

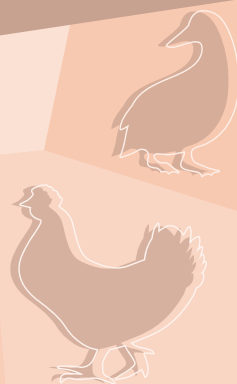
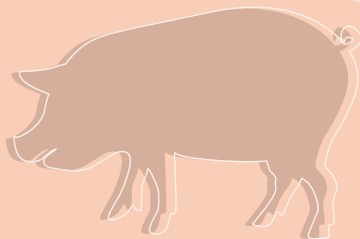
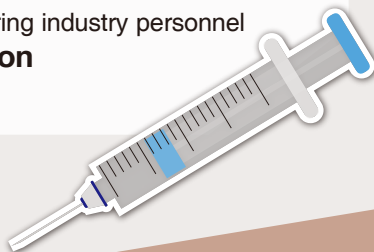
政府防疫注射計劃

Government Vaccination Programme

預防流感 接種疫苗
Prevent Flu Get Vaccination

家禽業從業員 / 從事養豬和屠宰豬隻行業的人士
接種季節性流感(流感)疫苗

Poultry industry workers / pig farmers / pig-slaughtering industry personnel
Seasonal Influenza (Influenza) Vaccination



衛生防護中心
Centre for Health Protection

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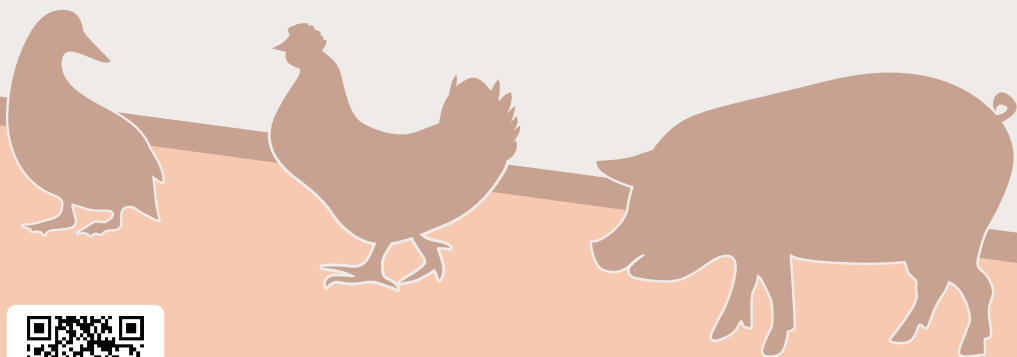


衛生署
Department of Health

為何家禽業從業員應該 接種季節性流感疫苗？

家禽業從業員有較高機會接觸高致病性禽流感病毒。

他們接種流感疫苗能有效預防人類季節性流感，因此減低同時感染人類流感及禽流感的機會，從而減低因基因重組而衍生新的甲型流感病毒的風險。



疫苗接種計劃

二零一九年八月印製

為何從事養豬和屠宰豬隻行業人士應該接種季節性流感疫苗？

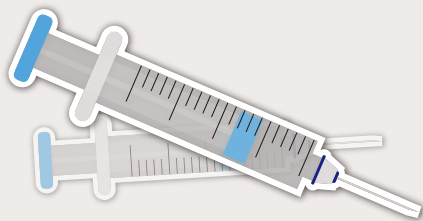
研究人員曾從香港的豬隻樣本中發現甲型流感 (H1N1)pdm09 (前稱人類豬型流感) 病毒。

本港專家認為在豬隻發現的甲型流感 (H1N1)pdm09 病毒是從人類傳播到豬隻的。在罕見情況下，於豬隻中流行的豬流感病毒有機會感染人類。

從事豬隻行業的人士接種流感疫苗能有效預防感染季節性流感，因此減低人類或豬隻同時感染人類流感及豬流感的機會，從而減低因基因重組而衍生新的甲型流感病毒的風險。

誰該接種季節性流感疫苗？

由於身體健康的人士亦有可能患上嚴重流感，甚至出現死亡的情況，除個別有已知禁忌症的人士外，所有年滿6個月或以上人士每年都應接種季節性流感疫苗作個人保護。



滅活流感疫苗可能有甚麼副作用？

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 1 至 2 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。

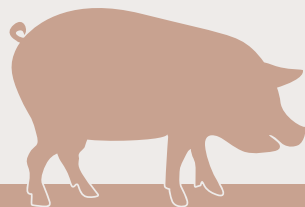
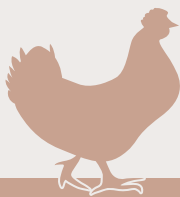
有研究顯示在感染流感後出現吉-巴氏綜合症的風險 (每 100 萬個感染者有 17.20 宗個案) 遠比接種流感疫苗後 (每 100 萬個接種疫苗的人士中有 1.03 宗個案) 為高。

請即接種流感疫苗

Get influenza vaccination now

於每年10/11月起(請留意政府的公布)，業界人士請帶同有關部門的轉介信、接種疫苗記錄及身份證，到指定的醫院管理局門診診所，免費接種流感疫苗。

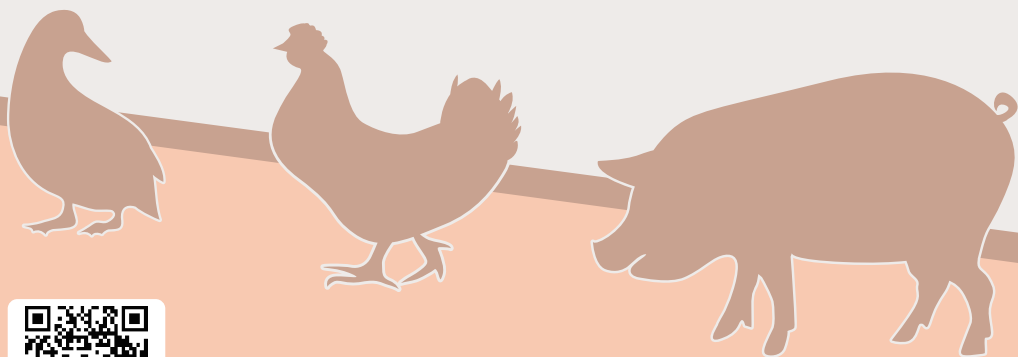
Starting in October/November each year (please take note of the Government's announcement), persons working in the industries please bring along the referral letters from the related Departments, their vaccination records, and Identity Cards, to the designated General Out-patient Clinics under the Hospital Authority for free influenza vaccination.



Why should poultry industry workers receive seasonal influenza vaccine?

Poultry industry workers have higher chance of contacting highly pathogenic avian influenza viruses.

Influenza vaccination can prevent seasonal influenza in humans, and hence minimise the chance of concomitant infections of human seasonal influenza and avian influenza viruses. This in turn minimises the risk of genetic re-assortment and eventual emergence of a novel influenza A virus.



Vaccination
Schemes

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Why should pig farmers and pig-slaughtering industry personnel receive seasonal influenza vaccine?

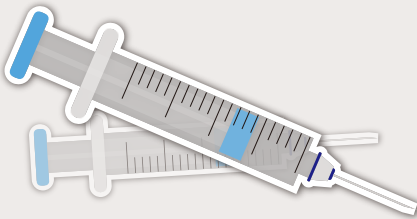
Researchers previously detected influenza A(H1N1)pdm09 (formerly known as Human Swine Influenza) viruses in pigs sampled in Hong Kong.

Local experts considered that the influenza A(H1N1)pdm09 virus detected in pigs was transmitted from humans to pigs. Swine influenza viruses circulating in pigs might infect humans in rare occasions.

Influenza vaccination of pig-related industry workers can prevent seasonal influenza among them, and hence minimise the chance of concomitant infections of human seasonal influenza and swine influenza viruses in either humans or pigs. This in turn minimises the risk of genetic re-assortment and eventual emergence of a novel influenza A virus.

Who should receive seasonal influenza vaccination?

As serious influenza infection and even death can occur in healthy individuals, except those with known contraindications, all persons aged 6 months or above should receive influenza vaccination for personal protection every year.



What are the possible side effects of the inactivated influenza vaccine?

Inactivated influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site.

Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days. If fever or discomforts persist, please consult a doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency consultation.

Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré Syndrome (GBS) (1 to 2 cases per million vaccines) and severe allergic reaction (anaphylaxis) (9 per 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events.

Studies have shown that the risk of GBS after influenza infection (17.20 per million infected persons) is much higher than after influenza vaccination (1.03 per million vaccine recipients).