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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 Programme Management and Vaccination Division (PMVD) of the Department of Health (DH):

Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hunghom

Kowloon

Fax : 2713 6916

Email : vacs@dh.gov.hk

Telephone: 3975 4472 (General Enquiry)

2125 2125 (Vaccination Incident)

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) Administrative Arrangements under RVP 2022/23

- Check recipients' vaccination records in eHS(S) Two options
 - Individual vaccine recipient (Section 3.5) OR
 - Excel batch upload (Section 3.6)
- Submit vaccine order (Section 2.4.3)
- Prepare vaccination equipment (Section 2.4.4)
- Clinical waste disposal (Section 2.4.6)
- Submit claims in eHS(S) Two options
 - Individual vaccine recipient (Section 3.5) OR
 - Excel batch upload (Section 3.6)

(ii) For New Enrolees

In order to provide vaccination service under RVP, a doctor who has enrolled in the programme would be invited by the Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs), or Designated Institutions (DIs) including designated day activity centres, sheltered workshops and special schools serving non-institutionalised Persons with Intellectual Disability (PIDs). Please refer to Appendix I for the key stages in joining and making claims under RVP.

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements to enrol in RVP:

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

Started from the 2021/22 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD).

1. Pre-enrolment

Read the "Enrolment Information" at CHP website $(\underline{www.chp.gov.hk/en/view_content/45858.html})$, including Appendix K – RVP Definitions, Terms and Conditions of Agreement, and Schedule.

2. Enrolment application

Send the following documents to Programme Management and Vaccination Division 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 Scheme or Health Care voucher Scheme, documentary proof iii) to vi) are not required if there is no change in 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, Programme Management and Vaccination Division will complete the processing of the application within 14 working days.

(iii) For Enrolled doctors

Registered medical practitioners who enrolled in RVP 2021/22 are required to enrol again for participation in RVP 2022/23. 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 www.chp.gov.hk/en/view content/23543.html).

Please read the latest version of Appendix K - Definitions, Terms and Conditions of Agreement, and Schedule (accessible at CHP website at www.chp.gov.hk/en/features/45858.html).

In the 2022/23 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD).

(iv) Vaccination Period for RVP 2022/23

The vaccination period of RVP 2022/23 is set out as follows:

a)	Seasonal Influenza Vaccine (Inactivated	Start from
	Quadrivalent Vaccine)	29 September
	For persons aged 6 months or above: VaxigripTetra TM – 0.5 ml prefilled syringe with needle	2022 and until
		stocks of
		vaccines expire
b)	Pneumococcal Vaccine	Continue
	13-valent Pneumococcal Conjugate Vaccine (PCV13)	throughout the
	Prevenar 13 – 0.5ml prefilled syringe without needle	year
	(Needles separately provided)	
	23-valent Pneumococcal Polysaccharide Vaccine	
	(23vPPV) Pneumovax 23 – 0.5ml prefilled syringe	
	without needle (Needle separately provided)	

Under this programme, the Government will reimburse the enrolled medical practitioners (i.e. Visiting Medical Officers (VMO)) \$105 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/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians.

(v) Vaccination procedure under RVP

- a) Confirm the date and time of vaccination with in-charge of RCH, RCCC and DI.
 - Seasonal influenza vaccine (SIV) can be co-administered with COVID-19 vaccine or pneumococcal vaccine (PV) under informed consent. Only two types of vaccine should be administered on the same day. Seasonal Influenza Vaccination should be provided as early as possible and preferably before mid-December 2022 for better protection of the residents and staff. Pneumococcal vaccine could be

administered throughout the year. When two different types of vaccine are given together, they should be injected in separate sites of the body with different syringes.

- b) Obtain original or copies of vaccination lists and Vaccination Consent Form from RCH/RCCC/ DI at least 25 working days before the vaccination date.
 - (i) No paper consent form will be needed for eligible residents and staff who can provide informed consent for themselves. For minors and mentally incapacitated persons, paper consent form will still be required.
 - (ii) Opt-out arrangement would be implemented staring from the 2022/23 season. The Government would accept opt-out from the programme only if the written objection is signed by the guardian/parent/ relative of a mentally incapacitated residents. The written objection form (Annex A), duly signed by appropriate personnel, should be submitted to RCHs within 2 weeks after the issue date of the letter.
 - (iii) RCHs would compile lists of residents to receive SIV, PCV13 and 23vPPV vaccination, with resident's names, ID number, information on their pneumococcal vaccination history, and submitted written refusal form from residents/ guardians/ relatives, to be handed over to VMOs.
 - (iv) Checking of Vaccination Consent Form for persons in RCHs/RCCCs
 - If the person 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 of the consent form.
 - If the parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient's 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 RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

- (v) Checking of Vaccination Consent Form for persons in DIs
- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B of the consent form for DI.
- 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 DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.
- (vi) Please refer to Appendix II for the flow chart of obtaining consent for vaccination
- c) There are **two options** available to **check the vaccination records** in eHealth System (Subsidies) (eHS(S))
 - (i) <u>By Individual Vaccine Recipient:</u> (Refer to Section 3.5 for more details)
 - Using the identity information provided by the RCH/RCCC/DI, search and retrieve the eHealth (Subsidies) account of the eligible person, or if an eHealth (Subsidies) account is not yet created, input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) 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 person when logging in the account.
 - Retain the consent forms to validate patient's identity and eligibility before vaccination.
 - (ii) <u>By Excel Batch Upload:</u> (Refer to Section 3.6 for more details)
 - Consolidate the identity information provided by the RCH/RCCC/DI into a consent list in an Excel file encrypted with a password. The password should be sent to the Programme Management and Vaccination Division in a separate email. Submit the consent list to Programme Management and Vaccination Division via email (rvp@dh.gov.hk). Special attention should be paid to the type of identity document being used by the person.
 - The recent vaccination record will be generated into a 'First Report'

in one day after the consent list is uploaded to eHS(S) by Programme Management and Vaccination Division. If an eHealth (Subsidies) account is not yet created, a temporary account will be created automatically.

- Download the 'First Report' and 'Vaccination Name List' generated from eHS(S) and verify the eligible person's past vaccination history and vaccination records and decide whether vaccination is needed.
- Assign the Vaccination Date by each vaccine for the batch of recipients on eHS(S). According to the vaccination records, confirm the batch of recipients to be vaccinated on eHS(S).
- Conduct final checking of vaccination records in eHS(S) three days before vaccination. Download the 'Final Report' and the 'Onsite Vaccination' list generated from the eHS(S) and verify the eligible person's past vaccination history and vaccination records again three days before vaccination.
- d) Submit vaccine order forms (Appendix VI) to Programme Management and Vaccination Division by fax at 2713 6916 <u>at least 10 working days</u> before vaccination day.
- e) 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.
- f) If vaccination record and eligibility status of the person have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.
 - g) Before the day of vaccination, check with In-charge of RCH/RCCC/DI that vaccines, necessary manpower and equipment for vaccination, are available before vaccination. VMO should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation:

(https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download87&title=string107&titletext=string84&htmltext=string84&res

<u>ources=05 Module on Immunisation Children chapter5</u>). The Government will deliver vaccines, consent forms and vaccination cards to each RCH/RCCC/DI.

- h) Pre-arrange clinical waste collection service in advance. There are three ways for handling clinical waste generated after vaccination activity (Refer to Section 2.4.6 for more details):
 - (i) Pre-arrange with licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or
 - (ii) Self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional on the same day after activity; or
 - (iii) Temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.
 - If necessary, VMOs may liaise with RCH/RCCC/DI to assist in clinical waste disposal in their names for VMOs.
 - If VMOs still encounter difficulties in clinical waste disposal, they may seek assistance from DH.
- i) On the day of vaccination, the **original vaccination lists and consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination.
 - (i) If using <u>Individual Vaccine Recipient</u> method, counter-check the personal identity against the vaccination lists and consent forms before vaccination.
 - (ii) If using Excel Batch Upload method, counter-check the personal identity against the consent forms, the 'Final Report' and 'Onsite Vaccination' list before vaccination.
- j) Check the vaccination card(s), if any, and ask recipients and/or their relatives for vaccination history.
- k) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.
- 1) Explain to the recipients and/or his/her parent/guardian/relative the possible

side effects of vaccination and post-vaccination management.

- m) Check to ensure that vaccines supplied by the Government are properly stored (cold chain is maintained) and in good condition. Please follow the guidelines for proper vaccine storage and handling as set out in Chapter 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation:

 (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download85&title=string105&titletext=string84&htmltext=string84&resources=03_Module_on_Immunisation_Children_chapter3). Please pay particular attention to the following points:
 - (i) Strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) Purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) Cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) Fill the empty shelves, floors, drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) The temperature of the vaccine fridge should be monitored by a data logger or minimum/maximum thermometer;
 - (vi) Check and record manually the minimum and maximum temperatures of the vaccine storage unit twice daily onto a temperature log sheet.
- n) Ensure correct and unexpired vaccine(s) is/are given to the recipient.
- o) Administer vaccination and mark the date of vaccination on the vaccination list and consent form immediately.
- p) 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.
- q) If more than one type of vaccine would be given on the same day, please adopt measures to ensure segregation of dispensing and administration, i.e. to take out a different type of vaccine from the refrigerator only after all recipients have completed receiving a single type of vaccine to avoid confusion and inoculating the wrong type of vaccine for the recipients.

- r) 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:

 www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/inde_x.html.
- s) Report to Programme Management and Vaccination Division (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) 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.
- t) Please refer to Appendix III for the flow chart of providing vaccination service under RVP.

(vii) Reimbursement

- a) Claims should only be submitted for reimbursement after it is confirmed that vaccination has been provided to the eligible persons and the Vaccination Consent Form is duly signed and completed by the parent/guardian (if any).
- 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.
 - (i) <u>By Individual Vaccine Recipient:</u> 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. (Refer to Section 3.5 for more details)
 - (ii) By Excel Batch Upload: Log on to the eHS(S), under 'Vaccination File Management', select 'Vaccination File' and input relevant details to view the batch confirmed in step (c)ii. Confirm claims by marking 'Y' (in bulk) under 'Actual Injected' WITHIN SEVEN DAYS counting from the day of delivery of service for online processing for reimbursement. The status of claims can be reviewed on the next day. (Refer to Section 3.6 for more details)
- c) For completeness of vaccination records kept in the eHS(S), you are strongly advised to confirm 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. The status of claim submission on eHS(S) will be shown as 'Suspended'. VMO should contact the Programme Management and Vaccination Division for re-activation of claim submission. 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.
- e) 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.

(viii) 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) Checking will entail collecting relevant consent forms from VMO at any time of the programme.
- f) 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.
- g) After payment has been made, if further checking confirms overpayment, the Government shall request the VMO to recover the payment overpaid.

List of Acronyms

CHP Centre for Health Protection

DH Department of Health

DI Designated Institutions including designated day activity

centres, sheltered workshops and special schools serving non-

institutionalised PIDs

eHS(S) eHealth System (Subsidies)

GBS Guillain-Barré Syndrome

GVP Government Vaccination Programme

HA Hospital Authority
HCW Healthcare Worker

ImmD Immigration Department

MCHK Medical Council of Hong Kong

PCD Primary Care Directory

PCV Pneumococcal Conjugate Vaccine
PID Persons with intellectual disability

PMVD Programme Management and Vaccination Division

PPV Pneumococcal Polysaccharide Vaccine

RCCC Residential Child Care Centre

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

1. Introduction

1.1. What is Residential Care Home Vaccination Programme?

The Residential Care Home Vaccination Programme (RVP) under the Government Vaccination Programme (GVP) aims to provide free and convenient vaccination services for eligible persons in Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs) and Designated Institutions (DIs) in Hong Kong. Private doctors who have enrolled in the programme would be invited by RCHs/RCCCs/DIs as Visiting Medical Officers (VMOs) and provide vaccination services to eligible persons under RVP. Under this programme, the Government will reimburse the VMO \$105 per vaccine injection and VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians.

Under RVP 2022/23, 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 links below: –

- a) Seasonal influenza vaccine:
 - https://www.chp.gov.hk/files/pdf/recommendations on seaonal influenza vaccination for the 2022 23 season in hong kong 25 april.pdf
- b) Pneumococcal vaccine:

www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneu mococcal vaccines amended 120116 clean 2.pdf

1.2. What service providers can participate in RVP?

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements in order to participate in RVP: —

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

Primary Care Directory (PCD) enrolment and continuous medical education (CME) requirement for doctors enrolled in RVP started from the 2021/22 season: –

- a) All doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the PCD started from the 2021/22 season.
- b) To be qualified for enrolment in PCD, doctors must be
 - (i) a registered medical practitioner holding a valid practicing certificate issued under the Medical Registration Ordinance; and
 - (ii) committed to the provision of directly accessible, comprehensive, continuing and coordinated person-centred primary care services
- c) To maintain listing in the PCD, enrolled PCD doctors who are
 - (i) specialists will need to remain in the Specialist Register of the Medical Council of Hong Kong (MCHK) and comply with the CME requirements relevant to the specialty; or
 - (ii) non-specialists will need to participate in the "CME programme for Practising Doctors who are not taking CME Programme for Specialists" approved by the MCHK and shall obtain a yearly CME Certificate or qualified to quote the title "CME-Certified" as approved by MCHK after each CME cycle.
 - (iii) Please refer to the PCD website (<u>www.pcdirectory.gov.hk</u>) for details.

1.3. Vaccination period

a) Seasonal influenza vaccine:

The vaccination period will **start from 29 September 2022** until stocks of vaccines supplied by the Government expire. It is preferable to provide vaccination before mid-December 2022 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 2022/23

a) **Seasonal influenza vaccine**:

- I. All residents and staff in the RCHs;
- II. All residents (aged 6 months to below 12 years) and staff in the RCCCs; and
- III. Persons with intellectual disability (PID) receiving services in DIs; such as designated day activity centres, sheltered workshops and special schools

b) **Pneumococcal vaccine**:

- I. All residents in RCHEs;
- II. All inmates of nursing homes as referred to in the Private Healthcare Facilities Ordinance (Cap. 633); and
- III. Residents in RCHDs aged 65 years or above.

They 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 B for samples of identity documents).

Under RVP, all vaccination should be given in RCHs/RCCCs/DIs only. Vaccination given to eligible recipients in other venues (e.g. private clinics) may result in unsuccessful claims.

1.5. Information on seasonal influenza vaccines and pneumococcal vaccines

I. Seasonal influenza vaccine

The seasonal influenza vaccine provided in 2022/23 is an inactivated egg-based quadrivalent influenza vaccine with the following components:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021(B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)-like virus

For persons aged 6 months or above:

VaxigripTetraTM quadrivalent vaccine – 0.5 ml prefilled syringe with needle

Route for administration: Intramuscular/subcutaneous

For persons with bleeding tendencies or taking anti-coagulants that are contraindicated for intra-muscular injections, VMO could consider giving the vaccine by subcutaneous injection according to their clinical judgment.

Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March/April 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 under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive two doses of seasonal influenza vaccine with a minimum interval of 4 weeks in the 2022-23 season. Children below 9 years of age, who have received at least one dose of seasonal influenza vaccine before are recommended to receive one dose of seasonal influenza vaccine in the 2022-23 season. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

Seasonal influenza vaccination is one of the effective means to prevent seasonal influenza and its complications, as well as reduce influenza related hospitalisation and death. There is increasing evidence suggesting that a person contracting influenza and COVID-19 at the same time may be more seriously ill and has a higher risk of death, and influenza vaccination may reduce the likelihood of hospitalisation and length of stay. As Hong Kong continues to face challenge of COVID-19 pandemic, it is

important to ensure that people who are at greater risk of influenza infection are prioritized to receive SIV, to prevent the healthcare system from being overwhelmed.

The JSC-EAP recommended that COVID-19 vaccines can be co-administered concomitantly, or at any time before or after any other vaccines (including live attenuated vaccines) under informed consent. If clients or parents of children wish to space out COVID-19 vaccine with live attenuated vaccines, an interval of 14 days is sufficient.

II. Pneumococcal vaccine: -

Under RVP 2022/23, the Government provides 13-valent Pneumococcal Conjugate Vaccine (PCV13) and 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) to eligible residents.

13-valent Pneumococcal Conjugate Vaccine (PCV13)

Prevenar 13 -0.5ml prefilled syringe without needle (Needles separately provided)

(Needles separately provided)

Route for administration: Intramuscular

23-valent Pneumococcal Polysaccharide Vaccine (23vPPV)

Pneumovax 23 – 0.5ml prefilled syringe without needle

(Needles separately provided)

Route for administration: Intramuscular/subcutaneous

- a) Residents of RCHEs and residents aged 65 years or above of RCHDs who
 - (i) have never received PCV13 or 23vPPV before, are eligible for one dose of free PCV13, followed by one dose of free 23vPPV 1 year* later; or

Example (a)		1st dose	Recommended dose interval	2 nd dose
Unvaccinated	(a)	2022/23 season PCV13 —	≥ 1 year*	2023/24 season → 23vPPV
	e.g.	30/12/2022		30/12/2023

(ii) have already received 23vPPV, are eligible for one dose of free PCV13 1 year* after the previous 23vPPV vaccination; or

Example (b)		1st dose	Recommended dose interval	2 nd dose
Previously	(b)	Previous season(s) 23vPPV	≥ 1 year*	2022/23 season → PCV13
vaccinated	e.g.	1/11/2021		1/11/2022

(iii)have already received PCV13, are eligible for one dose of free 23vPPV 1 year* after previous PCV13 vaccination; or

Example (c)		1st dose	Recommended dose interval	2 nd dose
Previously vaccinated	(c) e.g.	Previous season(s) PCV13 ————————————————————————————————————	≥ 1 year*	2022/23 season → 23vPPV 30/12/2022

- (iv)have already received both PCV13 and 23vPPV, no longer require any further pneumococcal vaccination.
- b) Residents should attempt to trace their pneumococcal vaccination record(s) from the respective clinic(s) if they do not have a documented vaccination history (vaccination card and electronic record) for pneumococcal vaccine. If residents cannot trace their record(s) nor recall the type and time of vaccination, they should still receive the recommended doses, i.e. one dose of PCV13 followed by a dose of 23vPPV 1 year * later.

Please refer to Appendix IV for the flow chart illustrating the use of PCV13 and 23vPPV under RVP 2022/23.

- * 1 year is assumed to be one calendar year.
 - e.g. 1st dose was given on 30/12/2021 2nd dose should be given on or after 30/12/2022

Note

All VMOs 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 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/RCCC/DI setting. The following notes aim to highlight areas that VMO should note when providing vaccination services.

2.1. Roles and Responsibilities of VMOs

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 Medical Council of Hong Kong (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 vaccine(s) is/are given to correct recipient. It is the responsibility of VMOs to ensure all vaccines are not expired and maintained at a proper cold chain prior to administration. Improper storage or mishandling decrease the potency of vaccines.
- d) 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 MCHK as the standard to provide quality health care. VMOs who fail to comply with the aforementioned may be subject to administrative sanctions.

2.2. Safety and legal issues

- a) The health team administrating vaccination at RCHs/RCCCs/DIs can be comprised of at least one Registered Nurse with emergency training, such as basic life support, who is supported by an adequate number of trained personnel for vaccination, on condition that the pre-vaccination assessment had been duly completed in advance by VMO and the VMO is readily accessible in case of queries from the vaccination team on pre-vaccination assessment.
- b) The eligible person's suitability for vaccination should be assessed before vaccination.
- c) 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.
- d) Observe recipients for any severe adverse reaction.
- e) Sharps and wastes (e.g. needles, blood-stained cotton wool balls or alcohol swabs) must be properly handled and disposed.
- f) Relevant staff should be advised on the terms of services provided by the VMO, and understand the VMO's liability.

2.3. Providing 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 (https://www.chp.gov.hk/en/features/21657.html).

- 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 them for information verification.

2.4. Preparation procedures

2.4.1. Administrative procedures

- a) Ensure you have enrolled and activated the eHealth (Subsidies) (eHS(S)) Service Provider account within 21 days upon receipt of confirmation of enrolment before providing vaccination service. You may contact Programme Management and Vaccination Division (PMVD) to check the status of your application.
- b) Confirm the date and time of vaccination with in-charge of RCH/RCCC/DI. Seasonal influenza vaccine (SIV) can be co-administered with COVID-19 vaccine or pneumococcal vaccine (PV) under informed consent. Only two types of vaccine should be administered on the same day. Seasonal Influenza Vaccination should be provided as early as possible and preferably before mid-December 2022 for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When two different type of vaccines are given together, they should be injected in separate sites of the body with different syringes.
- c) Staff of PMVD may conduct random on-site inspection without prior notice.

2.4.2. Obtaining consent and checking eligibility (for SIV & PV)

- a) No paper consent form will be needed for eligible residents and staff who can provide informed consent for themselves. For minors and mentally incapacitated persons with parent/legal guardian, paper consent form will still be required.
- b) With the help of RCH staff, informed consent should be obtained from the residents / legal guardians/ relative.
- c) The informed consent to be obtained shall allow the access and use of the Vaccination recipient's personal data for the purpose of (i) creation of eHS(S) account (if it has not been already created), (ii) administration and monitoring of the RVP; and (iii) all those purposes as set out in the "Statement of Purpose for the collection of Personal Data" at the end of the Consent Form.

- d) Opt-out arrangement would be implemented staring from the 2022/23 season. The Government would accept opt-out from the programme only if the written objection is signed by the guardian/parent/ relative of a mentally incapacitated residents. The written objection form (Annex A), duly signed by appropriate personnel, should be submitted to RCHs within 2 weeks after the issue date of the letter.
- e) Unless a written refusal form is received from the parents (if vaccine recipient is aged under 18)/ guardian (if vaccine recipient is mentally incapacitated)/ relative, VMO may consider to act in the best interest of the residents to provide SIV and PV.
- f) For mentally incapacitated residents/ boarders/PID who have no parent/guardian, decision of vaccination is to be made by the VMO in accordance with section 59ZF(3) of Cap 136 considering the vaccination is necessary and in the best interest of the vaccine recipient. "Best interests" go far wider than "best medical interests", and include factors such as the resident/boarder/PID's wishes and beliefs when competent, his/ her current wishes and general well-being.
- g) Collect original or copies of vaccination list and duly completed Vaccination Consent Form from RCH/RCCC/DI at least <u>25 working days</u> before the vaccination day.
 - (i) Checking of Vaccination Consent Form for persons in RCHs/RCCCs
 - If the person 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 of the consent form.
 - 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 RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.
 - (ii) Checking of Vaccination Consent Form for persons in DIs
 - Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B of the consent form for DI.
 - 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 DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.
- h) Check the eligibility and vaccination records of consented recipients on the eHS(S)
 - (i) By <u>Individual Vaccine Recipient</u> (Refer to Section 3.5)
 - (ii) By Excel Batch Upload (Refer to Section 3.6)

2.4.3. Vaccine ordering & vaccine storage

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines should be prescribed by the doctor. VMOs are responsible for pre-ordering sufficient vaccines for consented persons and ensure the vaccines ordered are properly stored under RVP.

- (1) Vaccine Ordering
 - a) Liaise with RCH/RCCC/DI to confirm:
 - (i) vaccination date (SIV/PV);
 - (ii) number of remaining dose(s) of SIV and PV (if any) in RCHs and ensure they are stored properly;
 - (iii) number of each type of vaccines required in accordance to the First Report or individual vaccine recipient checking through eHS(S);
 - (iv) the place for proper vaccine storage;
 - (v) vaccine delivery arrangement (i.e. delivery date, time and designated staff to receive vaccines).
 - b) Submit prescribed vaccine order forms to PMVD <u>at least 10 working days</u> before vaccination. VMO should refer to the number of eligible persons from eHS(S) to decide the quantity of vaccines required. If the number of recipients in the institution is large and the vaccination needs to be provided separately for multiple days, VMO can order the vaccines separately according to the day of vaccination in order to reduce the vaccination incident that may result from excessive or poor vaccine storage.
 - c) By providing the information on the prescribed vaccine order forms, the VMO is deemed to have accepted the terms and conditions of the RVP. The

- latest version of Definitions, Terms and Conditions of Agreement, and Schedule can be found on the CHP website (www.chp.gov.hk/en/features/45858.html).
- d) PMVD will contact VMO to confirm the number of vaccines required, delivery date and address with the corresponding RCH/RCCC/DI. Contact PMVD if VMO cannot receive order confirmation three working days after order submission.

(2) Vaccine storage and cold chain maintenance

- a) Check to ensure that vaccines are ready and properly stored (cold chain is maintained) in RCH/RCCC/DI. Breach in the cold chain will render the vaccine effectiveness. Please follow the guidelines for proper vaccine storage and handling as set out in Chapter 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation:
 - (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download85&title=string105&titletext=string84&htmltext=string84&resources=03_Module_on_Immunisation_Children_chapter3). Please pay particular attention to the following points:
 - (i) strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) the empty shelves, floors, drawers and the door should be filled with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) the temperature of the vaccine fridge should be monitored by a data logger or maximum-minimum thermometer;
 - (vi) the maximum and minimum temperatures of the vaccine storage unit should be checked and recorded regularly (at least twice daily) onto a temperature log sheet, to maintain under cold chain at 2-8°C before administration of vaccines.
- b) In case of temperature excursion (i.e. if vaccines have been exposed to

temperatures outside the recommended range), check whether the in-charge of RCH/RCCC/DI has informed PMVD as appropriate. PMVD will contact the manufacturer or drug company to evaluate the stability/effectiveness of the affected vaccines and determine whether they are still serviceable. Please do not use the affected vaccines until receiving confirmation from PMVD.

2.4.4. Preparation of vaccination equipment

VMO should liaise with RCHs/RCCCs/DIs to ensure that vaccination equipment is well prepared beforehand and should have the expiry date checked, including:

- (i) sharps boxes;
- (ii) kidney dishes/containers;
- (iii) 70-80% alcohol-based hand rub for hand hygiene;
- (iv) alcohol pads/swabs for skin disinfection before vaccination;
- (v) dry sterile gauze/non-woven balls for post vaccination compression to injection site;
- (vi) relevant documents and stationery as required for vaccination; and
- (vii) emergency equipment.

2.4.5. Preparation of emergency equipment and emergency situation

VMO should prepare emergency equipment and medication that must be ready in vaccination venue, including:

- (i) bag valve mask set (with appropriate mask size);
- (ii) Registered and unexpired Adrenaline (1:1,000 dilution) for IM injection with appropriate syringes and needles (at least three 1 ml syringes and at least three 25-32mm length needles) OR adrenaline in pre-filled pen or autoinjector, registered in Hong Kong;
- (iii) blood pressure monitor (with appropriate cuff size);
- (iv) protocol for emergency management.



Photo: Examples of essential equipment for emergency at outreach vaccination activity

- a) VMO should be familiar with the protocol for emergency management and resuscitation procedures.
- b) 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. At least one medical staff with valid BLS should be arranged to stay in the resting area.
- c) Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation:

 (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=down load87&title=string107&titletext=string84&htmltext=string84&resources=05 Module on Immunisation Children chapter5).

Note: All doctors are advised to carefully read the product information of the vaccines, noting especially the contra-indications, route of administration, dosage and expiry date, storage and handling.

2.4.6. Preparation of clinical waste handling and disposal

Under RVP, VMOs are responsible to arrange collection of clinical waste produced after vaccination activity. Please make appropriate arrangement ahead of time for disposal of clinical waste generated in each vaccination activity.

a) Handling of clinical waste

- (i) Regulation of clinical waste handling is under the purview of Environment Protection Department (EPD).
- (ii) All clinical waste generated (mainly used needles and syringes) should be properly handled and disposed (including proper package, storage and disposal) in accordance to the Waste Disposal (Clinical Waste) (General) Regulation.
- (iii) Alcohol swabs and cotton wool balls slightly stained with blood, are not clinical waste by legal definition, and should be properly handled and disposed of as general refuse.
- (iv) For details, please refer to the EPD's Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers) (www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf) or contact EPD Clinical Waste Hotline at 2835 1055 for any enquiries.
- (v) EPD may also conduct surprise inspection to check any non-compliance of clinical waste management regarding the vaccination activities under RVP.

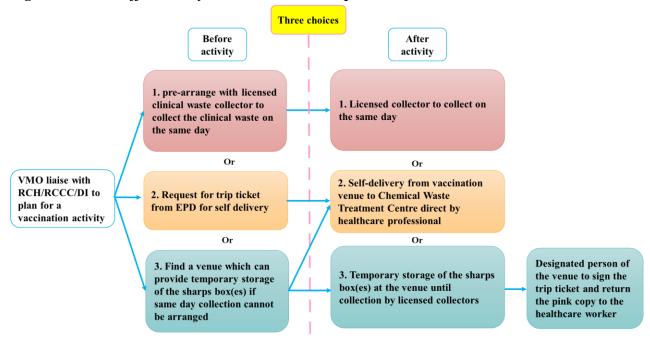
b) Disposal of clinical waste

- (i) Clinical waste generated should be disposed directly into sharps box(es) with cover. The sharps box(es) should be placed on a flat, firm surface and at an optimal position near the staff providing vaccination.
- (ii) The specifications of a typical sharps box are given in Annex C of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (www.epd.gov.hk/epd/clinicalwaste/en/information.html).
- (iii) Do not overfill sharps box. Dispose sharps box when the disposable sharps reach the warning line (70-80%) for maximum volume. Seal up sharps box afterwards for proper disposal.
- (iv) VMO should pre-arrange and decide method of clinical waste collection and disposal prior to each vaccination activity, and may liaise with the institution for assistance.
- (v) If the institutions cannot dispose the clinical waste in their names for the

VMOs, there are **three ways** in clinical waste disposal (also see Figure 1), namely

- i. pre-arrange licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or
 - Before vaccination day, VMO should contact with licensed clinical waste collectors for pre-arranging clinical waste collection at the end of the activities and liaise with RCHs/RCCCs/DIs about the arrangement.
 - The list of licensed clinical waste collectors is available online at EPD website (http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1).
- ii. self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre by healthcare professional on the same day after the activity (Refer to Appendix IV for the details); or
 - Before the activity, blank trip tickets have to be obtained from EPD for self-delivery.
- iii. temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.
 - Please note that a locked and labelled cabinet, proper sanitary conditions, prevention of unauthorized access, designated person of the venue to sign the trip tickets and return the pink copy to the healthcare worker are required.
- (vi) If VMOs still encounter difficulties in clinical waste disposal, they may seek assistance from DH, by completing the request form for Clinical Waste Collection Service under RVP 2022/23 (Appendix VI) and submit to PMVD by 31 May 2023.

Figure 1: Three different ways in clinical waste disposal



- (vii) VMO should obtain a Clinical Waste Producer Premises Codes from the EPD beforehand (unless the institutions agree to assist VMOs in clinical waste disposal). The premises code is needed for completing the clinical waste trip ticket (see example at Figure 2). Please specify "Outreach Service" on the Premises Code Request Form (see example at Figure 3).
- (viii) Please note that premises code for each premises is unique. A separate premises code is required for outreach vaccination activities and must be different from the premises codes for clinic use.

Figure 2: Premises Code Request Form

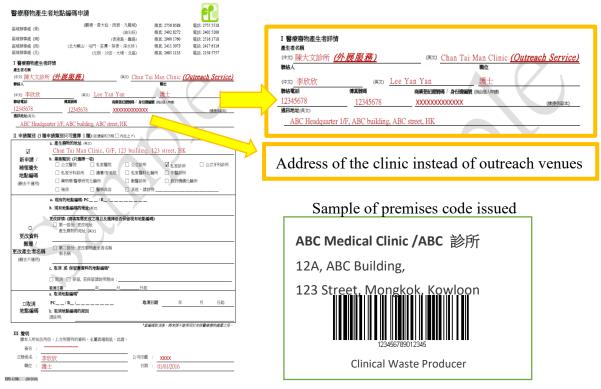
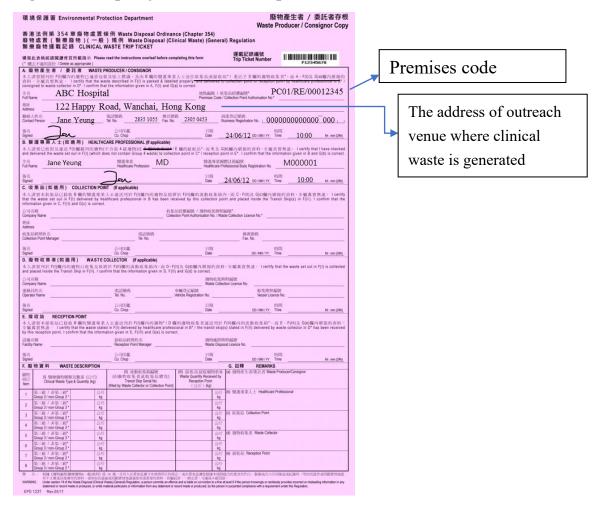


Figure 3: Sample of clinical waste trip ticket



- c) Temporary storage of clinical waste
 - (i) In case the collection of clinical waste cannot be arranged on the vaccination day, VMOs may liaise with RCH/RCCC/DI before the vaccination day to arrange temporary storage of used sharps box(es) in a locked and labelled cabinet at the venue until collection by licensed clinical waste collector or until the healthcare professional can arrange self-delivery.
 - (ii) Clinical waste should not be moved from the premises to another place for storage.
 - (iii) Affix a label (see example at Figure 4) on each clinical waste container requiring temporary storage. The label should clearly display:
 - the name of the responsible healthcare worker;
 - name of his/her organisation;
 - emergency contact number;
 - address of waste generation (i.e. the venue address); and
 - the date of sealing.
 - (iv) After the sealed container is handed to the venue for temporary storage, it is the responsibility of the designated person of the venue to store the clinical waste properly before collection by licensed clinical waste collector.
 - (v) When the licensed clinical waste collector comes to collect clinical waste stored on-site, the designated person of the venue should sign the trip ticket and forward the pink copy of the trip ticket to the healthcare worker for record.
 - (vi) According to the Regulation, except to the Chemical Waste Treatment Centre direct, delivery of clinical waste to any other places by healthcare workers (including to their own clinics) is not permitted.

- (vii) The temporary storage area of clinical waste should meet with following requirements and specifications:
 - the storage area should be an independent lockable storage cabinet, locker or drawer, and keep away from the area of food preparation and storage;
 - a warning sign and a label (see example at Figure 5) comprising:
 - the name of the responsible healthcare worker;
 - name of his/her organization; and
 - emergency contact number should be affixed on the door of the storage area.
 - the warning sign could be obtained from the EPD free of charge;
 - any unauthorised access to the temporary storage area should be prohibited.

Figure 4: Example of a labelled clinical waste container (sharps box)



Name of organisations/	ABC Clinic/
healthcare worker	Dr Chan Tai-man
Emergency contact no.	9123 4567
Address of	ABC Elderly Home,
clinical waste	No. 123, XX XXX
	Street,
generation	XX, N.T.
Date of sealing	25/11/2022

Name of organisations/ healthcare worker Dr Chan Tai-man Emergency contact no. 9123 4567

Figure 5: Example of warning sign and label on a temporary storage cabinet

d) Record Keeping

- (i) Clinical wastes disposal records in accordance to EPD, doctors must keep the clinical waste disposal records (the pink copy of the Clinical Waste Trip Ticket) for 12 months and to produce such copies to EPD for inspection upon request. EPD may also conduct surprise inspection to check for any non-compliance in clinical waste management in the vaccination activities.
- (ii) Keep record of disposal of vaccines including the date of disposal, quantity, lot number and receipt of disposed vaccines by appropriate agency.

2.5. 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 personal identity information in the vaccination list and consent form and confirm his/her eligibility to receive vaccination under RVP. Please refer to Section 1.4 for assessing the eligibility. 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 B for samples of identity documents. No vaccination fee will be paid to a VMO for vaccination given to ineligible

recipient.

- b) Collect the vaccination list and consent form <u>at least 25 working days before</u> <u>vaccination</u> from the RCHs//RCCCs/DIs and ensure that it is duly completed.
- c) Check and verify past vaccination records of consented recipients and ascertain the availability of vaccination quota in the eHS(S). This can be done by two methods on eHS(S): 1) Individual Vaccine Recipient OR 2) Excel Batch Upload. Vaccination given to persons who have no vaccination quota will not be reimbursed.
- d) Vaccination should not be provided if the past vaccination history and vaccination records of the person in the eHS(S) has not been checked.
- e) If using the <u>Individual Vaccine Recipient method</u>, the VMO should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking (if applicable).
- f) If using the Excel Batch Upload method, the VMO should also bring the Final Report and 'Onsite Vaccination' list (generated from eHS(S)), and make remarks on the report / list if as and when necessary. The VMO should have a system in place to record that recipients included in the report / list has actually received the vaccination on the scheduled day. The VMO should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking (if applicable).
- g) <u>Claims should only be made after vaccination has been given</u>.
- h) 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
 - (i) recipient's vaccination record/card;
 - (ii) consent form and clinical notes (if any);
 - (iii) onsite vaccination list generated by the eHS(S)(if any) or vaccination list prepared by the RCH; and
 - (iv) eHealth (Subsidies) account.
- i) Since the signing of consent form does not equate receiving vaccination, the doctor should submit claims after the vaccination.
- j) To ensure accuracy of records and prevent duplication of vaccination, VMO is required to log on to the eHS(S) to make claims of vaccination fee under the scheme 'RVP' **WITHIN SEVEN DAYS** counting from the date of vaccination.

- k) For the completeness of vaccination records kept in the eHS(S), VMOs are strongly advised to input all relevant records within seven days after conducting the vaccination even though the vaccination service is provided as volunteer service.
- 1) 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.

2.6. Vaccination procedure and infection control practice

- a) Before the day of vaccination, check with the In-charge of RCH/RCCC/DI that vaccines and necessary manpower are available before vaccination; and ensure that the vaccination equipment are well prepared.
- b) Confirm with RCH/RCCC/DI that the vaccination area is well ventilated, adequately lighted and clean.
- c) On the day of vaccination, the **original consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination (if any).
- d) Vaccination history of recipients and their eligibility status should be verified by **all means** before vaccination, such as:
 - (i) counter-checking personal identity against the vaccination list and consent form (if any);
 - (ii) checking the recipients' names are on the **consent list** (Final Report) and **onsite vaccination list** generated from eHS(S) if using Excel batch upload method (if any);
 - (iii) checking the recipients' names are on the **vaccination list** prepared by the RCH/DI if using the individual checking method (if any);
 - (iv) inspecting the vaccination records on vaccination cards (if any); and
 - (v) asking recipients and/or their relatives for vaccination history.
- e) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.
- f) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.
- g) Infection control practice must be complied by all personnel.
 - (i) When having fever and/or respiratory symptoms etc, refrain from providing vaccination services and seek medical advice.

- (ii) Surgical masks should be worn at all times during the vaccination activity. Please refer to Personal Protective Equipment Section of Infection Control Branch Infection Control Guidelines for Personal Protective Equipment indications and usage (www.chp.gov.hk/en/resources/346/365.html).
- (iii) For RCH, vaccination should be given to residents at the bedside.
- (iv) For DI, all participants need to keep appropriate distancing (i.e. at least 1 metre between persons who need to wear masks) at waiting area, vaccination area, while queuing and taking part in other activities if any. Temperature checking for participants should be in place before entering the premises for vaccination. All participants should wear a mask and practice hand hygiene.
- (v) Hand hygiene practice should be adopted and strictly followed during vaccination procedure (Adhere to 5 moments and 7 steps of hand hygiene technique, please refer to Annex C).
- (vi) Wearing gloves cannot replace hand hygiene. If gloves are used, they should be changed after each vaccination and hand hygiene should be performed before putting on new gloves.
- (vii) Use a new alcohol prep/ alcohol swab for skin disinfection and allow the site to DRY completely before vaccination, and use a new dry sterile gauze/non-woven ball for post vaccination compression of injection site.
- (viii) Wipe the vaccination area from centre outwards, without touching the same area repeatedly.
- (ix) Do not pre-soak cotton wool in a container as it will be contaminated with the hand and environmental bacteria.
- (x) For more details about infection control guidelines, please refer to the Infection Control Corner at CHP website (www.chp.gov.hk/en/resources/346/index.html).
- h) Checking of vaccines and rights of medication administration should be adopted, including:
 - (i) 3 checks: when taking out the vaccine from storage, before preparing

the vaccine and before administering the vaccine

(ii) 7 rights:

- The right patient;
- The right vaccine or diluent;
- The right time (e.g. correct age, correct interval, vaccine not expired);
- The right dosage (Confirm appropriateness of dose by using current drug insert as reference.);
- The right route, needle length and technique;
- The right site; and
- The right documentation (e.g. Document the name of recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card.)
- i) Administer vaccination and mark the date of vaccination on the vaccination list and consent form immediately.
- j) 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.
- k) Sign and mark down date of vaccination on the 'Onsite Vaccination' List generated from eHS(S) or vaccination list prepared by the RCH/RCCC/DI.
- If more than one type of vaccine would be given on the same day, please adopt measures to ensure segregation of dispensing and administration, i.e. to take out a different type of vaccine from the refrigerator only after all recipients have completed receiving a single type of vaccine, to avoid confusion and inoculating the wrong type of vaccine for the recipients.
- m) 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: www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

- n) Report to PMVD (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) 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.
- o) Please refer to Appendix II for the flow chart of providing vaccination service under RVP.

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 persons who have 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 PMVD 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 original account for any 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 after the token and the letter are received.

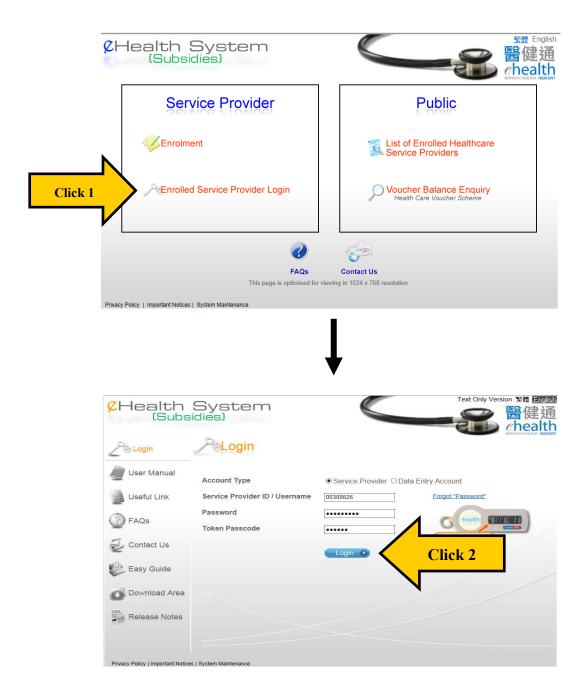
To activate the "Service Provider Account", a VMO should: –

- 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 PMVD for unlocking the account (see Section 3.15).

3.4. Creating "Data Entry Account"

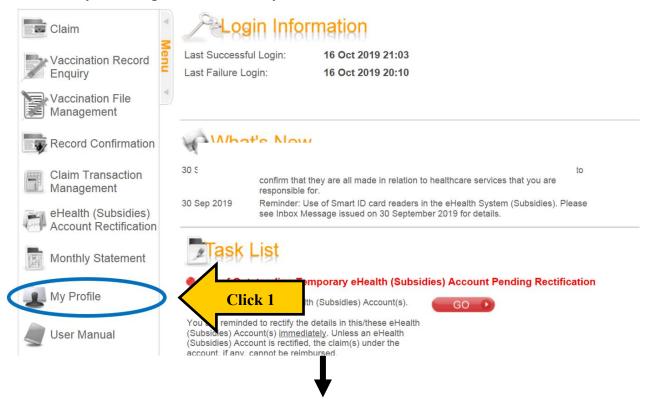
For each VMO, a "Service Provider Account" will be created. The VMO can log in the eHS(S) with his/her Service Provider ID, password and the authentication token.

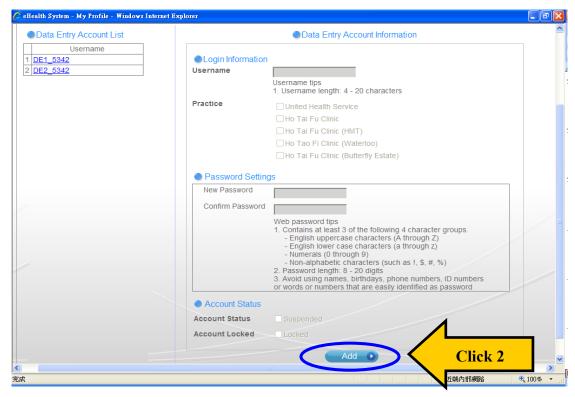
To facilitate administrative work for claim processing and reimbursement accounting, the VMO can create "Data Entry Account" for delegating the data management work to data entry clerks.

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".

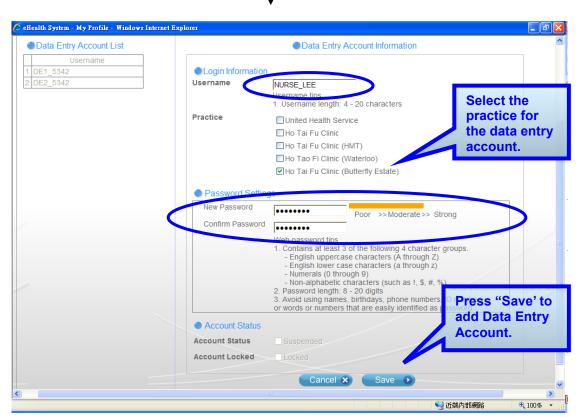
The "Data Entry Account" will allow certain data management work (such as search/retrieve vaccination recipient eHS(S) accounts, create accounts, and register transaction information) but with limited authority. The transactions registered through the "Data Entry Account" need to be confirmed by the 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 eHS(S) 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".

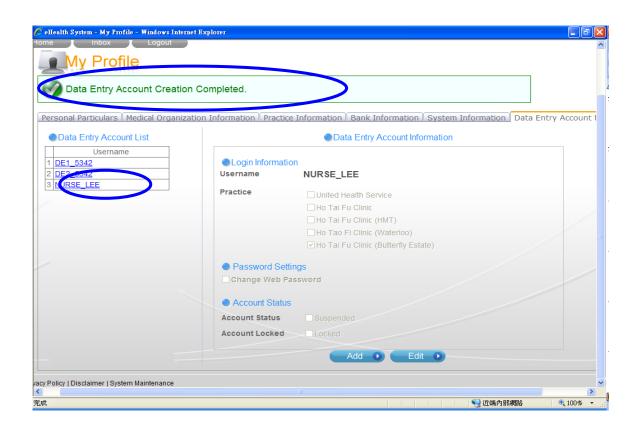












3.5. Procedures of Records Checking, eH(S)A Creation / Rectification and Claims Submission for Individual Vaccine Recipient

3.5.1. Viewing electronic vaccination record

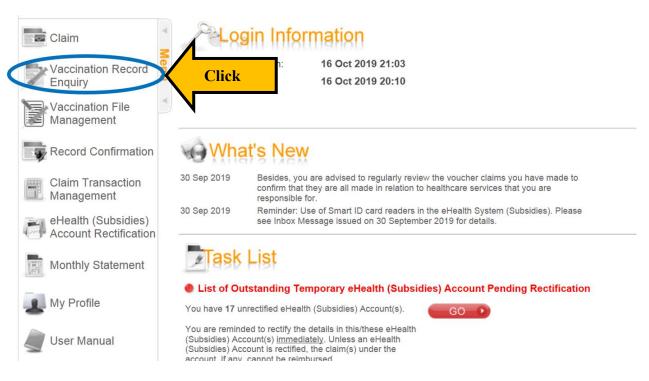
VMO should check the recipient's electronic vaccination record in the eHS(S) before providing vaccination to avoid duplication of vaccination. <u>VMO should</u> never provide vaccination to recipient if the recipient's vaccination record has not been checked in the eHS(S).

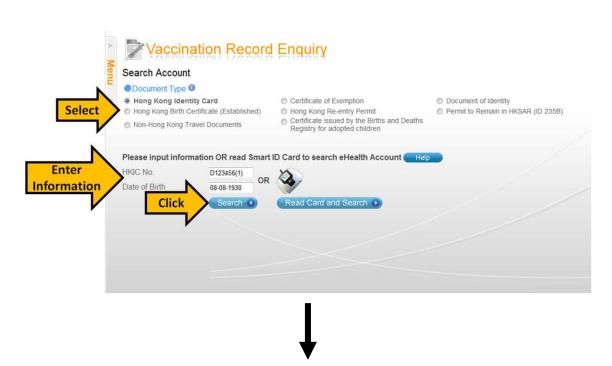
Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. VMO should note that vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person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

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

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

- a) Collect the vaccination list and "Vaccination Consent Form" of the recipient from the RCH/RCCC/DI (it is essential that the consent form should be duly completed and the information on it is correct);
- b) Counter-check with RCH/RCCC/DI in-charge the HKIC/Certificate of Exemption/ other valid documents shown on the vaccination list and consent form of the vaccine recipient to verify the information is correct;
- c) Log in to eHS(S) and select the "Vaccination Record Enquiry" function;
- d) Use the identity information provided in the vaccination list and 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 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 eHealth (Subsidies) account, the VMO should input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) account (see Section 3.5.2);







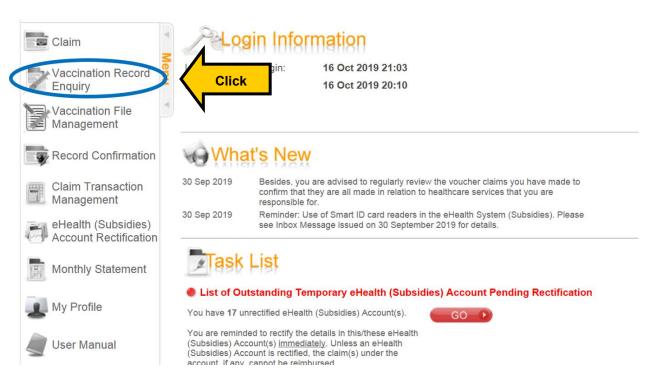


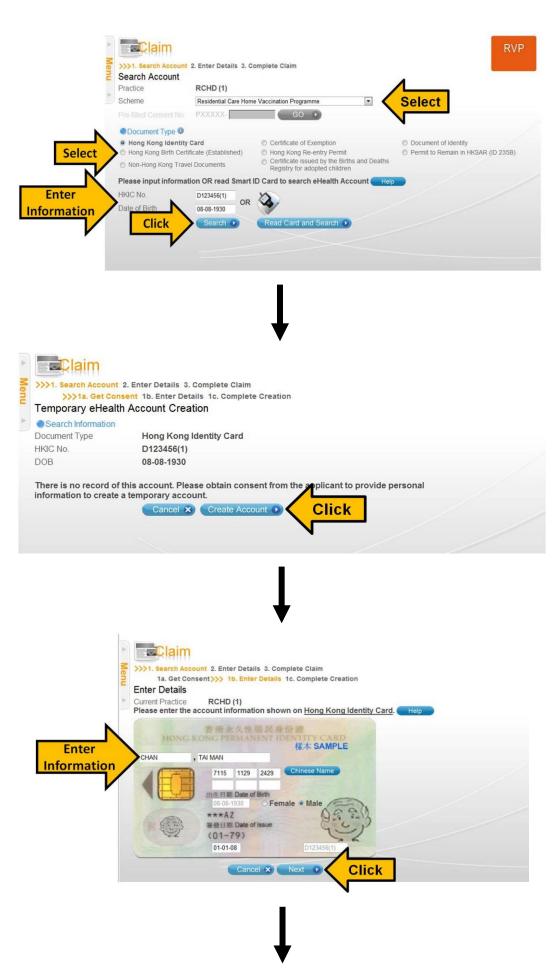


3.5.2. Retrieving/Creating eHealth (Subsidies) account

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

- a) Collect the vaccination list and "Vaccination Consent Form" (if any) of the recipient from the RCH/RCCC/DI (it is essential that the consent form should be duly completed);
- b) Search in eHS(S) to see if the validated eHealth (Subsidies) account of the eligible recipient already exists.
- c) If no existing eHealth (Subsidies) account can be found in eHS(S), collect identity documents from the RCH/RCCC/DI and input the required information of the eligible recipient into eHS(S) manually to create an eHealth (Subsidies) account; and
- d) Upon submission of the information to eHS(S), a "temporary" eHealth (Subsidies) account will be created for the eligible recipient.



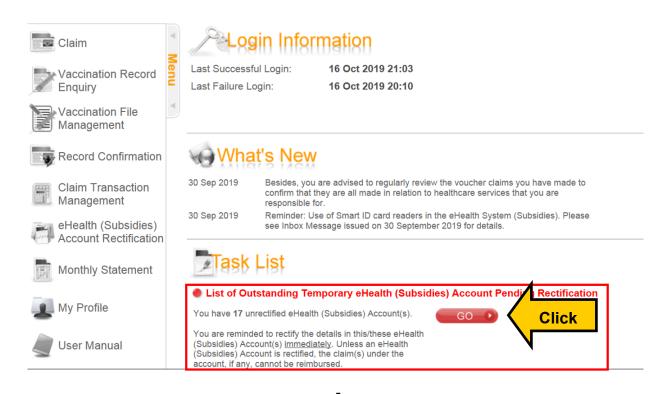




3.5.3. Rectification of individual temporary eHealth

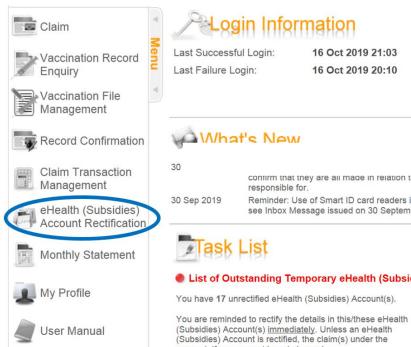
(Subsidies) account information that failed validation

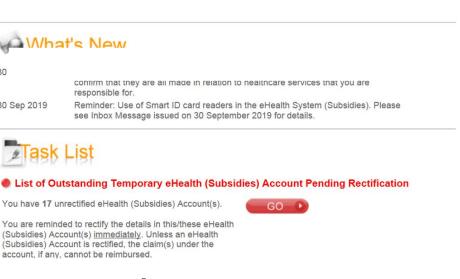
Upon receiving notification about failed validation of the "temporary" eHealth (Subsidies) account, VMOs are required to verify the personal particulars for the corresponding vaccine recipient's account and rectify the relevant information in the eHS(S) accordingly. Otherwise, the claims for the vaccination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

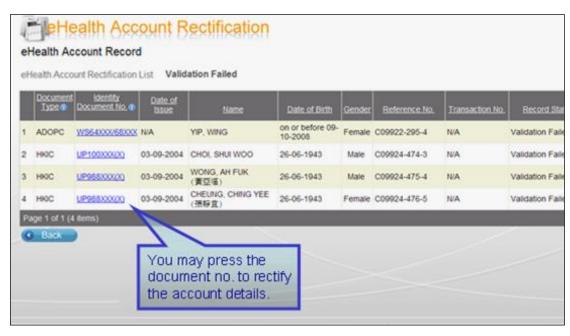


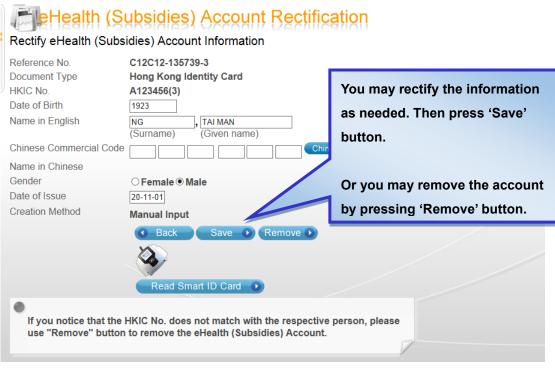


	<u>Status</u>	<u>Subject</u>	<u>Receive Date</u> ▼
		Notice to rectify details in eHealth account	14 Oct 2009 21:17
		更正「醫健通戶口」的資料	14 Oct 2009 20:38
		醫療券計劃付還通知	14 Oct 2009 17:24
		更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 17:24
		更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 14:35
	\sim	更正「臨時醫療券使用者戶口」的資料	02 Oct 2009 00:40
		更正「臨時醫療券使用者戶口」的資料	01 Oct 2009 06:01
		Discontinued use of "Voucher Account Creation Form" and other amendments to the "HCVS Terms and Conditions of Agreement" 終止使用「開設醫療券戶口表格」及 其他「醫療券計劃協議的條款和條件」的修訂	01 Sep 2009 01:57
		Temporary service suspension for System upgrade on 01 Sept 2009 (Tuesday) / 2009年9月1日(星期二)暫停服務,以進行系統提升	25 Aug 2009 19:25
_			
	Pa	Reimbursement of voucher claims/付還警療券申報金額 ge 1 of 2 (17 items)	25 Aug 2009 19:19
1 <u>2</u>	Pa elete	10.000000000000000000000000000000000000	25 Aug 2009 19:19
1 <u>2</u> Sub	Pa elete	ge 1 of 2 (17 items) Note: The message(s) will be kept for 180 days.	正資料, cannot be













If the relevant transactions still cannot be resolved through the eHS(S) after rectification, you may need to provide the necessary documents to the PMVD for arranging payment manually. Please contact PMVD 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.

3.5.4. 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 list and "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 eHS(S), 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 eHS(S) 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

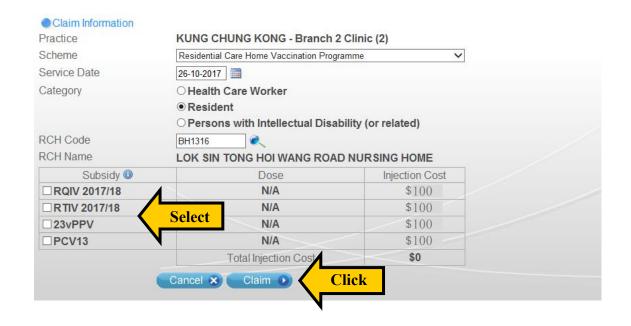
Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.



(See Section 3.5.2 "Retrieve/Creating eHealth (Subsidies) account for vaccine recipient)



(For recipients who have never received 23vPPV and PCV13)

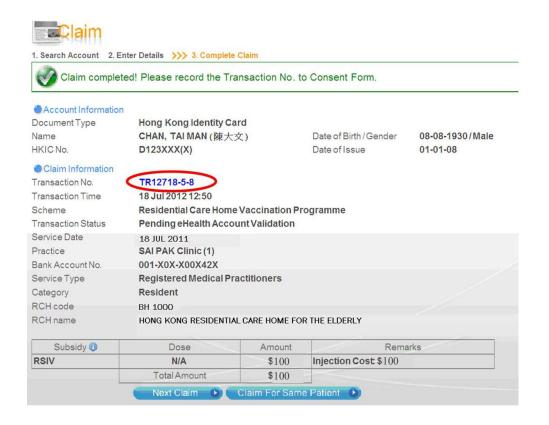


OR

(For recipients who have received 23vPPV or PCV13)

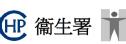












院舍防疫注射計劃 疫苗接種同意書

醫健通(資助)系	統交易編號		
1. TR			
2. TR			
	2022/23		
接種記錄	接種日期		
	(日/月/年)		
季節性流感疫苗(單劑/第一劑)	/ /		
季節性流感疫苗 (第二劑 (如適用))	/ /		
13 價肺炎球菌結合疫苗	/ /		
23 價肺炎球菌多醣疫苗	/ /		
到診註冊醫生姓名:			
	/ /		

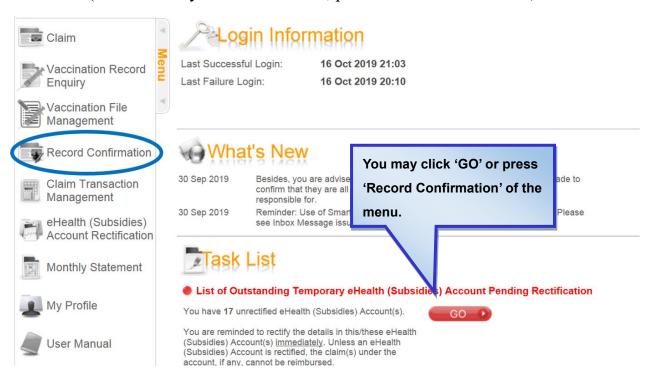
注意: 1. 請用黑色或藍色筆以正楷填寫本同意書。

2. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

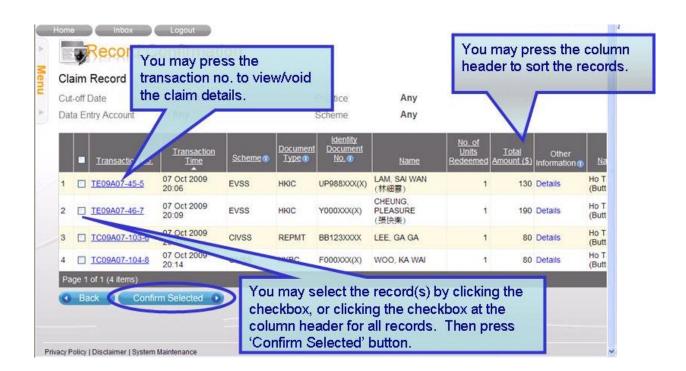
<u>甲部</u> 服務使用者個人資料 <i>(以身份證明文件所載者為準)</i>						
服務使用者	服務使用者為 🗌 安老 🔲 殘疾人士 院舍的院友/宿生 🔲 留宿幼兒中心兒童					
姓名	(中文)	(英文)				
中文雷碼						

3.5.5. 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 eHS(S) 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 eHS(S). 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 eHS(S).

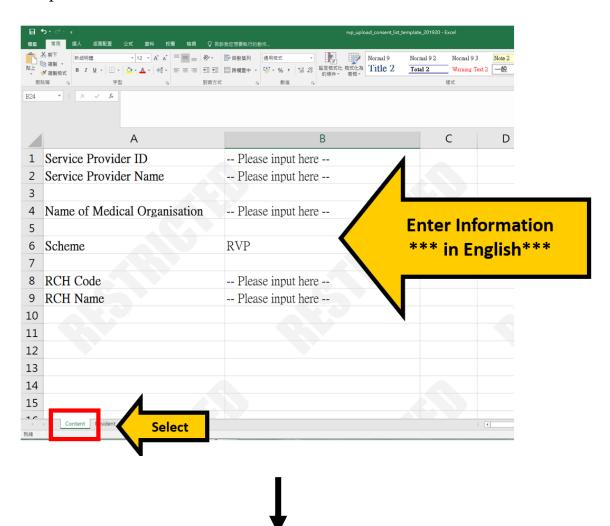
All records/transactions claimed/voided can be reviewed at the "Claim Transaction Management" function in the "Service Provider Account".

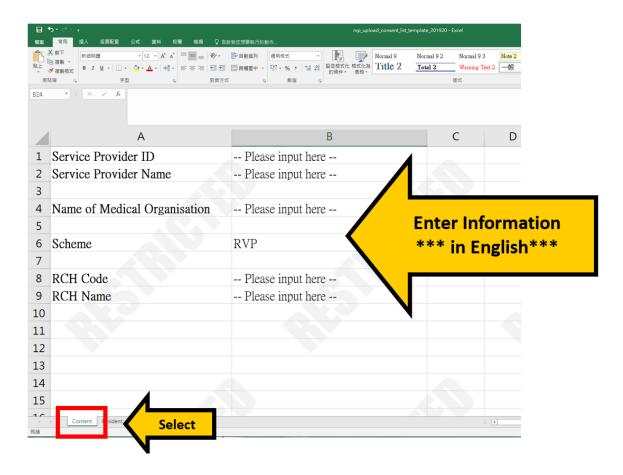
3.6. Procedures of Records Checking and Claims Submission by Excel Batch Upload

3.6.1. Creating consented recipient list with Excel

Compile the identity information provided in the consent forms in an excel table with specific format (provided by PMVD) to form a vaccination consent list. The template of Excel file can be downloaded on the CHP website (www.chp.gov.hk/en/features/23543.html)

Samples of Excel file:





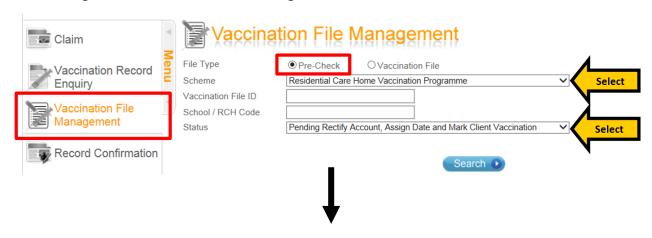
To prevent unauthorised persons from accessing data in the excel table, the excel file should be password protected.

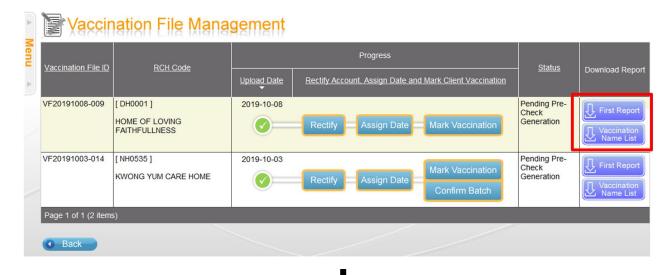
Send the password protected excel file to PMVD via the e-mail address (rvp@dh.gov.hk) at least 20 working days before vaccination day. PMVD will check and upload the consent list file onto the eHS(S). The eHS(S) will create a temporary eHealth (Subsidies) account if no validated account exists in eHS(S).

3.6.2. First Report Checking

A First Report and Vaccination Name List will be available for download from eHS(S) one day after the PMVD has confirmed that the consent list is successfully uploaded. In order to protect recipients' privacy, the full names of recipients can only be shown in the Vaccination Name List. The latest valid SIV, 23vPPV and PCV13 vaccination records of each consented client will be shown in the eHS(S) report. If an eHealth (Subsidies) account does not exist for the consented client, a temporary account will be created automatically.

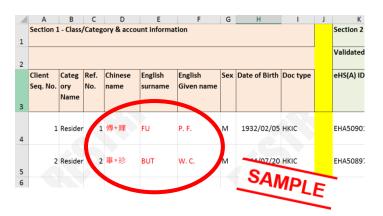
Steps to download the First Report and Vaccination Name List:



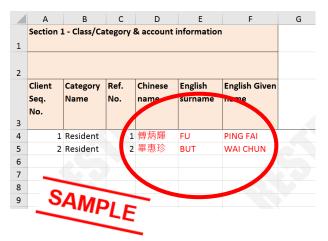




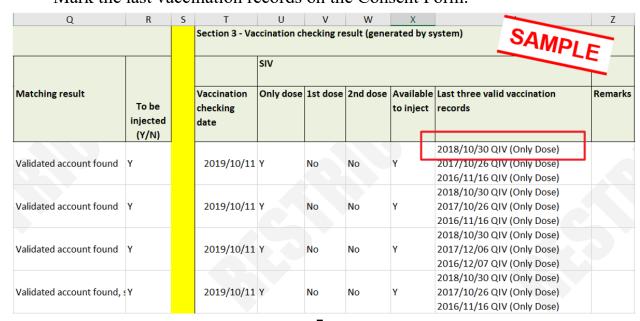
Sample of First Report:



Sample of Vaccination Name List:



Mark the last vaccination records on the Consent Form:





Verify the consented person's past vaccination history and vaccination records in the **First Report** and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.

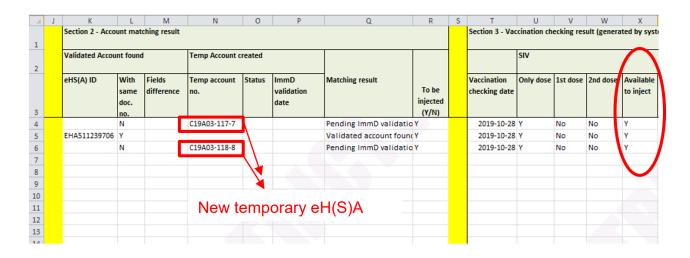
For persons without vaccination cards, the staff of RCH/RCCC/DI will inform you about this. Please check the vaccination history in eHS(S) for this group of persons. After checking the past vaccination records of the person in the eHS(S), write the date of previous vaccination on the consent form (if any).

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 person have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.

3.6.4. Creating eHealth (Subsidies) account

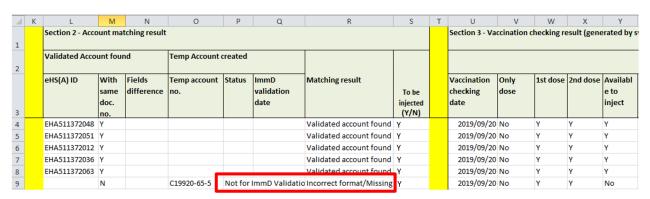
If recipients' eHealth (Subsidies) account has not been created in the past, a new temporary eHealth (Subsidies) account will be automatically created by the system. The temporary eHealth (Subsidies) account will then be proceeded to Immigration Department for validation in the system.



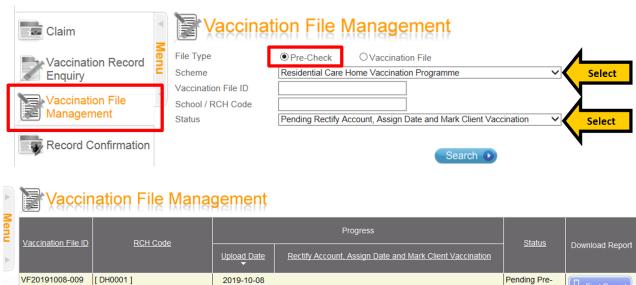
3.6.5. Rectification of invalid account in eHealth (Subsidies)

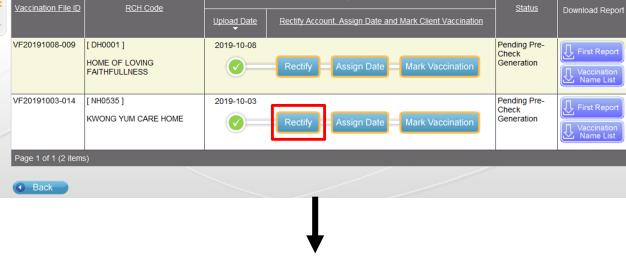
After generation of **First Report and Vaccination Name List**, VMO need to rectify incorrect information of accounts that failed Immigration Department validation.

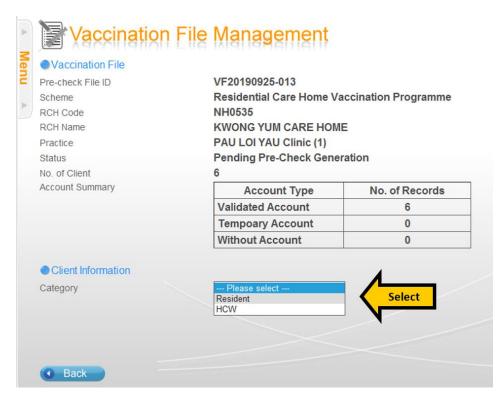
VMO may click and view the 'Matching Result' from the **First Report.** Personal information that failed Immigration Department validation will be indicated.

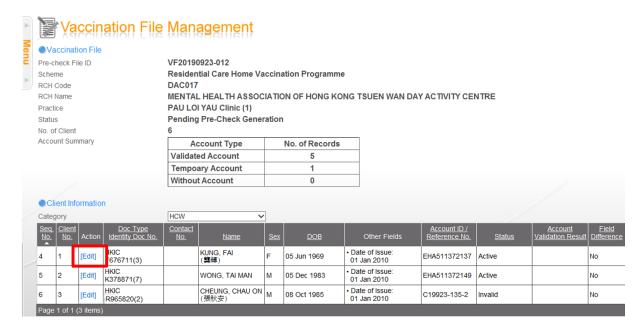


Steps to rectify the eHealth (Subsidies) account of recipients:

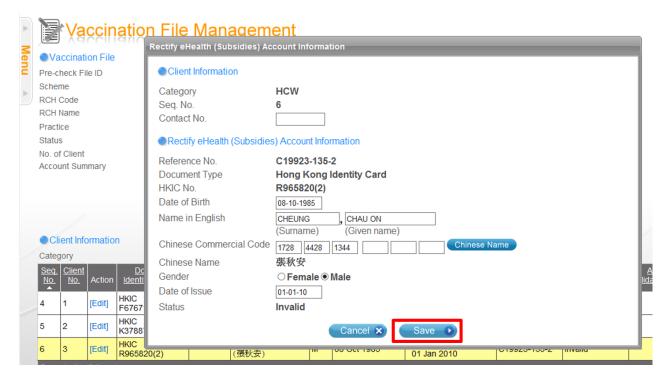






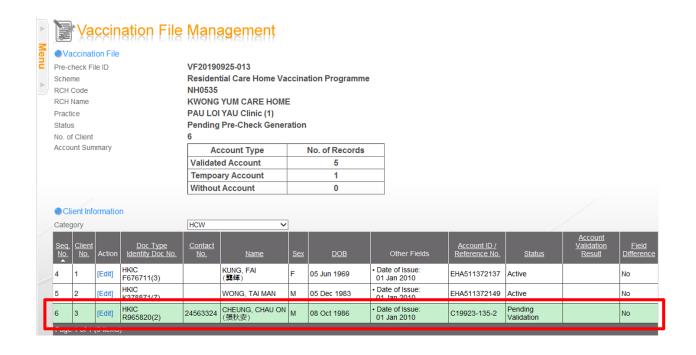


Input correct personal information of recipients:



For any incorrect information regarding the Hong Kong Identity Number and the Identity Document Type, please notify the PMVD for rectification. VMO need to submit documentary proof to PMVD for updating. For other fields such as date of birth and date of issues, VMO can amend directly on eHS(S).

After amending the personal information of recipients, the row will be highlighted in green indicating amendment has been made.



No vaccination record checking will be done for amendment of personal data.

Claims for the vaccination fee related to the record in question of an invalid account will not be processed and the claim cannot be reimbursed.

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

In case of prolonged failure when rectifying 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.

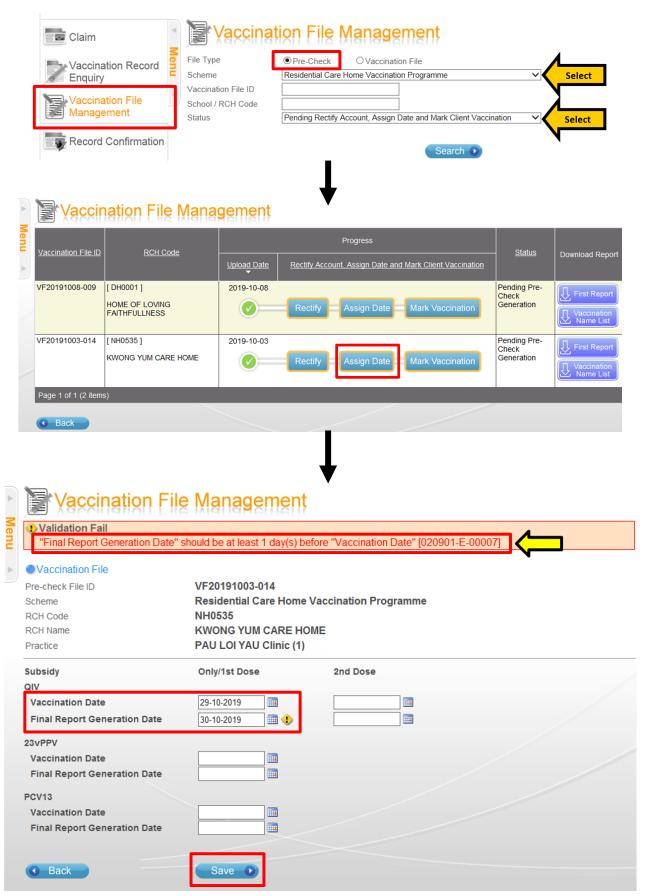
3.6.6. Assigning vaccination date and confirming batch

Assign the Vaccination Date by each vaccine for the batch of recipients on eHS(S). The Final Report generation date can also be scheduled in the same step.

According to the vaccination records, confirm the batch of recipients to be vaccinated on eHS(S).

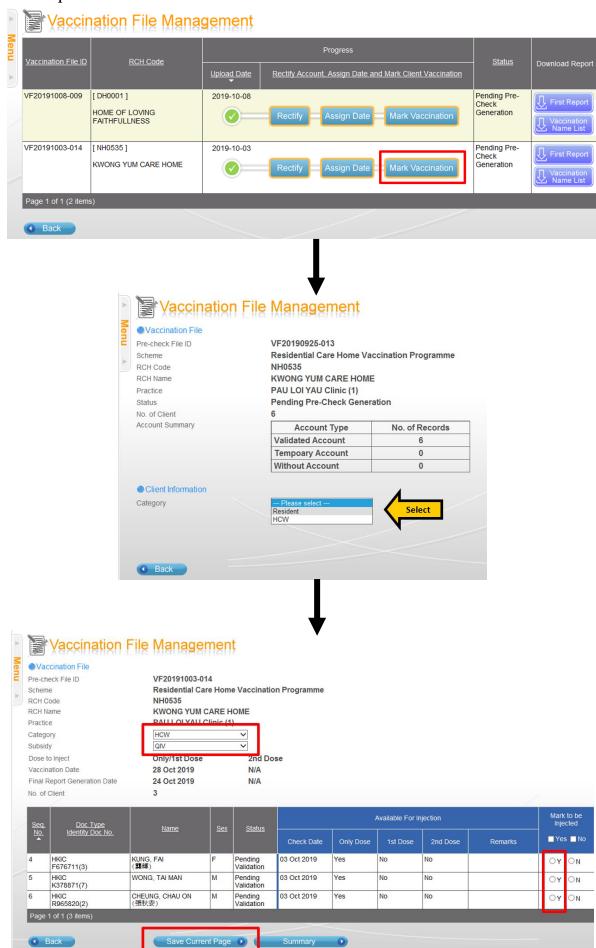
The Final Report will be generated on the scheduled date. Otherwise, the **Final Report** will be **automatically** generated from eHS(S) **three calendar days** before vaccination day,

Steps to assign Vaccination Date and the Final Report generation date:



After assigning the Vaccination Date, VMO should confirm the batches for vaccinations according to recipients and vaccine types.

Steps to confirm batches:

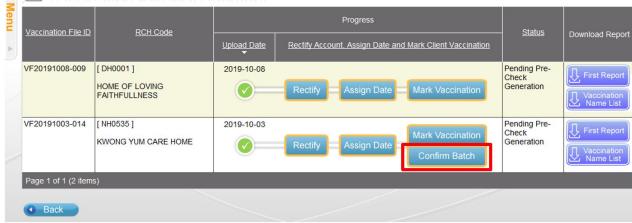




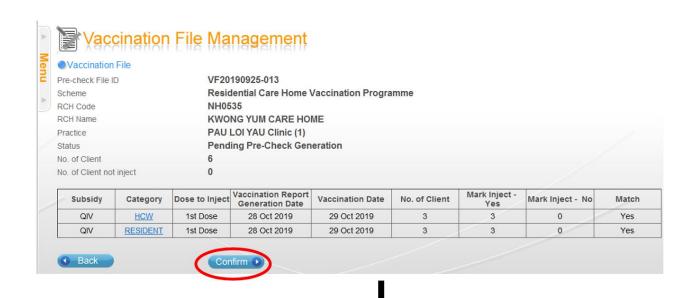




Vaccination File Management



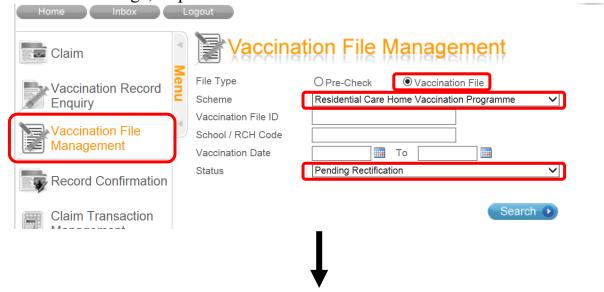


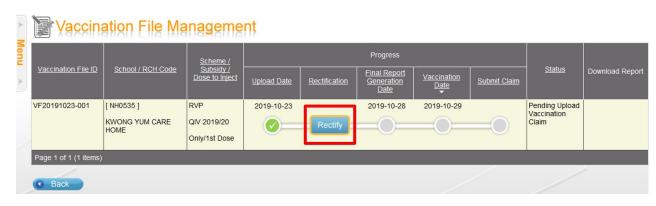


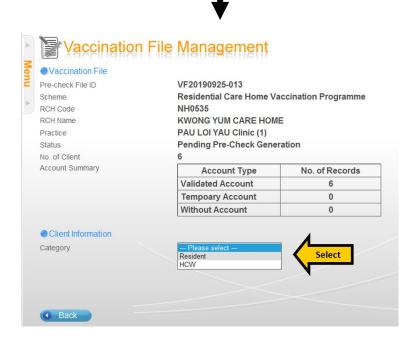


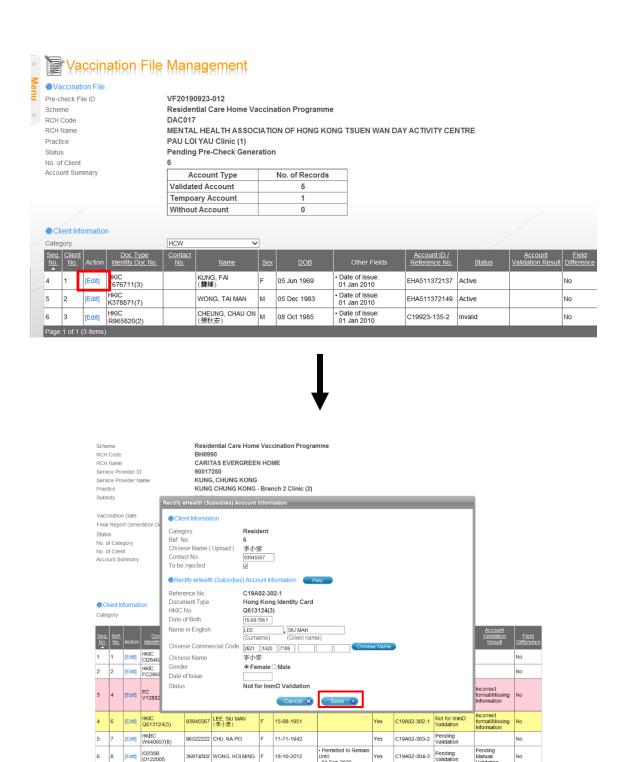


If recipients' eHealth (Subsidies) account personal information still need to be rectified at this stage, steps are as below:









3.6.7. Final report checking

To prevent duplication of vaccination, VMO should verify the vaccination records in the Final Report and 'Onsite Vaccination' list, and check for any discrepancies three days prior to vaccination.

Steps to download the Final Report and 'Onsite Vaccination' list:



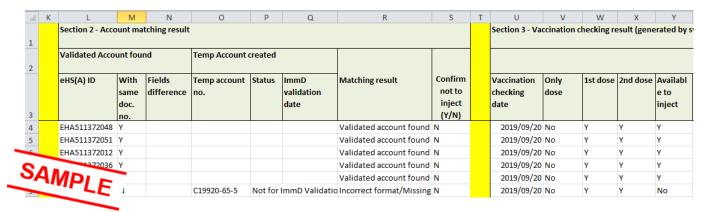




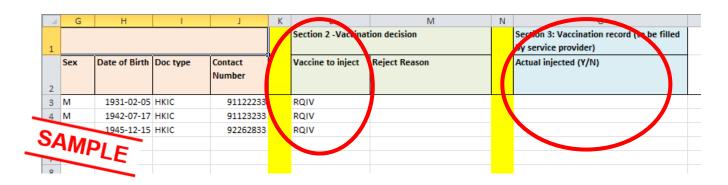




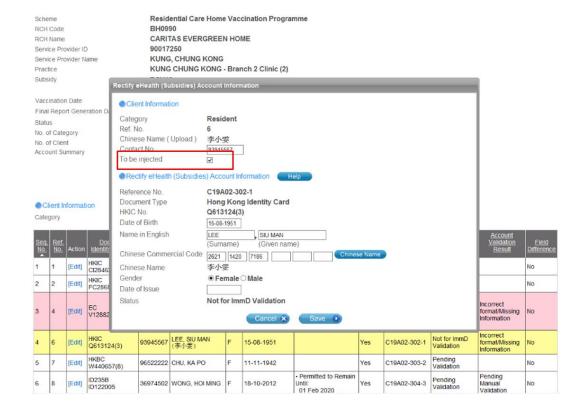
Sample of Final Report:



Sample of 'Onsite Vaccination' list:



After checking the Final Report and the 'Onsite Vaccination' list, if any recipient is found not eligible for receiving vaccination, VMO should opt-out the status of 'To be injected' as shown below:



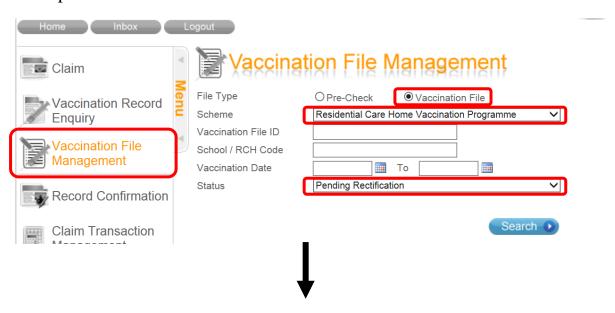
VMO should print out and hand over the reports to the in-charge of RCH/RCCC/DI before vaccination day. The Final Report and the 'Onsite Vaccination' list can be used in concordance as the vaccination consent lists for vaccination activity.

3.6.8. Claiming injection fees in batch

Claims should only be submitted for application of reimbursement after it is confirmed that vaccination has been provided to the eligible persons as well as Vaccination Consent Form is duly signed and completed by parent/guardian (if any).

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.

Steps to submit claims:



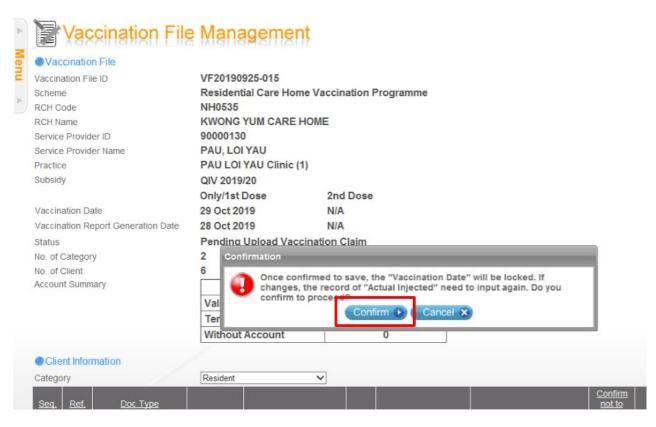




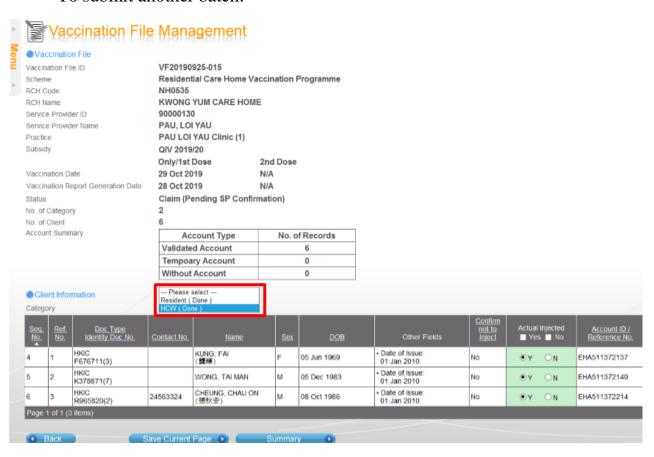








To submit another batch:





Vaccination File Management

Vaccination File

Vaccination File ID VF20190925-015

Scheme Residential Care Home Vaccination Programme

RCH Code NH0535

RCH Name KWONG YUM CARE HOME

 Service Provider ID
 90000130

 Service Provider Name
 PAU, LOI YAU

 Practice
 PAU LOI YAU Clinic (1)

Subsidy QIV 2019/20 Onlv/1st Dose

 Vaccination Date
 29 Oct 2019
 N/A

 Vaccination Report Generation Date
 28 Oct 2019
 N/A

 Status
 Pending Upload Vaccination Claim

No. of Category 2
No. of Client 6
Account Summary

Account Type	No. of Records
Validated Account	6
Tempoary Account	0
Without Account	0

2nd Dose

Client Information Resident Category DOB HKIC N556583(7) FU, SIU MING (傅小明) Date of Issue: 01 Jan 2011 91122233 м 05 Feb 1931 No \bigcirc N EHA511372125 HKIC CP049029(6) CHEUNG, KIN YUEN (張建源) Date of Issue 14 Feb 2007 91123233 17 Jul 1942 ●Y \bigcirc N EHA511239706 ۷o HKIC V483625(1) WONG, HING CHIU (黄興超) Date of Issue 01 Jan 2012 92262833 15 Dec 1945 Y ON EHA511372202 No e 1 of 1 (3 items)





Vaccination File

Vaccination Date

Vaccination File ID VF20190925-015

Scheme Residential Care Home Vaccination Programme

RCH Code NH0535

RCH Name KWONG YUM CARE HOME

Service Provider ID 90000130
Service Provider Name PAU, LOI YAU

Practice PAU LOI YAU Clinic (1)

Subsidy QIV 2019/20

Only/1st Dose 2nd Dose 29 Oct 2019 N/A

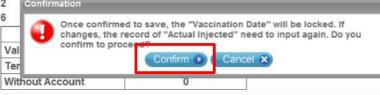
Vaccination Report Generation Date 28 Oct 2019 N/A

Status Pending Upload Vaccination Claim

No. of Category

No. of Client

Account Summary

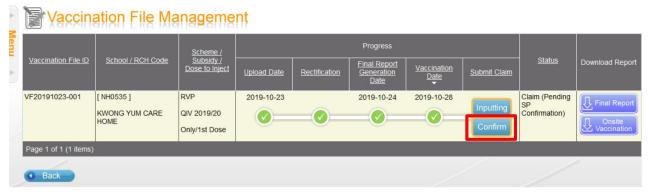


Client Information

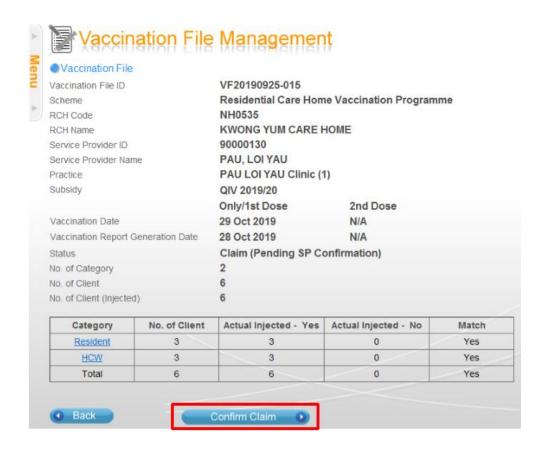
 Category
 Resident
 ✓

 Seq. Ref.
 Doc Type
 Confirm not to

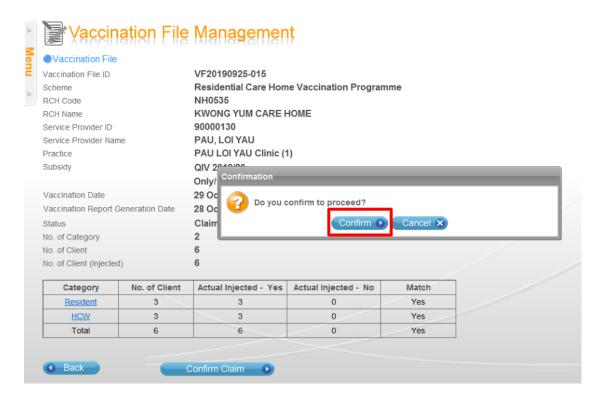
Confirmation should then be made by VMO (Service Provider Account only. Data Entry Account does not have the right to confirm claims):



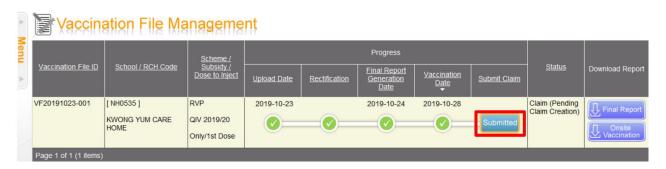




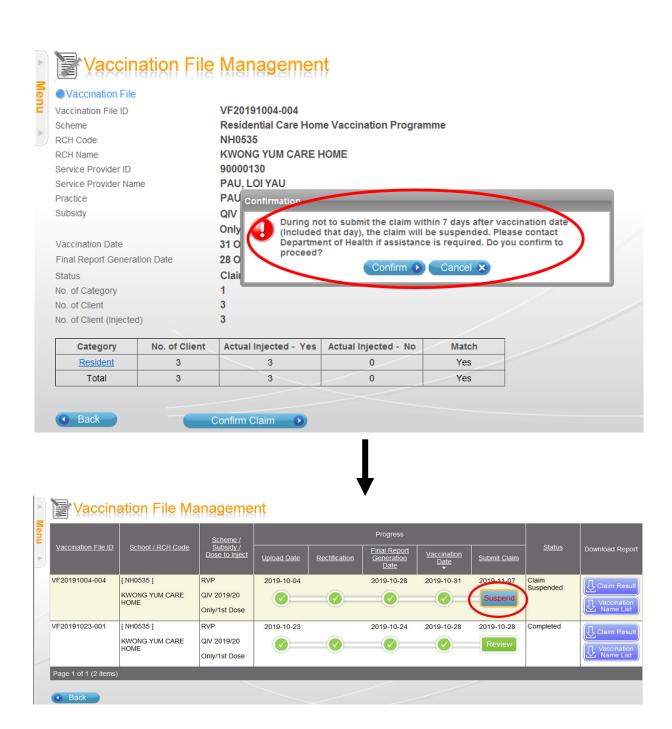




The status of the batch will be shown as 'Submitted' as shown below.



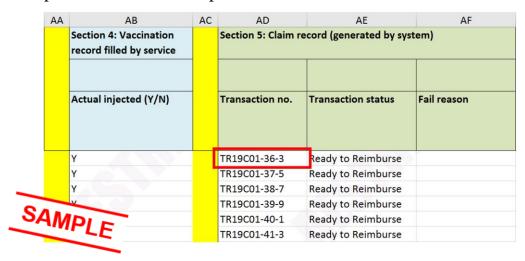
Any late submission of claims, the status will be shown as 'Suspended' as shown below. VMO should contact PMVD for further arrangements. Reimbursement will not be made for claims under the 'Suspended' status.



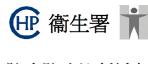
VMO may view the claim results by retrieving the 'Claim Result' file as shown below. Mark the transaction number of recipients on the Consent Form.



Sample of Claim Result report:







院舍防疫注射計劃 <u>疫苗接種同意書</u>

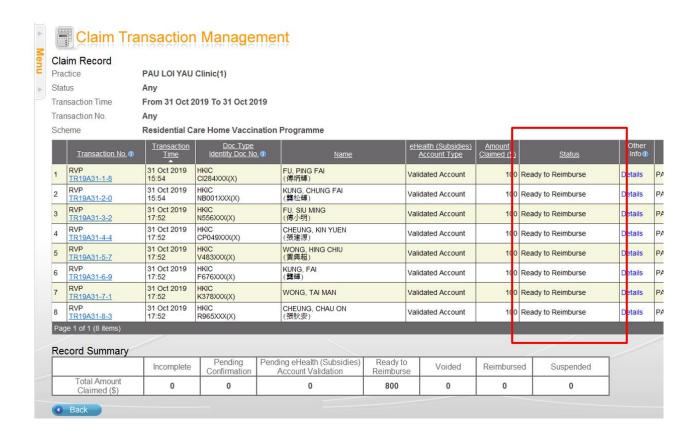
醫健通(資助)系	統交易編號
1. 1K	
2. TR	
接種記錄	2022/23 接種日期 (日/月/年)
季節性流感疫苗 (單劑/第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名:	

- 注意: 1. 請用黑色或藍色筆以正楷填寫本同意書。
 - 2. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。



Alternatively, VMO may go to 'Claim Transaction Management' and search for the transaction status:





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.

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.

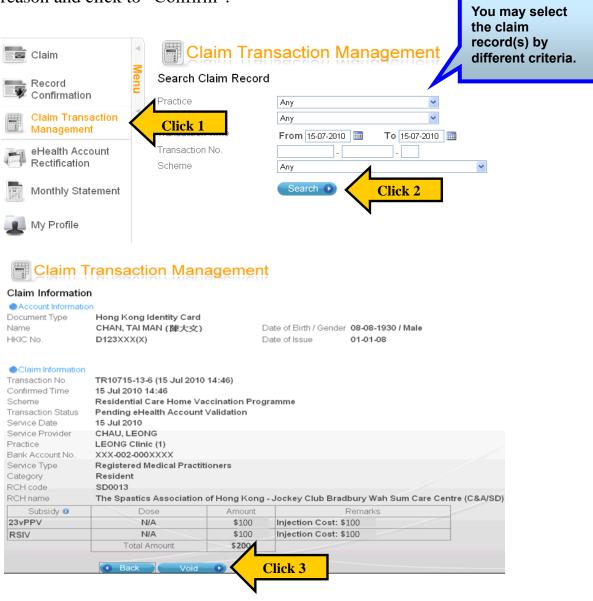
A VMO and his/her medical organisation shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

3.7. 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 eHS(S) 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.

3.8. Voiding claims

The VMO can void a claim through the "Claim Transaction Management" function in the eHS(S) 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".





3.9. 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.

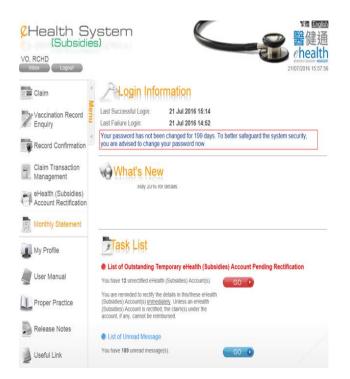
Please note that the reimbursement would be made to validate eHealth (Subsidies) account only. In order to effect payment, VMOs are required to ensure that they have rectified information of temporary eHealth (Subsidies) account(s) that have failed validation with the database of ImmD. (see Section 3.11 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).

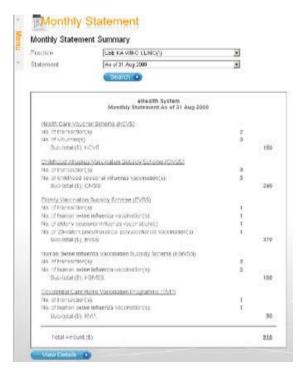
To avoid delay in the process of reimbursement / or claims for reimbursement may not be processed, enrolled doctors are required to make vaccination claim **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive).

At the end of each month, the eHS(S) will generate payment files based on the claims transaction logged by the eHS(S) 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 eHS(S)). VMO can access the eHS(S) 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 and until the Government is satisfied that the vaccination fee should be paid after investigation.





3.10. Authentication token

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

PMVD 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.

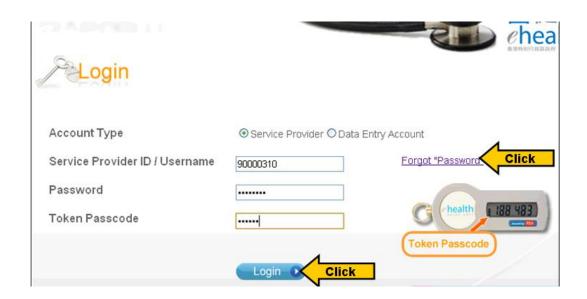
An administrative fee needs to be collected from the VMO for the replacement of authentication token.

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

3.11. 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.



3.12. Locked account

An account will be locked after five unsuccessful attempts of logging in the eHS(S). If the VMO's account is locked, please contact the PMVD 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.

3.13. 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 eHS(S) 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 www.chp.gov.hk) with the required documentary proof to the PMVD 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 PMVD.

4.2. Withdrawal

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 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/RCCCs/DIs upon request or being published for RCH information. Once a VMO has withdrawn, 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 PMVD at least one month before the practice ends.

4.3. Suspension and Termination

The Government may suspend a VMO's entitlement to participate in the RVP if:

- a) the doctor or practice fail to meet the requirement of RVP;
- b) the claims submitted by the doctor are under investigation; or

c) the practice is being ordered by any other Services of DH/ government departments to suspend the service.

CHP will inform the doctor in writing on the reason of suspension. Once a doctor or a practice has been suspended, the doctor should not provide vaccination service to clients. No reimbursement will be made to any claims made during the suspension period. However, outstanding claims pending reimbursement will still be processed. The doctor will be informed in writing for lifting of the suspension.

DH may terminate the Agreement with a VMO if:-

- a) he/ she ceases to be so registered under the Medical Council;
- b) he is being 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.

CHP will inform the doctor and his/her associated organisation regarding the termination, make arrangement with the doctor for return of any Scheme Equipment by the Government for the purpose of the RVP, and remove his name, clinic addresses and telephone numbers from the Lists of Visiting Medical Officers Enrolled in RVP from CHP website.

Once the enrolment of the doctor' and his/her associated organisation has been terminated, he/ she should not submit any reimbursement claims for vaccination service given afterwards. However, outstanding claims pending reimbursement will still be processed.

4.4. Monitoring and inspection

The PMVD 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 <u>seven years</u> for the purpose. Be prepared for calls from the PMVD 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 in-charge person

of RCH/RCCC/DI 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.

- (i) 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.
- (ii) Suspected drug interactions including drug-drug and drug-herb interactions;
- (iii) 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);
- (iv) Unexpected ADRs, i.e. the reactions are not found in the product information or labelling (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:

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 the CHP website at www.chp.gov.hk/en/view content/23543.html

5.2. Other forms and documents

5.2.1. Vaccination Consent Form

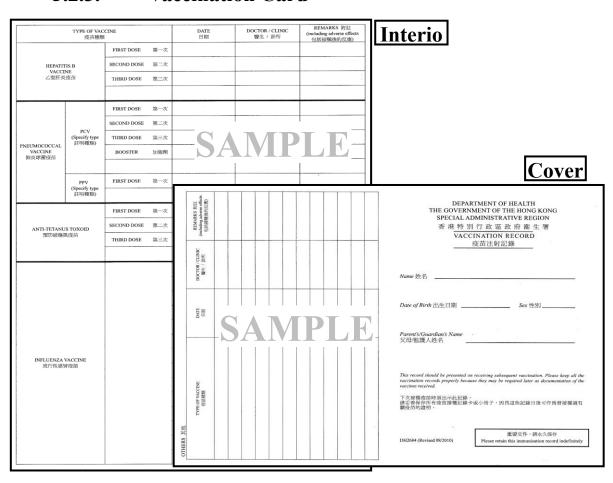
		[ensaction No.		Part B Undertaking and De	eclaration			
			1. TR 2. TR			To be completed by Parent/G (Please insert a " × " as approp		it is aged below 18 years	/ mentall	y incapacitated
	€	•	Type of Vaccines*	Vaccination Date in 2022/23 (DD/MM/YY)		I give my consent for the recipien	,	nation(s):		
RCH Code	Department of Health	. //	SIV (1st / only dose)	/ /		Seasonal Influenza Vaccine	13-valent Pneumococcal Coniug	ate Vaccine □ 23-valent Pne	umococcal I	Polysaccharide Vaccine
	C 1 7 FT	-	SIV (2nd)	1 1		Children aged below 9 who have season				
(To be completed by RCH)			(if applicable) / PCV13 / /			Season. First dose of Seasonal Influenza Vaccine Second dose of Seasonal Influenza Vaccine				
(To be completed by RCH)			23vPPV Name of VMO:	/ /		Children aged below 9 and receiv vaccine.	ved Seasonal Influenza Vaccine	in previous season are reco	mmended	to receive 1 dose of
		ا				First and only dose of Seasonal Is				
Note:	form in BLOCK LETTERS using black o tained by the VMO after vaccination.	r blue pen.				The information provided in this form and any information provide				
	rs of the recipient (as stated on the ide	entity docume	nt)			"Statement of Purpose".				•
	der of residential care home for 🔲 elderl			;		Signature of Parent / Guardian (or finger print if illiterate,		Name of Parent / Guardian Hong Kong Identity Card N		
Name	не сепие.	(English)		(Chinese)		witness to complete Part C		Social Welfare Department		
						Relationship with the recipient	Parent Guardian	Date	,	
Date of Birth dd	шш уууу	Sex	☐ Male	☐ Female		Part C To be Completed by				
Chinese Commercial Code						This document has been read and e Signature of witness	xplained to the recipient or Parei	Name of witness	in my prese	nce.
	select an identity document by insertin	g a "×"in the a	ppropriate box	s below and		Hong Kong Identity Card No.		Date		
fill in the information required,) 11 or above should fill in either Hong Kon	og Identity Card	or Certificate o	of Exemption		(e.g. A123)				
☐ Hong Kong Identity Card						Statement of Purpose				
No.		Date of Issue	dd n	пт уууу		Promotor of Callestian				
Serial No. of the Certificate of Exemption Purposes of Collection 1. The personal data provided will be used by the Government for one or more of the following purpo (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of any										
Reference No.						and the administration	n and monitoring of the Resi	dential Care Home Vaccin	nation Pro	gramme, including
HKIC No. as shown on the Certificate		Date of Issue				Department;	verification procedure by ele	ctronic means with the d	ata kept o	y the immigration
Hong Kong Birth Certificate			dd n	пт уууу		(b) for statistical and rese(c) any other legitimate p	earch purposes; and ourposes as may be required,	authorised or permitted b	y law.	
Registration No.						The vaccination record ma public and private sectors	de for the purpose of this v for the purpose of determin			
☐ Hong Kong Re-entry Permit		Date of Issue	dd m	nm yyyy		recipient. 3. The provision of personal d		not provide sufficient info	rmation, y	ou may not be able
Document of Identity Document No.		Date of Issue	dd n	nm yyyy		to receive the vaccination v Classes of Transferees 4. The personal data you prov	-	in the Government but th	iev mav al	so be disclosed by
Permit to Remain in HKSAR (ID 235B) Birth Entry No.		Permitted to remain until	dd m			if required.	rganisations, and third partie	s for the purposes stated i	in paragraj	phs 1 and 2 above,
Non-Hong Kong Travel Access to Personal Data S. You have a right to request the correction of your personal data under section Document No. 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for correction Access to Personal Data S. You have a right to request the correction of your personal data under section 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for correction S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of your personal data under section S. You have a right to request the correction of you										
Visa / Reference No.		- (()			with a data access request.		,,	,	
Certificate issue by the Birth Registry for adopted Children – No. of Entry						Enquiries 6. Enquiries concerning the paddressed to Programme M 4474 / 3975 4455.	personal data provided, inch fanagement and Vaccination			
*Acronyms: SIV: Seasonal Infla	uenza Vaccine PCV13: 13-valent P 23vPPV: 23-valent P	neumococcal Con		ine		Updated in August 2022				

Consent forms for recipients in RCH/RCCC/DI are available at the CHP website at www.chp.gov.hk/en/features/21657.html

5.2.2. Change Form

To: Director of Health (c/o Health Care Voucher Unit)	(ii) ADD practice under Enrolled Doctor's enrolment
Fax: 3582 4115	[N.B. If a new bank account is nominated, please complete an "Authority for Payment to a Bank" and
Request to Change Particulars	submit the required documentary proof.] Practice name (in English):
Enrolled Health Care Provider (EHCP) using the eHealth System	(in Chinese):
(Read "Notes for Attention" before completing this change request form)	Practice address (in English):
Legend: HCV's - Health Care Voucher Scheme PCD - Primary Care Directory	(in Chinese):
VSS – Vaccination Subsidy Scheme RVP – Residential Care Home Vaccination Programme TIV - Trivalent influenza vaccine OIV - Quadrivalent influenza vaccine	Practice tel. no.:
PID - Persons with intellectual disability DA - Disability allowance	Scheme(s)/Programme to which this new practice relates (only applicable to Enrolled Doctor who has already
23vPPV - 23-valent pneumococcal polyzáccharide vaccine PCV13 13-valent pneumococcal conjugate vaccine	enrolled in the respective scheme(s)/programme):
Present Particulars of Enrolled Doctor	☐ HCVS ☐ VSS ☐ PCD ☐ RVP
Name of Enrolled Doctor: (HKIC No.)	Type of practice selected for display on the PCD (For Service Provider enrolled in PCD only):
Name of Medical Organization:	□ Non-governmental Organization □ Private □ University
	(iii) <u>UPDATE</u> service fee (exclusive of Government subsidy)
CHANGE REQUESTS TO BE MADE (please put a ☑ in the box below as appropriate)	☐ Pregnant Women TIV* QIV®
(A) Personal particulars of Enrolled Doctor:	Children TIV* OIV®
Correspondence address	☐ Elders TIV* QIV® 23vPPV PCV13
(in English):	□ PID TIV* OIV®
	DA Recipients TIV* OIV®
(in Chinese) :	
	 The service fee information for use of TIV is for monitoring purpose and will NOT be displayed in the on-line
	directory of the CHP website. (a) The service fee information for use of QIV will be displayed in the on-line directory of the CHP website.
Daytime contact tel. no. :	a The service fee information for use of Q1v with be displayed in the on-line directory of the C11r website.
Fax no. :	(D) CHANGE in bank details of currently enrolled practices: [N.B. To be supported by a complete
(B) Particulars of Medical Organization:	"Authority for Payment to a Bank"]
Correspondence address (in English):	(E) WITHDRAWAL from:
(☐ HCVS ☐ VSS ☐ PCD ☐ RVP
(in Chinese) :	Reasons for withdrawal
	[Optional]:
Contact e-mail address: Davtime contact tel. no. :	(F) OTHERS:
_ ,	· · · · · · · · · · · · · · · · · · ·
Fax no. :	(Official Stamp)
(C) Practice details and service fees:	
(i) <u>REMOVE</u> practice from Enrolled Doctor's enrolment	
□Practice name (in English) :	Signature of Enrolled Doctor Authorised signature
(in Chinese)	For and on behalf of the Medical Organization
Practice address (in English)	
(in Chinese) :	
Reasons for removal [Optional]	Name in block letters (Authorised Signatory)
	Date: Date:
Scheme(s)/Programme to which this removed practice relates: HCVS VSS PCD RVP	Date.
DH_eHS020 (8/17) 1	DH_eHS020 (8/17)

5.2.3. Vaccination Card

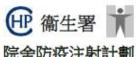


Reference

- 1. Centre for Health Protection website www.chp.gov.hk
- Residential Care Home Vaccination Programme https://www.chp.gov.hk/en/features/21657.html
- 3. Chapter 3 (Recommendations to Ensure Vaccine Safety and Effectiveness) of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation: <a href="https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download85&title=string105&titletext=string84&htmltext=string84&resources=03_Module_on_Immunisation_Children_chapter3
- 4. Chapter 5 (Monitoring and Management of Adverse Events Following Immunisation) of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings Module on Immunisation: <a href="https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=downlo_ad87&title=string107&titletext=string84&htmltext=string84&resources=05_M_odule_on_Immunisation_Children_chapter5
- 5. Code of Professional Conduct, the Medical Council of Hong Kong www.mchk.org.hk/code.htm
- 6. Department of Health website www.dh.gov.hk/
- 7. Drug Office, the Department of Health www.drugoffice.gov.hk/eps/do/index.html
- 8. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2022-23 Season in Hong Kong https://www.chp.gov.hk/files/pdf/recommendations_on_seaonal_influenza_vaccination for the 2022 23 season in hong kong 25 april.pdf
- 9. Scientific Committee on Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016)

 www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf

Objection to the Administration of Influenza and Pneumococcal Vaccine to a Resident of a Residential Care Home (RCH)



		院舍防疫注射計劃
ž		(院友姓名,由院舍填寫)
2022年	月	日(信件發出日期,由院舍填寫)
		反對院友接種季節性流感或
		肺炎球菌疫苗通知書
	C	只適用於未能表達意願的院友)
曹親區(即上述人士)5	用星於
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		后於 日後獲醫生評估為合適接種季節性流感疫苗及肺炎
	- USA BEN STANDARD TO THE STANDARD -	疫苗。因院友未能表達其同意接種,故現徽詢你(作為
父母/監護/		
		威疫苗及肺炎球菌疫苗的資訊以供參考(附件一)。若你
		疫苗,會增加上述人士感染季節性流感或肺炎球菌後罹
		然反對他/她接種疫苗,請你於月日前(由院
		的日期加十四天)填妥夾附的「反對院友接種疫苗回條
		用確表示反對接種疫苗,否則註冊醫生如常按醫療專業作
出判斷,為量	貴親屬(即上並	1人士)接種疫苗。
如有任何	可查詢,請聯	絡院舍負責職員。
衞生署		
2022 年		
(本函由院舍	代發)	
1公母/整編人/	安曆可禄孫 開陰4	合慣常的溝通方式(例如親自交付、短訊、郵寄、傳真或電郵等)交回
~ ~ max/	THE PERSON OF TH	自由中国的1980年中央1980年中国198

⁹⁸

附件一

院舍防疫注射計劃 2022/23 季節性流感及肺炎球菌疫苗接種資訊

接種季節性流感及肺炎球菌疫苗的好處

由季節性流感或肺炎球菌所引起的呼吸道感染是常見的疾病,而免疫力較低的人和長者一旦染上流感,可以引致較重病情,並可能會出現支氣管炎或肺炎等併發症,嚴重時更可導致死亡。流感會使人更容易患上細菌性社區感染肺炎。繼發性細菌性肺炎是導致流感患者發病和死亡的重要原因。接種疫苗是其中一種預防季節性流感、肺炎球菌疾病及其併發症的有效方法,亦可減低長者人院和死亡的風險。同時患上流感與 2019 冠狀病毒病會有較大機會出現嚴重疾病及死亡,接種流感疫苗可減少人院留醫的機會和住院時間。有關接種流感疫苗與 2019 冠狀病毒病疫苗的安排,諸諮詢醫生意見。

季節性流感及疫苗

流行性感冒(簡稱流感)是一種由流感病毒引致的急性呼吸道疾病。流感可由多種類型的流感病毒引起,而本港最常見的 是 H1N1 及 H3N2 兩種甲型流感和乙型流感病毒。本港全年都有流感病例,但一般在一月至三月/四月及七月至八月較為常 見。病毒主要透過呼吸道飛沫傳播,患者會出現發燒、喉嚨痛、咳嗽、流鼻水、頭痛、肌肉疼痛及全身疲倦等症狀。患者 一般會在 2至 7天內自行痊癒。然而,免疫力較低的人和長者一旦染上流感,可以引致較重病情,並可能會出現支氣管炎、 肺炎或腦病變等併發症,嚴重時更可導致死亡。嚴重感染或流感併發症亦有可能發生在健康人士身上。

■ 季節性流感疫苗成分

院舍防疫注射計劃在 2022-23 季度提供的以雞胚生產的四價疫苗包括以下成分:

- 類甲型/維多利亞/2570/2019 (H1N1)pdm-09 病毒
- 類甲型/建爾文/9/2021(H3N2)病毒
- 類乙型/奧地利//1359417/2021 (B/Victoria 譜系) 病毒
- 類乙型/布吉/3073/2013 (B/Yamagata 譜系)病毒

院舍防疫注射計劃 2021/22 採用的是滅活流域疫苗。

■ 建議劑量

凡9歲或以上人士只需每年接種一劑季節性流感疫苗。

為確保對季節性流越產生足夠的免疫力,凡9歲以下從未接種過季節性流越疫苗的兒童,建議在 2022-23 季度應接種兩劑季 節性流越疫苗,而兩劑疫苗的接種時間至少相隔 4 個星期。過去曾接種過任何季節性流越疫苗的9歲以下兒童,在 2022-23 季度只需接種一劑季節性流越疫苗。

■ 誰不宜接種滅活流感疫苗

對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應的人士,都不宜接種滅活流感疫苗。對雞蛋有輕度過敏的人士 如欲接種流感疫苗,可於基層醫療場所接種滅活流感疫苗,而曾對雞蛋有嚴重過敏反應的人士,應由專業醫護人員在能識 別及處理嚴重敏威反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白(即雞蛋白質),但疫苗製造過程經過反覆纯 化,卵清蛋白的含量極低,即使對雞蛋敏感的人士,在一般情况下亦能安全接種。至於出血病症患者或服用抗凝血劑的人士,應請教醫生。如接種當日發燒,可延煙至病癒後才接種疫苗。

■ 為何孕婦應接種季節性流感疫苗

孕婦接種流越疫苗可減少孕婦及嬰兒患上急性呼吸遊戲染的機會。世界衛生組織認為孕婦接種滅活流越疫苗是安全的,現時並沒有證據顯示婦女接種滅活流越疫苗(即使在妊娠第一期)會對胎兒造成不良影響。不過,由於減活流越疫苗含有活性病毒,孕婦不應接種減活流越疫苗。懷孕並不是接種重組流越疫苗的禁忌症。如孕婦有疑問,可向醫生查詢。院舍防疫注射計劃 2022/23 採用的是滅活流越疫苗。

■ 滅活季節性流感疫苗可能有的副作用

滅活流感疫苗十分安全,除了接種處可能出現痛楚、紅腫外,一般並無其他副作用。部分人士在接種後6至12小時內可能出現發燒、肌肉疼痛,以及疲倦等症狀,這些症狀通常會在兩天內減退。若持續發燒或不適,請諮詢醫生。如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應,患者必須立即求醫。一些罕見但嚴重的不良情況也可能在接種流感疫苗後出現,如吉-巴氏綜合症(每100萬個接種疫苗的人士中約有一至兩宗個案),以及嚴重過敏反應(每分發1,000萬劑疫苗中有9宗個案)。不過,接種流感疫苗與這些不良情況未必一定有因果關係。有研究顯示在感染流感後出現吉-巴氏綜合症的風險(每100萬個處染者有17.20宗個案)或比接種流處疫苗後(每100萬個接種疫苗的人士中有1.03宗個案)為高。

■ 2019 冠狀病毒病疫苗可否與季節性流感疫苗同時接種

在獲得知情同意下,2019 冠狀病毒病疫苗和季節性流感疫苗可彈性地安排於同一到訪期間為市民接種。

■ 季節性流感疫苗可否與肺炎球菌疫苗一同接種

可以。肺炎球菌疫苗可與季節性流感疫苗在同一次到診時接種。如採用滅活流感疫苗,應使用與肺炎球菌疫苗不同的針筒及在不同部位接種。

肺炎球菌威染及疫苗

肺炎球菌威染泛指由肺炎鏈球菌(或肺炎球菌)引致的疾病。雖然肺炎球菌一般只會引起較輕微的病症如實炎和中耳炎, 但它亦可引致嚴重甚至致命的侵入性肺炎球菌疾病如入血性肺炎,敗血病和腦膜炎。幼兒及長者患上侵入性肺炎球菌疾病 後病情通常較為嚴重。肺炎球菌威染一般以抗生素治療,但此病菌對抗生素的抗藥性逐漸增加,因此預防肺炎球菌感染比 治療更為重要。接種肺炎球菌疫苗是預防肺炎球菌疾病其中一種最有效的方法。

於 2022/23 院舍防疫注射計劃下,政府會提供一劑 13 價肺炎球菌結合疫苗 (PCV13) 及一劑 23 價肺炎球菌多醣疫苗 (23vPPV) 給符合資格接種的院友。凡居住在安老院舍,以及居住在殘疾人士院舍而年滿 65 歳:

- (1) 如曾經接種過23 價肺炎球菌多醣疫苗的院友,於上一次接種23 價肺炎球菌多醣疫苗一年後,均可獲安排免費接種一 劑13 價肺炎球菌結合疫苗。
- (2) 如曾經接種過 13 價肺炎球菌結合疫苗的院友,於上一次接種 13 價肺炎球菌結合疫苗一年後,均可獲安排免費接種一 劑 23 價肺炎球菌多醣疫苗。
- (3) 如從未接種過 13 價肺炎球菌結合疫苗或 23 價肺炎球菌多醣疫苗的院友,均可獲安排免費接種一劑 13 價肺炎球菌結合疫苗,並於接種 13 價肺炎球菌結合疫苗一年後,免費接種一劑 23 價肺炎球菌多醣疫苗。
- (4) 如已接種過13價肺炎球菌結合疫苗及23價肺炎球菌多醣疫苗的院友,則不需要再接種肺炎球菌疫苗。

■ 誰不官接種肺炎球菌疫苗

如曾在接種肺炎球蘭疫苗後或對該疫苗的成分或含有白喉類毒素的疫苗出現嚴重過敏反應,則不應繼續接種。

■ 肺炎球菌疫苗可否在某些醫療程序前或後接種

在許可的情況下,應在進行脾臟切除手術前最少兩周完成肺炎球菌疫苗接種。在理想情況下,肺炎球菌疫苗應該在化療/放射治療之前或完成之後給予,但是在長期使用化療藥物的過程中,仍然可以按照臨床需要給予,請先諮詢到診註冊醫生。

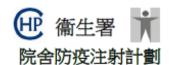
■ 13 價肺炎球菌結合疫苗 (PCV13) 可能會出現的不良反應

13 價肺炎球菌結合疫苗已獲證實安全。常見不良反應包括注射部位可能在接種後短時間內出現輕微腫脹及疼痛,但大部分 反應在兩天內會自然消退。一些可能會出現輕微發熱、疲勞、頭痛、發冷或肌肉疼痛。在針口位置出現嚴重的疼痛或移動 手臂困難是非常罕見的。

■ 23 價肺炎球菌多醣疫苗 (23vPPV) 可能會出現的不良反應

23 價肺炎球菌多醣疫苗已獲證實安全。常見不良反應包括注射部位可能在注射後短時間內出現輕微腫脹及疼痛,但大多會在兩天內自然消退。發燒、肌肉痛及其他更嚴重的局部反應並不常見。

2022年8月修訂



反對院友接種季節性流感或 肺炎球菌疫苗回條¹

院舍名稱 : 院友姓名 :
本人是上述院友的*父母/監護人/家屬,知悉若上述院友於日後獲醫生評估為適合接種季節性流感疫苗及肺炎球菌疫苗,本人反對為其接種以下疫苗: (類於資業的位置加上 *v**)
□ 季節性流感疫苗□ 13價肺炎球菌結合疫苗□ 23價肺炎球菌多醣疫苗
本人亦明白如沒有接種疫苗,會增加院友感染季節性流感或肺炎球菌後罹患 重症而入院甚至死亡的風險,亦有可能為其他院友、院舍員工和整體院舍運作帶 來風險。
本人明白我須在院舍發出通知書後十四天內交回此回條,否則醫生會如常按醫療判斷,在認為合適接種疫苗的情況下,為院友進行接種。
院友*父母/監護人/家屬簽名: 院友*父母/監護人/家屬姓名: 聯絡電話: 日期:
*請刪去不適用者

[「]父母/監護人/家屬可透過與院舍慣常的溝通方式(例如親自交付、短訊、郵寄、傳真或電郵等)交回

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

Issued Overseas







(背面 Back)

(3) Samples of New Smart Hong Kong Identity Card

Issued on or after 26 November 2018

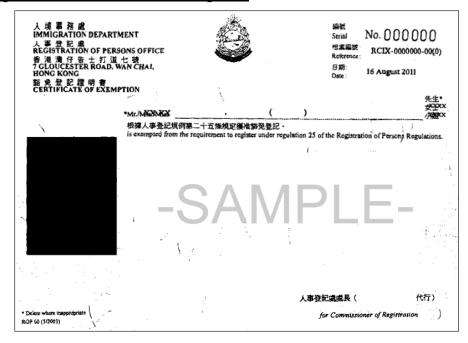


(正面 Front)



(背面 Back)

(4) Sample of Certificate of Exemption



(5) Samples of Re-entry Permit



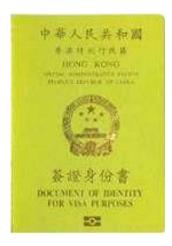


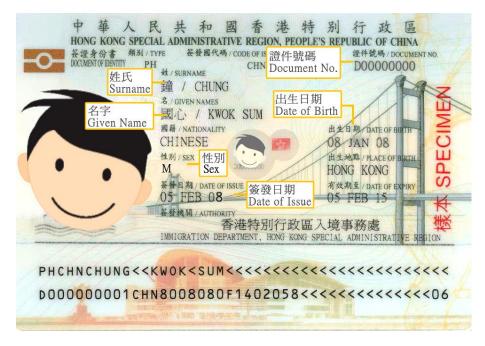
RM1234567 持證人簽名 Signature of holder 香港特別行政區入境事務處 IMMIGRATION DEPARTMENT, HONG KONG SPECIAL ADMINISTRATIVE REGION RM1234567 中文姓名 / NAME IN CHINESE 賀新年 世名/NAME IN ENGLISH Ho San Nian 性别/SEX 1 Jan 2009 Hong Kong 5 JAN 2009 5 JAN 2014 P<HKGHO<<SAN<NIAN<<<<<<<< RM1234567HSR090101M130105HSRJ002728891<67

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.

(6) Samples of Document of Identity



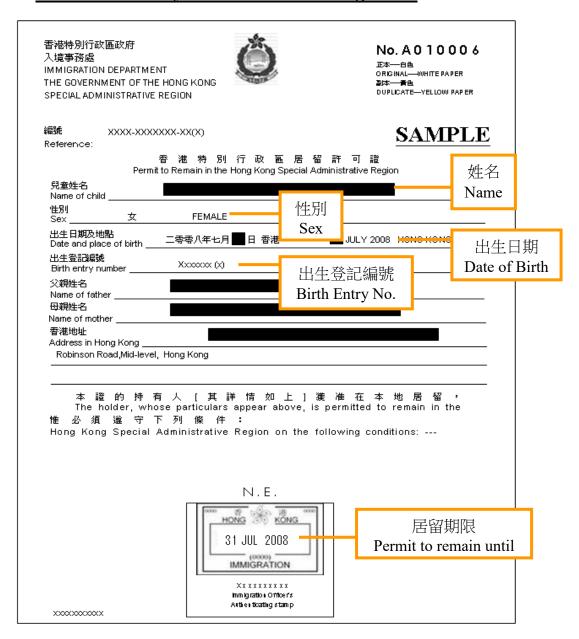


Remarks: -

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.

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

(i) <u>Samples of "Permit to Remain in the HKSAR" (ID235B) showing</u> 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:

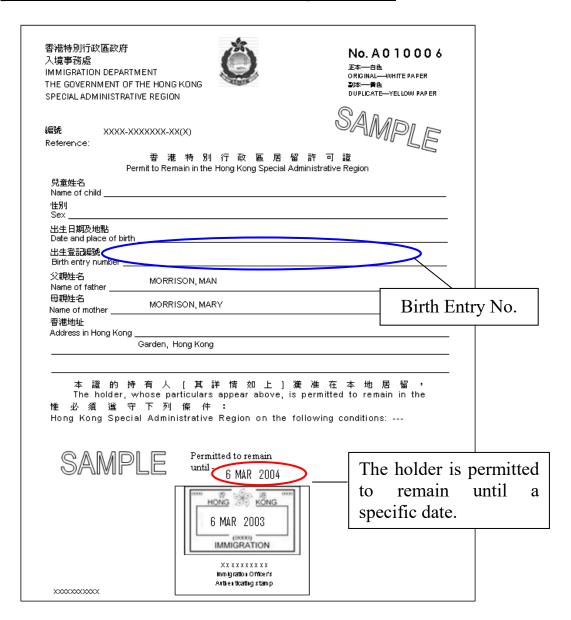


(Authenticating stamp before 23 January 2008)



(Authenticating stamp on or after 23 January 2008)

(ii) 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



Remarks: -



(Authenticating stamp before 23 January 2008)

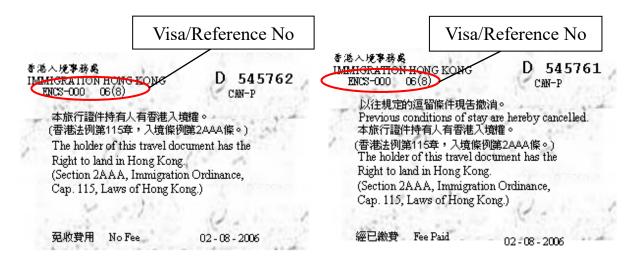


(Authenticating stamp on or after 23 January 2008)

(8) Samples of Endorsement on a valid travel document

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

The holder of this travel document has the Right to land in Hong Kong.
(Section 2AAA, Immigration Ordinance, Cap. 115, Laws of Hong Kong.)
本旅行證件持有人有香港入境權。
(香港法例第115章,入境條例第2AAA條。)



(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</u> conditions of stay are hereby cancelled"

Previous conditions of stay are hereby cancelled 以往規定的逗留條件現告撤消



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

Holder's eligibility for Hong Kong permanent identity card verified. 持證人證實有資格領取香港永久性居民身份證。



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



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

"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.

Landing Endorsement

Remarks: -



(Authenticating stamp before 23 January 2008)

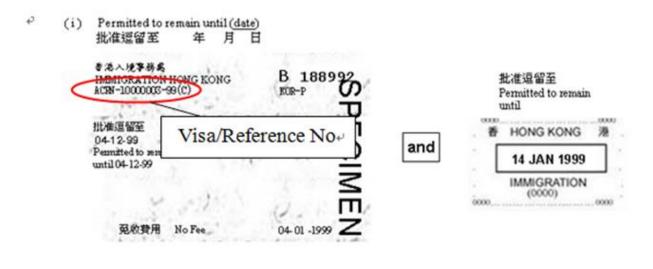


(Authenticating stamp on or after 23 January 2008)

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

Endorsement

Landing Stamp





Remarks:-



(Authenticating stamp before 23 January 2008)

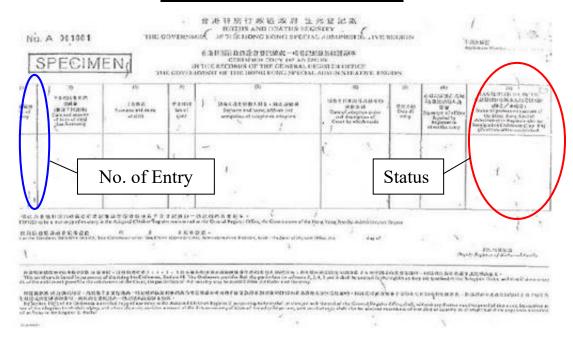


(Authenticating stamp on or after 23 January 2008)

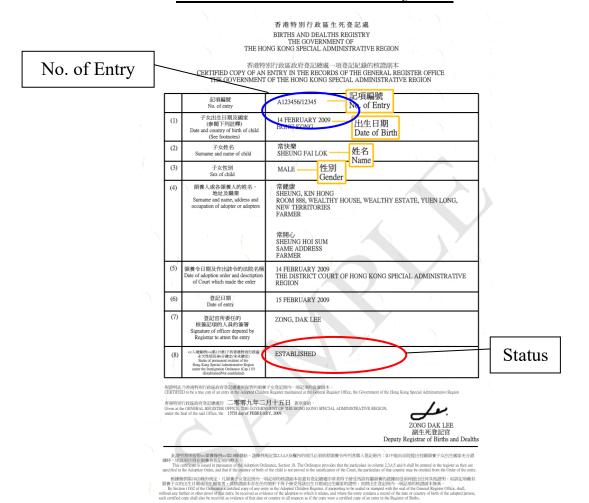
(9) <u>Samples of certificate issued by the Births Registry for adopted</u> children

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

Issued before 25 January 2006



Issued on or after 25 January 2006



Proper Hand Hygiene Practice

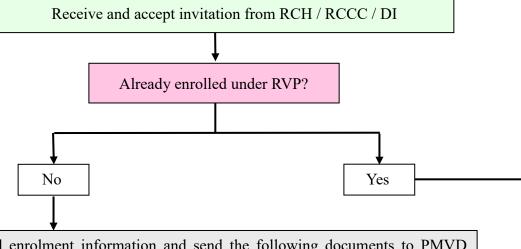


"7 steps on hand hygiene"

Hand hygiene practice should be adopted and strictly followed during vaccination procedure.

- a) Hand hygiene with proper hand rubbing by using liquid soap and water or 70-80% alcohol-based handrub for at least 20 seconds and 7 steps of hand hygiene techniques (refer to figure 6) should be performed in between each vaccination.
- b) Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.
- c) When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective.
- d) When using alcohol-based handrub, apply a palmful of handrub (ensure adequate volume) into the palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.

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



Read enrolment information and send the following documents to PMVD 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 PMVD (with required documentary proof of the applicant and Medical Organisation, where applicable);

(Doctors enrolled under Vaccination Subsidy Scheme / Health Care Voucher Scheme DO NOT need to send documentary proof if there is no change of particulars.)

Vaccination Period

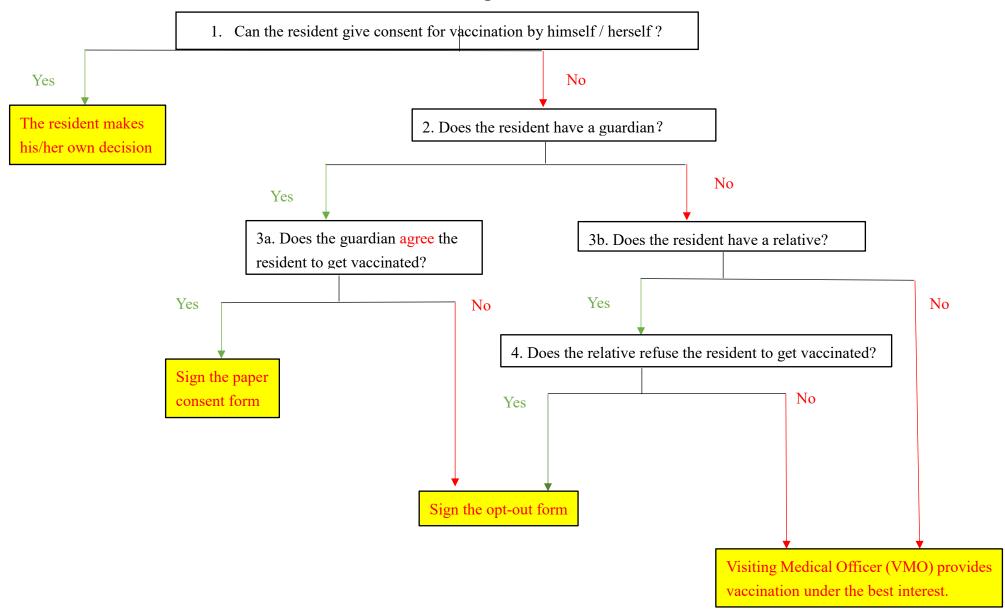
- 1. Receive Vaccination Consent Form(s) from RCH/RCCC/DI at least 25 working days prior to vaccination.
- 2. Check recipients' vaccination records in eHS(S) by two options Individual vaccine recipient OR Excel batch upload (For Excel batch upload, processing a consent list in a excel file and send the password protected file to PMVD at least 20 working days before vaccination. Download the reports in eHS(S).)
- 3. Check recipient's eligibility and vaccination history.
- 4. Check recipient's identity against the Vaccination Consent Form before providing vaccination.

Reimbursement

- 1. Login to eHS(S), submit claims in the 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 PMVD.

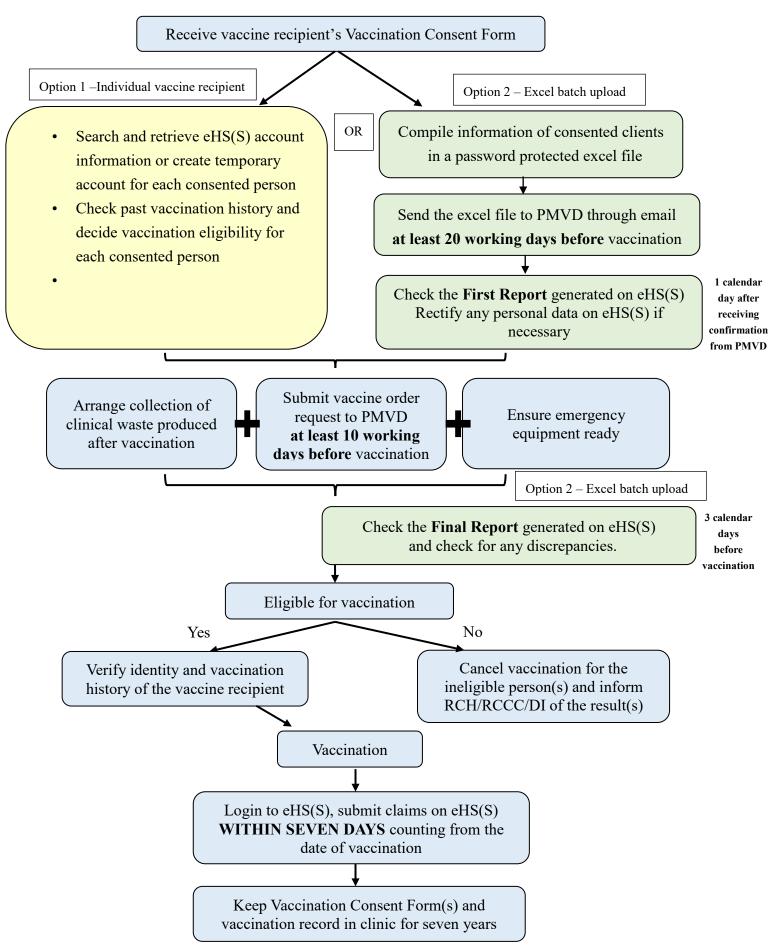
Appendix II

Flow chart of obtaining consent for vaccination



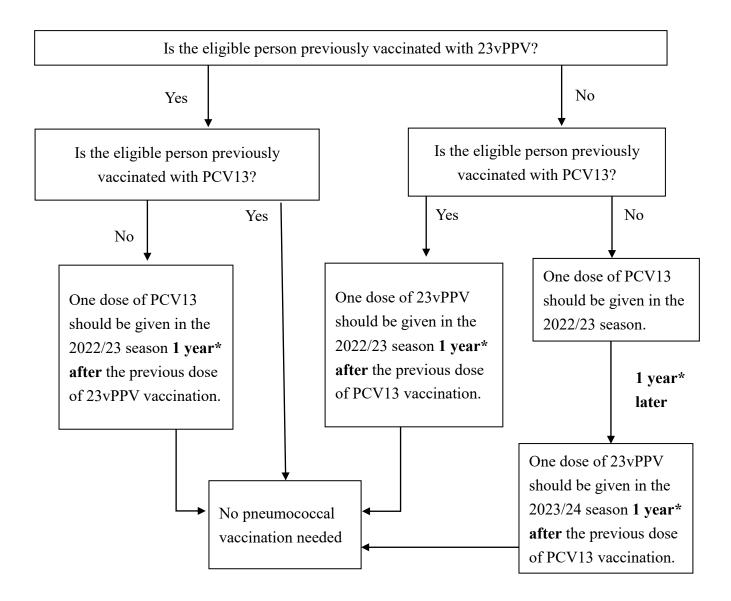
Appendix III

Flow chart of providing vaccination service under RVP



Appendix IV

Flow chart illustrating the use of PCV13 and 23vPPV under RVP 2022/23:



^{* 1} year is assumed to be one calendar year.

e.g. 1st dose was given on 30/12/2021 2nd dose should be given on or after 30/12/2022

Appendix V

Environmental Protection Department Notes to Healthcare Professionals on the Delivery of Clinical Waste to the Chemical Waste Treatment Centre (CWTC)

A healthcare professional (HCP)¹ may directly deliver clinical waste to the CWTC² for disposal but his/her liabilities under the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation) will not be discharged unless the delivery of clinical waste is completed safely and properly. This includes:

- Clinical waste carried is not more than 5 kg and is not Group 4 waste;
- Clinical waste is packaged in an appropriate type of container, sealed and labelled properly;
- Only private car is used for the delivery.

The full requirements are stated in Section 4 of the Regulation and Section 6 of the Codes of Practice.

To self-deliver the clinical waste, the HCP must:

- provide a **clinical waste trip ticket**³ filled with relevant information, such as the name of the HCP, his/her HCP body registration number and the assigned **premises code**⁴ of the clinical waste producer;
- show his/her identity card and HCP registration number at the CWTC. For the sake of convenience, copies of HCP registration document is accepted;
- arrive CWTC during reception hours

The reception hours for receiving clinical waste delivered by HCP at the CWTC are 9:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m. on Monday to Friday (except for public holiday). No prior appointment is required. For special circumstances and upon request with **3-day advance notice** with CWTC site office (tel: 2434 6372), the reception hour can be extended to 5:30 p.m. and reception services on Saturday from 1:00 pm to 5:30 pm can be provided (no reception services before 1:00 pm).

A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)⁵ will be levied on the clinical waste as received and treated at the CWTC. The amount to be paid depends upon the weight of clinical waste received and only cash is accepted.

For any enquiries, please contact the Environmental Protection Department at 2835 1055 or visit the webpage: https://www.epd.gov.hk/epd/clinicalwaste/en/index.html.

Footnote

1. Healthcare professionals include registered medical practitioners, dentists and veterinary surgeons, registered or listed Chinese medicine practitioners, and registered or enrolled nurses as defined in the Regulation.

- 2. CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.
- 3. Blank clinical waste trip tickets can be obtained from EPD by submitting the Request Form for Clinical Waste Trip Tickets. A set of 10 blank trip tickets will be distributed for each request. https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets en.pdf
- 4. Premises code can be obtained from EPD by submitting the Premises Code Request Form, on which 'outreach service' should be annotated in the Producer Name for outreach vaccination activities: https://www.epd.gov.hk/epd/clinicalwaste/file/Premises%20Code%20Request%20Form%20(Eng).pdf
- 5. The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.

訂單編號	送針日期
由本署耶	

佃 衞生署 Ϊ 2022/23 院舍防疫注射計劃 疫苗申請表格 (安老院舍)

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訂針

備註: 1. 由於訂購疫苗及安排運送需時,請於接種日期前最少 10 個工作天填妥本表格並傳真至本署(傳真號碼: 2713 6916)。到診註冊醫生如於傳真本表格後三個 工作天內仍未收到本署的訂單確認通知,請致電 3975 4474 與本署職員聯絡。

- 2. 到診註冊醫生有責任於申請疫苗前,確認院友/職員是否符合資格免費接種季節性流慮/肺炎球菌疫苗。
- 3. 到診註冊醫生需聯絡院舍安排負責人員接收疫苗;並預早確認院舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常,雪櫃內的溫度必須保持在攝氏 +2 度至+8 度。
- 4. 通過提供此表格上需要填寫的資料,到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。 有關該計劃的條款和條件以及附表會適時更新,詳 情請瀏覽衞生防護中心網站(https://www.chp.gov.hk/tc/features/21657.html)。

甲部 安老院舍資料

院舍名稱:				
院舍編號:		院友總人數:		職員總人數:
於人指於法田帝樞經 延。		醫療用雪櫃	口家用無霜雪櫃(冰格和冷藏格分開	[) □單門家用無霜雪櫃(只有冷藏格)
院舍現時使用雪櫃類型:		小型單門雪櫃(酒	店雪櫃)(冰格和冷藏格在同一冷藏室)	勺)
フ郊ーコ目会位後が世代し	申ル			

		肺炎球	<u> </u>
	季節性流感疫苗	13 價肺炎球菌 結合疫苗:	23 價肺炎球菌 多醣疫苗:
已同意接種的院友人數:	(a1):	(w1):	(w2):
已同意接種的職員人數:	(a2):	不治	ž Η
合共	(A): (A)=(a1+a2)	不適用	

1. 如從未接種任何肺炎球菌疫苗的院友,應先接種 13 價肺炎球菌結合疫苗。

- 2. 已接種 13 價肺炎球菌結合疫苗的院友,應於接種後一年接種 23 價肺炎球菌多醣疫苗。
- 3. 已接種 23 價肺炎球菌多醣疫苗的院友,應於接種後一年接種 13 價肺炎球菌結合疫苗。
- 4. 如已接種 23 價肺炎球菌多醣疫苗及 13 價肺炎球菌結合疫苗,於院舍防疫注射計劃下,則無需再安排接種肺炎球菌疫苗。

丙部 訂單及送貨資料 疫苗	<u> </u>				
	季節性流感疫苗	肺炎球菌疫苗			
	子即注测规技由	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗		
 申請疫苗數目:	 需訂 針 (A)	需訂 針 (c1)	需訂 針 (c2)		
一時及出处日	111111111111111111111111111111111111111	(c1)=(w1-d1)	(c2)=(w2-d2)		
*庫存疫苗數目:					
(即過往年度剩餘未過期的	不適用	已有 針 (d1)	已有 針 (d2)		
肺炎球菌疫苗)					
	年 月 日	(時間:上午/下午/全E	1)		
接種疫苗的日期:	請先與院舍確定接種日期,本署會聯絡防		7		
	疫苗派送時間為當日上午十時至下午一時		于)。		
送貨地址:		······································	• •		
(請用中文填寫及註明送針樓層)					
┃ ┃負責接收疫苗的院舍職員姓名:		接收疫苗職員聯絡電話	<u>.</u>		
		双状汉田枫县柳树电田	•		
丁部 到診計冊醫牛(VMO)資料				

VMO 姓名:	VMO 註冊編號:	<u>M</u>	
VMO 聯絡電話:	VMO 傳真號碼:		VMO 簽署:

訂單編號	送針日期
由本署職	战員填寫

VMO 聯絡電話:

● 衞生署2022/23 院舍防疫注射計劃疫苗申請表格

附錄丁

訂針

(殘疾人士院舍)

備註: 1. 由於訂購疫苗及安排運送需時,請於接種日期前最少 10 個工作天填妥本表格並傳真至本署(傳真號碼:2544 3922)。到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知,**請致電 3975 4455 與本署職員職終。**

甲部	三個工作大內仍未收到本著 2. 到診註冊醫生有責任於申請 3. 到診註冊醫生需聯絡院舍/ 度必須保持在攝氏+2 度至+ 4. 通過提供此表格上需要填寫 新,詳情請瀏覽衞生防護中 院舍/宿舍資料	疫苗前,確認院友。 宿舍安排負責人員 8 度。 的資料,到診註冊	/宿生/職員是否符合 接收疫苗:並預早確認 醫生會被視為已接受「『	資格免費接 完舍/宿舍 完舍防疫注	種季節性流息 有合適的雪帽 射計劃」的修	貯存疫苗。	請確定貯			
							院全 /2			
NL 占 /	111111111111111111111111111111111111111		<u> </u>	1 .				日中24年20年。	<u> </u>	
院友/	宿生人數:	9歲以下	9-64 歲	65 歲	歲或以上 總人數		職員總人數:			
			<u> </u>							
院含	現時使用雪櫃類型:	□ 醫療用雪橋 □ 小型單門雪	匱 口家用無霜 롴櫃(酒店雪櫃)(冰					門家用無霜	「李樻(テ	只有冷藏格)
乙部	已同意接種疫苗的人數	文 文								
_ = =	×1000 000 000 000 000 000 000 000 000 00			宿生人				職員		合共
	意接種 生流 <u>感疫苗</u> 的人數:	只需注 (a1):			需要注射 (a2):			(a3):	3): (A): (A)=(a1+a2+a3)	
*只適用於9歲以下及從未接種過流感疫苗的兒童										
*只適用	於9歲以下及從未接種過流感疫	:苗旳兒重								
	於9歲以下及從未接種過流感疫 意接種 <u>肺炎球菌疫苗</u> 的人		1956 年或以前	出生		957 年出生 022 年才可		同	意接種	總人數
		數	1956 年或以前 (w1A):	出生	(須於2			(w (w1)	v1): =(w1A	
已同	意接種 <u>肺炎球菌疫苗</u> 的 <i>)</i>	數 菌結合疫苗:		出生	(須於 2 (w1]	022 年才豆		(w1) (w1)	71):	+w1B)
	意接種 <u>肺炎球菌疫苗</u> 的力 13 價肺炎球菌	數 菌結合疫苗: 菌多醣疫苗: < 65 歲或以上的 球菌疫苗的院友 結合疫苗的院友 多醣疫苗的院友	(w1A):		(類於 2 (w1] (w2] 球菌結合疫 種 23 價肺 種 13 價肺	022 年才可 3):	·接種) - - - - - - - - - - - - - - - - - - -	(w1) (w1) (w2)	v1): =(w1A v2): =(w2A	+w1B) +w2B)
已同	意接種 <u>肺炎球菌疫苗</u> 的 13 價肺炎球菌 23 價肺炎球菌 1. 肺炎球菌疫苗只適用质 2. 如從未接種任何肺炎 3. 已接種 13 價肺炎球菌 4. 已接種 23 價肺炎球菌	數 菌結合疫苗: 菌多醣疫苗: 令 65 歲或以上的 求菌疫苗的院友。 結合疫苗的院友。 多醣疫苗的院友 多醣疫苗的院友 多醣疫苗的院友	(w1A):	3 價肺炎 後一年 接 後一年 接	(類於 2 (w1] (w2] 球菌結合疫 種 23 價肺 種 13 價肺	022 年才可 3): 3): ; 描。 炎球菌多酮 炎球菌结合 射計劃下,	接種) — - - - - - - - - - - - - -	(w (w1) (w2) 用安排接種	v1): =(w1A v2): =(w2A	+w1B) +w2B)
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已同 備註:	意接種 肺炎球菌疫苗的 23 價肺炎球菌 23 價肺炎球菌 23 價肺炎球菌 1. 肺炎球菌疫苗只適用抗 2. 如從未接種任何肺炎 13. 已接種 13 價肺炎球菌 4. 已接種 23 價肺炎球菌 5. 如已接種 23 價肺炎球菌	數 結合疫苗: 65歲或以上的 求菌疫苗的院友 65歲或以上的 就商疫苗的院友 6時面的院友 5個種疫苗的院友 資源寶貴,第 季質	(w1A):	3 價肺炎 後一年 接 送一年 接 运苗,於阿	(類於 2 (w1) (w2) 球菌結合疫 種 23 價肺 種 13 價肺 完舍防疫注。	022 年才可 3):	接種) 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	(w (w1) (w2) (w2) 再安排接種 这菌疫苗 23 價肺 需訂	y1): ==(w1A y2): ==(w2A	+w1B) +w2B)

	季節性流感疫苗	肺炎球菌疫苗			
	子即注派感授田	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗		
申請疫苗數目:		需訂 針 (c1)	需訂 針 (c2)		
中胡汉田数口:	需訂針 (A)	(c1)=(w1-d1)	(c2)=(w2-d2)		
*庫存疫苗數目:					
(即過往年度剩餘未過期的肺 炎球菌疫苗)	不適用	已有 針 (d1)	已有 針 (d2)		
接種疫苗的日期:	年 月 請先與院舍/宿舍確定接種日期,本署會聯絡疫苗派送時間為當日 上午十時至下午一時 (上午		/全日)		
送貨地址:					
(請用中文填寫及註明送針樓層)					
負責接收疫苗的院舍職員姓名	4 :	接收疫苗職員聯絡電話	:		
丁部 到診註冊醫生(VMO)	資料				
VMO 姓名:		VMO 註冊編號:	M		

VMO 簽署:

VMO 傳真號碼:

訂單編號	送針日期
由本署職	員填寫

₩ 衞生署 Ϊ 2022/23 院舍防疫注射計劃 疫苗申請表格

附錄丁

訂針

(留宿幼兒中心)

備註:1. 由於訂購疫苗及安排運送需時,請於接種日期前最少10個工作天填妥本表格並傳真至本署(傳真號碼:25443922)。 到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知,請致電 3975 4455 與本署職員聯絡。

- 2. 到診註冊醫生有責任於申請疫苗前,確認留宿幼兒/職員是否符合資格免費接種季節性流感疫苗。
- 3. 到診註冊醫生需聯絡中心安排負責人員接收疫苗;並預早確認中心有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常,雪 櫃內的溫度必須保持在攝氏+2 度至+8 度。
- 4. 通過提供此表格上需要填寫的資料,到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。 有關該計劃的條款和 條件以及附表會適時更新,詳情請瀏覽衞生防護中心網站瀏覽(https://www.chp.gov.hk/tc/features/21657.html)。

		中心編號:	
9歲以下人數 9歲或以上人數		總人數	
		口單門家用無霜雪	櫃(只有冷藏格)
人數			
	9 歲以下人數 ————————————————————————————————————	9歲以下人數 9歲或以上人數 9歲或以上人數	9歲以下人數 9歲或以上人數 總人

	留宿兒	建 重人數	職員 合共	
已同意接種 季節性流 <u>感疫苗</u>	只需注射 <u>一劑</u> 人數	需要注射 兩劑 人數*	(-2)·	(A):
的人數:	(a1):	(a2):	(a3):	(A)=(a1+a2+a3)
*只適用於9歲以下及從未接種	過流感疫苗的兒童			

丙部 訂單及送貨資料

疫苗資源寶貴, 請珍惜,勿浪費。	申請疫苗數目: 季節性流感疫苗	需訂針 (A)
接種疫苗的日期:	年月日(時間:上午/下午/全日) 請先與留宿幼兒中心確定接種日期,本署會聯絡中心確認送針日期。 疫苗派送時間為當日 上午十時至下午一時 (上午)或 下午二時至五時 (下午)。	
送貨地址: (請用中文填寫及註明送針樓層)		
負責接收疫苗的中心職員姓名:		

到診註冊醫生 (VMO) 資料 丁部

VMO 姓名:	VMO 註冊編號:	M	
VMO 聯絡電話:	VMO 傳真號碼:		VMO 簽署:

訂單編號	送針日期	
由本署職員填寫		

∰ 衞生署 🔭

院舍防疫注射計劃 2022/23 為智障人士(非住院舍)提供流感疫苗 疫苗申請表格

P	4
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訂針

備註: 1. 由於訂購疫苗及安排運送需時,請於接種日期前最少 10 個工作天 填妥本表格並傳真至本署(傳真號碼: 2544 3922)。 到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知,**請致電 3975 4455 與本署職員聯絡。**

- 2. 到診註冊醫生有責任於申請疫苗前,確認服務使用者是否符合資格免費接種季節性流感疫苗。
- 3. 到診註冊醫生需聯絡學校/服務機構安排負責人員接收疫苗;並預早確認學校/服務機構有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常,雪櫃內的溫度必須保持在攝氏+2 度至+8 度。
- 4. 通過提供此表格上需要填寫的資料,到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。 有關該計劃的條款和條件以及附表會適時更新,詳情請瀏覽衞生防護中心網站(https://www.chp.gov.hk/tc/features/21657.html)。

甲部 學校/服務機構資料

學校/服務機構名稱:	學校/服務機構編號:					
服務使用者人數:	9 歲或以上人數	(h1): _		總人數 (H):		
(智障人士)	9歲以下人數	(h2): _	(h2):		(H)=(h1+h2)	
學校/服務機構 現時使用雪櫃類型:	□ 醫療用雪櫃 □家用無霜雪櫃(冰格和冷藏格分開) □單門家用無霜雪櫃(只有冷藏格) □ 小型單門雪櫃(酒店雪櫃)(冰格和冷藏格在同一冷藏室内)					
乙部 已同意接種疫苗的人數						
	服務	§使用者人數		同	意接種總人數	
已同意接種 <u>季節性流感疫苗</u> 的人數:	只需注射 <u>一劑</u> 人數	需要注	射 兩劑 人數*		(A):	
пу∕ \⊕ Х •	(a1):	(a2)	:		(A)=(a1+a2)	
*只適用於9歲以下及從未接種過流感	疫苗的兒童					
丙部 訂單及送貨資料						
申請疫苗數目:	季節性流感疫苗 需訂針 (A)		A)			
接種疫苗的日期:	年月日(時間:上午/下午/全日) 請先與學校/服務機構確定接種日期,本署會聯絡學校/服務機構確認送針日期。 疫苗派送時間為當日 上午十時至下午一時 (上午)或 下午二時至五時 (下午)。					
送貨地址: (請用中文填寫及註明送針樓層)	文田/K/公司·司/河田口 上 [I IV	工 -	(— W ELLW	1 17		
負責接收疫苗的院舍職員姓名	:	接收 ————	疫苗職員聯絡電	電話:		
丁部 到診註冊醫生(VMO)	資料					
VMO 姓名:	VMO 註冊編號	·····································				
VMO 聯絡電話:	VMO 傳真號码	馬:	VM	IO 簽署:_		

Appendix VII

Request form for Clinical Waste Collection Service under RVP 2022/23

Page	of	
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To: Programme Management and Vaccination Division, Centre for Health Protection Fax no.: $2713\,6916$

Clinical Waste Collection Service under Residential Care Home Vaccination Programme (RVP) 2022/23

I hereby request for clinical waste collection service for the following Residential Care Home(s) / Designated Institution(s) serving persons with intellectual disability / Residential Child Care Centre(s).

Code of RCH ¹ /PID ² /RCCC ³	Name of RCH ¹ / PID ² / RCCC ³	Quantity of Sharp Box(es)	Total Weight (kg)
Example: AB1234	ABC Elderly Home	1	0.5

 $^{^{1}}$ RCH – Residential Care Home(s)

are Centre(s)	
Signature of	
Visiting Medical Officer:	
Name of	
Visiting Medical Officer:	
Date:	

² PID – Designated Institution(s) serving Persons with Intellectual Disability

³ RCCC –Residential Child Care Centre(s)

