# 院舍防疫注射計劃

# Residential Care Home Vaccination Programme 2015/16

## Doctors' Guide



**Department of Health,**
**The Government of the Hong Kong Special Administrative Region**
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## Disclaimer

This Doctors' Guide to Residential Care Home Vaccination Programme (RVP) is provided as a living document for doctors' reference and input. We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The internet version of the Guide will be updated regularly to provide the most up-to-date information to the doctors.

If you have any comments or questions, please send them to the Vaccination Office (VO) of the Department of Health (DH): –


| | | |
|---|---|---|
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**Operation hours: 9:00 a.m. – 5:30 p.m., (including lunch hours) Monday through Friday (closed on Saturdays, Sundays and public holidays.)**

# Quick Guide to joining RVP

## I. For New Enrolees

In order to provide vaccination service under RVP, a doctor is required to enrol in the Programme in advance upon invitation by the Residential Care Home (RCH) or Designated Institutions (DI) (including designated day centres, sheltered workshops and special schools) serving PIDs. Please refer to Appendix I for the key stages in joining and making claims under RVP.

A doctor invited by the RCH or DI in-charge can join RVP if he/she:

i) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161);
ii) holds a valid annual practicing certificate; and
iii) works in the private medical sector (including university and non-government organizations).

### 1. Pre-enrolment

Read the "Enrolment Information" at CHP website (http://www.chp.gov.hk/en/view_content/23543.html), including Appendix C – RVP Definitions, Terms and Conditions of Agreement, and Schedule.

### 2. Enrolment application

Send the following documents to Vaccination Office by registered mail:

i) Completed and signed Application Form (Appendix A);
ii) Completed and signed Authority for Payment to a Bank Form (Appendix B);
iii) Copy of Hong Kong Identity Card;
iv) Address proof of enrolling doctor and medical organisation, if any;
v) Copy of Business Registration Certificate of medical organisation, if any;
vi) Bank account information for reimbursement (e.g. certified true copy of bank correspondence showing the bank name, bank account number and name of the account holder);
vii) For doctors employed or engaged by a medical organisation (whether incorporated or not) to provide vaccination service with respect to RVP, signature and relevant information from the medical organisation should also be provided in Appendix A; and
viii) For doctors who have enrolled in Vaccination Subsidy Schemes or Health Care Voucher Scheme, documentary proof iii) to vi) are not required if there is no change on the information already submitted.

### 3. Enrolment confirmation

Upon receipt of the duly completed Application Form and Authority for Payment to a Bank Form together with all supporting documents, Vaccination Office will complete the processing of the application within 14 working days.

## II. For Enrolled doctors

Registered medical practitioners who enrolled in RVP 2014/15 are considered eligible for participation in RVP 2015/16 and are not required to enrol again in this season. If there is any change of enrolment information or if you wish to withdraw from RVP, please complete and return the Change Form (downloadable from CHP website at http://www.chp.gov.hk/en/view_content/23543.html).

## III. Vaccination Period for RVP 2015/16

The vaccination period of RVP 2015/16 is set out as follows:

| | |
|---|---|
| a) Seasonal Influenza vaccine (Inactivated Quadrivalent Vaccine)<br>For persons aged 36 months or above:<br>**Fluarix™ Tetra** – 0.5 ml prefilled syringe with needle<br><br>For persons aged 6 months to 35 months:<br>**FluQuadri™ Quadrivalent Vaccine**– 0.25 ml prefilled syringe without needle<br>(Needles separately provided) | Start from 15 October 2015 and until stocks of vaccines expire |
| b) Pneumococcal vaccine<br>[23-valent pneumococcal polysaccharide vaccine (23vPPV)] | Continue throughout the year |

Under this programme, the Government will reimburse the enrolled medical practitioners (i.e. Visiting Medical Officers) $50 per dose of vaccine injection provided to the eligible persons during the vaccination period. VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/DIs or in-charges of RCHs/DIs, recipients or their parents/guardians.

## IV. Vaccination procedure under RVP

a) Confirm the date and time of vaccination with in-charge of RCH and DI. Seasonal influenza vaccination should be provided as early as possible and preferably before mid-December 2015 for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When given together with seasonal influenza vaccine (only applicable to adults), they should be injected in separate sites of the body with different syringes. The usual practice is to administer the seasonal influenza vaccine on the left side and to administer the pneumococcal vaccine on the right side.

b) Obtain original or copies of Vaccination Consent Form from RCH/ DI <u>at least 10 working days</u> before the vaccination date.

(i) <u>Checking of Vaccination Consent Form for residents (including institutionalised PIDs)/ staff of RCHs</u>
(The Residential Care Home Vaccination Programme Vaccination Consent Form 5.2.1(a) will be used)

- If the recipient is aged 18 or above and is mentally-capacitated, check that he/she has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form.
- If the recipient is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (II) of the consent form.
- If the recipient is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted, check that the in-charge of RCH has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
- If the recipient and/or his/her parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient and/or his/her parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the RCHs for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular recipient should be deferred until checking is in order.

(ii) <u>Checking of Vaccination Consent Form for non-institutionalised</u>

PID receiving services in DIs
(The SIV for PID (non-institutionalised) 2015/16, under RVP Vaccination Consent Form 5.2.1(b) will be used)

- Check that the recipient's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form.
- If the recipient's parent/guardian cannot be contacted, check that the in-charge of ID has completed and signed Part B (II) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the IDs for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular recipient should be deferred until checking is in order.

(iii) Checking of vaccination records in eHealth System (Subsidies) (eHS(S)) (see Section 3.5)

- Using the identity information provided in the consent form, search and retrieve the eHS(S) account of the eligible person, or if an eHS(S) account is not yet created, input the information required in the system in respect of the eligible person to create an eHS(S) account.
- Verify the eligible person's past vaccination history and vaccination records in the eHS(S) and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the recipients when logging in the resident's account.
- For recipients without vaccination cards, the staff of RCHs or DIs will inform you about this. Please check the vaccination history in eHS(S) for this group of recipient. If they have joined the Vaccination Subsidy Scheme or the Government Vaccination Programme before, their vaccination records will be shown in eHS(S).
- Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is

clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

- If vaccination record and eligibility status of the recipient have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.

c) Before the day of vaccination, check with in-charge of RCH or DI that vaccines and necessary manpower and equipment for vaccination, are available before vaccination. The Government will deliver vaccines, sharp boxes, consent forms and vaccination cards to each RCH/ DI joining RVP.

d) On the day of vaccination, the original consent forms should be made available in RCH or DI and be distributed to individual recipients for checking right before vaccination.

e) Counter-check the recipient's identity against the consent form before vaccination.

f) Check the vaccination card, if any, and ask recipients and/or their relatives for vaccination history.

g) Check that all recipients' names are on the consent lists provided by RCH or DI and relevant vaccination record has been checked in the eHS(S).

h) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.

i) Explain to the recipients and/or his/her parent/guardian the possible side effects of vaccination and post-vaccination management.

j) Check to ensure that vaccines supplied by the Government are properly stored (cold chain is maintained) and in good condition.

k) Ensure correct and unexpired vaccine(s) is/are given to the recipient.

l) Administer vaccination and mark the date of vaccination on the consent form immediately.

m) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.

n) Sign and mark down date of vaccination on the consent lists provided by RCH or DI.

o) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at: http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

p) Report to our office (Tel: 2125 2125) immediately of any vaccination

incidents, including but not limited to double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.

q) Please refer to Appendix II for the flow chart of providing vaccination service under RVP.

## V. Reimbursement (Start on 15 October 2015)

a) Claims should only be submitted for application of reimbursement after it is confirmed that both vaccination has been provided to the eligible persons as well as Vaccination Consent Form is duly signed and completed by relevant parties.

b) Submission of claims onto the eHS(S) immediately after the vaccination is highly recommended to ensure accuracy of records and prevent duplication of vaccination. Log on to the eHS(S), select the scheme "RVP" and input information required by the system **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement.

c) For the completeness of vaccination records kept in the eHS(S), you are strongly advised to input the relevant records within seven days after conducting the vaccination even though you are providing the vaccination service as volunteer service.

d) Any claim for reimbursement not made within seven calendar days counting from the date of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.

e) The Government has the discretion not to pay out any vaccination fee to the VMO or its Associated Organization if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.

f) A VMO and his/her medical organisation shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

## VI. Payment Checking

a) At the end of each month, the eHS(S) will generate payment files, based on the information submitted by VMO.

b) In respect of each transaction for eligible person accepted by the Government, the Government shall pay the VMO or the associated

organisation the vaccination fee for vaccination provided in the vaccination period.

c) Upon checking of claims submitted by the VMO to the eHS(S), the reimbursement will be paid directly into the designated bank accounts within 30 days after the end of each month.

d) If any irregularity is found in the claims submitted by the VMO at any time of the programme, such payment shall be made upon satisfactory checking conducted by the Government.

e) The Government shall have no obligation to pay a VMO any vaccination fee if any information provided/claims submitted in the eHS(S) by the VMO to the Government under or in relation to the RVP is at any time found to be incomplete, untrue or inaccurate.

f) After payment has been made, if further checking confirm overpayment, the Government shall request the VMO to recover the payment overpaid.

**Please note that the key steps including enrolment confirmation, login process, making claims, together with reimbursement with respect to the screens shown on eHealth System (Subsidies) are ESSENTIALLY the same for**

**a) Elderly Vaccination Subsidy Scheme (EVSS);**

**b) Childhood Influenza Vaccination Subsidy Scheme (CIVSS);**

**c) Persons with Intellectual Disability Vaccination Subsidy Scheme (PIDVSS); and**

**d) Health Care Voucher Scheme.**

**You may refer to the relevant parts in any one of the above Doctors' Guides for more details.**

## List of Acronyms

| | |
|---|---|
| CHP | Centre for Health Protection |
| DH | Department of Health |
| DI | Designated Institutions (including designated day centres, sheltered workshops and special schools) serving PIDs |
| eHS(S) | eHealth System (Subsidies) |
| GBS | Guillain-Barré Syndrome |
| HA | Hospital Authority |
| Imm D | Immigration Department |
| MCHK | Medical Council of Hong Kong |
| PID | Persons with intellectual disability |
| RCH | Residential Care Home |
| RCHD | Residential Care Home for Persons with disabilities |
| RCHE | Residential Care Home for the Elderly |
| RVP | Residential Care Home Vaccination Programme |
| SCVPD | Scientific Committee on Vaccine Preventable Diseases |
| VMO | Visiting Medical Officer |
| VO | Vaccination Office |

# 1. Introduction

## 1.1. What is Residential Care Home Vaccination Programme?

The Residential Care Home Vaccination Programme (RVP) is under the Government Vaccination Programme (GVP) and aims to provide free and convenient vaccination services for eligible persons in RCHs or DIs in Hong Kong through VMOs who visit and provide vaccination services in the RCHs or DIs . Under this programme, the Government will reimburse the VMO $50 per vaccine injection and VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/DIs or in-charges of RCHs/DIs, recipients or their parents/guardians.

Under RVP 2015/16, seasonal influenza and pneumococcal vaccinations will be covered. The Government will review the vaccinations covered by RVP from time to time and keep the VMOs informed.

The scientific basis of vaccination regime comes from the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP. The latest relevant recommendations of SCVPD can be viewed at the link below:–

a) Seasonal influenza vaccine:
http://www.chp.gov.hk/files/pdf/short_version_of_recommendations_on_seasonal_influenza_vaccination_for_the_2015_16_final.pdf
b) Pneumococcal vaccine:
http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_for_high-risk_individuals.pdf

## 1.2. What service providers can participate in RVP?

A doctor who is invited by RCH/DI in-charge can participate in RVP if he/she:–

a) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161);
b) holds a valid annual practising certificate;
c) works in the private medical sector (including university and non-government organisations); and
d) successfully enrol under the RVP.

## 1.3. Vaccination period

a) Seasonal influenza vaccine:

The vaccination period will **start from 15 October 2015** until stocks of vaccines supplied by the Government expire. It is preferable to provide vaccination before mid- December 2015 for better protection of residents and staff.

b) Pneumococcal vaccine:

The vaccination period continues **throughout the year**.

## 1.4. Eligibility for vaccination service under RVP 2015/16

a) Seasonal influenza vaccine:

All residents and staff of Residential Care Homes for the Elderly (RCHE) and Residential Care Homes for Persons with Disabilities (RCHD) are eligible for free SIV.

Non-institutionalised persons with intellectual disability (PID) receving services in designated institutions for PID (day centres/ sheltered workshops/ special schools for PID) are also eligible to receive free SIV as a new initiative in RVP 2015/16.

These institutions include:
a. Subvented Day Activity Centre
b. Subvented Sheltered Workshop
c. Subvented Integrated Vocational Rehabilitation Services Centre(IVRSC)
d. Subvented Integrated Vocational Training Centre (IVTC)
e. Subvented District Support Centre for Persons with Disabilities
f. Aided Schools for Children with Intellectual Disability, Physical Disability, Hearing Impairment and Visual Impairment

The list of the designated institutions can be found in the websites of Social Welfare Department and Education Bureau. The websites are provided at Appendix III for your reference.

Staff and other service users of these designated institutions are not eligible for the free SIV.

Institutionalised PID in RCHs are already covered under existing RVP.

PID are those meeting the diagnostic criteria of intellectual disability of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorder. The latest edition is the fifth edition while the fourth edition is still widely used in Hong Kong. As such, both editions are accepted under RVP. In addition, the assessment criteria currently used by Education Bureau and Social Welfare Department for PID are also accepted. PID issued with Registration Card for People with Disabilities with indication of intellectual disability are also eligible for the free influenza vaccine.

The summaries of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders are given in Appendix IV for your reference.

b) Pneumococcal vaccine:

All residents of RCHE and residents of age 65 or above residing in RCHD who have never received pneumococcal vaccine (PCV 13 or 23vPPV) before are eligible for one dose of free 23vPPV under RVP 2015/16.

Re-vaccination of 23vPPV is not arranged in the year 2015/16 and it will be reviewed based on latest scientific evidence and developments.

All recipients should also hold a valid Hong Kong Identity Card or Certificate of Exemption; or Birth Certificate or other travel documents proving their identity (please refer to Annex A for samples of identity documents).

## 1.5. Information on seasonal influenza vaccines and pneumococcal vaccines

**Seasonal influenza vaccine:–**

The seasonal influenza vaccine provided in 2015/16 is an inactivated quadrivalent influenza vaccine with the following components:

- an A/California/7/2009 (H1N1)pdm09 -like virus
- an A/Switzerland/9715293/2013 (H3N2)-like virus
- a B/Phuket/3073/2013-like virus
- a B/Brisbane/60/2008-like virus

For persons aged 36 months or above:
**Fluarix™ Tetra** – 0.5 ml prefilled syringe with needle

For persons aged 6 months to 35 months:
**FluQuadri™** quadrivalent vaccine– 0.25 ml prefilled syringe without needle
(Needles separately provided)

Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March and from July to August. As the influenza vaccine composition is updated every year and the immunity built up in a vaccinated person in the prior season will decrease over time and may become too low to provide protection in the next season, it is recommended to receive seasonal influenza vaccination every year.

To ensure adequate immunity against seasonal influenza, children aged below 9 years who have never received any influenza vaccine should have two doses of influenza vaccine with an interval of at least four weeks apart. Children aged below 9 years who have received influenza vaccine in the past are recommended to receive one dose in the 2015/16 season.

**Pneumococcal vaccine:–**

The pneumococcal vaccine currently used is the 23-valent pneumococcal polysaccharide vaccine (23vPPV).

## Note

All doctors are advised to read carefully the product information of the vaccines, noting especially the vaccine components, contraindications, route of administration and dosage for eligible recipients. Vaccine name and expiry date should also be checked immediately prior to vaccination.

## 2. RVP in Residential Care Home (RCH) Setting

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, VMO should give due consideration to safety and liability issues when providing vaccination service in RCH/DI setting. The following notes aim to highlight areas that VMO should consider or note when providing vaccination service to eligible residents and staff under RVP in non-clinic setting.

### 2.1. Preparation

a) Ensure you have enrolled and activated eHealth (Subsidies) account within 21 days upon receipt of confirmation of enrolment before providing vaccination service. You may contact the VO to check the status of your application.

b) Confirm with RCH/DI that the vaccination area is well ventilated, adequately lighted and clean.

c) Check to ensure that vaccines are ready and properly stored (cold chain is maintained) in RCH/DI, together with the availability of necessary materials/ equipment for administration of vaccines. Breach in the cold chain will render the vaccines ineffective.

Ensure the personnel involved in vaccination are qualified/ trained to perform vaccination duties. They should also be trained in emergency management of severe immediate reactions and are equipped to do so.

### 2.2. Safety and legal issues

a) VMO should oversee the whole vaccination process in RCHs/DIs, ensure that the vaccination duties are performed by qualified/trained personnel. Sufficient number of qualified/trained health care personnel must be present to provide support.

b) The recipient's suitability for vaccination should be assessed before vaccination.

c) VMO may apply the vaccination for mentally-incapacitated residents /

boarders/ PIDs who do not have parents or legal guardian to sign the consent form if VMO, after assessing the recipients concerned and considers that the vaccination is necessary and in the best interest of the recipients.

d) (i) In-charge of RCHEs / RCHDs will complete Part B (III) of the consent form (5.2.1(a)) for residents (including institutionalised PIDs) in RCHs if the resident's parents / guardian cannot be contacted. If other family members of the residents concerned can be contacted and agree to the vaccination, they will also be encouraged to complete Part B (III) of the consent form and acknowledge that VMO will provide the vaccination to the resident.

(ii) In-charge of DIs will complete Part B (II) of the consent form (5.2.1(b)) for non-institutionalised PID in DIs if the PID's parents / guardian cannot be contacted. If other family members of the recipient concerned can be contacted and agree to the vaccination, they will also be encouraged to complete Part B (II) of the consent form and acknowledge that VMO will provide the vaccination to the PID.

e) Vaccination may cause untoward reactions. Some recipients may even develop anaphylactic reactions to the vaccine(s). VMO should standby for emergency management and give timely intervention as indicated.

f) Observe recipients for any severe adverse reaction.

g) Sharps and wastes (e.g. needles, blood-stained cotton wool balls or alcohol swabs) must be properly handled and disposed.

h) Relevant staff should be advised on the terms of services provided by the VMO, and understand the VMO's liability.

## 2.3. Ensure proper documentation

It is the responsibility of the VMO to ensure that the following documents are checked or collected before administering vaccines:–

a) Check the recipient's identity information in the consent form and confirm his/her eligibility to receive vaccination under RVP. Please refer to Section 1.4 for assessing the eligibility. For PID, if VMO has doubt whether the recipient is a PID, the VMO should verify with the designated institutions for

PID with supporting documents. If the child is not holding a HKID card or a HK Birth Certificate (with their status of permanent resident indicated as "Established"), the child should have a valid travel document showing his/her identity. Please refer to Annex A for samples of identity documents. No vaccination fee will be paid to a VMO for vaccination given to ineligible recipient.

b) Collect the consent form at least 10 days before vaccination from the RCHs/DIs and ensure that it is duly completed and signed.

c) Ascertain the availability of vaccination quota in the eHS(S) for the recipient and verify their past vaccination history and "Vaccination record" in the eHS(S) before providing vaccination services. Vaccination given to eligible recipient who has no vaccination quota will not be reimbursed.

d) Vaccination should not be provided if the past vaccination history and vaccination records of the recipient in the eHS(S) has not been checked.

e) Claims should only be made after vaccination has been given. The VMO should also sign the consented list provided by RCH/DI and the VMO should have a system in place to record that recipients included in the consented list has actually received the vaccination on the scheduled day. The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the recipient's vaccination record/card, consent form and clinical notes (if any) and eHealth (Subsidies) account. Since the signing of consent form does not equate receiving vaccination, the doctor should submit claims after the vaccination.

f) To ensure accuracy of records and prevent duplication of vaccination, VMO is required to log on to the eHS(S) to make claims of injection fee under the scheme 'RVP' WITHIN SEVEN DAYS counting from the date of vaccination.

g) All vaccinations given should be clearly documented on vaccination record/the recipient's handheld personal copy of vaccination card which is kept by the vaccine recipient or his/her parent/guardian.

## 2.4. Provide adequate information

a) Provide vaccine recipients and/or their parents/guardians with essential

information on the vaccines to ensure that they understand the aims and possible side-effects of vaccination. Related information is available on the CHP website (www.chp.gov.hk).

b) Ensure vaccine recipients/parents/guardians understand that participation in the RVP is voluntary. Sufficient time should be allowed for the recipients to consider if they should accept or refuse to receive the vaccination(s) under RVP.

c) Inform vaccine recipients that the DH may contact vaccine recipients for information verification.

## 2.5. Administration of vaccine(s)

Vaccination administration is a medical procedure that carries risks. You have personal responsibility for the duties delegated to other persons. Improper delegation of medical duties to non-qualified persons which transgresses accepted codes of professional ethical behaviour may lead to disciplinary action by the MCHK. All registered medical practitioners are earnestly advised to read through the Code of Professional Conduct issued by MCHK. Please observe in particular the following sections to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by MCHK.

a) "Dissemination of service information to patient";
b) "Fees";
c) "Covering or improper delegation of medical duties to non-qualified persons"; and
d) "Untrue or misleading certificates and similar documents".

Please also ensure that the followings are complied with:–

a) Health care professionals should obtain vaccination history and check for contraindications or precautions to the vaccines that are to be administered.

b) For the safety of recipients, vaccination should be administered by you or qualified health care professionals under your personal supervision. He/she should be trained to provide immediate medical treatment to recipients when necessary.

c) To ensure correct and unexpired vaccine(s) is/are given to correct recipient.

d) Observe infection control and ensure that all sharps and medical wastes are properly handled and disposed.

e) Keep recipients under observation in the vicinity of the place of vaccination for at least 15 minutes to ensure that they do not experience an immediate adverse event. VMO should stand-by for sudden emergency events.

f) It is the prime responsibility of all VMOs to ensure safety and quality of the vaccination service provided to recipients.

g) All VMOs should observe the Code of Professional Conduct issued by the Medical Council of Hong Kong as the standard to provide quality health care. VMOs who fail to comply with the aforementioned may be subject to administrative sanctions.

# 3. The eHealth System (Subsidies)

## 3.1. The database of VMOs and vaccination recipients

The eHS(S) will establish a database of VMOs. The System will also build up a database of individual eligible recipient who has received vaccination under RVP. In order to facilitate VMOs to get familiar with various enhanced functions of the system, an online "Easy Guide" is now available through the service provider platform at https://apps.hcv.gov.hk/en/index.htm. You are also welcome to contact the VO for enquiries related to the eHS(S).

## 3.2. Activation of "Service Provider Account"

If enrolment application is successful, the VMOs will receive a confirmation letter and an electronic mail providing a hyperlink to the website for activation of the "Service Provider Account" or access to eHS(S) (service provider platform). For those who already have an account, they can use the account for the newly enrolled scheme(s). For those who have not previously had a "Service Provider Account", an authentication token will be sent together with the confirmation letter. The VMO should activate the account.

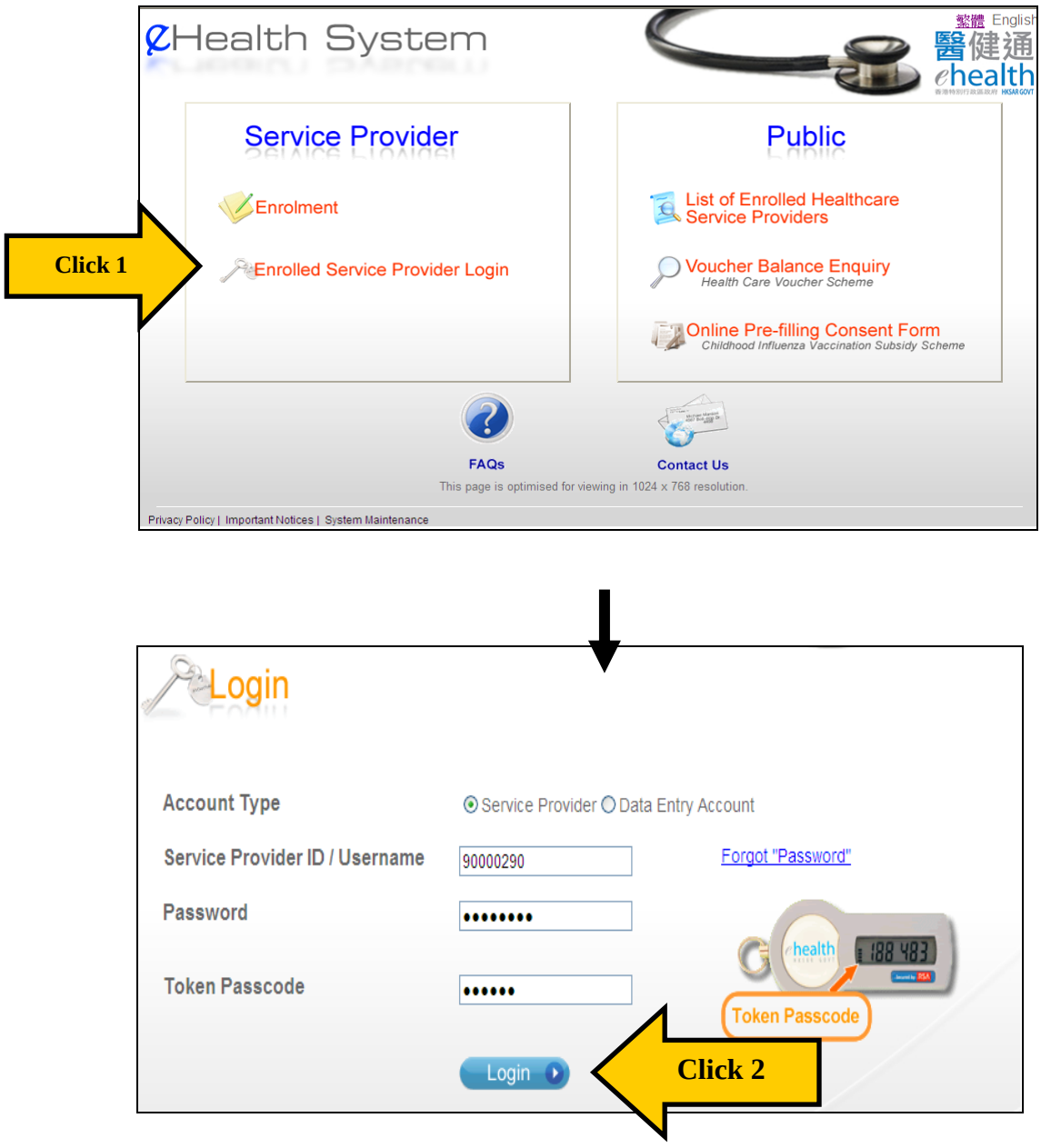
To activate the "Service Provider Account", a VMO should:–

a) Check the electronic mail;
b) Click on the hyperlink provided in the electronic mail for accessing the designated webpage; and
c) Enter the following information into the data field of the webpage:–
   (i) Service Provider ID (shown on the confirmation letter);
   (ii) Token passcode (shown on the authentication token); and
   (iii) New password for accessing the service provider account in the future.

Activation of the account should be done **within 21 days** from the date of issuance of the confirmation letter.

## 3.3. System login

VMO can access to the eHS(S) for operation at https://apps.hcv.gov.hk/en/index.htm and select "Service Provider Login". Enter his/her Service Provider ID, password and token passcode to complete login process.




If the password or token passcode is not correct after 5 attempts, the account will be locked and no further attempt is allowed. VMO will have to contact the VO for unlocking the account (see Section 3.15).

## 3.4. Creating "Data Entry Account"

For each VMO, a "Service Provider Account" will be created. The VMO can log in the eHS(S) with his/her Service Provider ID, password and the authentication token.

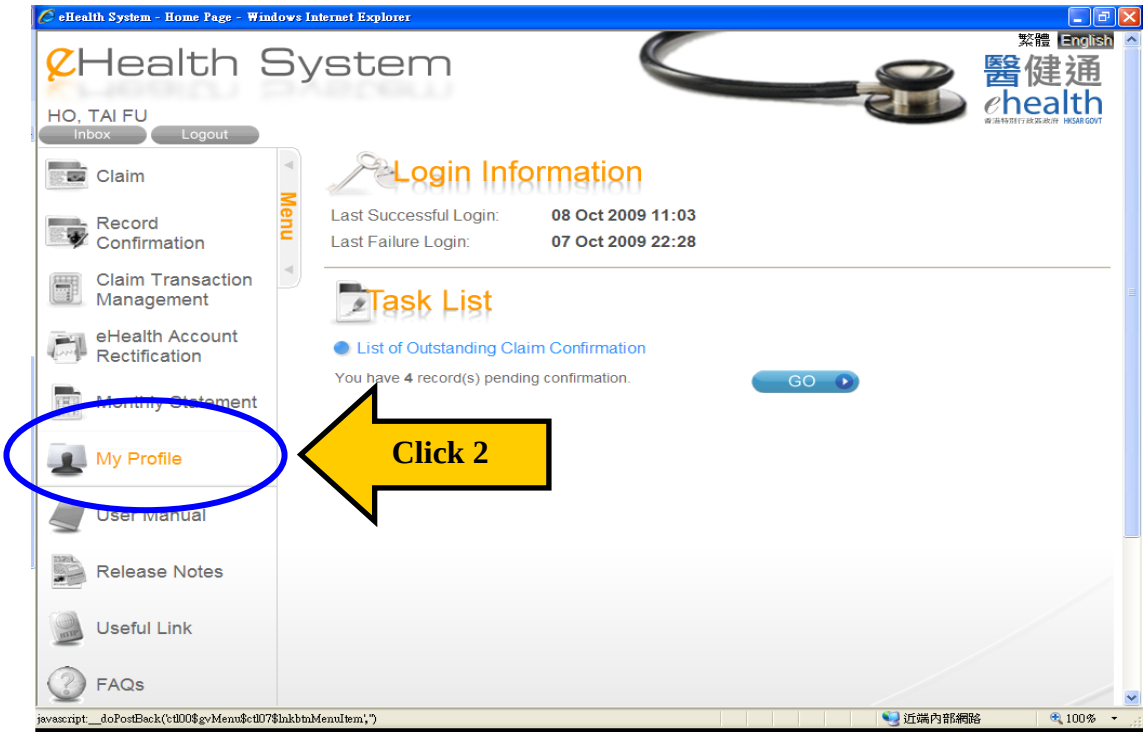
To facilitate administrative work for claim processing and reimbursement accounting, the VMO can create "Data Entry Account" for delegating the data management work to data entry clerks.

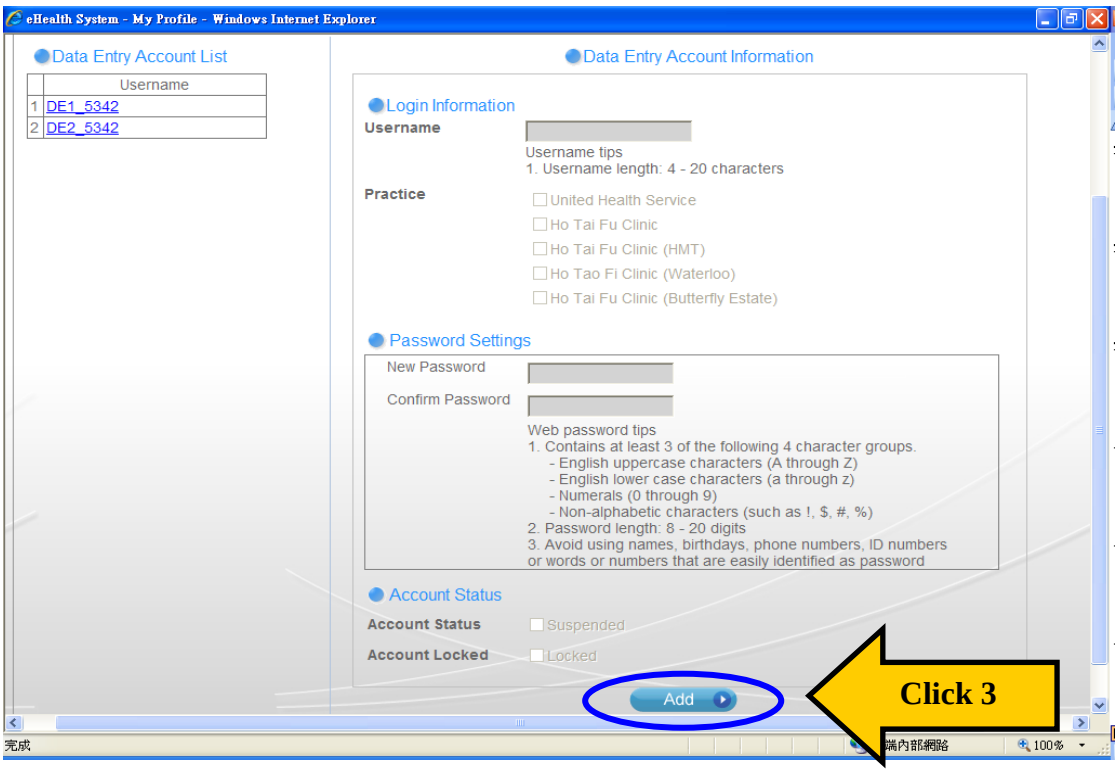
The VMO can assign user ID and password to "Data Entry Account" created under his/her "Service Provider Account". The data entry clerks will be able to log on the eHS(S) using his/her assigned user ID and corresponding password. Authentication token is not required for accessing "Data Entry Account".

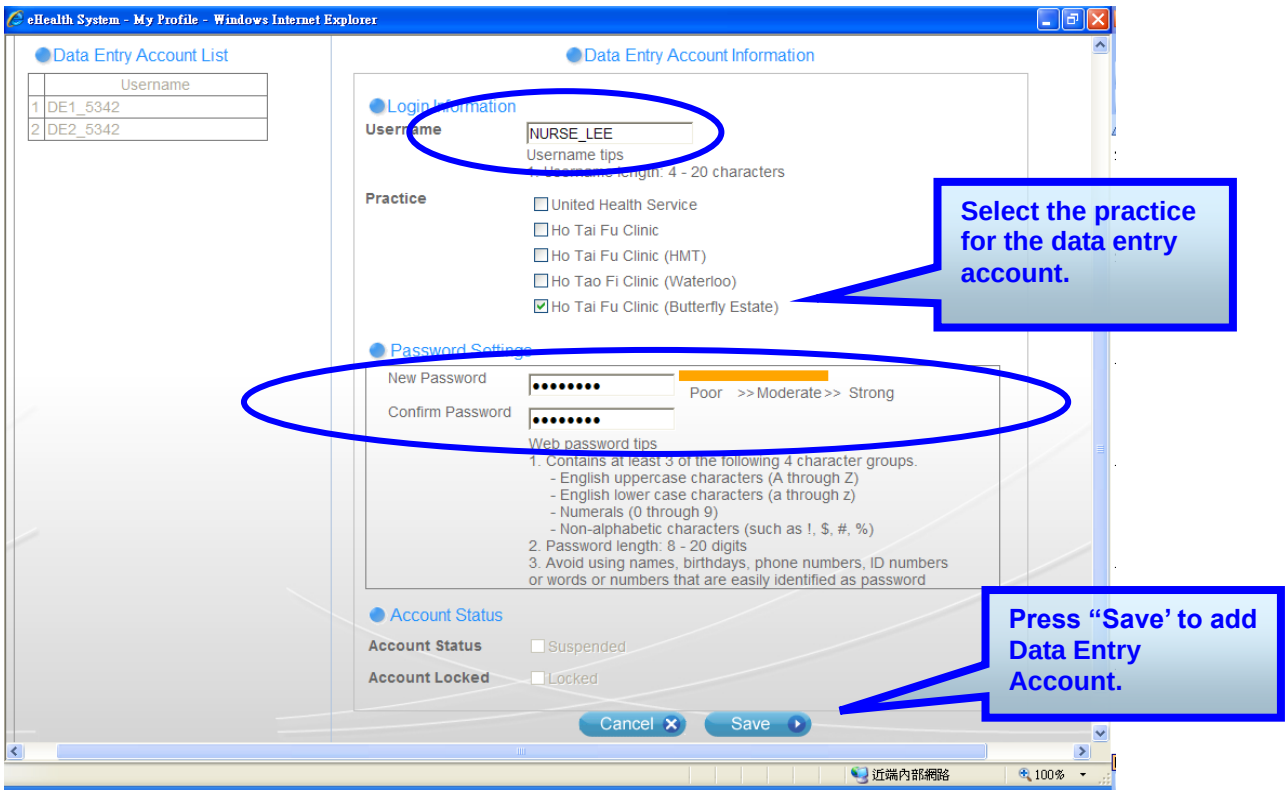
The "Data Entry Account" will allow certain data management work (such as search/retrieve vaccination recipient eHealth (Subsidies) accounts, create accounts, and register transaction information) but with limited authority. The transactions registered through the "Data Entry Account" need to be confirmed by the VMOs, before they can be passed for reimbursement processing. The VMO should log in the eHS(S) (using his/her Service Provider ID and authentication token) for checking and confirming the eHealth (Subsidies) accounts being created and claim information entered through the "Data Entry Account".

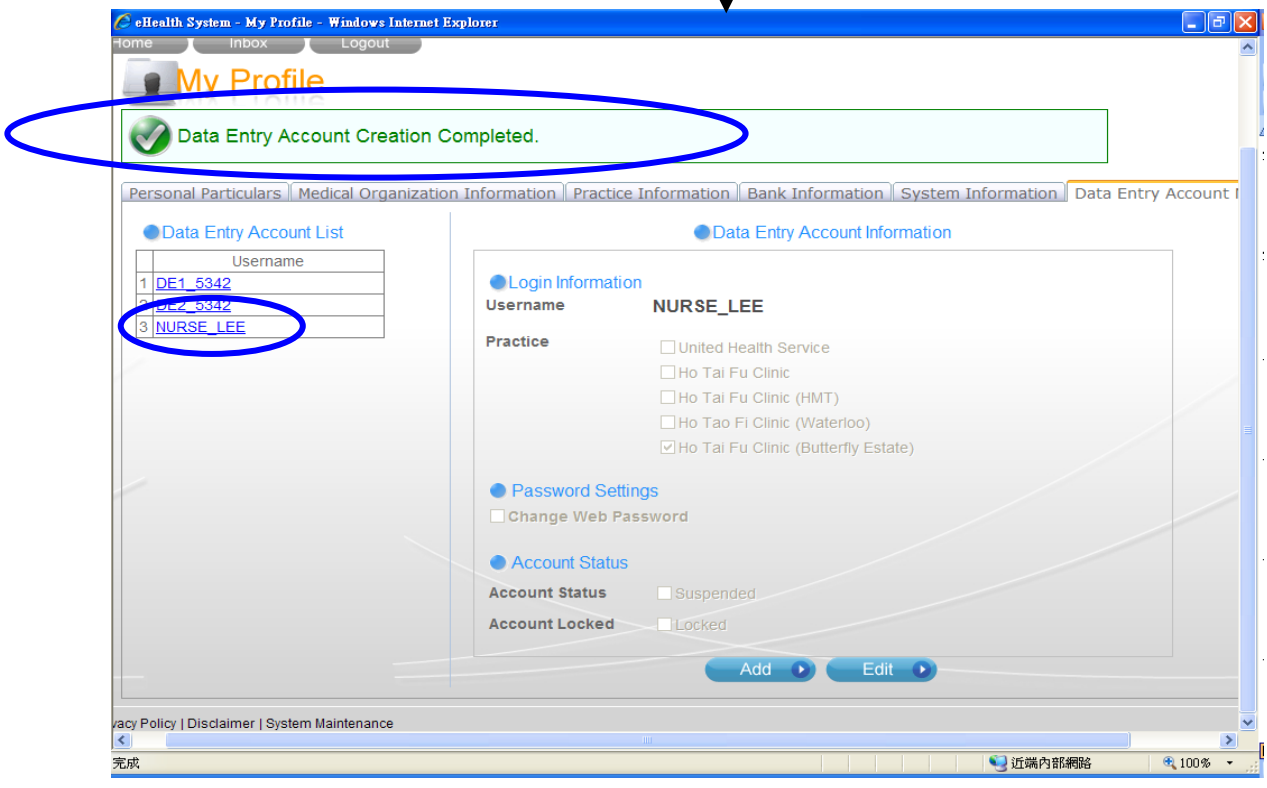
The eHS(S) also allows VMO to suspend, lock or unlock the created data entry accounts by clicking the "Data Entry Account Maintenance".




eHealth System - Home Page - Windows Internet Explorer
eHealth System
HO, TAI FU
Inbox
Logout
Claim
Record Confirmation
Claim Transaction Management
eHealth Account Rectification
My Profile
User Manual
Release Notes
Useful Link
FAQs
Menu
Login Information
Last Successful Login: 08 Oct 2009 11:03
Last Failure Login: 07 Oct 2009 22:28
Task List
List of Outstanding Claim Confirmation
You have 4 record(s) pending confirmation.
GO
Click 2


eHealth System - My Profile - Windows Internet Explorer
Data Entry Account List
Username
1 DE1_5342
2 DE2_5342
Data Entry Account Information
Login Information
Username
Username tips
1. Username length: 4 - 20 characters
Practice
United Health Service
Ho Tai Fu Clinic
Ho Tai Fu Clinic (HMT)
Ho Tao Fi Clinic (Waterloo)
Ho Tai Fu Clinic (Butterfly Estate)
Password Settings
New Password
Confirm Password
Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, $, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password
Account Status
Account Status
Suspended
Account Locked
Locked
Add
Click 3


eHealth System - My Profile - Windows Internet Explorer
Data Entry Account List
Username
1 DE1_5342
2 DE2_5342
Data Entry Account Information
Login Information
Username
NURSE_LEE
Username tips
Practice
United Health Service
Ho Tai Fu Clinic
Ho Tai Fu Clinic (HMT)
Ho Tao Fi Clinic (Waterloo)
Ho Tai Fu Clinic (Butterfly Estate)
Select the practice for the data entry account.
Password Settings
New Password
Confirm Password
Poor >>Moderate>> Strong
Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, $, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password
Account Status
Account Status
Suspended
Account Locked
Locked
Press "Save' to add Data Entry Account.
Cancel
Save


eHealth System - My Profile - Windows Internet Explorer
Home
Inbox
Logout
My Profile
Data Entry Account Creation Completed.
Personal Particulars
Medical Organization Information
Practice Information
Bank Information
System Information
Data Entry Account
Data Entry Account List
Username
1 DE1_5342
2 DE2_5342
3 NURSE_LEE
Data Entry Account Information
Login Information
Username
NURSE_LEE
Practice
United Health Service
Ho Tai Fu Clinic
Ho Tai Fu Clinic (HMT)
Ho Tao Fi Clinic (Waterloo)
Ho Tai Fu Clinic (Butterfly Estate)
Password Settings
Change Web Password
Account Status
Account Status
Suspended
Account Locked
Locked
Add
Edit
Privacy Policy | Disclaimer | System Maintenance

## 3.5. Viewing electronic vaccination record of eligible recipient

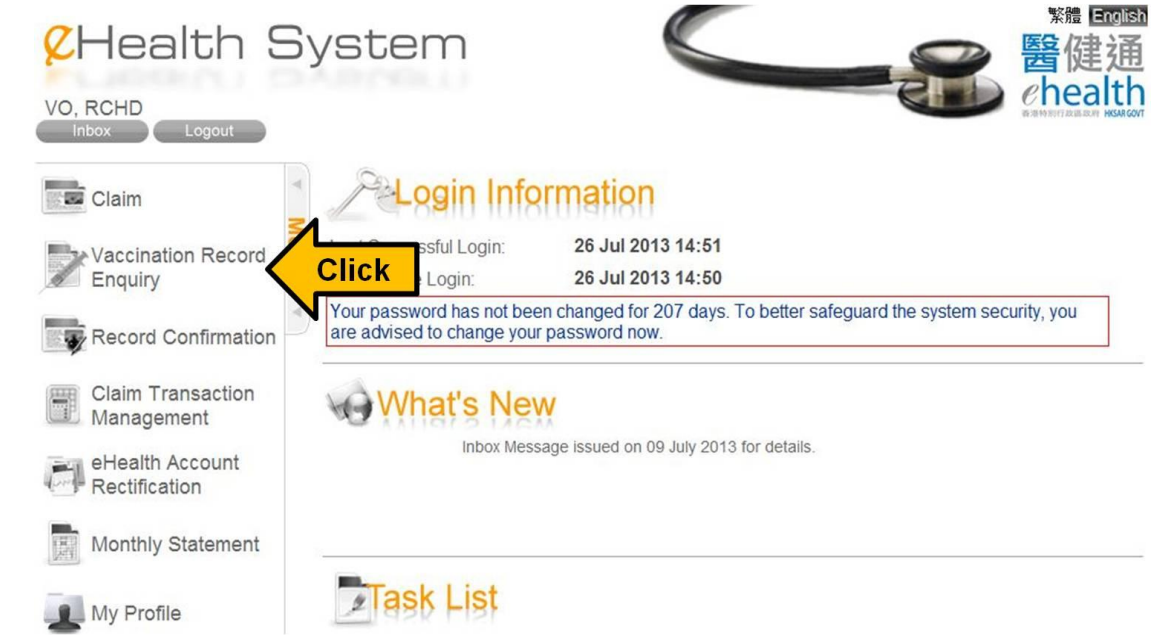
VMO should check the recipient's electronic vaccination record in the eHS(S) before providing vaccination to avoid duplication of vaccination. VMO should never provide vaccination to recipient if the recipient's vaccination record has not been checked in the eHS(S).

Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. VMO should note that vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

Electronic vaccination record showed vaccine recipient's vaccination history from both eHS(S) and Hospital Authority's database. The record can be retrieved through "Vaccination Record Enquiry" or can be viewed after logging into vaccine recipient's eHS(S) account.

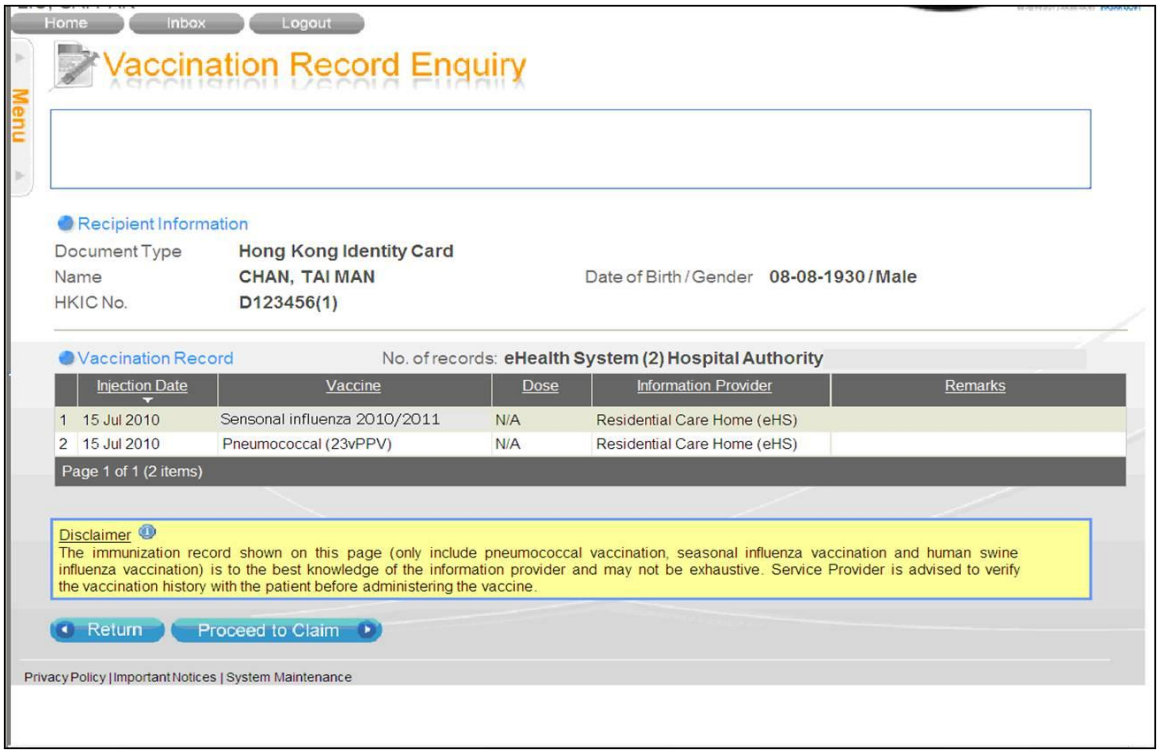
To view the electronic vaccination record of an eligible recipient, the VMO is required to-

a) Collect the "Vaccination Consent Form" of recipient from the RCH/DI (it is essential that the consent form should be duly completed and the information on it is correct);
b) Counter-check with RCH/DI in-charge the HKIC/Certificate of Exemption/other valid documents shown on consent form of the vaccine recipient to verify the information is correct;
c) Log in the eHealth System (Subsidies) and select the "Vaccination Record Enquiry" function;
d) Using the identity information provided in the consent form to search for the vaccination record of the eligible person;
e) Verify the eligible person's past vaccination history and vaccination records in the eHS(S) and decide whether vaccination is needed; and
f) Categorise the recipient according to their eligibility for seasonal influenza and pneumococcal vaccination.
g) If the vaccine recipient does not have an eHS(S) account, the VMO should input the information required in the system in respect of the eligible person to create an eHS(S) account (see Section 3.6);


eHealth System
VO, RCHD
Inbox
Logout
繁體 English
醫健通 ehealth
Claim
Vaccination Record Enquiry
Record Confirmation
Claim Transaction Management
eHealth Account Rectification
Monthly Statement
My Profile
Click
Login Information
26 Jul 2013 14:51
26 Jul 2013 14:50
Your password has not been changed for 207 days. To better safeguard the system security, you are advised to change your password now.
What's New
Inbox Message issued on 09 July 2013 for details.
Task List


Vaccination Record Enquiry
Menu
Search Account
Document Type
Hong Kong Identity Card
Hong Kong Birth Certificate (Established)
Non-Hong Kong Travel Documents
Certificate of Exemption
Hong Kong Re-entry Permit
Certificate issued by the Births and Deaths Registry for adopted children
Document of Identity
Permit to Remain in HKSAR (ID 235B)
Select
Please input information OR read Smart ID Card to search eHealth Account
Help
Enter Information
HKIC No.
D123456(1)
Date of Birth
08-08-1930
OR
Click
Search
Read Card and Search

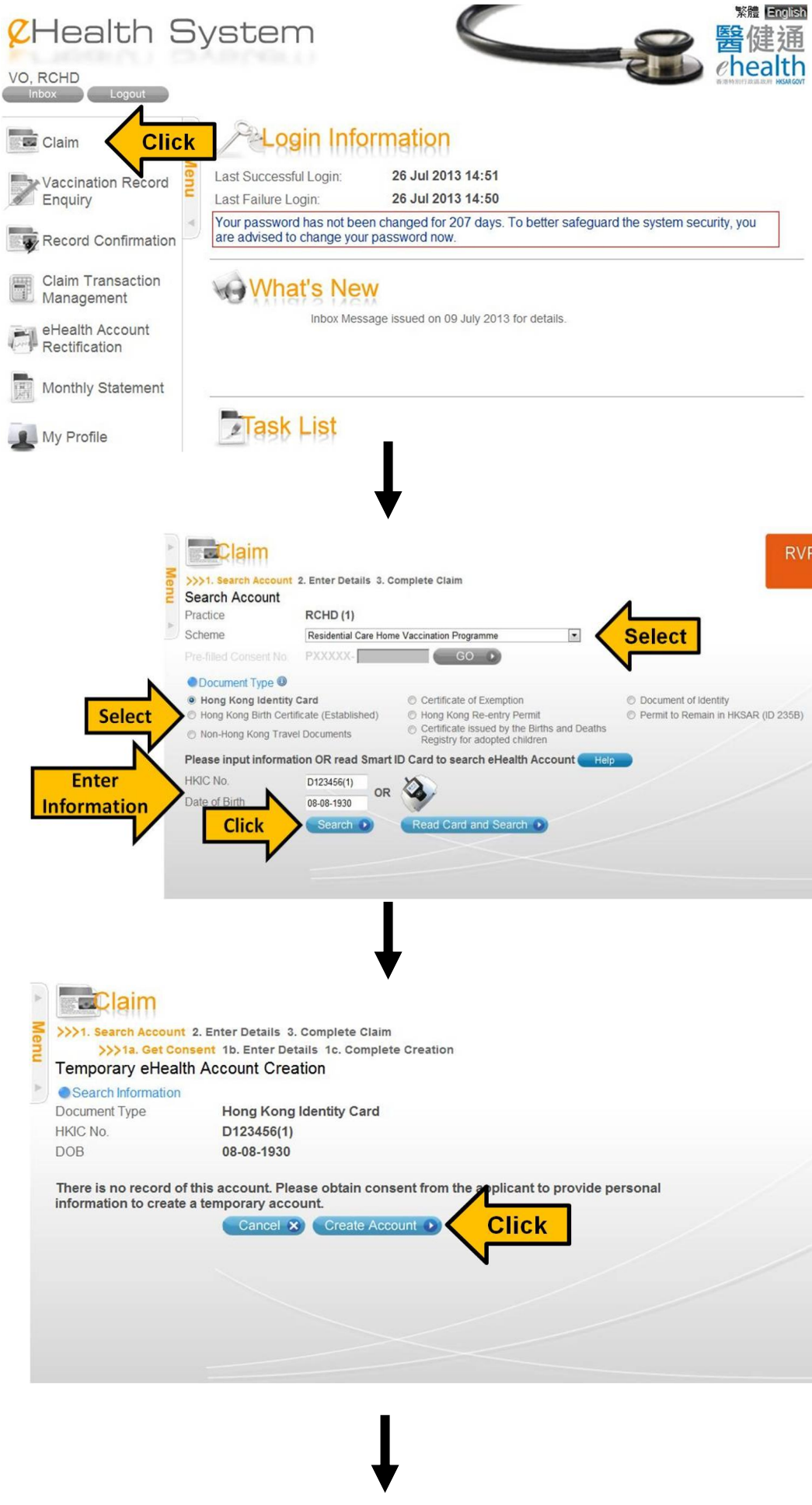

Menu
Vaccination Record Enquiry
Confirm Recipient Information
Recipient Information
Document Type
Hong Kong Identity Card
HKIC No.
D123456(1)
DOB
08-08-1930
Name in English
CHAN, TAI MAN
Gender
Male
Back
Proceed to Enquiry
Click

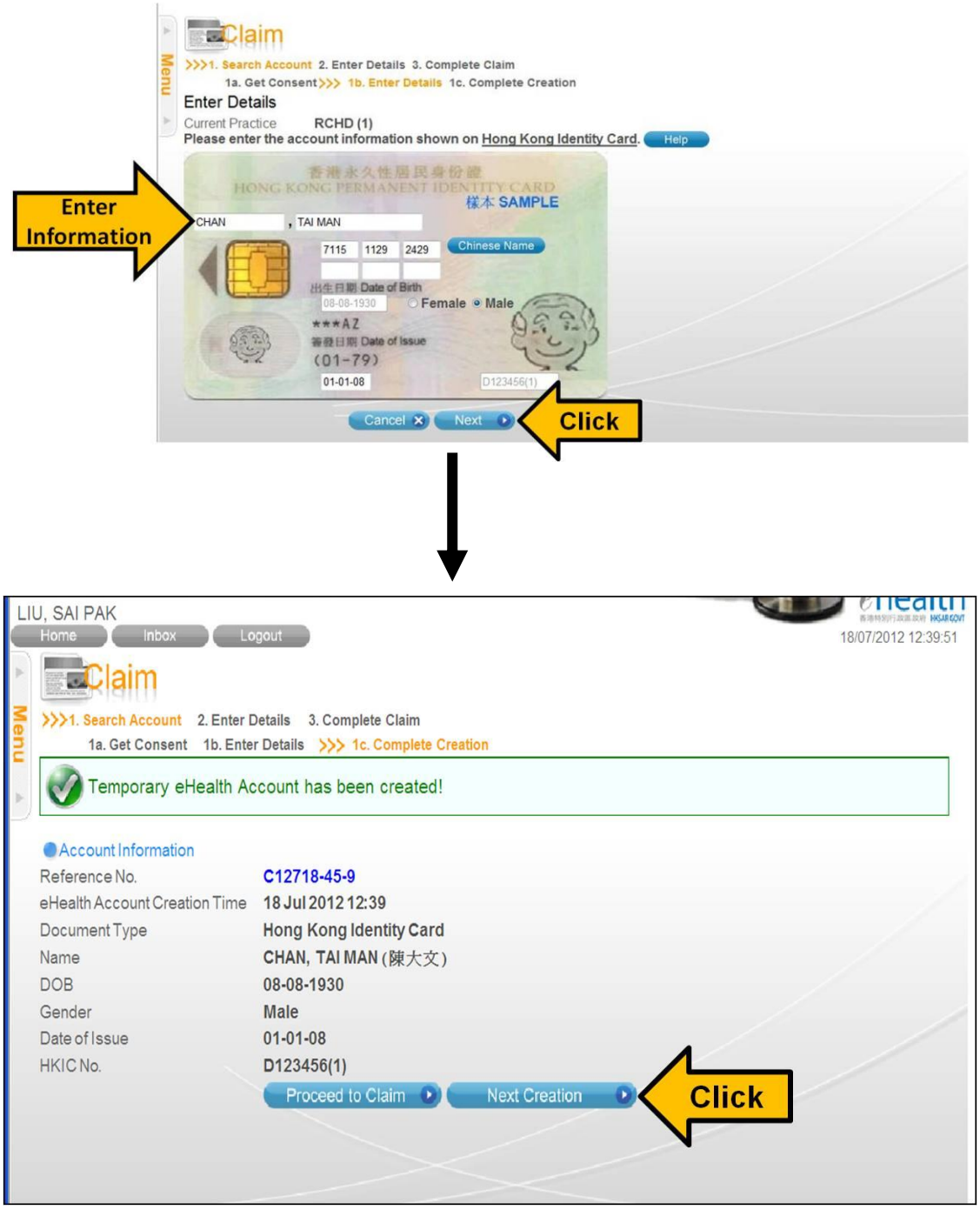

Home
Inbox
Logout
Menu
Vaccination Record Enquiry
Recipient Information
Document Type
Hong Kong Identity Card
Name
CHAN, TAI MAN
Date of Birth / Gender
08-08-1930 / Male
HKIC No.
D123456(1)
Vaccination Record
No. of records: eHealth System (2) Hospital Authority
Injection Date
Vaccine
Dose
Information Provider
Remarks
1 15 Jul 2010 Sensonal influenza 2010/2011 N/A Residential Care Home (eHS)
2 15 Jul 2010 Pneumococcal (23vPPV) N/A Residential Care Home (eHS)
Page 1 of 1 (2 items)
Disclaimer
The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination and human swine influenza vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.
Return
Proceed to Claim
Privacy Policy | Important Notices | System Maintenance

## 3.6. Retrieving/Creating eHealth (Subsidies) account for vaccine recipient

To retrieve/create an eHealth (Subsidies) account for vaccine recipient, the VMO is required to:-

a) Collect the "Vaccination Consent Form" of recipient from the RCH /DI (it is essential that the consent form should be duly completed);
b) Counter-check with RCH /DI in-charge the HKIC/Certificate of Exemption/other valid documents shown on consent form of the vaccine recipient to verify the information is correct;
c) Search in the eHealth System (Subsidies) to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
d) If no existing eHealth (Subsidies) account can be found in eHS(S), input the required information of the eligible recipient into the eHS(S) manually to create an eHealth (Subsidies) account; and
e) Upon submission of the information to the eHS(S), a "temporary" eHealth (Subsidies) account will be created for the eligible recipient.


eHealth System
繁體 English
醫健通 ehealth
VO, RCHD
Inbox
Logout
Claim
Click
Vaccination Record Enquiry
Record Confirmation
Claim Transaction Management
eHealth Account Rectification
Monthly Statement
My Profile
Menu
Login Information
Last Successful Login: 26 Jul 2013 14:51
Last Failure Login: 26 Jul 2013 14:50
Your password has not been changed for 207 days. To better safeguard the system security, you are advised to change your password now.
What's New
Inbox Message issued on 09 July 2013 for details.
Task List
Claim
RVP
>>>1. Search Account 2. Enter Details 3. Complete Claim
Search Account
Practice RCHD (1)
Scheme Residential Care Home Vaccination Programme
Select
Pre-filled Consent No. PXXXXX- GO
Document Type
Hong Kong Identity Card
Hong Kong Birth Certificate (Established)
Non-Hong Kong Travel Documents
Certificate of Exemption
Hong Kong Re-entry Permit
Certificate issued by the Births and Deaths Registry for adopted children
Document of Identity
Permit to Remain in HKSAR (ID 235B)
Select
Please input information OR read Smart ID Card to search eHealth Account
Help
Enter Information
HKIC No. D123456(1)
Date of Birth 08-08-1930
OR
Click
Search
Read Card and Search
Claim
>>>1. Search Account 2. Enter Details 3. Complete Claim
>>>1a. Get Consent 1b. Enter Details 1c. Complete Creation
Temporary eHealth Account Creation
Search Information
Document Type Hong Kong Identity Card
HKIC No. D123456(1)
DOB 08-08-1930
There is no record of this account. Please obtain consent from the applicant to provide personal information to create a temporary account.
Cancel
Create Account
Click

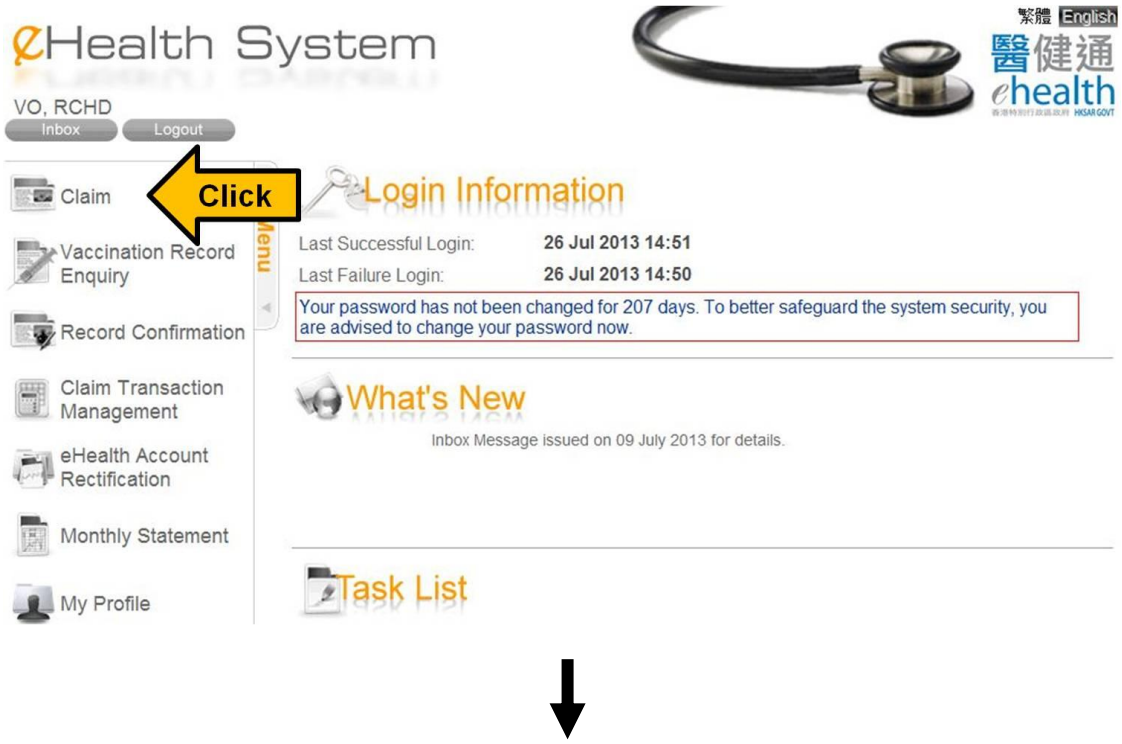

Claim
>>>1. Search Account 2. Enter Details 3. Complete Claim
1a. Get Consent >>> 1b. Enter Details 1c. Complete Creation
Menu
Enter Details
Current Practice RCHD (1)
Please enter the account information shown on Hong Kong Identity Card.
Help
Enter Information
CHAN , TAI MAN
7115 1129 2429
Chinese Name
出生日期 Date of Birth
08-08-1930
Female Male
***AZ
簽發日期 Date of Issue
(01-79)
01-01-08
D123456(1)
Cancel
Next
Click

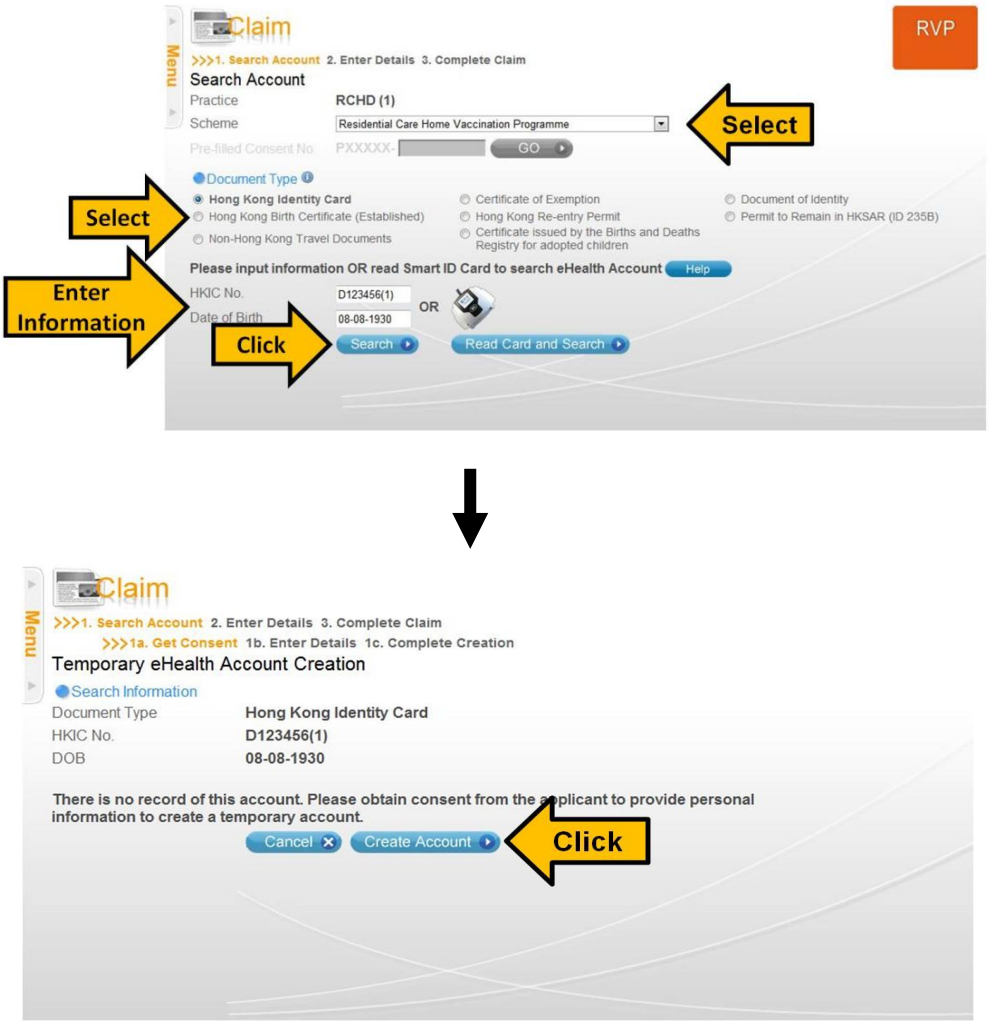

LIU, SAI PAK
Home
Inbox
Logout
18/07/2012 12:39:51
Claim
Menu
>>>1. Search Account 2. Enter Details 3. Complete Claim
1a. Get Consent 1b. Enter Details >>> 1c. Complete Creation
Temporary eHealth Account has been created!
Account Information
Reference No. C12718-45-9
eHealth Account Creation Time 18 Jul 2012 12:39
Document Type Hong Kong Identity Card
Name CHAN, TAI MAN (陳大文)
DOB 08-08-1930
Gender Male
Date of Issue 01-01-08
HKIC No. D123456(1)
Proceed to Claim
Next Creation
Click

## 3.7. Claiming vaccination fee

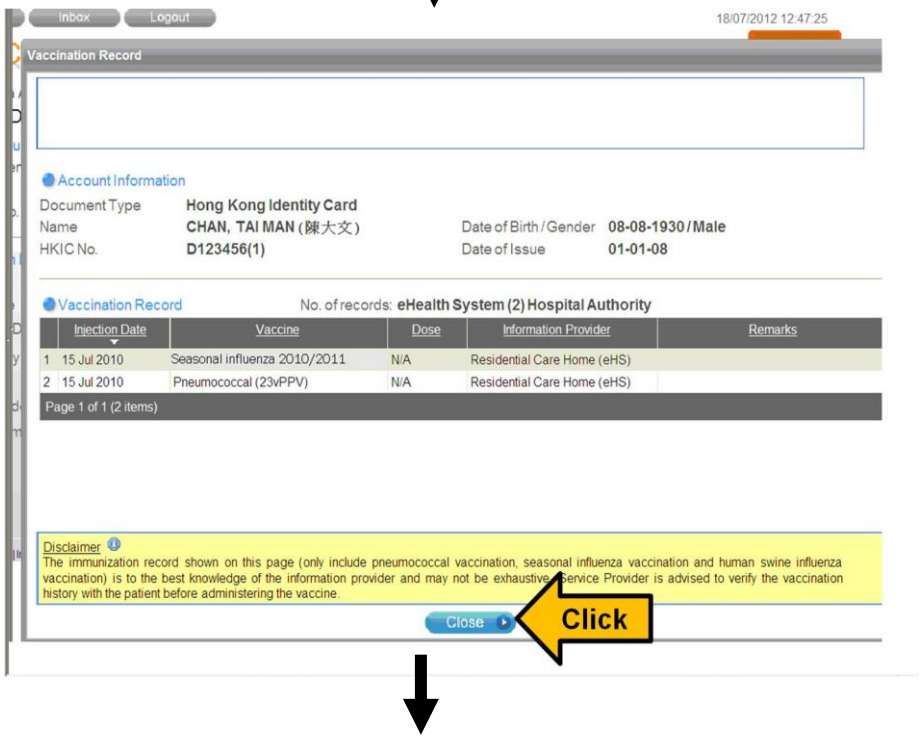
Having created an eHealth (Subsidies) account, the VMO can claim the vaccination fee **after the vaccination has been provided**. The VMO is required to:-

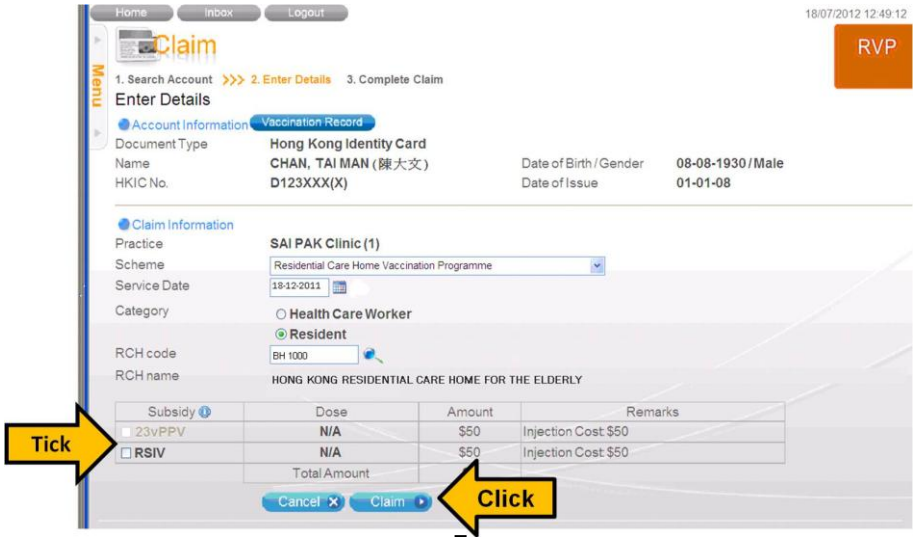
a) Log in the eHS(S) and select the Claim function;
b) If there are more than one enrolled practices, select practice to proceed;
c) Search in the eHS(S) using the information of the "Vaccination Consent Form" to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
d) If a validated eHealth (Subsidies) account is found, verify the details and confirm the account;
e) If no existing eHealth (Subsidies) account can be found in eHealth System (Subsidies), use the temporary eHealth (Subsidies) account previously created during checking of vaccination record of the eligible recipient to claim the vaccination fee;
f) Enter claim information such as the vaccine (e.g. seasonal influenza and/or pneumococcal vaccine(s)) administered. (Claims have to be submitted in the eHealth System (Subsidies) within SEVEN days counting from the day of vaccination.); and
g) Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.

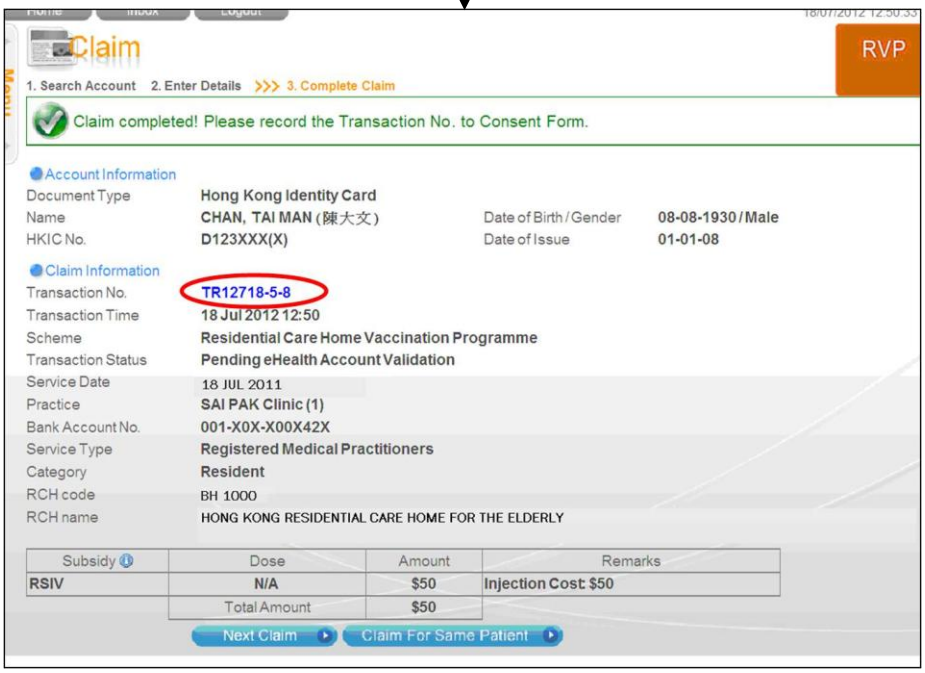

eHealth System
繁體 English
醫健通 ehealth
VO, RCHD
Inbox
Logout
Claim
Click
Vaccination Record Enquiry
Record Confirmation
Claim Transaction Management
eHealth Account Rectification
Monthly Statement
My Profile
Login Information
Last Successful Login: 26 Jul 2013 14:51
Last Failure Login: 26 Jul 2013 14:50
Your password has not been changed for 207 days. To better safeguard the system security, you are advised to change your password now.
What's New
Inbox Message issued on 09 July 2013 for details.
Task List




(See Section 3.6 "Retrieve/Creating eHealth (Subsidies) account for vaccine recipient)








| 院舍編號 | | 醫健通交易編號 |
|---|---|---|
| | 衞生署<br>院舍防疫注射計劃<br>疫苗接種同意書 | TR |
| （由院舍填寫） | | （由到診註冊醫生填寫） |

注意： 1. 請用黑色或藍色筆以正楷填寫本同意書
2. 填妥的同意書須於接種日期**最少十個工作天前**交予到診註冊醫生以便查核服務使用者的疫苗接種記錄。
3. 到診註冊醫生須於接種疫苗後妥善保存同意書的正本。

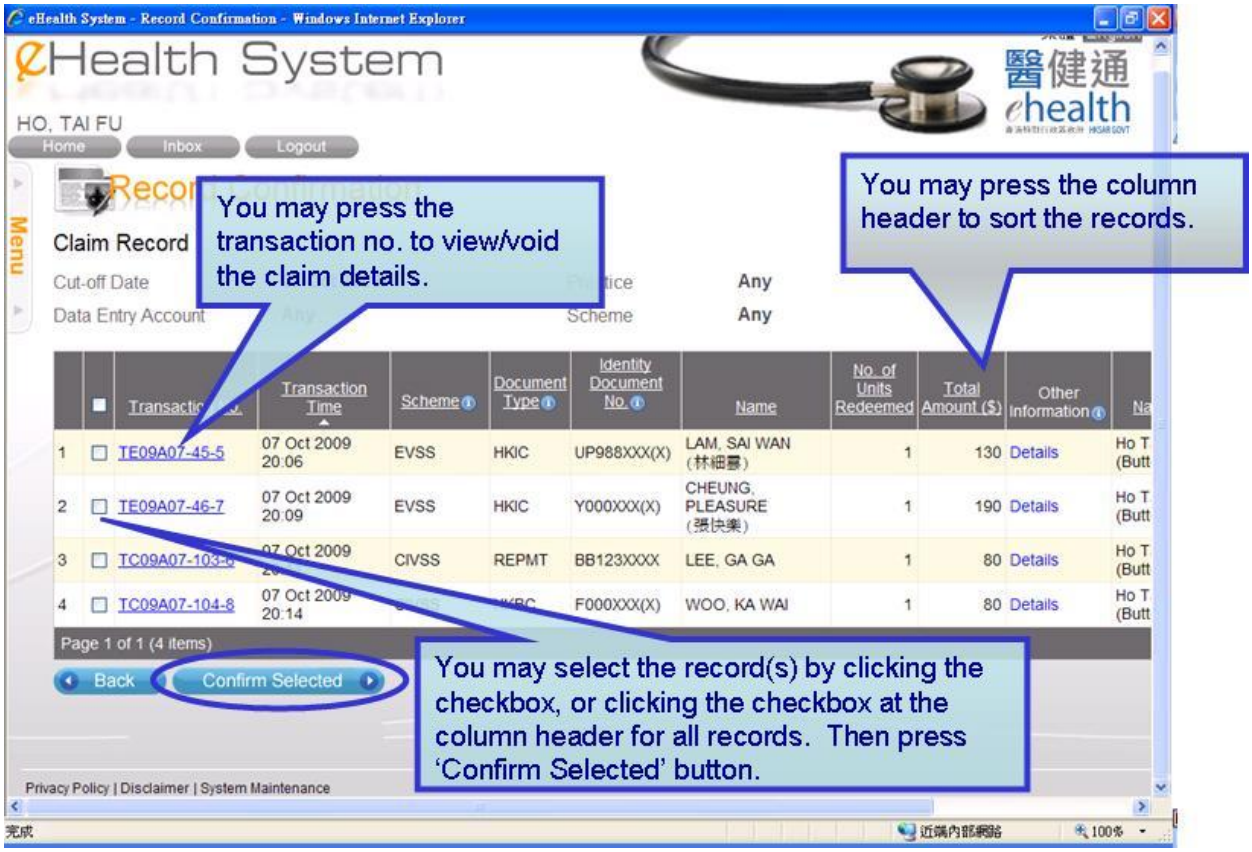
| **甲部 服務使用者個人資料** *（以身分證明文件所載者為準）* | | | |
|---|---|---|---|
| 姓名 | （中文） | | （英文） |
| 中文電碼（如適用） | | 性別 | ☐ 男 ☐ 女 |
| 出生日期 | 日 月 年 | | |
| **身份證明文件** （請選擇下列其中一項身份證明文件，並在適當的位置加上 "✓" 號及填寫所需資料）<br>註：年滿十一歲的香港居民必須填寫香港身份證或豁免登記證明書。 | | | |
| ☐ 香港身份證號碼 | ( ) | 簽發日期 | 日 月 年 |

## 3.8. Confirming the transaction record

If the claim is entered by the VMO's delegates using "Data Entry Account", the VMO is required to log on to the eHealth System (Subsidies) at the end of each day's session, using his/her Service Provider ID, password and authentication token, to review and confirm the transaction records registered by his/her delegates using the "Data Entry Account". (For data entry account creation, please refer to Section 3.4).





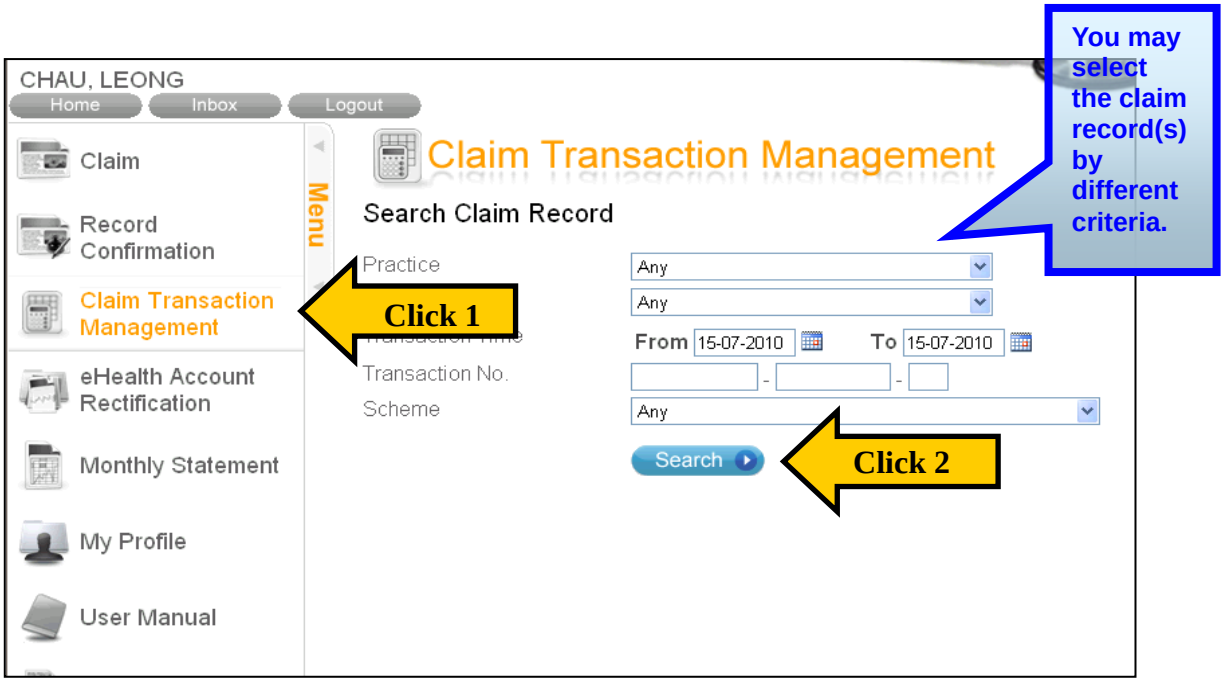

Upon confirmation by the VMO, the information entered through the "Data Entry Account" will be submitted to the eHealth System (Subsidies). Confirmation procedure is not required if transaction claim is made using "Service Provider Account".

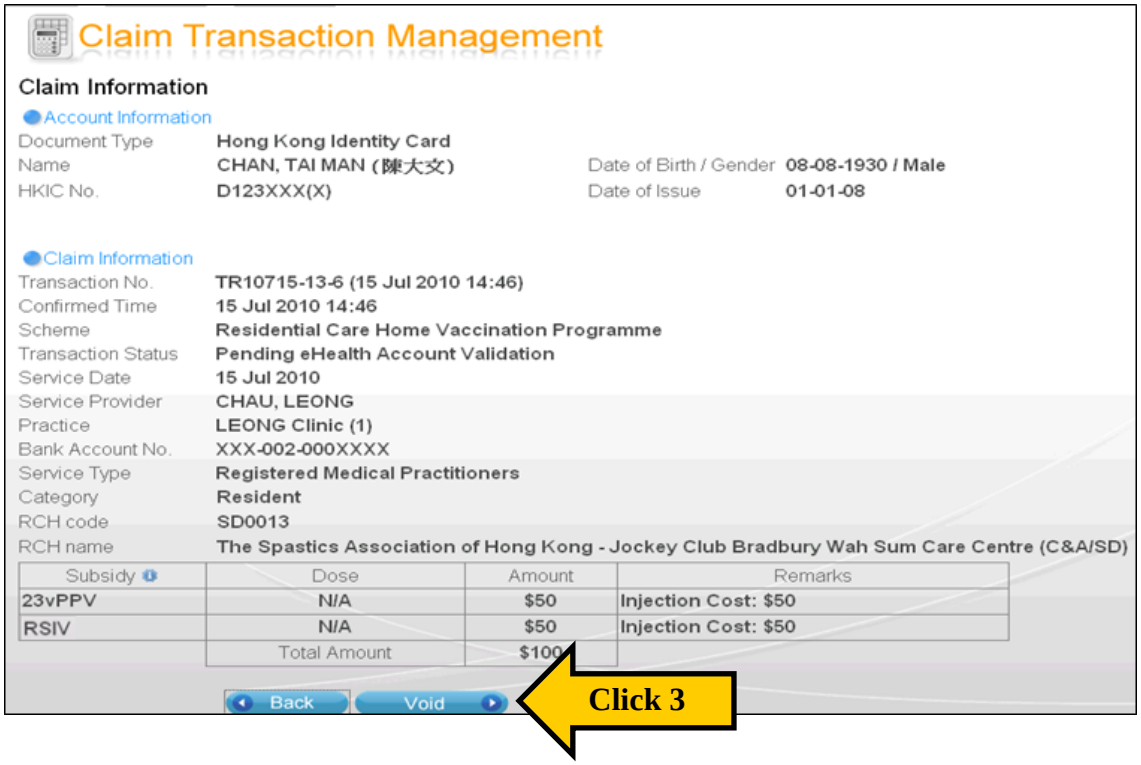
Records/transactions voided by the VMO will not be submitted to the eHealth System (Subsidies).

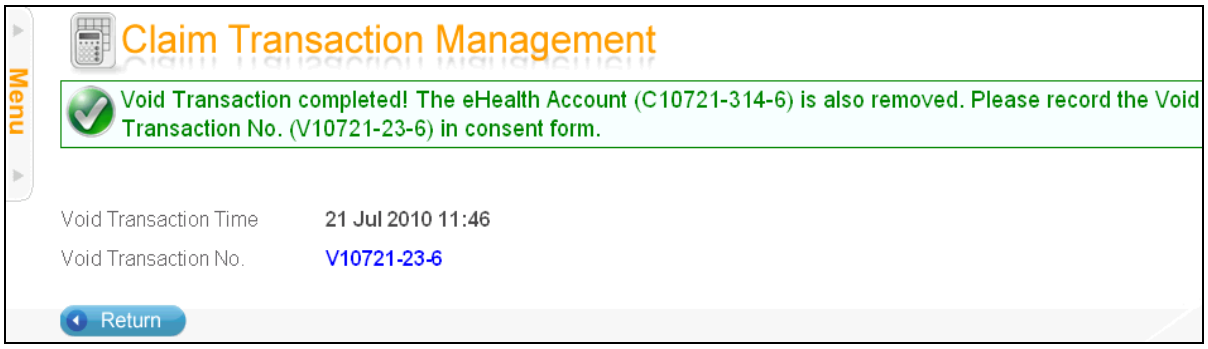
All records/transactions claimed/voided can be reviewed at the "Claim Transaction Management" function in the "Service Provider Account".

## 3.9. Voiding claims

The VMO can void a claim through the "Claim Transaction Management" function in the eHealth System (Subsidies) within 24 hours of making the claims. The concerned transaction record would be selected and marked as "voided". VMO has to input the void reason and click to "Confirm".



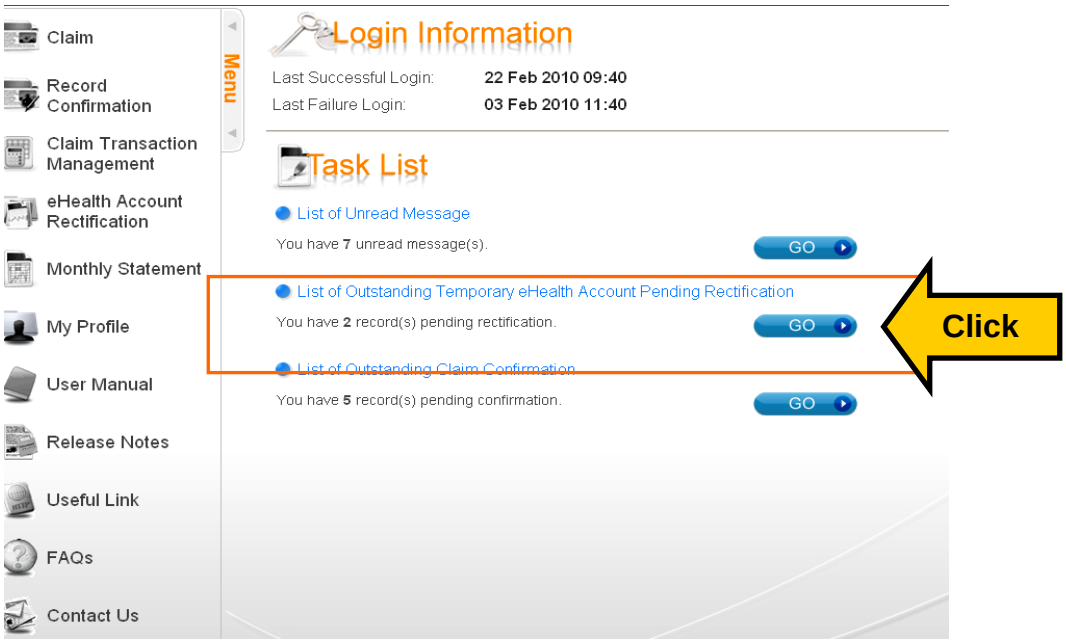



## 3.10. Validation of temporary eHealth (Subsidies) account information

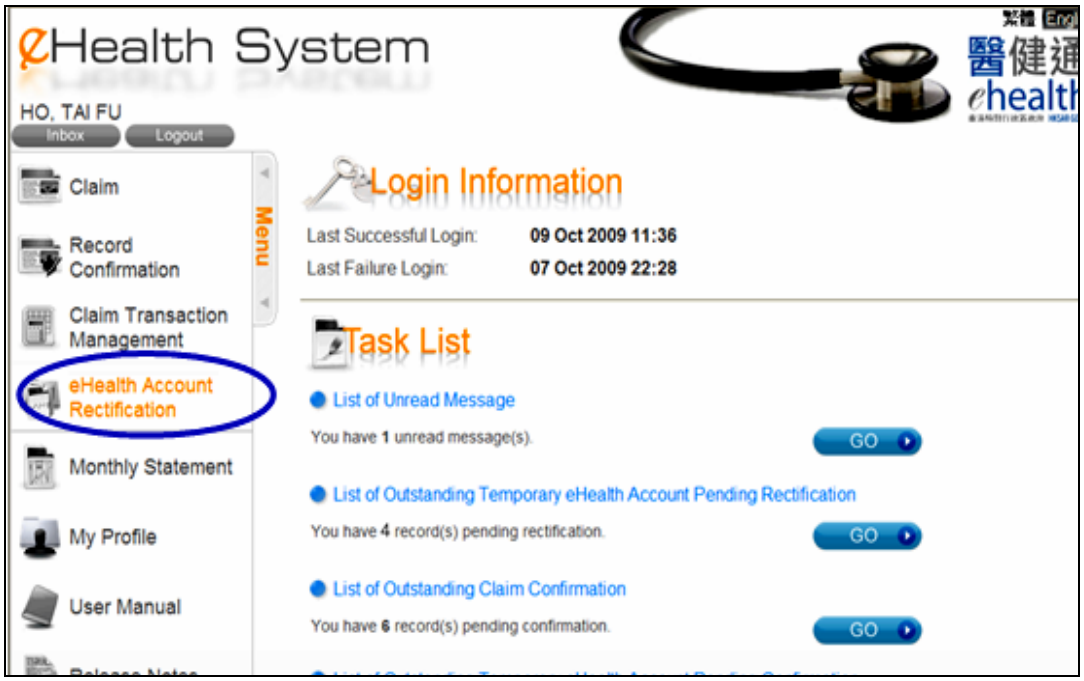
The personal data entered will be validated through matching with database kept by the Immigration Department (ImmD). The input data will be validated at the end of the day. If the personal data cannot be validated with the database of the ImmD (e.g. the HKIC does not exist or the date of birth does not match with the HKIC number), the eHealth System (Subsidies) will notify the respective VMO to check and rectify the information accordingly. Amended information upon resubmission will be validated with the database of the ImmD again.

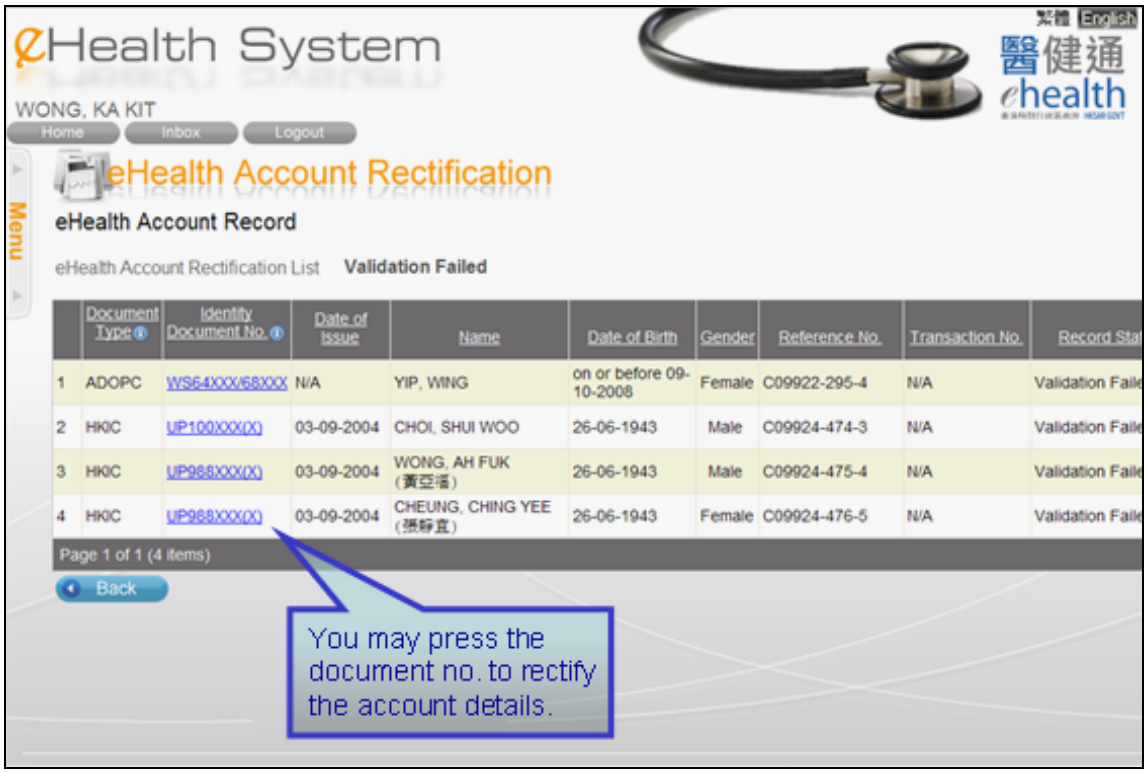
## 3.11. Rectification of temporary eHealth (Subsidies) account information that failed validation

Upon receiving notification about failed validation of the "temporary" eHealth (Subsidies) account, VMOs are required to verify the personal particulars for the corresponding vaccine recipient's accounts and rectify the relevant information in the eHS(S) accordingly. Otherwise, the claims for the vaccination fee related to the record in question will not be processed and the claim cannot be reimbursed.

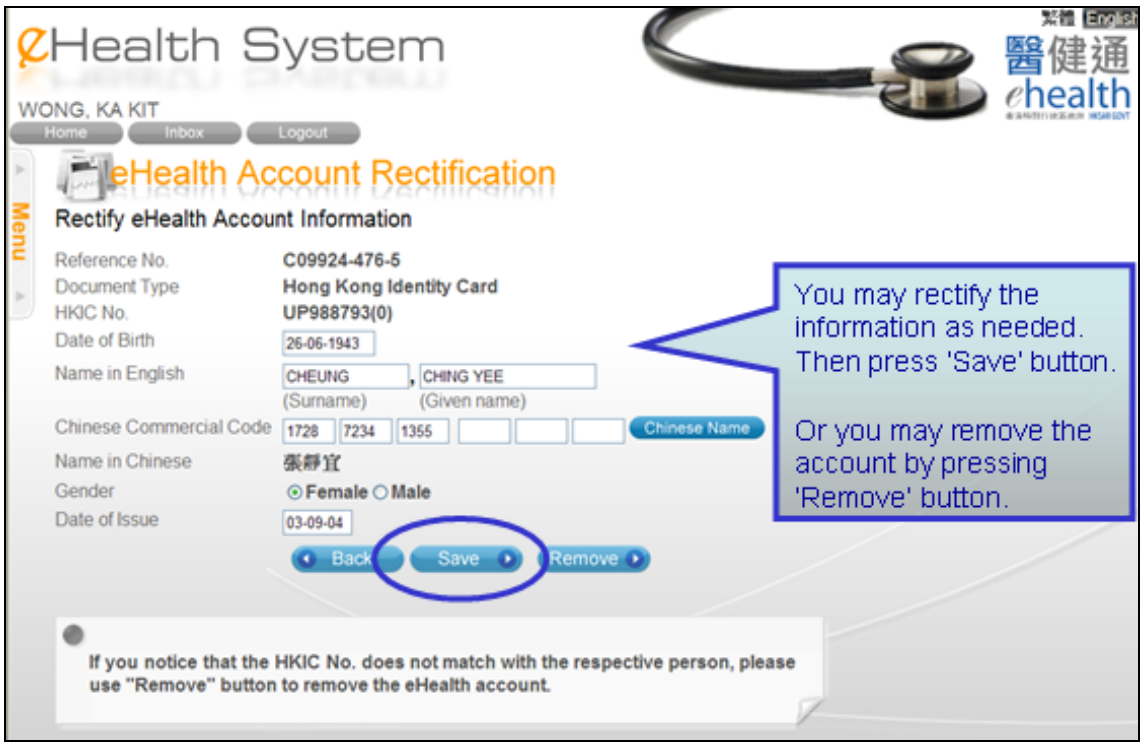





| | Document Type | Identity Document No. | Date of Issue | Name | Date of Birth | Gender | Reference No. | Transaction No. | Record Stat |
|---|---|---|---|---|---|---|---|---|---|
| 1 | ADOPC | WS64XXX(68XXX | N/A | YIP, WING | on or before 09-10-2008 | Female | C09922-295-4 | N/A | Validation Faile |
| 2 | HKIC | UP100XXX(X) | 03-09-2004 | CHOI, SHUI WOO | 26-06-1943 | Male | C09924-474-3 | N/A | Validation Faile |
| 3 | HKIC | UP968XXX(X) | 03-09-2004 | WONG, AH FUK (黃亞福) | 26-06-1943 | Male | C09924-475-4 | N/A | Validation Faile |
| 4 | HKIC | UP968XXX(X) | 03-09-2004 | CHEUNG, CHING YEE (張靜宜) | 26-06-1943 | Female | C09924-476-5 | N/A | Validation Faile |


eHealth System
WONG, KA KIT
Home
Inbox
Logout
Menu
eHealth Account Rectification
Rectify eHealth Account Information
Reference No. C09924-476-5
Document Type Hong Kong Identity Card
HKIC No. UP988793(0)
Date of Birth 26-06-1943
Name in English CHEUNG (Surname) CHING YEE (Given name)
Chinese Commercial Code 1728 7234 1355
Chinese Name
Name in Chinese 張靜宜
Gender Female Male
Date of Issue 03-09-04
Back
Save
Remove
You may rectify the information as needed. Then press 'Save' button.
Or you may remove the account by pressing 'Remove' button.
If you notice that the HKIC No. does not match with the respective person, please use "Remove" button to remove the eHealth account.


eHealth System
WONG, KA KIT
Home
Inbox
Logout
Menu
eHealth Account Rectification
Confirm Information Rectified
Document Type Hong Kong Identity Card
HKIC No. UP988793(0)
Name CHEUNG, CHING YEE (張靜宜)
Date of Birth 26-06-1943
Gender Female
Date of Issue 03-09-04
Back
Confirm
You have to confirm the rectified information. You may press 'Confirm' button to confirm the change.
After the rectification, the details will be verified again.


eHealth System
CHAU, LEONG
Home
Inbox
Logout
Menu
eHealth Account Rectification
Rectification completed. Details to be further verified by Immigration Department.
Return

If the relevant transactions still cannot be resolved through the eHealth System (Subsidies) after rectification, you may need to provide the necessary documents to the VO for arranging payment manually. Please contact VO for detailed arrangement.

In case of prolonged failure to rectify the temporary eHealth (Subsidies) account information, the temporary eHealth (Subsidies) account will be deleted by the system and the claim related to the account in question may be voided.

## 3.12. Reimbursement

Reimbursement of the vaccination fee would be performed on a monthly basis and will be paid directly into the accounts designated by the VMOs.

Please note that the reimbursement would be made to validate eHealth (Subsidies) account only. In order to effect payment, VMOs are required to ensure that they have rectified information of temporary eHealth (Subsidies) account(s) that have failed validation with the database of ImmD. (see Section 3.11 Rectification of temporary eHealth (Subsidies) account information that failed validation). They are also required to check the transaction records and confirm the entries entered by their data entry clerks (see Section 3.8 Confirming the transaction record).

To avoid delay in the process of reimbursement / or claims for reimbursement may not be processed, enrolled doctors are required to make vaccination claim **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive).

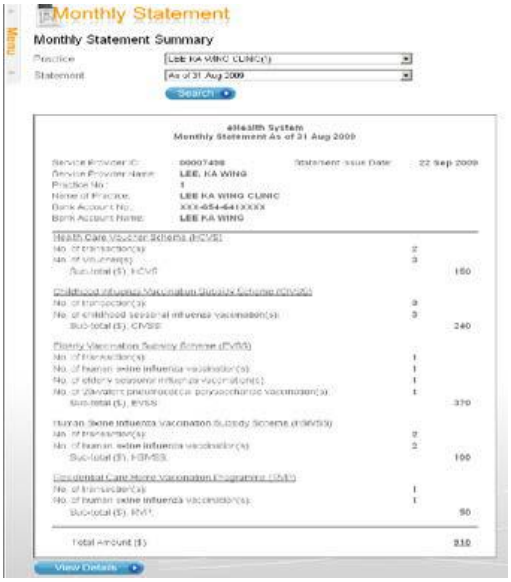
At the end of each month, the eHealth System (Subsidies) will generate payment files based on the claims transaction logged by the eHealth System (Subsidies) for processing reimbursement. Upon checking of the accuracy of these claims, the reimbursement will be paid directly into the VMO's designated bank accounts.

The system will generate notification message to the VMO (to the "Message Inbox" which will be accessible through logging in the eHealth System (Subsidies)). VMO can access the eHealth System (Subsidies) for their monthly statements which contain details of the amount of reimbursement for them under RVP.

However, if any irregularity is found in the claims submitted by the VMO, the Government shall be entitled to suspend the payment of the vaccination fee to a VMO. Such payment shall be made upon satisfactory checking conducted by until

the Government is satisfied that the vaccination fee should be paid after investigation.



## 3.13. Authentication token

If the VMO loses the authentication token, or if the token is damaged, he/she should approach the VO for replacement.

VO will verify the identity of the VMO requesting for the replacement, suspend the old authentication token and re-issue a new token to the doctor by mail.

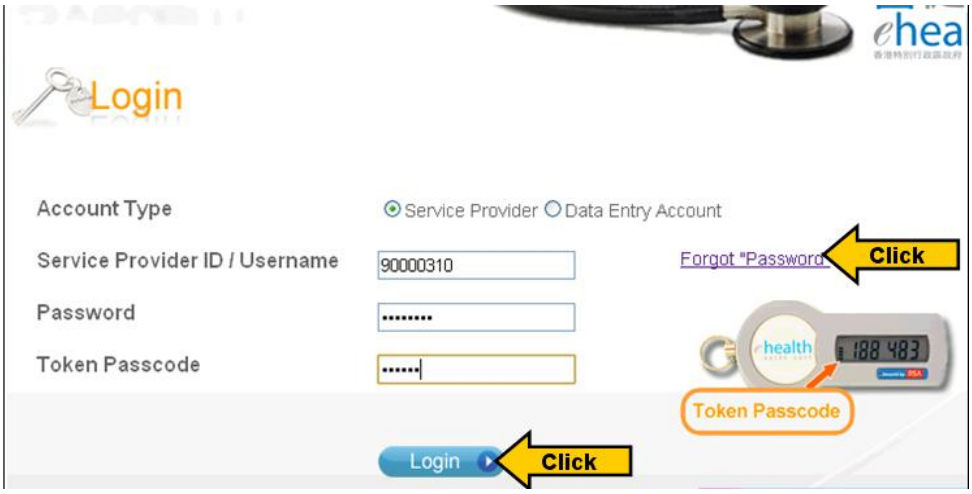
An administrative fee needs to be collected from the VMO for the replacement of authentication token.

Please note that authentication token should not be transferred to other parties for use.

## 3.14. Forgetting password

If the VMO forgets his/her password, he/she should click “Forgot Password” in the login page and enter the Service Provider ID, registered email address (which he/she had provided during application for enrolment) together with the token passcode into the system.

After validation, an email will be sent to the email address automatically by the system and a hyperlink will be provided for VMO to reset the password.



## 3.15. Locked account

An account will be locked after 5 unsuccessful attempts of logging in the eHealth System (Subsidies). If the VMO's account is locked, please contact the VO during office hours.

If the data entry account is locked, the VMO can log in the service provider account, enter "My Profile", then choose the specific data entry account and unlock it.

## 3.16. Accessing and editing personal information

The VMO can access and retrieve the particulars of himself/herself, his/her place of practice and bank information from the eHealth System (Subsidies) by logging in the system (using the authentication token) and choose "My Profile" function. Under this function, VMO can click the "System Information" tab to view and then "Edit" to change/select his/her own username, default web interface language and web password.

# 4. Other Highlights

## 4.1. Amendment of particulars

If there is any change of information provided e.g. bank information, address, please fax a completed Change Form (downloadable from CHP website at http://www.chp.gov.hk) with the required documentary proof to the VO of the DH.

For change of the registered medical organisation, VMO is required to:

(i) complete a Change Form and send it to the DH by fax to remove the practice(s) under the previous medical organisation; and
(ii) send in new Application Form and Authority for Payment to a Bank and the supporting documentary proof for re-enrolling with the new medical organisation (registered mail recommended).

Acknowledgement will be given by the VO.

## 4.2. De-enrolment

VMO has the right to leave the programme at any time. In that case, he/she is required to furnish a Change Form (downloadable from CHP website at http://www.chp.gov.hk) and fax to the DH. Upon receiving the notification, DH will contact the VMO for confirmation.

The VMO's name, clinic addresses and telephone numbers will be removed from the VMO list which will be provided to RCHs upon request or being published for RCH information. Once a VMO has de-enrolled, he/she cannot claim reimbursement for any vaccination services given afterwards. However, outstanding claims pending reimbursement will still be processed.

If VMO plans to cease practice, he/she shall inform in writing to the VO at least one month before the practice ends.

## 4.3. De-listing

The DH may de-list a VMO if:

a) He/she ceases to be so registered;
b) He/she is suspended from practicing as registered medical practitioner;
c) The Government is of the reasonable opinion that he/she has failed to provide medical services in a professional manner or is otherwise guilty of professional misconduct or malpractice; or
d) The Government considers that he/she has failed to comply with the provisions in the agreement or direction given by the Government.

The VO will inform the VMO for the delisting. Once a doctor is de-listed, he/she cannot claim reimbursement for any vaccination services given afterwards. However, outstanding claims pending reimbursement will still be processed.

## 4.4. Monitoring and inspection

The VO will conduct random checks to detect possible abuse of the RVP. For monitoring purpose, VMOs are advised to retain the vaccination records and the Consent Forms for at least seven years for the purpose. Be prepared for calls from the VO and provide relevant documents as required for checking. VMOs will be required to refund the vaccination fee reimbursed should any irregularity is detected and cannot be clarified. Randomly selected vaccine recipients and RCH/DI in-charge will be contacted for verification purpose.

## 4.5. Data security and privacy

VMOs should be careful in handling personal data of clients. Keep the signed Consent Forms collected from recipients in locked cabinets and limit the number of persons who can access the personal data to prevent indiscriminate or unauthorized access, processing and use of personal data.

## 4.6. Reporting vaccine adverse reaction

Adverse drug reaction (ADR) reporting is important for vaccine safety surveillance and programme monitoring. You are therefore encouraged to report the following ADR cases to the DH.

1. All suspected serious ADR, even if the reaction is well known, which
    - is life-threatening or fatal;
    - results in or prolongs hospitalization;
    - causes persistent incapacity or disability; or
    - causes birth defect.
2. Suspected drug interactions including drug-drug and drug-herb interactions;
3. Non-serious ADRs but the reactions are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known ADR);
4. Unexpected ADRs, i.e. the reactions are not found in the product information or labeling (e.g. an unknown side effect in a new drug).

Please refer to the website of Drug Office of the DH for the Reporting Guidelines and ADR Report Form at:
http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

# 5. Forms and Cards

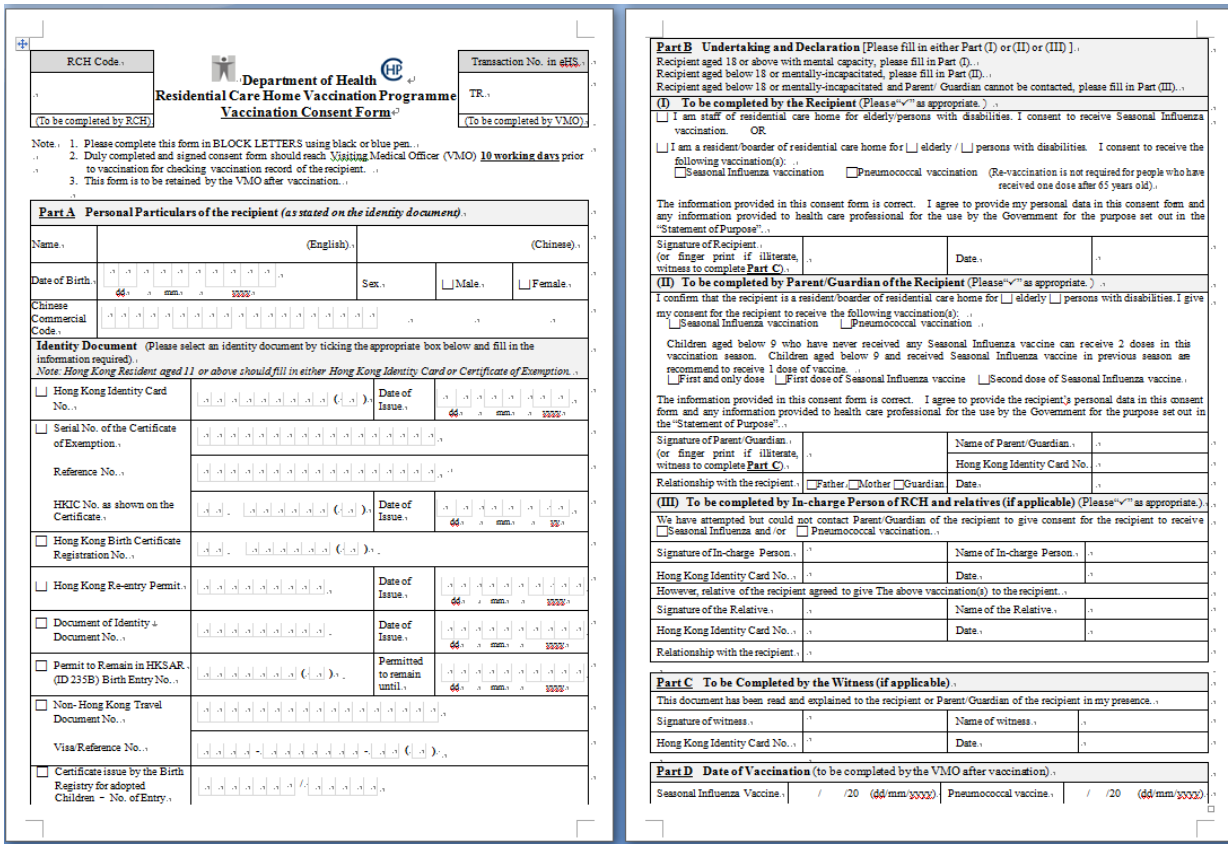
## 5.1. Enrolment documents

The following transaction documents are downloadable from CHP website at http://www.chp.gov.hk/en/view_content/23543.html

## 5.2. Other forms and documents

### 5.2.1. Vaccination Consent Form

(a) Consent form for residents (including institutionalised PID) and staff of RCHs



RCH Code

(To be completed by RCH)

Department of Health

Residential Care Home Vaccination Programme

Vaccination Consent Form

Transaction No. in eHS

TR.

(To be completed by VMO)

Note. 1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **10 working days** prior to vaccination for checking vaccination record of the recipient.
3. This form is to be retained by the VMO after vaccination.

**Part A Personal Particulars of the recipient** *(as stated on the identity document)*

Name (English) (Chinese)

Date of Birth dd mm yyyy Sex Male Female

Chinese Commercial Code

**Identity Document** (Please select an identity document by ticking the appropriate box below and fill in the information required)

*Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.*

- Hong Kong Identity Card No. — Date of Issue
- Serial No. of the Certificate of Exemption / Reference No.
- HKIC No. as shown on the Certificate — Date of Issue
- Hong Kong Birth Certificate Registration No.
- Hong Kong Re-entry Permit — Date of Issue
- Document of Identity / Document No. — Date of Issue
- Permit to Remain in HKSAR (ID 235B) Birth Entry No. — Permitted to remain until
- Non-Hong Kong Travel Document No. / Visa/Reference No.
- Certificate issue by the Birth Registry for adopted Children – No. of Entry

**Part B Undertaking and Declaration** [Please fill in either Part (I) or (II) or (III) ]

Recipient aged 18 or above with mental capacity, please fill in Part (I).
Recipient aged below 18 or mentally-incapacitated, please fill in Part (II).
Recipient aged below 18 or mentally-incapacitated and Parent/ Guardian cannot be contacted, please fill in Part (III).

**(I) To be completed by the Recipient** (Please "✓" as appropriate.)

☐ I am staff of residential care home for elderly/persons with disabilities. I consent to receive Seasonal Influenza vaccination. OR

☐ I am a resident/boarder of residential care home for ☐ elderly / ☐ persons with disabilities. I consent to receive the following vaccination(s):
☐ Seasonal Influenza vaccination ☐ Pneumococcal vaccination (Re-vaccination is not required for people who have received one dose after 65 years old)

The information provided in this consent form is correct. I agree to provide my personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

Signature of Recipient (or finger print if illiterate, witness to complete **Part C**) Date

**(II) To be completed by Parent/Guardian of the Recipient** (Please "✓" as appropriate.)

I confirm that the recipient is a resident/boarder of residential care home for ☐ elderly ☐ persons with disabilities. I give my consent for the recipient to receive the following vaccination(s):
☐ Seasonal Influenza vaccination ☐ Pneumococcal vaccination

Children aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommend to receive 1 dose of vaccine.
☐ First and only dose ☐ First dose of Seasonal Influenza vaccine ☐ Second dose of Seasonal Influenza vaccine

The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

Signature of Parent/Guardian (or finger print if illiterate, witness to complete **Part C**) Name of Parent/Guardian
Hong Kong Identity Card No.
Relationship with the recipient ☐Father ☐Mother ☐Guardian Date

**(III) To be completed by In-charge Person of RCH and relatives (if applicable)** (Please "✓" as appropriate.)

We have attempted but could not contact Parent/Guardian of the recipient to give consent for the recipient to receive ☐Seasonal Influenza and /or ☐ Pneumococcal vaccination.

Signature of In-charge Person Name of In-charge Person
Hong Kong Identity Card No. Date
However, relative of the recipient agreed to give The above vaccination(s) to the recipient.
Signature of the Relative Name of the Relative
Hong Kong Identity Card No. Date
Relationship with the recipient

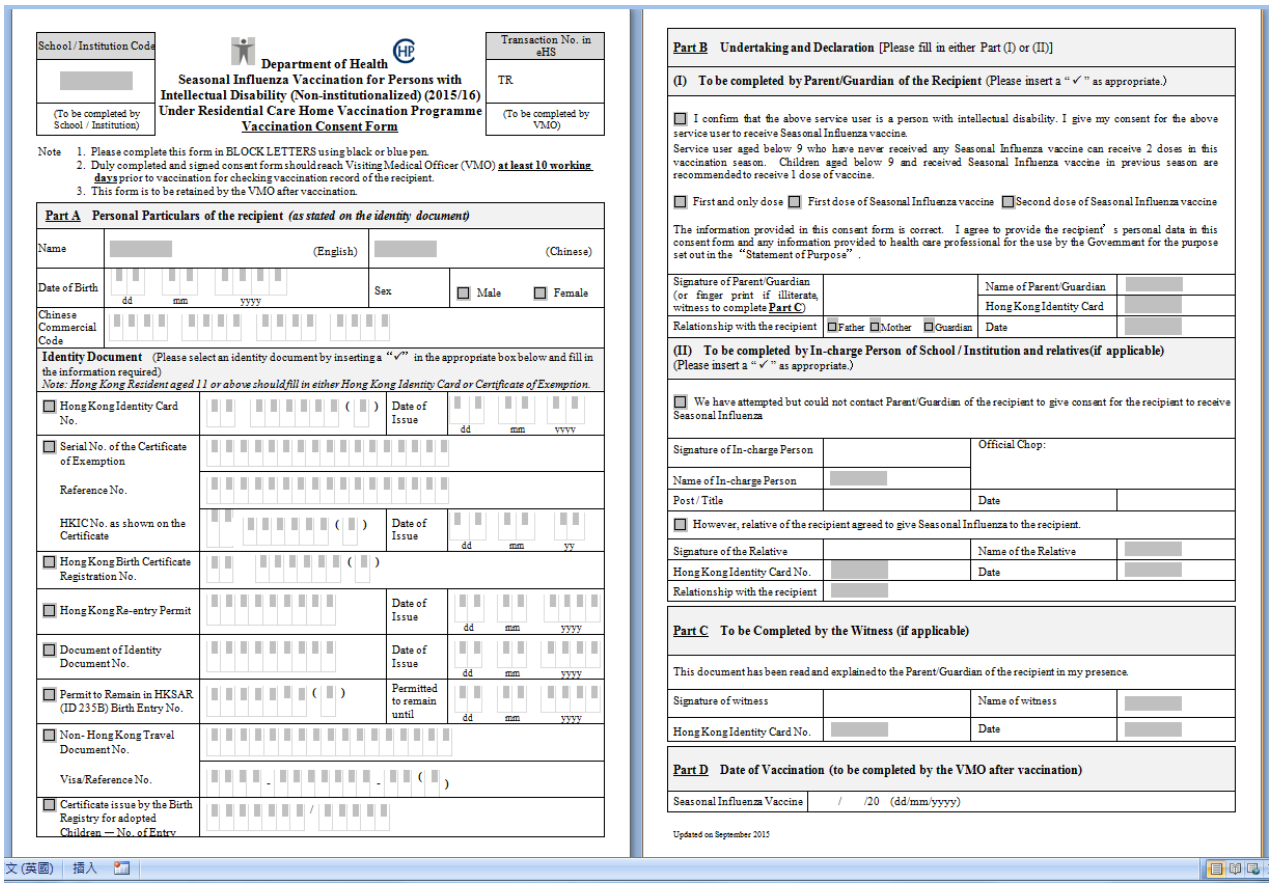
**Part C To be Completed by the Witness (if applicable)**

This document has been read and explained to the recipient or Parent/Guardian of the recipient in my presence.
Signature of witness Name of witness
Hong Kong Identity Card No. Date

**Part D Date of Vaccination** (to be completed by the VMO after vaccination)

Seasonal Influenza Vaccine / /20 (dd/mm/yyyy) Pneumococcal vaccine / /20 (dd/mm/yyyy)

(b) Consent form for non-institutionalised PID receiving services in DIs



School / Institution Code

(To be completed by School / Institution)

**Department of Health**

**Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalized) (2015/16) Under Residential Care Home Vaccination Programme**

**Vaccination Consent Form**

Transaction No. in eHS

TR

(To be completed by VMO)

Note 1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 10 working days** prior to vaccination for checking vaccination record of the recipient.
3. This form is to be retained by the VMO after vaccination.

**Part A Personal Particulars of the recipient** *(as stated on the identity document)*

| | | | |
|---|---|---|---|
| Name | (English) | | (Chinese) |
| Date of Birth | dd mm yyyy | Sex | ☐ Male ☐ Female |
| Chinese Commercial Code | | | |

**Identity Document** (Please select an identity document by inserting a "✓" in the appropriate box below and fill in the information required)
*Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.*

| | | | |
|---|---|---|---|
| ☐ Hong Kong Identity Card No. | ( ) | Date of Issue | dd mm yyyy |
| ☐ Serial No. of the Certificate of Exemption | | | |
| Reference No. | | | |
| HKIC No. as shown on the Certificate | ( ) | Date of Issue | dd mm yy |
| ☐ Hong Kong Birth Certificate Registration No. | ( ) | | |
| ☐ Hong Kong Re-entry Permit | | Date of Issue | dd mm yyyy |
| ☐ Document of Identity Document No. | | Date of Issue | dd mm yyyy |
| ☐ Permit to Remain in HKSAR (ID 235B) Birth Entry No. | ( ) | Permitted to remain until | dd mm yyyy |
| ☐ Non-Hong Kong Travel Document No. | | | |
| Visa/Reference No. | - - ( ) | | |
| ☐ Certificate issue by the Birth Registry for adopted Children — No. of Entry | / | | |

**Part B Undertaking and Declaration** [Please fill in either Part (I) or (II)]

**(I) To be completed by Parent/Guardian of the Recipient** (Please insert a "✓" as appropriate.)

☐ I confirm that the above service user is a person with intellectual disability. I give my consent for the above service user to receive Seasonal Influenza vaccine.
Service user aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine.

☐ First and only dose ☐ First dose of Seasonal Influenza vaccine ☐ Second dose of Seasonal Influenza vaccine

The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

| | | | |
|---|---|---|---|
| Signature of Parent/Guardian (or finger print if illiterate, witness to complete **Part C**) | | Name of Parent/Guardian | |
| | | Hong Kong Identity Card | |
| Relationship with the recipient | ☐ Father ☐ Mother ☐ Guardian | Date | |

**(II) To be completed by In-charge Person of School / Institution and relatives (if applicable)**
(Please insert a "✓" as appropriate.)

☐ We have attempted but could not contact Parent/Guardian of the recipient to give consent for the recipient to receive Seasonal Influenza

| | | | |
|---|---|---|---|
| Signature of In-charge Person | | Official Chop: | |
| Name of In-charge Person | | | |
| Post / Title | | Date | |

☐ However, relative of the recipient agreed to give Seasonal Influenza to the recipient.

| | | | |
|---|---|---|---|
| Signature of the Relative | | Name of the Relative | |
| Hong Kong Identity Card No. | | Date | |
| Relationship with the recipient | | | |

**Part C To be Completed by the Witness (if applicable)**

This document has been read and explained to the Parent/Guardian of the recipient in my presence.

| | | | |
|---|---|---|---|
| Signature of witness | | Name of witness | |
| Hong Kong Identity Card No. | | Date | |

**Part D Date of Vaccination (to be completed by the VMO after vaccination)**

| | |
|---|---|
| Seasonal Influenza Vaccine | / /20 (dd/mm/yyyy) |

Updated on September 2015

# 5.2.2. Change Form

To: Director of Health
(c/o Vaccination Office)
Fax: 2713 9576

**Request to Change Particulars**
**Enrolled Health Care Provider (EHCP)/Visiting Medical Officer (VMO) using the eHealth System**

*Please read "Notes for Attention" before completing this change request and put a tick where appropriate*
*Legend : HCVS - Health Care Voucher Scheme PCD – Primary Care Directory*
*EVSS - Elderly Vaccination Subsidy Scheme CIVSS - Childhood Influenza Vaccination Subsidy Scheme*
*RVP – Residential Care Home Vaccination Programme*

**Name of EHCP/VMO:** **Service Provider Identity No. (SPID):**

**(A) Add Practice (please use additional sheet for each addition of practice)**

**Effective Date :** ☐ With Immediate Effect ☐ From ___/___/_____ (DD 日/MM 月/YYYY 年)

Practice Name :
執業地點中文名稱 :
Practice Address :
執業地點中文地址
Tel. No : Fax No.:
Bank Account Name : Bank Account No.:

Please provide the completed "Authority for Payment to a Bank" (Appendix B of the enrolment document) if you have never provided the certified true copy of bank correspondence showing the bank name, bank account number and name of account holder of the above bank account.

Scheme(s)/Programme enrolled for this practice: ☐ HCVS ☐ CIVSS ☐ EVSS ☐ RVP ☐ PCD

Type of practice selected for display on the PCD (For Service Provider enrolled in PCD only):
☐ Non-governmental Organization ☐ Private ☐ University

Service fee to be charged for the vaccination service after deducting the Government subsidy:

☐ CIVSS Seasonal influenza (SI) vaccination # $_____

☐ EVSS SI vaccination # $_____ Pneumococcal (23vPPV) vaccination $_____

SI # AND 23vPPV vaccination at same consultation $_____

# The service fee for seasonal influenza vaccination is only for inactivated influenza vaccine given intramuscularly.

**(B) Change of Service Fee (Please use additional sheet for each practice)**

| Practice Name | CIVSS | EVSS (SI) | 23vPPV | SI&23vPPV |
|---|---|---|---|---|
| _____ : | $ | $ | $ | $ |

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**(C) Delete Practice or Delete Scheme/Programme from the Practice**

Practice name :
Practice address :
☐ Delete practice

☐ Delete Scheme(s)/Programme from the practice : ☐ HCVS ☐ CIVSS ☐ EVSS ☐ PCD ☐ RVP

**(D) Withdrawal from Scheme(s)/ Programme by EHCP/VMO for all Practices**

☐ All ☐ HCVS ☐ CIVSS ☐ EVSS ☐ PCD ☐ RVP

Reasons for withdrawal [Optional]:

**(E) Change of Bank Account Information**

Practice Name :
Practice Address :
Bank Account Name : Bank Account No.:

Please provide the completed "Authority for Payment to a Bank" (Appendix B of the enrolment document) if you have never provided the certified true copy of bank correspondence showing the bank name, bank account number and name of account holder of the above bank account.

**(F) Change of Medical Organization/EHCP/VMO/Practice* Contact Information (*delete as appropriate)**

☐ Address :
中文地址 :
☐ E-mail address :
☐ Tel. no. : ☐ Fax no.:

**(Official Stamp)**

**Signature of EHCP/VMO**

**Authorised signature**
**For and on behalf of the Medical Organization**

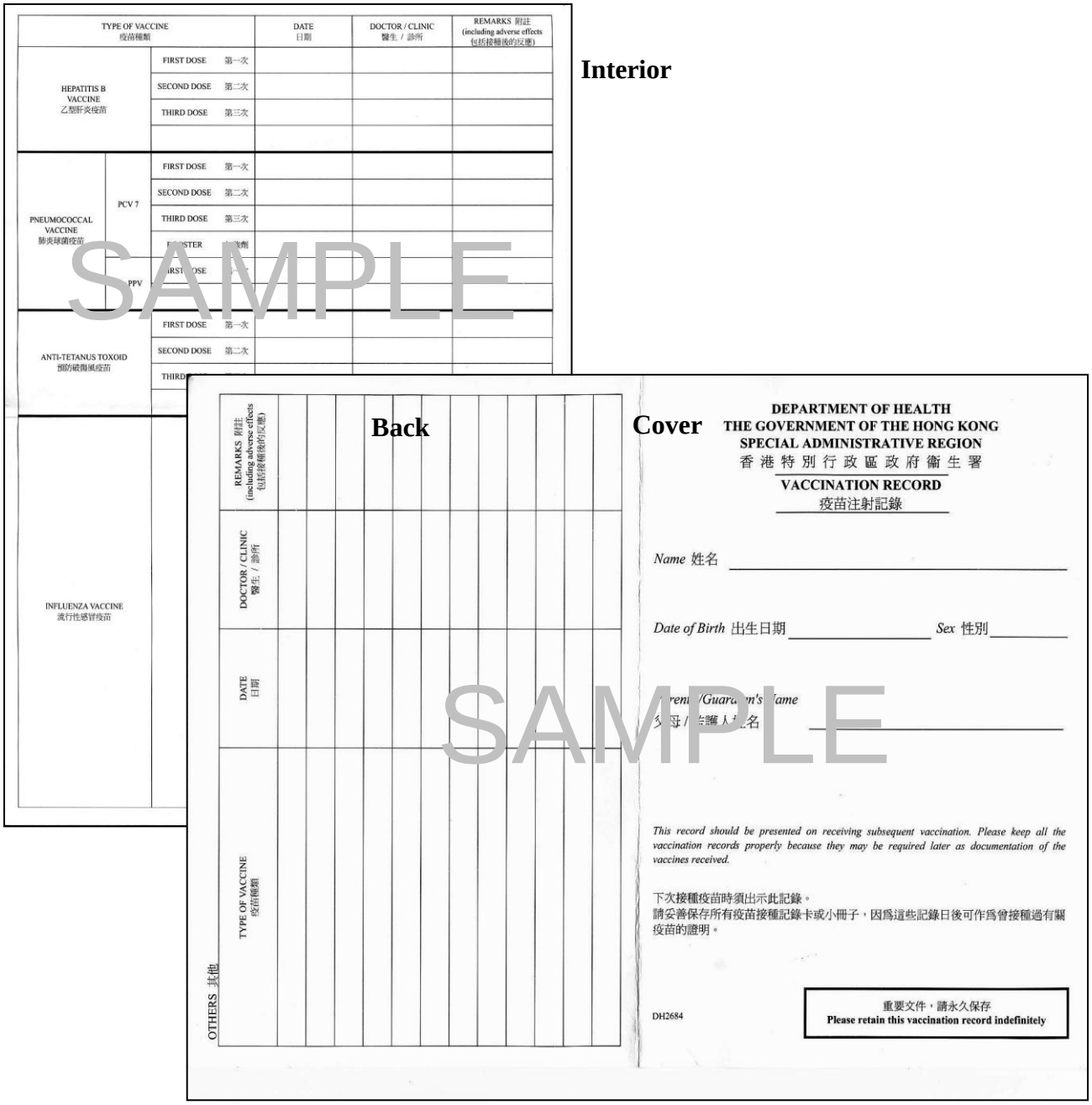
**Name of EHCP/VMO in block letters**

**Name in block letters (Authorised Signatory)**

Date: _____

DH_eHS020 (07/13)_RVP 2

## 5.2.3. Vaccination Card



**Interior**

| TYPE OF VACCINE 疫苗種類 | | | DATE 日期 | DOCTOR / CLINIC 醫生 / 診所 | REMARKS 附註 (including adverse effects 包括接種後的反應) |
|---|---|---|---|---|---|
| HEPATITIS B VACCINE 乙型肝炎疫苗 | | FIRST DOSE 第一次 | | | |
| | | SECOND DOSE 第二次 | | | |
| | | THIRD DOSE 第三次 | | | |
| PNEUMOCOCCAL VACCINE 肺炎球菌疫苗 | PCV 7 | FIRST DOSE 第一次 | | | |
| | | SECOND DOSE 第二次 | | | |
| | | THIRD DOSE 第三次 | | | |
| | | BOOSTER 加劑 | | | |
| | PPV | FIRST DOSE | | | |
| ANTI-TETANUS TOXOID 預防破傷風疫苗 | | FIRST DOSE 第一次 | | | |
| | | SECOND DOSE 第二次 | | | |
| | | THIRD | | | |
| INFLUENZA VACCINE 流行性感冒疫苗 | | | | | |

SAMPLE

**Back**

| TYPE OF VACCINE 疫苗種類 | DATE 日期 | DOCTOR / CLINIC 醫生 / 診所 | REMARKS 附註 (including adverse effects 包括接種後的反應) |
|---|---|---|---|
| OTHERS 其他 | | | |

SAMPLE

**Cover**

**DEPARTMENT OF HEALTH**
**THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION**
**香港特別行政區政府衞生署**

**VACCINATION RECORD**
**疫苗注射記錄**

*Name* 姓名 _____

*Date of Birth* 出生日期 _____ *Sex* 性別 _____

*Parent/Guardian's Name*
父母/監護人姓名 _____

*This record should be presented on receiving subsequent vaccination. Please keep all the vaccination records properly because they may be required later as documentation of the vaccines received.*

下次接種疫苗時須出示此記錄。
請妥善保存所有疫苗接種記錄卡或小冊子，因爲這些記錄日後可作爲曾接種過有關疫苗的證明。

DH2684

重要文件，請永久保存
**Please retain this vaccination record indefinitely**

## Reference

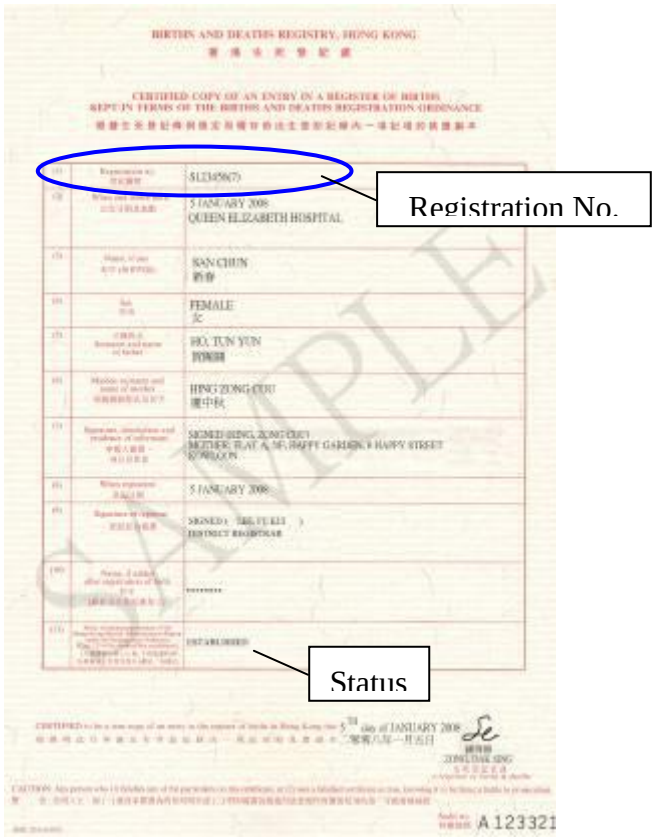

1. Drug Office, the Department of Health
   http://www.drugoffice.gov.hk/eps/do/index.html
2. Centre for Health Protection website
   http://www.chp.gov.hk
3. Code of Professional Conduct, the Medical Council of Hong Kong
   http://www.mchk.org.hk/code.htm
4. Department of Health website
   http://www.dh.gov.hk/
5. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2015/16 Season
   http://www.chp.gov.hk/files/pdf/short_version_of_recommendations_on_seasonal_influenza_vaccination_for_the_2015_16_final.pdf
6. Scientific Committee on Vaccine Preventable Diseases Recommendations on the Use of Pneumococcal Vaccines (March 2009)
   http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_for_high-risk_individuals.pdf

**Annex A**

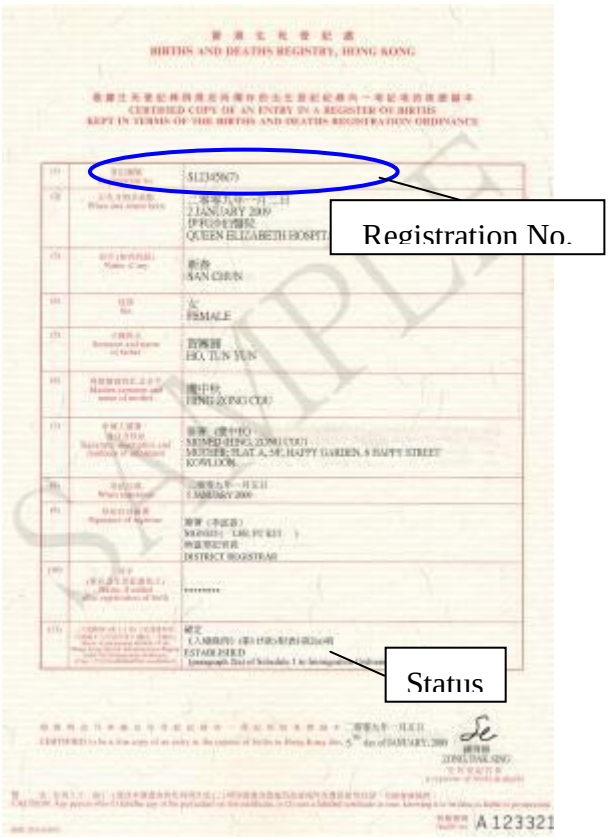
# Samples of Identity documents

## (1) Samples of Hong Kong Birth Certificate (with status of permanent resident indicated as "Established")

**Issued between 1.7.1997 and 27.4.2008**




**Issued on or after 28.4.2008**




**Remarks:-**

- For births registered in Hong Kong between 1 July 1997 and 27 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is **"Established/Not Established".**

- For births registered in Hong Kong **on or after 28 April 2008**, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.

## (2) Samples of Hong Kong Permanent Identity Card

**Issued in Hong Kong**




Date of Issue

Identity Card No.

**Issued Overseas**




Date of Issue

Identity Card No.

**(正面 Front)**

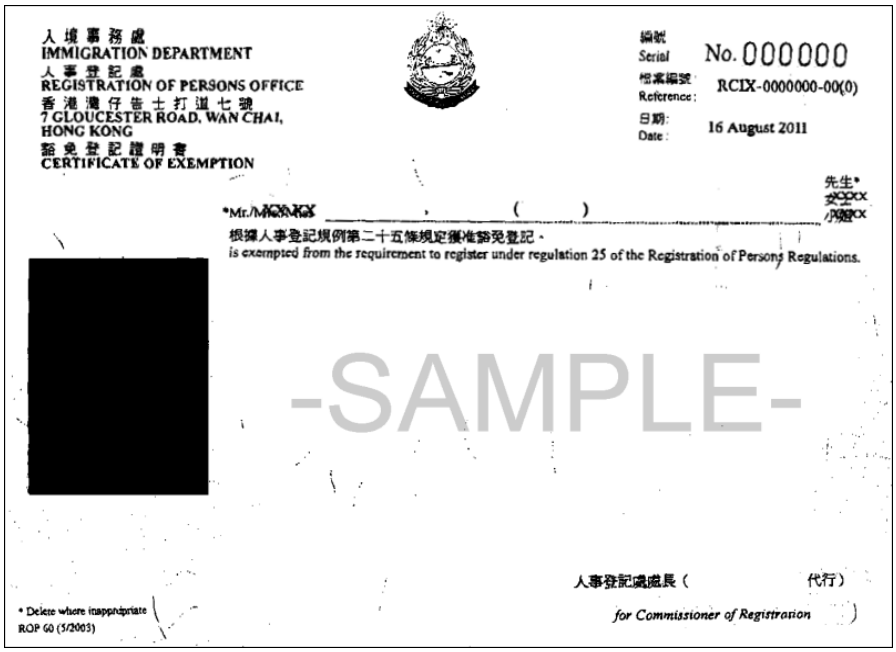




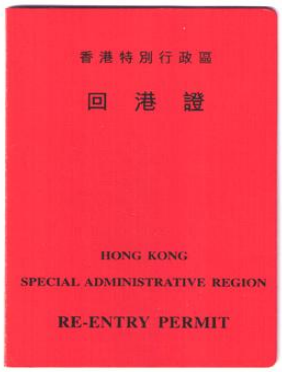


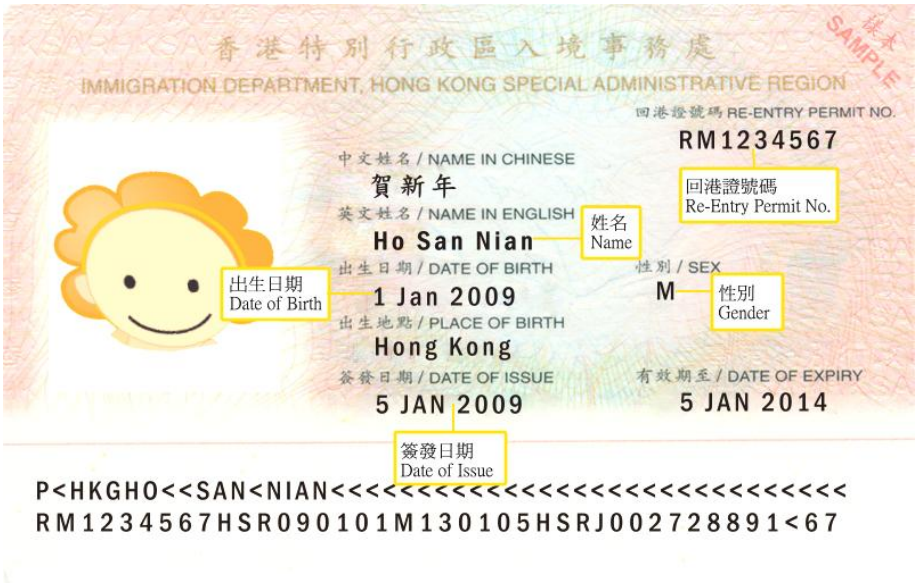
**(背面 Back)**

## (3) Sample of Certificate of Exemption



## (4) Samples of Re-entry Permit



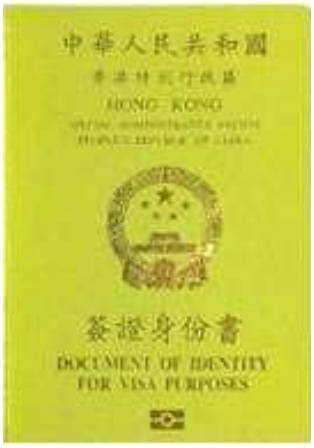


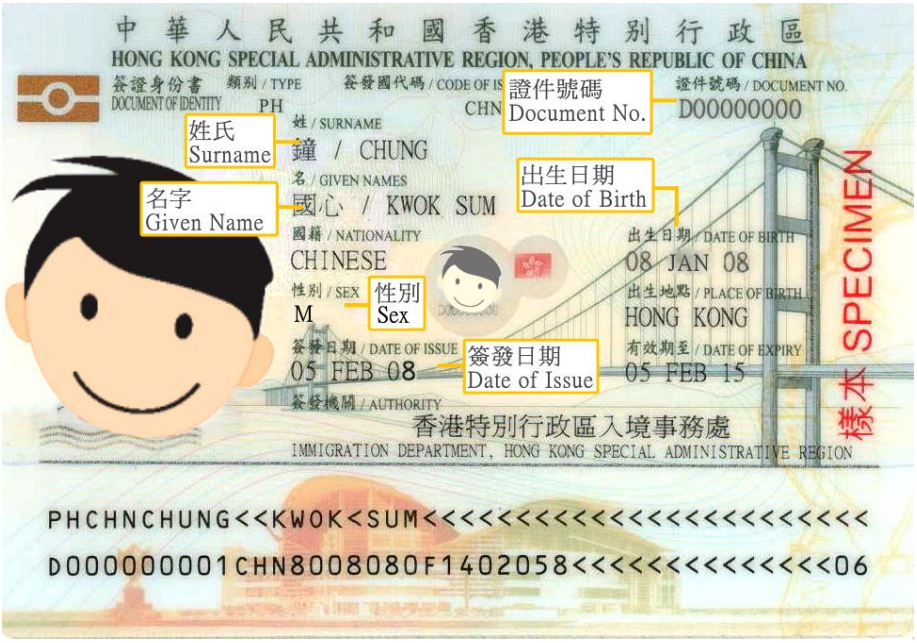


**Remarks:-**

- The format of Hong Kong SAR Re-entry Permit's document number is RM1234567 (Multiple Re-entry Permit) or RS1234567 (Single Re-entry Permit). The prefixes "RM" and "RS" are followed by 7 numbers.

## (5) Samples of Document of Identity



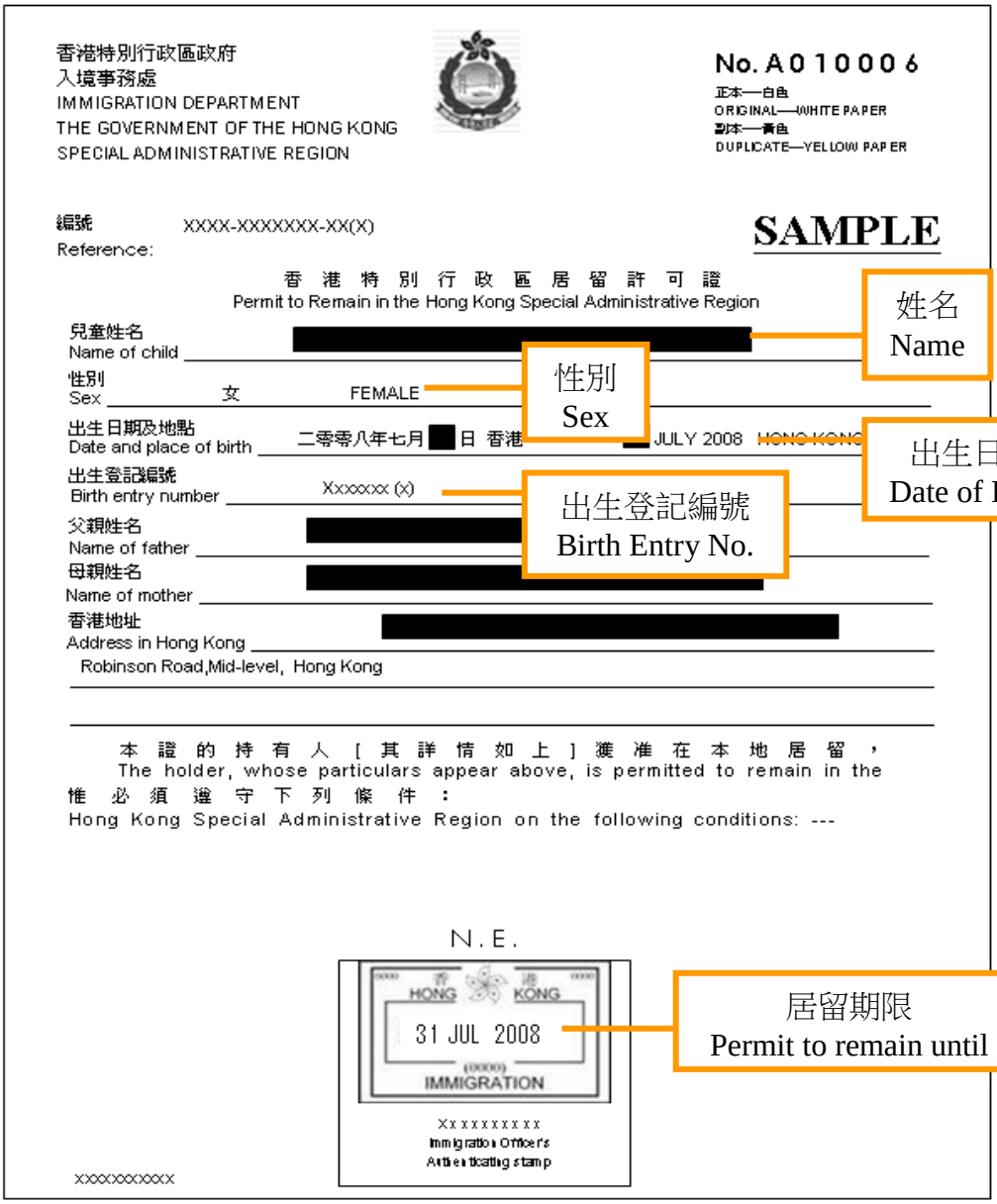




**Remarks:-**

- The format of the Document of Identity's document number is either D12345678 (normal size), DJ1234567 or DA1234567 (jumbo size). The prefix of "D" is followed by 8 numbers and the prefixes "DA" and "DJ" are followed by 7 numbers.

## (6) Samples of "Permit to Remain in the HKSAR" (ID235B)

### (i) Samples of "Permit to Remain in the HKSAR" (ID235B) showing unconditional stay in HKSAR had been granted




**Remarks:-**

- The Immigration Officer's authenticating stamp has been changed since 23 January 2008, a sample of the old and the new authenticating stamp is illustrated below:

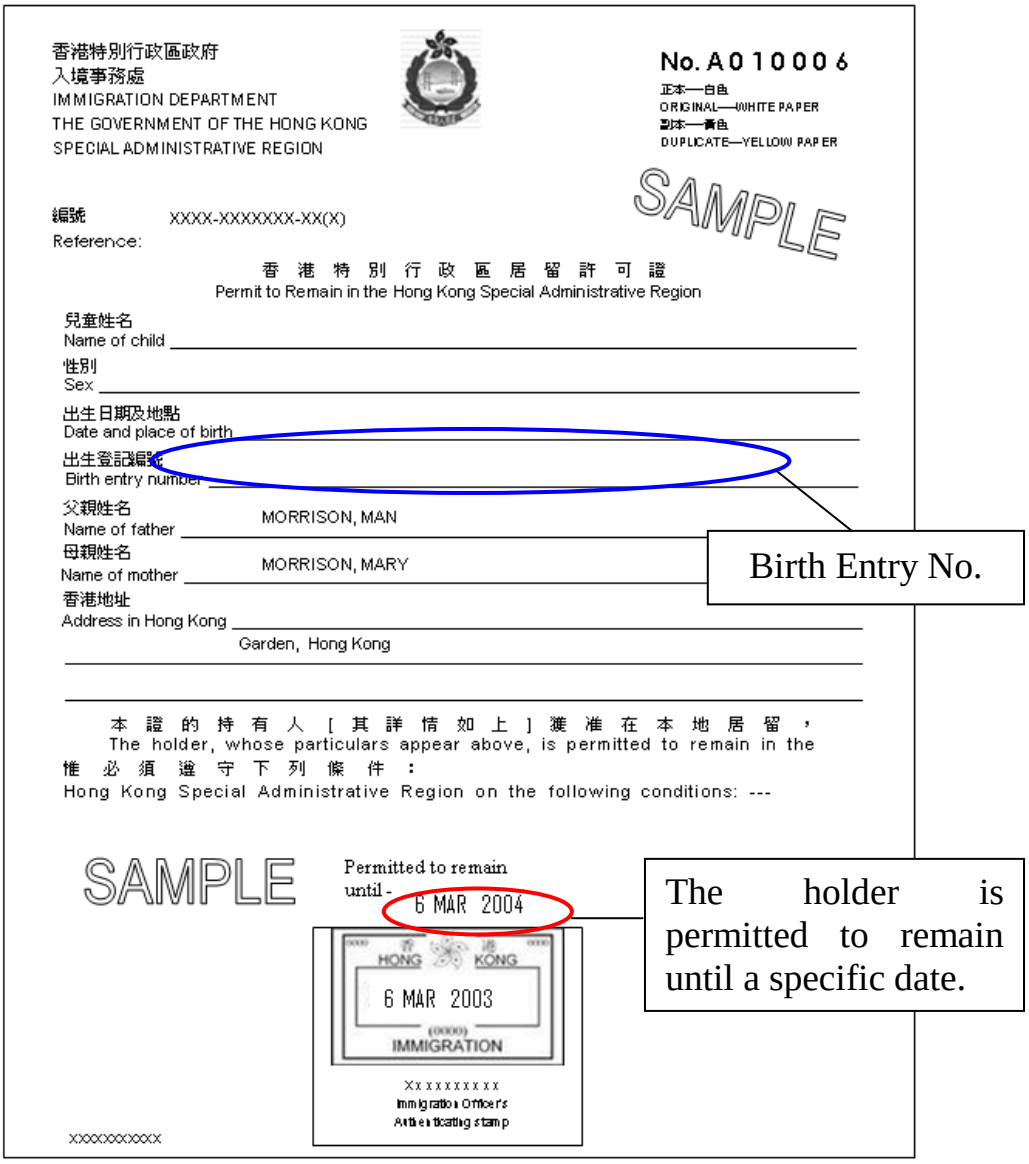



(Authenticating stamp before 23 January 2008)




(Authenticating stamp on or after 23 January 2008)

**(ii) <u>Sample of "Permit to Remain in the HKSAR (ID 235B) " showing the holder is permitted to remain in Hong Kong until a specific date or permitted to remain extended until a specific date</u>**




**<u>Remarks:-</u>**



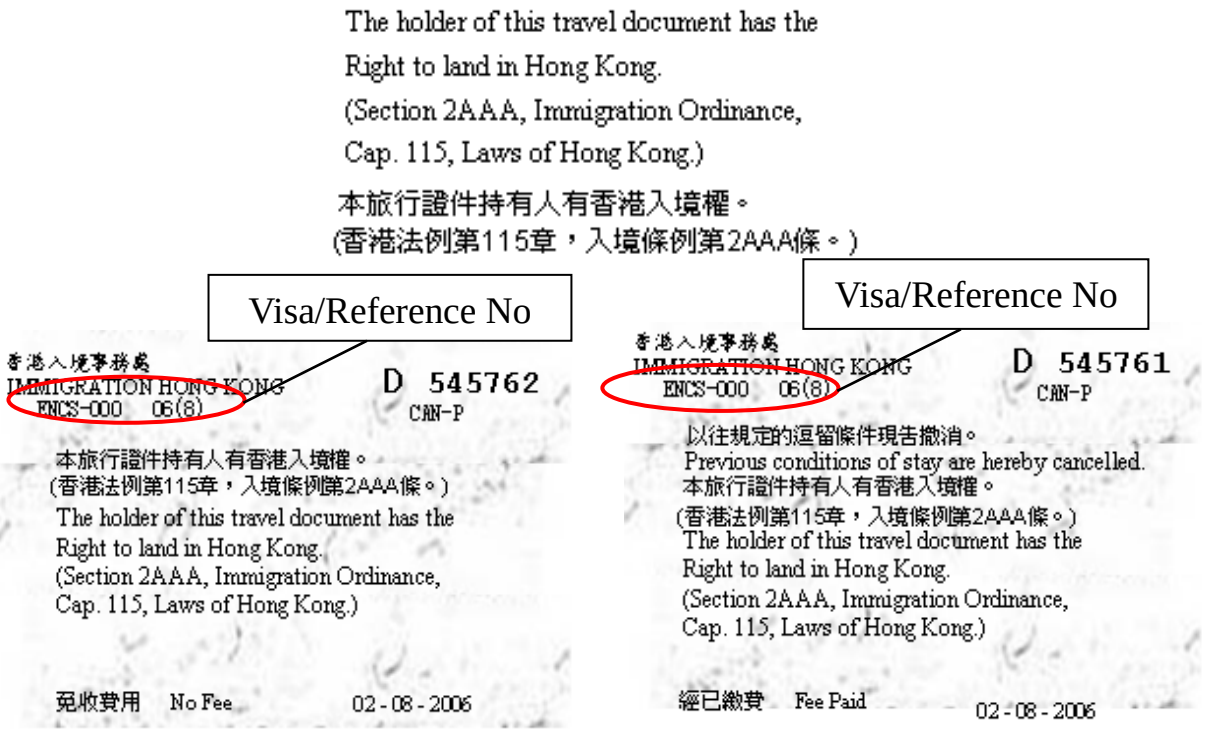

(Authenticating stamp before 23 January 2008)




(Authenticating stamp on or after 23 January 2008)

## (7) Samples of Endorsement on a valid travel document

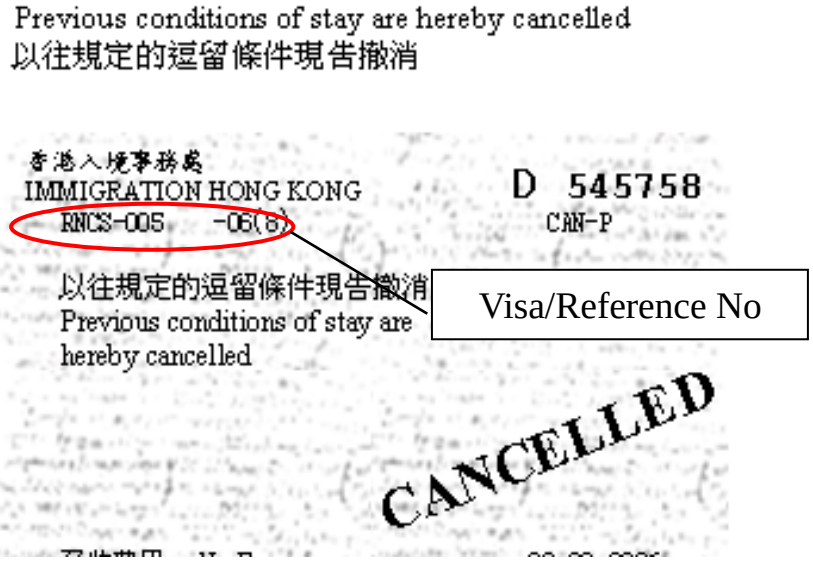
### (i) Samples of Endorsement on a valid travel document showing "the right to land in Hong Kong"



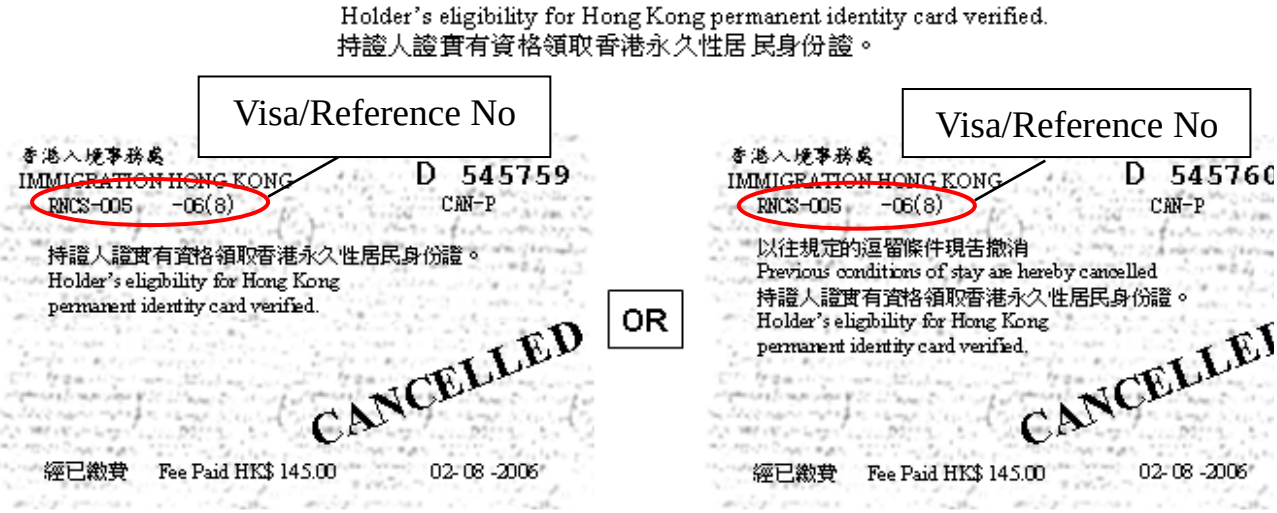

### (ii) Sample of Endorsement on a valid travel document showing "the holder was permitted to land" in Hong Kong



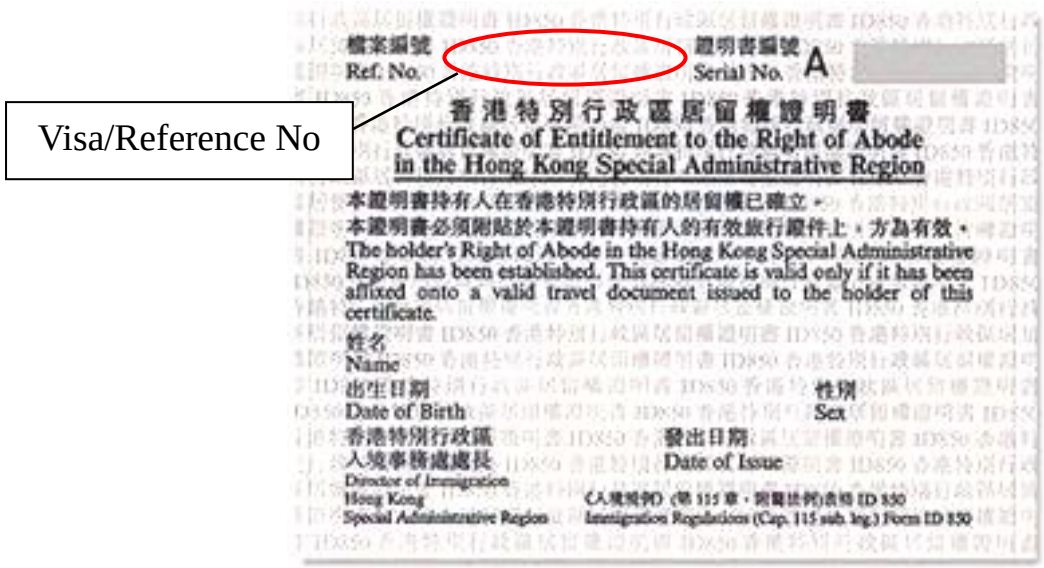
**(iii) <u>Sample of Endorsement on a valid travel document showing "previous conditions of stay are hereby cancelled"</u>**




**(iv) <u>Sample of Endorsement on a valid travel document showing that the eligibility of HK permanent ID card verified</u>**



**(v) <u>Sample of Endorsement on a valid travel document showing "Certificate of Entitlement to the right of abode in Hong Kong Special Administrative Region"</u>**

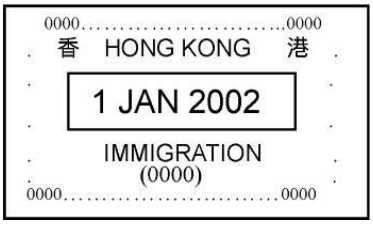



**(vi) <u>Samples Endorsement on the child's valid travel document showing "unconditional stay in HKSAR had been granted"</u>**

"Unconditional stay in HKSAR had been granted" can be identified by a Hong Kong landing stamp on a person's valid travel document showing that he/she is permitted to stay with no condition attached (獲准無條件在香港居留), i.e., an arrival stamp without any condition attached on top of the landing endorsement.

**<u>Landing Endorsement</u>**

**<u>Remarks:-</u>**



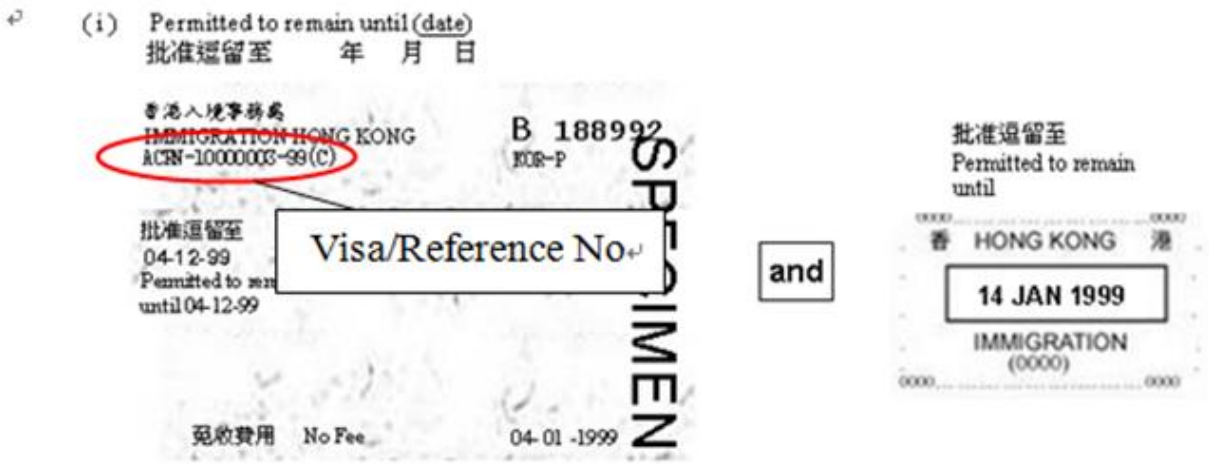

(Authenticating stamp before 23 January 2008)

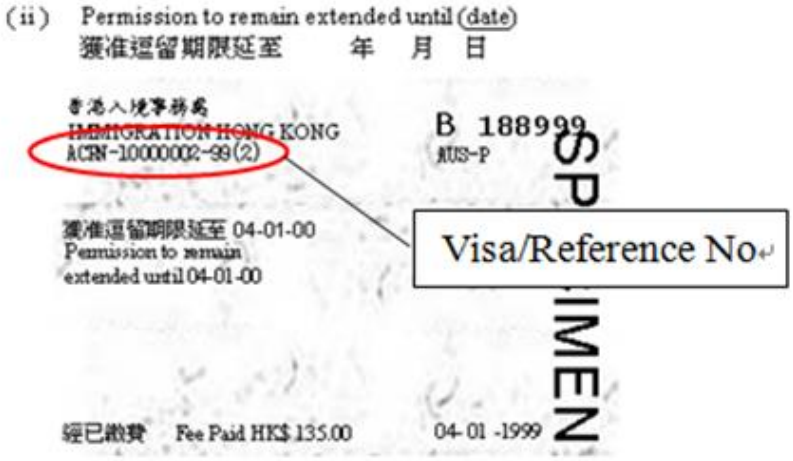



(Authenticating stamp on or after 23 January 2008)

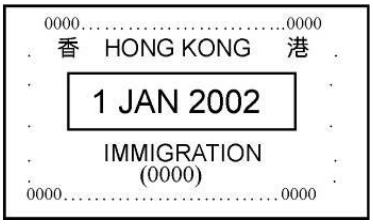
**(vii) <u>Samples of Endorsement on a valid travel document showing "Permitted to remain until" and "Permitted to remain extended until a specific date"</u>**

**<u>Endorsement</u>** **<u>Landing Stamp</u>**




**<u>Remarks:-</u>**




(Authenticating stamp before 23 January 2008)

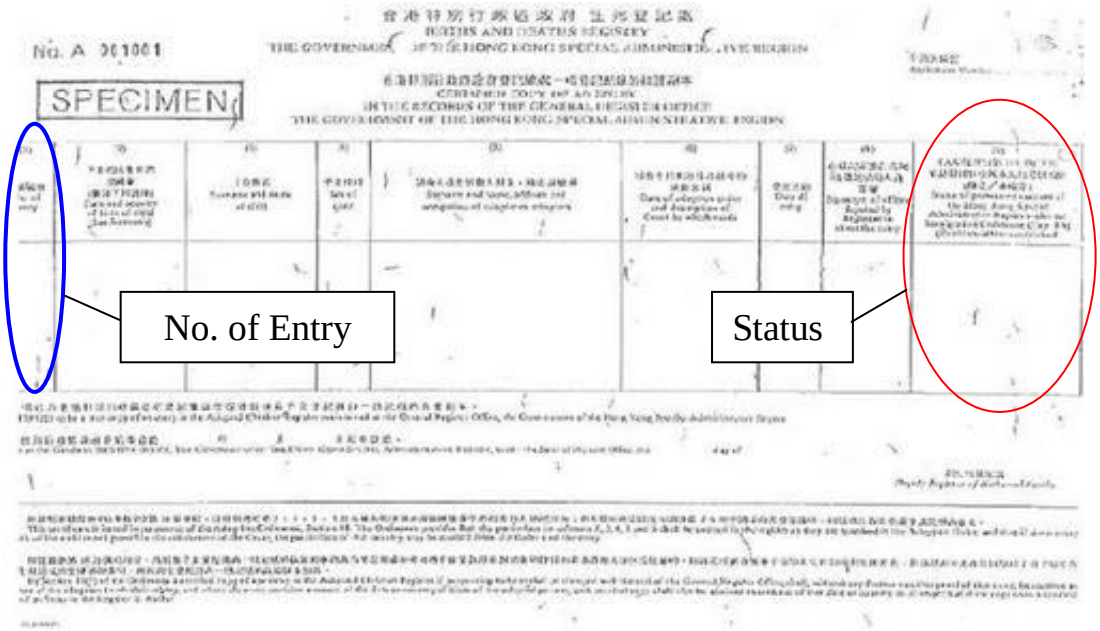



(Authenticating stamp on or after 23 January 2008)

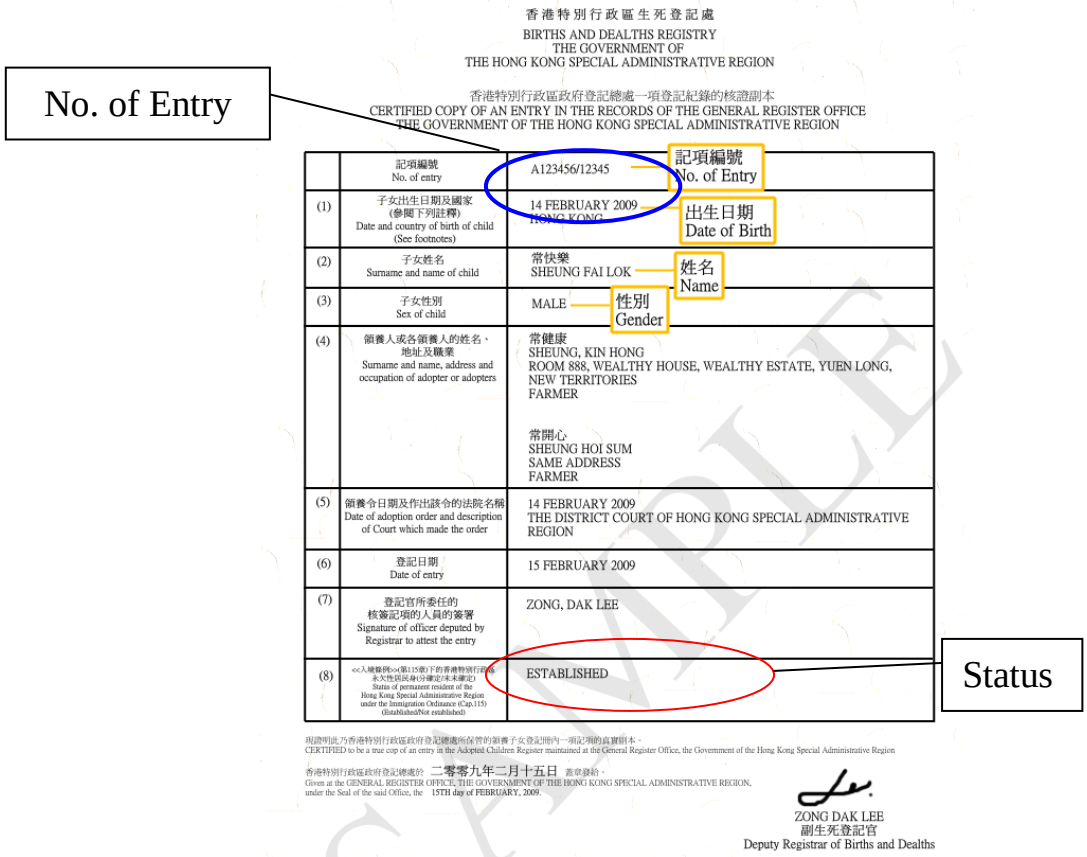
## (8) Samples of certificate issued by the Births Registry for adopted children

*(with their status of permanent resident indicated "Established")*

### Issued before 25 January 2006

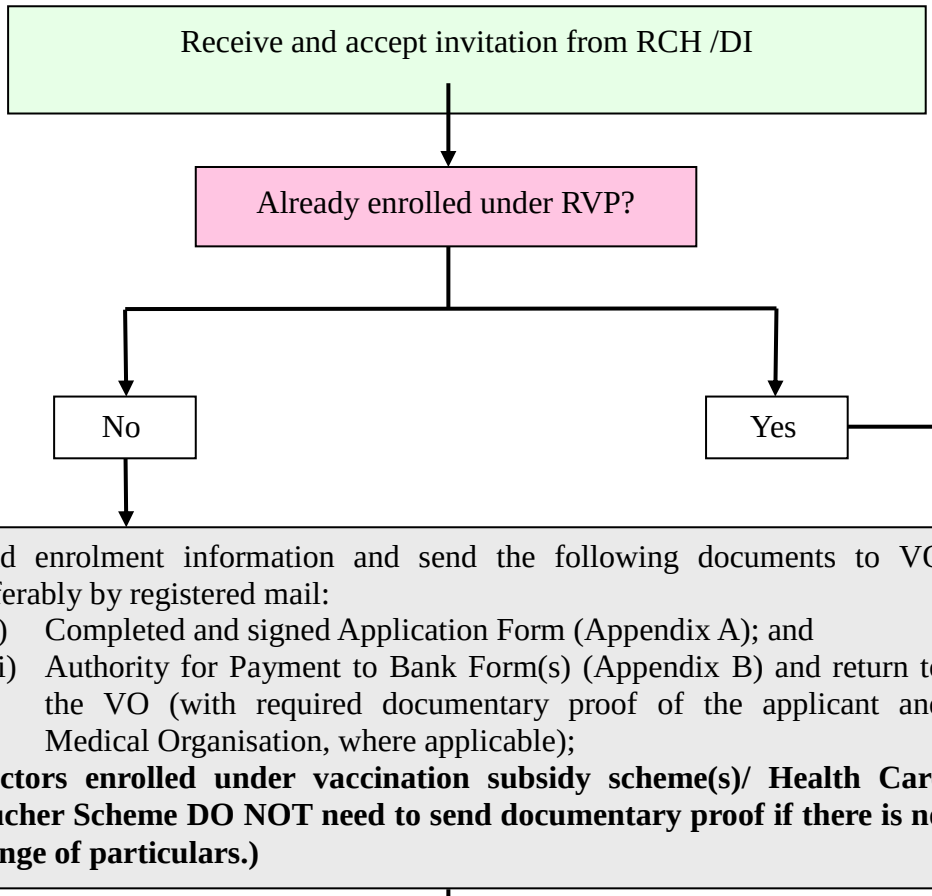



### Issued on or after 25 January 2006



# Appendix I

## Flow chart of key stages in joining and making claims under RVP




Read enrolment information and send the following documents to VO preferably by registered mail:

i) Completed and signed Application Form (Appendix A); and

ii) Authority for Payment to Bank Form(s) (Appendix B) and return to the VO (with required documentary proof of the applicant and Medical Organisation, where applicable);

**(Doctors enrolled under vaccination subsidy scheme(s)/ Health Care Voucher Scheme DO NOT need to send documentary proof if there is no change of particulars.)**

**Vaccination Period**

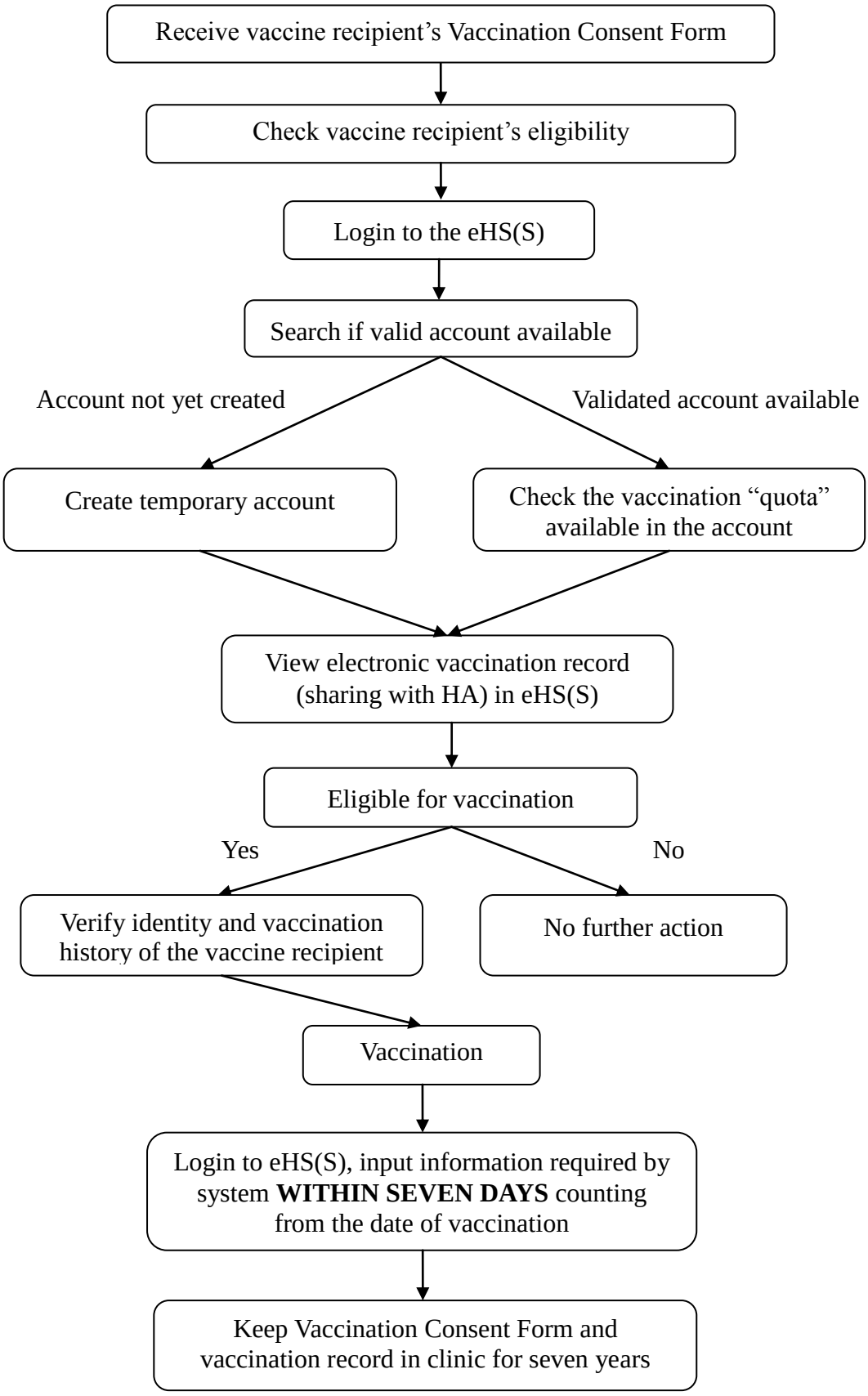
1. Receive Vaccination Consent Form from RCH/DI 10 days prior to vaccination.
2. Retrieve/create eHealth (Subsidies) account in eHS(S) and check recipient's eligibility and vaccination history.
3. Check recipient's identity against the Vaccination Consent Form before providing vaccination.
4. Provide vaccination service under RVP if the recipient is eligible.

**Reimbursement**

1. Login to eHS(S), input information required by system **WITHIN SEVEN DAYS** after the delivery of service. **Claims for reimbursement submitted after seven days of vaccination may not be processed.**
2. At the end of each month, the eHS(S) will generate payment files, based on the information submitted by VMO.
3. Reimbursement will be paid directly to the designated bank account upon satisfactory pre-payment checking.
4. Routine checking will be conducted by VO.

# Appendix II

## Flow chart of providing vaccination service under RVP



# Appendix III

Please refer to the following websites for the updated lists of designated institutions for PID which can opt to join RVP

**Relevant websites**

**Special school list:** (only applicable to schools for children with intellectual disability, physical disability, hearing impairment and visual impairment of this list: those schools for social development and hospital schools are NOT included)

http://www.edb.gov.hk/attachment/en/edu-system/special/overview/factsheet/special-edu/spsche14-15.pdf

**Day Activity Centre list:** http://www.swd.gov.hk/doc/RMB/DAC_bilingual_012015.pdf

**Sheltered workshop list:** http://www.swd.gov.hk/doc/RMB/SW_Eng_Feb-2015.pdf

**Integrated Vocational Rehabilitation Services Centre list:**
http://www.swd.gov.hk/doc/RMB/IVRSC_Eng_092015.pdf

**Integrated Vocational Training Centre list:**
http://www.swd.gov.hk/doc/rehab/IVTC_E_062012.pdf

**District Support Centre list:**
http://www.swd.gov.hk/doc/RMB/List%20of%2016DSCs_072015_E.pdf

# Appendix IV

**A.** American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV)'s criteria for intellectual disability:

> (I) significantly sub-average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgement of significantly sub-average intellectual functioning);
>
> (II) concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his/her age by his/her cultural group) in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety; and
>
> (III) onset before the age of 18.

**B.** American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition, 2013 (DSM-V)'s criteria for intellectual disability:

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

I. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.

II. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

III. Onset of intellectual and adaptive deficits during the developmental period.

Note: The diagnostic term intellectual disability is the equivalent term for the ICD-11 diagnosis of intellectual developmental disorders. Although the term intellectual disability is used throughout this manual, both terms are used in the title to clarify relationships with

other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa’ s Law) replaces the term mental retardation with intellectual disability, and research journals use the term intellectual disability. Thus, intellectual disability is the term in common use by medical, educational, and other professions and by the lay public and advocacy groups.


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