

# **REPLY FORM**

## **2025/26 Seasonal Influenza Vaccination School Outreach Programme**

### **(SIVSOP, applicable to All School) &**

### **Hong Kong Childhood Immunisation Programme (HKCIP, applicable to Primary School)**

Please kindly return this **Reply Form** to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)) on or before 30 June 2025.**

Put “✓” into the appropriate box(es). \*Delete if inappropriate.

#### **PART I – School Information**

School Name: \_\_\_\_\_

6-digits School No. \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Region of the School: \_\_\_\_\_

\*Hong Kong/ Kowloon/  
New Territories East/ New Territories West

Total number of students: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax number: \_\_\_\_\_

#### **PART II – Arrangement of SIVSOP (applicable to All School) & HKCIP (applicable to Primary School)**

##### **1. Arrangement of HKCIP (applicable to Primary Schools)**

☐ I have read **Annex II** and **AGREE** to join HKCIP

##### **2. Please indicate which mode of SIV School Outreach Programme your school will arrange. (applicable to All School)**

☐ 2025/26 SIVSOP “GOVERNMENT SUPPLY VACCINE MODE” (Formerly called the “SIV School Outreach (Free of Charge) Programme”) (Please refer to **Annex I**, and proceed to **PART III to VII**)

☐ 2025/26 SIVSOP “DOCTOR SUPPLY VACCINE MODE” (Formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”) (Please refer to **Annex I**, and proceed to **PART IV to VII, and complete the SUPPLEMENTARY FORM**)

☐ Adopt other outreach mode to provide SIV (i.e. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity not under DH by cooperating with doctors / medical organisations) (Please provide details of activity, and proceed to **PART VI to VII**)

Details of outreach / vaccination programme: \_\_\_\_\_

Healthcare facilities/doctors providing service: \_\_\_\_\_

Outreach date: \_\_\_\_\_

☐ Not joining any of the above programmes (***Please provide the reason(s), read the following details and proceed to PART VI to VII***)

- The DH will continue to upload “List of schools/child care centres not arranging SIV school outreach” on the Centre for Health Protection for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.
- Schools are required to issue a parent letter to appeal parents for the self-arrangement of SIV for their children. Nevertheless, issuing the parent letter cannot replace conducting the school outreach activity.
- Schools are required to complete a survey on collecting their students’ vaccination rate near the end of the season.

Reason(s) of not participating in SIVSOP (*can select more than 1 options*):

- ☐ Insufficient resources (e.g. manpower, venue) to support the vaccination outreach activities
- ☐ Tight term schedule and is unable to arrange vaccination outreach activities
- ☐ Will encourage parents to arrange students to receive SIV in private doctors’ clinic
- ☐ Already arranged all students to receive SIV, mode of arrangement: \_\_\_\_\_
- ☐ Others: \_\_\_\_\_

### **PART III – Selecting a Doctor**

**3. Please confirm the mode to select a doctor under the “GOVERNMENT SUPPLY VACCINE MODE”**

- ☐ School Self-selection of Doctors (Please **also** fill in the **SUPPLEMENTARY FORM**)
- ☐ DH-matching of doctors

### **PART IV – Type of Vaccine**

**4. Please indicate your preferred type of vaccine to be used in the vaccination outreach service**

- ☐ Injectable vaccine (Inactivated influenza vaccines IIV)
- ☐ Nasal vaccine (Live-attenuated influenza vaccine LAIV)
- ☐ Hybrid mode (to choose both IIV and LAIV for the same or different outreach vaccination activities)

### **PART V – Outreach Schedule Arrangement** (*The 1<sup>st</sup> dose should be given between Oct and Dec 2025*)

**5. Please choose one of the following choices :**

- ☐ To opt for “School Self-selection of Doctors”, with the outreach date on: \_\_\_\_\_
- ☐ To opt for “DH-matching of Doctors”, the following 3 available dates are provided for DH to facilitate matching

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

If primary schools opt for LAIV, MMR vaccine under HKCIP arranged by School Immunisation Teams should be administered at least 28 days apart. For details, please refer to the thematic webpage at: <https://www.chp.gov.hk/en/features/100764.html#FAQ37>

### **PART VI – Collection of information – Statement of Purpose**

The information furnished in this form will be used by the Government to process your application and for implementing and monitoring of the School Vaccination Programmes. The information are mainly for use within the Government for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law. The information may also be disclosed by the Government to other organisations and third parties for the purposes mentioned above, if required.

**PART VII – Declaration**

I declare that the information contained in the Reply Form to the Department of health is true and accurate.

Signature of School Representative:

Name of School Representative:

Post of School Representative

Contact number:

Date:

School chop: