

2023/ 24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme

INJECTABLE VACCINE



POINTS TO NOTE:

- Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).
- If you **CONSENT** to have your child vaccinated, please complete Part IV (Consent Form) ONLY.
- If you **REFUSE**, please complete Part V (Refusal Form) ONLY. **DO NOT fill in both Part IV and Part V.**

(If consenting to vaccination) Part IV [Consent Form – Injectable Vaccine] (To return to school)

1. STUDENT INFORMATION			3. VACCINATION RECORD		
School Name: _____			Has your child received seasonal influenza vaccination in the past?		
Class: _____	Class No.: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes (Last administration date: ___ MM/ ___ YYY) <input type="checkbox"/> No		
Student's Full Name (as indicated in identity document)			4. CONSENT TO ADMINISTRATION OF SIV VACCINATION		
Surname _____			<p>I have read and understood the information in Part I to III, including contraindications, and <u>AGREE</u> for my child (named left) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by the Department of Health (DH) in year 2023/ 24 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]</p> <input type="checkbox"/> I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II.		
First Name _____					
Date of Birth: ___ DD/ ___ MM/ ___ YYY					
2. IDENTITY DOCUMENT					
Is your child below 12 years old and does your child have Hong Kong Birth Certificate (HKBC)? <input type="checkbox"/> Yes, please fill in HKBC No.: ___ (___) <input type="checkbox"/> No, please fill in information based on (i) or (ii) below:					
(i) Hong Kong Identity Card No.: ___ (___) AND Date of Issue: ___ DD/ ___ MM/ ___ YY			Signature of Parent/ Guardian: _____		
(ii) Other Identity Document, please specify: Document Type: _____ Document No.: _____ AND attach a copy of the document to this consent form			Name of Parent/ Guardian: _____		
			Identity Document of Parent/ Guardian: <input type="checkbox"/> Hong Kong Identity Card No.: ___ (___) <input type="checkbox"/> Other Identity Document, please specify: Document Type: _____ Document No.: _____		
			Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
			Contact number : _____		
			Date of Signature: ___ DD/ ___ MM/ ___ YYY		

Please Note:
 (1) If your child (applicable to consented students) has received the 2023/ 24 SIV before this outreach activity, please inform the school immediately.
 (2) If your child misses the vaccination at school, **no mop-up** dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.

(If refusing vaccination) Part V [Refusal Form – Injectable Vaccine] (To return to school)

Student's Full Name :			<p>I have read and understood the information in Part I to Part III, including contraindications, and <u>DISAGREE</u> for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/ 24.</p>		
Surname _____					
First Name _____			Signature of Parent/ Guardian: _____		
Class: _____			Name of Parent/ Guardian: _____		
Class No.: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
			Date of Signature: ___ DD/ ___ MM/ ___ YYY		

Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination

First Dose Vaccination Day		Second Dose Vaccination Day	
<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)		<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)	
Signature of Vaccination Staff: _____		Signature of Vaccination Staff: _____	
Name of Enrolled Doctor: _____		Name of Enrolled Doctor: _____	
Date of Activity: _____		Date of Activity: _____	

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Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2023/ 24. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on _____ (date).

Quadrivalent Inactivated Seasonal Influenza Vaccine will be provided **by injection** to the consented students.

Please read the information in Part II and III carefully and **fill in the reply slip** (either Part IV or Part V) and **return it to the school** by _____ (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health August 2023

Part II: Information About Inactivated Seasonal Influenza Vaccines (by injection)

Please read the information carefully. If you have any concerns about the suitability of your child for the vaccination, please consult your family doctor.

1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

2. Why children aged 6 months to 11 years are recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children 6 months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
- Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.

3. How many doses of seasonal influenza vaccine (SIV) will my child need?

One dose per year, except those under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks.

4. What is Quadrivalent Inactivated Influenza Vaccine (IIV)?

- The IIV contains inactivated (killed) viruses. IIV is given by injection.
- Quadrivalent IIV is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

5. Who should not receive inactivated influenza vaccine (IIV)? What are the contraindications?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

6. What are the possible side effects following inactivated influenza vaccine (IIV) administration?

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to 2 days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of Centre for Health Protection of DH:

<https://www.chp.gov.hk/en/features/100764.html>



Part III: Collection of Personal Data - Statement of Purposes

Statement of Purpose of Collection of Personal Data

- The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) confirm students' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
 - (iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.
- The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
- The provision of personal data is voluntary. If you do not provide sufficient information, your child/ ward may not be able to receive vaccination.

Classes of Transferees

- The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

- You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

- Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)