with the guidelines of *VSS Doctors' Guide* (<https://www.chp.gov.hk/en/features/45838.html>) and to be listed on the "List of Doctors Providing Vaccination at School Settings" on the Centre for Health Protection (CHP) website.

Signature of
Enrolled Doctor _____

Clinic
Chop _____

Form A-2 (for School Self-Selection of Doctors)

Form A-2

2019/20 SIV School Outreach (Free of Charge) – Primary School Outreach

List of Primary Schools

To: Vaccination Office
Fax Number: 2984 9608
Email Address: pilotsiv@dh.gov.hk

(Please fax or email to Vaccination
Office on or before 29 March 2019)

Name of Enrolled Doctor : _____
Service Provider ID : _____
Name of Medical Organisation : _____
Contact Number : _____
Contact Email : _____
Date : _____

I have made prior contact with the schools and have agreed to provide outreach vaccination services to the following **PRIMARY SCHOOLS** under **School Self-selection of Doctors**: -

No.	Name of Schools	Address of Schools	Name of School Representative(s)	Contact Number of School Representative(s)
1.				
2.				
3.				

2019/20 SIV School Outreach (Free of Charge) –KG/ CCC Outreach (Pilot)

List of KG/CCCs

To: Vaccination Office	Name of Enrolled Doctor	:	_____
Fax Number: 2984 9608	Service Provider ID	:	_____
Email Address: pilotsiv@dh.gov.hk	Name of Medical Organisation	:	_____
(Please fax or email to Vaccination Office <u>on or before 29 March 2019</u>)	Contact Number	:	_____
	Contact Email	:	_____
	Date	:	_____

I have made prior contact with the schools and have agreed to provide outreach vaccination services to the following KG/CCCs under School Self-selection of Doctors: -

No.	Name of Schools	Address of Schools	Name of School Representative(s)	Contact Number of School Representative(s)
1.				
2.				
3.				

Form B (for DH-matching)

Form B

To: Vaccination Office
Fax Number: 2984 9608
Email Address: pilotsiv@dh.gov.hk
(Please fax or email to Vaccination Office **on or before 29 March 2019**)

Name of Enrolled Doctor : _____
Service Provider ID : _____
Name of Medical Organisation : _____
Contact Number : _____
Contact Email : _____
Date : _____

Application to DH-matching under the 2019/20 SIV School Outreach (Free of Charge)

Please note that enrolment in the "Vaccination Subsidy Scheme" (VSS) and Primary Care Directory (PCD) are mandatory requirements for private medical practitioners to participate in the 2019/20 Seasonal Influenza Vaccination School Outreach. The link to the eligibility in joining the PCD:- <https://apps.pcdirectory.gov.hk/SP/Main/Main.aspx>

*Other mandatory requirements include:-

	Primary School Outreach	KG/CCC Outreach (Pilot)
Attendance of briefing	Doctors/ their representatives must have attended our briefing session on 26 February 2019	
Manpower	Possess sufficient manpower to provide 1st dose vaccination service within 2 days and 2nd dose within 1 day	Possess sufficient manpower to provide vaccination service, including staff for proper positioning of school children
Outreach hours	Provide vaccination service during normal school hours (Mon-Fri, 8am-3pm)	Mutual arrange the vaccination date and time with schools
Purchase, storage and deliver of vaccines	Not applicable	Have the capacity to purchase, store and deliver vaccines for outreach activities

Please check the appropriate box(es).

I apply to join DH-matching under 2019/20 SIV School Outreach (Free of Charge) for :-
(may choose one or both)

- Primary School Outreach (no. of schools I would like to take up: _____)
- KC/CCC Outreach (Pilot) (no. of schools I would like to take up: _____)

Form B (for DH-matching)

Please rank **your preference of school districts** for conducting outreach vaccination activities, with **1 being most preferred** to **4 being least preferred**, and **put a cross** in the school districts you **do not** wish to take up: -

- Hong Kong Island (including Central and Western, Eastern, Southern and Wan Chai)
- Kowloon (including Sham Shui Po, Kowloon City, Kwun Tong, Wong Tai Sin and Yau Tsim Mong)
- New Territories West (including Islands, Kwai Tsing, Tsuen Wan, Tuen Mun and Yuen Long)
- New Territories East (including North, Sai Kung, Sha Tin, and Tai Po)

Agreement

- I agree to provide outreach seasonal influenza vaccination to schools in accordance with the guidelines of *VSS Doctors' Guide* (<https://www.chp.gov.hk/en/features/45838.html>).

Signature of _____ : Clinic _____
Enrolled Doctor _____ Chop _____

Assessment for DH-Matching under 2019/20 SIV School Outreach (Free of Charge)

Please check the appropriate box(es).

	YES	NO
1. What is the number of enrolled doctors in your medical organisation?	Number: _____	
2. Have you/ your representative(s) attended the introductory briefing for 2019/20 SIV School Outreach (Free of Charge) on 26 Feb 2019?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you/ Does your medical organisation have previous experience in conducting any type of outreach vaccination activities in past 2 years? If YES, please indicate the type(s):- (may choose more than one type) <input type="checkbox"/> Primary Schools <input type="checkbox"/> KG/CCCs <input type="checkbox"/> Elderly Centres <input type="checkbox"/> District Council Office <input type="checkbox"/> Others: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you/ Does your medical organisation have previous vaccination outreach experience in schools with students >500? If YES, what is the number: _____	<input type="checkbox"/>	<input type="checkbox"/>
For Primary School Outreach ONLY		
5. Are you/ Is your medical organisation able to provide outreach vaccination service during normal school hours (Mon-Fri, 8am-3pm)?	<input type="checkbox"/>	<input type="checkbox"/>
6. An average size of a primary school is around 650 students, are you/ is your medical organisation able to complete the 1 st dose activity within 2 days and the 2 nd dose activity within 1 day?	<input type="checkbox"/>	<input type="checkbox"/>
For KG/CCC Outreach (Pilot) ONLY		
7. Do you/ Does your medical organisation have the capacity to purchase, store and deliver vaccines for outreach activities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you/ is your medical organisation able to provide sufficient staff for proper positioning of school children?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you consider to use Flumist in KG/CCC Outreach (Pilot)?	<input type="checkbox"/>	<input type="checkbox"/>

Timeline

Date	Tasks
26 February 2019	<ul style="list-style-type: none">• Briefing Session for VSS Doctors
Preferably on or before 1 March 2019	<ul style="list-style-type: none">• Application to School Self-selection of Doctors (Form A-1 to VO)
29 March 2019	<ul style="list-style-type: none">• List of Primary Schools of School Self-selection of Doctors (Form A-2 to VO) - Deadline• List of KG/CCCs of School Self-selection of Doctors (Form A-3 to VO) – Preferably• Application to DH-matching - Deadline
May 2019	<ul style="list-style-type: none">• VO will announce the result for DH-matching

Enquires

- Designated phone line: 2125 2128
- Email address: pilotsiv@dh.gov.hk



Thank you!

