

## 2023/ 24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme NASAL SPRAY 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 – Nasal Spray Vaccine】 (To return to school)

<b>1. STUDENT INFORMATION</b> School Name: _____ <hr/> Class: _____ Class No.: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> Student’s Full Name (as indicated in identity document) Surname _____ First Name _____ Date of Birth: ____ DD/ ____ MM/ ____ YYYY		<b>3. VACCINATION RECORD</b> Has your child received seasonal influenza vaccination in the past? <input type="checkbox"/> Yes (Last administration date: ____ MM/ ____ YYYY) <input type="checkbox"/> No
<b>2. IDENTITY DOCUMENT</b> 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) <b>or</b> (ii) below: (i) Hong Kong Identity Card No.: ____ (____) AND Date of Issue: ____ DD/ ____ MM/ ____ YY (ii) Other Identity Document, please specify: Document Type: _____ Document No.: _____ <b>AND attach a copy</b> of the document to this consent form		<b>4. CONSENT TO ADMINISTRATION OF SIV VACCINATION</b> • I have read and understood the information in Part I to III, including contraindications, and <b>AGREE</b> for my child (named left) 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 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 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. ] <input type="checkbox"/> I declare that my child (named left) does <b>NOT</b> have <b>ANY of the contraindications</b> as stated in Part II.
		Signature of Parent/ Guardian: _____
		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/ ____ YYYY

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 – Nasal Spray Vaccine】 (To return to school)

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

### 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 <b>NOT</b> 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 <b>NOT</b> 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: _____ Dr.	Name of Enrolled Doctor: _____ Dr.
Date of Activity: _____	Date of Activity: _____

# 2023/ 24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme NASAL SPRAY VACCINE



## 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 organisation under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on \_\_\_\_\_ (date).

**Quadrivalent Live Attenuated Seasonal Influenza Vaccines by intranasal spray** will be provided by the consented student.

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 Live Attenuated Seasonal Influenza Vaccines (by Nasal Spray)

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 Live Attenuated Influenza Vaccine (LAIV)?

- The LAIV contains weakened viruses and is given by intranasal spray. LAIV can be used for people 2-49 years of age.
- LAIV is a quadrivalent vaccine, which is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

### 5. Who should not receive live attenuated influenza vaccine (LAIV)/ What are the 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 have asthma or who have had a history of wheezing in the past 12 months
- Children and adults who are immunocompromised due to any cause
- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
- Pregnancy
- Receipt of influenza antiviral medication within previous 48 hours
- Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV 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.

\*For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least 4 weeks apart.

\* If you have any concerns about the suitability of your child for the vaccination, please consult your family doctor.

### 6. What are the possible side effects following live attenuated influenza vaccine (LAIV) administration?

- Overseas studies had indicated LAIV to be safe and effective
- The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults).
- Children aged below 5 years with recurrent wheezing/ persons of any age with asthma may be at increased risk of wheezing following administration.
- 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

1. 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.
2. 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.
3. 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

4. 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

5. 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

6. 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)