

Public-Private-Partnership DOCTORS' GUIDE

for

**Primary School Outreach and
Kindergarten/Child Care
Centre Outreach (Pilot)**

2019/20

**Seasonal Influenza Vaccination
School Outreach
(Free of charge)**

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

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DISCLAIMER

This Guide is for doctors joining the 2019/20 Seasonal Influenza Vaccination (SIV) School Outreach (Free of charge) (SIV School Outreach) as Primary School Outreach and/or Kindergarten/Child Care Centre (KG/CCC) Outreach (Pilot). It serves as a supplement to the **Doctors' Guide to Vaccination Subsidy Scheme (VSS)** (<https://www.chp.gov.hk/en/features/45838.html>). It highlights the roles and responsibilities of the doctors and areas that he/she should note when offering outreach vaccination services to primary school and KG/CCC children under the SIV School Outreach. Please also refer to the VSS Doctors' Guide for information about seasonal influenza vaccine (SIV), vaccine cold chain maintenance, and management of adverse events following immunization, as well as the general requirement and logistics under VSS. Doctors participating in the SIV School Outreach are required to read and follow **both guides** when providing outreach vaccination activities.

This Guide serves as a living document for doctors' reference. We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The contents of the Guide will be updated continuously in the webpage <http://www.chp.gov.hk>. If you have any comments or questions, please send them to the Vaccination Office (VO) of the Department of Health (DH).

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Always make sure that you have the latest version by checking the CHP website
<http://www.chp.gov.hk>

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

1. INTRODUCTION

In order to lower the risk of serious complications and hospitalisation from seasonal influenza infection, the Government launched the School Outreach Vaccination Pilot Programme in 2018/19 to increase SIV uptake in primary school children. The Government has also been providing subsidised/ free SIV to eligible children aged 6 months to less than 12 years under VSS.

This year, DH will regularise SIV school outreach and launch the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) (SIV School Outreach) to cover interested primary schools and expand to include Kindergarten/Child Care Centre children as a pilot programme. All students in the participating schools will be eligible to receive free SIV, irrespective of their HK resident status. The SIV School Outreach (Free of charge) consists of the Primary School Outreach and KG/CCC Outreach (Pilot).

Primary School Outreach

Under the Primary School Outreach, DH will be responsible for purchasing SIVs and the delivery logistics. PPP doctors will arrange the vaccination date with schools, provide the vaccination and handle clinical waste. Vaccination activities must be arranged during school hours i.e. Monday-Friday, 8am-3pm.

PPP doctors are required to provide the second dose of SIV at schools for those students under 9 years of age who have never received SIV before at least 4 weeks after the first dose. It is expected that the first dose should be given within two vaccination days and the second dose should be given within one vaccination day.

Participating PPP doctors will be given HKD\$100 as injection fee for each dose of SIV given to primary school children for the outreach vaccination. They are not permitted to charge extra service fees from schools/ parents.

KG/CCC Outreach (Pilot)

Under the KG/CCC Outreach (Pilot), PPP doctors will be responsible for purchasing SIVs, arranging vaccination date with schools, delivering SIV to the schools, providing the vaccination and clinical waste disposal. SIV provided must be quadrivalent influenza vaccines (QIV). Dates for vaccination activities may be mutually arranged with schools at the convenience of both parties i.e. after-school hours, weekends.

PPP doctors are required to provide the second dose of SIV at schools for those students under 9 years of age who have never received SIV before at least 4 weeks after the first

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dose.

Participating PPP doctors will be given HKD\$260 as injection fee for each dose of SIV given to KG/CCC children for the outreach vaccination. They are not permitted to charge extra service fees from schools/ parents.

Schedule

Primary School Outreach will officially start on 23rd October 2019.

KG/CCC Outreach (Pilot) will official start on 9th October 2019.

The outreach activity should be completed by end of January 2020.

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2. ROLES AND RESPONSIBILITIES OF PPP DOCTORS

To ensure that the quality of vaccination services is upheld in non-clinic settings, the organiser and enrolled doctor in-charge of the activities must give due consideration to safety and liability issues. The enrolled doctor/healthcare provider is responsible for the overall vaccination activity.

The doctor should observe the **Code of Professional Conduct** issued by the Medical Council of Hong Kong as well as the **Terms and Conditions of Agreement of Vaccination Subsidy Scheme (VSS)** as the standard to provide quality health care.

In particular, we would like to draw your attention to Section 5.2.5 of the Code of Professional Conduct: “Doctors’ services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.” Organisers and the doctor should stay clear of associating with any improper financial (or advantage) transactions e.g. distribution of vouchers. Please also note that the use of logos of DH, CHP and VSS without prior permission of DH on any materials issued by the participating doctors is **prohibited**.

Regarding delegation of medical duties to staffs, doctors should seek advice from Part II E21 “Covering or improper delegation of medical duties to non-qualified persons” of the Code of Professional Conduct.

Under Primary School Outreach, vaccines provided are the property of DH. The doctor may be liable to costs related to broken or missing vaccines and DH reserves the right to demand the doctor for payment due to vaccine breakage or missing vaccines.

The following sections will describe the roles and responsibilities of the doctors when organising outreach vaccination activities. DH may perform random onsite inspection of the services provided (please see **Appendix 7.2** for a checklist of items during onsite inspection). A simplified schematic diagram outlining the roles and responsibilities of PPP doctors and timeline are depicted below for reference.

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2.1 Simplified schematic diagram of Roles and Responsibilities of PPP doctors



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2.2 Timeline for Preparation by Medical Organisations

Date	Tasks	Primary School	KG/CCC (Pilot)
Early May 2019	- Matching results announced and school list finalised	✓	✓
Late May 2019	- Doctors to order SIV	✗	✓
Early June 2019	- Attend briefing about detailed arrangement for medical organisations - Receive the Doctors' Guides from VO	✓	✓
Early July 2019	- Communicate with schools on date and venue	✓	✓
12 July 2019	- Deadline to send <i>Booking of Time Slot for Outreach Vaccination Activity</i> (Appendix 7.3) to VO	✓	✗
Mid July 2019	- Study VSS Doctors' Guide and the PPP Doctors' Guide - Start preparing manpower, training for staff, equipment, etc. for vaccination activity making reference to the <i>List of Items to Bring to Venue on the Vaccination Day</i> (Appendix 7.1) - Obtain a Clinical Waste Producer Premises Code for outreach services from EPD	✓	✓
By September 2019	- Receive from VO the following documents to bring to vaccination activity: i. <i>Seasonal Influenza Vaccination Card</i> (unfilled) [Appendix 7.10] ii. <i>Information on Side Effects</i> (unfilled) [Appendix 7.11] iii. <i>Information on Side Effects and 2nd dose Arrangement</i> (unfilled) [Appendix 7.12] iv. <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (unfilled) [Appendix 7.17]	✓	✓
	- Receive confirmation from VO on vaccine delivery logistics	✓	✗
October 2019	- Launch of the SIV School Outreach	✓	✓
At least eight weeks before vaccination day	- Deadline for KG/CCC to choose partnering doctor/medical organisation - Send <i>Booking of Time Slot for Outreach Vaccination Activity</i> (Appendix 7.3) to VO - Indicate to VO which vaccine (e.g. live attenuated influenza vaccine or inactivated influenza vaccine) doctors will be providing	✗	✓

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Date	Tasks	Primary School	KG/CCC (Pilot)
At least eight weeks before vaccination day	<ul style="list-style-type: none"> - Remind school to distribute <i>Consent Forms – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge)</i> (Appendix 7.7-7.8) to parents 	✓	✓
At least six weeks before vaccination day	<ul style="list-style-type: none"> - Collect signed <i>Consent Forms – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge)</i> (Appendix 7.7-7.8) from schools and sign the <i>Consent Form Receipt Note</i> (Appendix 7.9) 	✓	✓
At least four weeks before vaccination day	<ul style="list-style-type: none"> - Provide password protected <i>Excel</i> table with names of consented students (<i>Student Vaccination List</i> (Appendix 7.6)) to VO via designated email account - Results will be shown on eHS(S) after upload is complete (within 1 week) - Cross check information on consent forms with results from eHS(S) - Rectify the <i>Student Vaccination List</i> (Appendix 7.6) directly on eHS(S) if there is any misinformation; contact parents if there is any discrepancies - Check whether children aged less than 9 years need second dose - Submit documentary proof to VO for amendment of document type and/or document number - Double-check the date of vaccination on eHS(S); correct if wrong - Estimate the quantity of vaccine required 	✓	✓
At least two weeks before vaccination day	<ul style="list-style-type: none"> - Decide method of clinical waste collection and disposal - Liaise with licensed clinical waste collectors for collection date of clinical waste or arrange self-delivery to a licensed disposal facility; and inform schools of the arrangement - Liaise with schools to arrange temporary storage of clinical waste until collection at the school if immediate collection and disposal cannot be arranged. - Liaise with licensed clinical waste collectors about how the Waste Producer Copy of the Clinical Waste Trip Ticket would be forwarded to the medical organization for record. 	✓	✓

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Date	Tasks	Primary School	KG/CCC (Pilot)
At least two weeks before vaccination day	- Submit the <i>Vaccine Ordering and Unused Vaccine Collection Form</i> (Appendix 7.13) to VO to request vaccine quantity, preferred delivery time and time for unused vaccine and cold box collection	✓	✗
At least one week before vaccination day	- Issue a list of students requiring vaccination to teachers - Remind schools to distribute <i>Notice to Parents on Seasonal Influenza Vaccination</i> (Appendix 7.4-7.5) and for children to bring old SIV <i>Vaccination Cards</i> , if any.	✓	✓
Within three days after submission of <i>Vaccine Ordering and Unused Vaccine Collection Form</i>	- VO will send a <i>Confirmation Notice</i> to doctors confirming the arrangement of vaccine delivery, unused vaccine and cold box collection arrangement	✓	✗
Three calendar days before vaccination activity	- Final <i>Student Vaccination List</i> (Appendix 7.6) will be generated on eHS(S) for vaccination eligibilities - Generate a list of students requiring 2 nd dose vaccination to pass to schools on day of vaccination	✓	✓
Period of first dose vaccination	- Bring <i>List of Items to Bring to Venue on the Vaccination Day</i> (Appendix 7.1) to vaccination venue	✓	✓
(end of October 2019 and mid of December 2019)	- Receive vaccines at school from logistics company and sign the <i>Vaccine Delivery Note</i>	✓	✗
	- Conduct vaccination activity - Issue and fill in <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (Appendix 7.17) to students via teachers - Issue a list of students requiring 2 nd dose vaccination to teachers - If temporary storage of clinical waste at school is required, sign two copies of the <i>Clinical Waste Temporary Storage Handover Note</i> (Appendix 7.16); keep one copy and surrender one copy for schools' record	✓	✓

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Date	Tasks	Primary School	KG/CCC (Pilot)
Period of first dose vaccination (end of October 2019 and mid of December 2019)	- Complete and sign two copies of the <i>Vaccine Report and Cold Boxes Return Form – Primary School Outreach (Appendix 7.14)</i> ; surrender one copy to logistics company on collection and submit one copy to VO (see below)	✓	✗
Within one day after vaccination activity	- Submit the following to VO i. <i>Vaccine Delivery Note</i> , and ii. Completed and signed <i>Vaccine Report and Cold Boxes Return Form – Primary School Outreach (Appendix 7.14)</i>	✓	✗
	- Submit the following to VO i. Completed and signed <i>Vaccination Report – KG/CCC Outreach (Pilot) (Appendix 7.15)</i>	✗	✓
Within seven days after vaccination activity	- Update the <i>Student Vaccination List (Appendix 7.6)</i> and submit claims to eHS(S) by batch upload - Claims should be submitted within 7 CALENDAR days and the vaccination day is Day 1. Claim requests made after 7 days may not be considered.	✓	✓
Within two weeks after vaccination activity	- Temporarily stored clinical waste for first dose activity to be collected by licensed clinical waste collector	✓	✗
At least four weeks before the second dose vaccination activity	- Start preparation for second dose vaccination activity - Similar to first dose vaccination	✓	✓
Before second dose vaccination day	- Receive confirmation from VO on the vaccine delivery	✓	✗
Period of second dose vaccination	- Similar to first dose vaccination	✓	✓
Within two weeks after second dose	- Temporarily stored clinical waste to be collected by licensed clinical waste collector	✓	✓

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3. PREPARATION BEFORE THE OUTREACH VACCINATION ACTIVITY

3.1 Administrative procedures required by the doctor

- PPP doctor should have enrolled into VSS and the Primary Care Directory (PCD).
- Attend detailed briefing provided by DH.
- Obtain matching results and school list from DH.
- Liaise early with each of the schools to **fix the date and venue for vaccination**. Available dates are subject to logistics arrangement of DH.
- Consider arranging health talk on SIV to school.
- The outreach activity should be completed before arrival of winter flu season, i.e. the **first dose by December 2019 and second dose by January 2020**.
 - i. The first dose vaccination activity should be conducted between:
 - *For Primary School Outreach:* **23rd October 2019 and mid of December 2019**.
 - *For KG/CCC Outreach (Pilot):* **9th October 2019 and mid of December 2019**.
 - ii. The second dose vaccination activity should be conducted **before end of January 2020**.
 - iii. Since the two doses need to be at least **four weeks apart**, it is recommended **that the vaccination dates of the first and second dose to be at least six weeks apart to allow logistic preparation for the second dose (e.g. vaccine ordering)**.
 - iv. The SIV vaccination date is recommended to be at least **one week apart** from the day of vaccination activity organized by the School Immunization Team, DH under the Childhood Immunization Schedule.
- If you have prepared any materials on the vaccination activity, ensure the information provided is correct.
- Once confirmed the plan of vaccination activity, the doctor should notify VO as soon as possible the dates of vaccination for **BOTH the first dose and second dose** by using the *Booking of Time Slot for Outreach Vaccination Activity* (**Appendix 7.3**). For KG/CCC Outreach, please indicate which type of vaccine you would provide. Please see sample in the attached appendix or downloadable from the CHP website <http://www.chp.gov.hk>.
 - i. For Primary School Outreach, submit the form **before 12 July 2019**.
 - ii. For KG/CCC (Pilot) Outreach, submit the form **at least 8 weeks before vaccination activity**.
- Remind schools one week before first and second dose vaccination activity to issue

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Notice to Parents on Seasonal Influenza Vaccination. Example of school notice can be found in **Appendix 7.4 – 7.5.**

3.2 Choice of vaccination venue

- Considerations on outreach vaccination venue: Hygiene, safety, privacy, lighting and ventilation.
- The vaccination venue should be well lit, ventilated and clean. It should be divided into 5 parts with adequate and separate areas for the vaccine recipients to
 - i. register;
 - ii. wait for vaccination;;
 - iii. receive vaccination;
 - iv. stay for post vaccination observation; and
 - v. receive first aid treatment if necessary.
- The vaccination venue should have enough space to allow for any emergency treatment or resuscitation.
- Liaise with school for temporary storage of clinical waste until collection by licensed clinical waste collectors as necessary; the school should be able to provide a **locked and labeled cabinet** in a suitable area for temporary storage of clinical waste. Please refer to **Guideline for Temporary Storage of Clinical Waste Generated in Outreach Vaccination Activities provided by the EPD in Appendix I** of VSS Doctors' Guide.

3.3 Checking of Consent Forms and Eligibility

- VO will send the *Consent Forms – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) (Consent Form)* (**Appendix 7.7-7.8**) to schools **at least eight weeks** before the vaccination day. Remind schools to distribute the *Consent Forms* to students for their parents/guardians to sign in around two weeks' time.
- Collect the signed *Consent Forms* from schools at least **six weeks before** vaccination day. Sign the *Consent Form Receipt Note* (**Appendix 7.9**) upon collection.
- It is the responsibility of the doctor to ensure that the *Consent Forms* are completely filled out and signed by parents/guardians.
- Doctors should send VO a password protected *Excel* table with the name of consented students (*Student Vaccination List* (**Appendix 7.6**)) at least **four weeks** before vaccination day via a designated email account.
- VO will batch upload the *Student Vaccination List* (**Appendix 7.6**) on to eHS(S) for verification of students' vaccination history and eligibility status.

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- All students attending the participating schools and are eligible for free SIV vaccination under SIV School Outreach. Those under the age of 9 who have never received SIV before are eligible to receive two doses of SIV in that season.
- The first report will be available **within one week** after submission to VO. Doctors should log on to eHS(S) **at least one weeks before** vaccination day to verify and match the information on the collected *Consent Forms* (**Appendix 7.7-7.8**) with the *Student Vaccination List* (**Appendix 7.6**) on eHS(S). Rectify if there is any misinformation. For amendment of document type and document number, doctors will need to submit documentary proof to VO for updating.
- Issue a list of students requiring vaccination to teachers **at least one weeks before** the vaccination day.
- Double check and input the vaccination date on eHS(S) and final report will be available **3 C A L E N D A R D A Y S B E F O R E** vaccination day. To avoid double dose, doctors must check the final results on eHS(S) before administering vaccination
- After final report becomes available, generate a list of students requiring **2nd dose vaccination** to bring on the 1st dose vaccination day. The list is to be provided to teachers upon completion of 1st dose vaccination for their future reference.

**** Note on the *Student Vaccination List*:

The *Student Vaccination List* serves to streamline the preparation before vaccination. It is, however, ultimately **the responsibility of PPP doctors to check whether the students on the *Student Vaccination List* should receive vaccination or not**, taking into consideration the information in the *Consent Forms*, past vaccination record/card, and **thorough health assessment** before providing vaccination. The doctor is ultimately responsible for any error in the *Student Vaccination List* and resulting health consequence of the concerned students.

3.4 Vaccine ordering

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines should be prescribed by the doctor. Under Primary School Outreach, DH will order the vaccines. Under KG/CCC Outreach (Pilot), PPP doctors are responsible for purchasing and delivery of vaccines.

3.4.1 Primary School Outreach

- Obtain an estimation of SIV required for vaccination day using the consented student list on eHS(S).
- Fill out the *Vaccine Ordering and Unused Vaccine Collection Form* (please see sample

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in **Appendix 7.13** and also downloadable at the CHP website <http://www.chp.gov.hk>) **at least two weeks** prior to vaccination day to confirm with VO:

- i. quantity of vaccines required (it should be equivalent to the number of consented and eligible students with no contraindications to SIV vaccination);
 - ii. the preferred vaccines delivery time (usually 7:30 am to 9:00 am);
 - iii. expected time of collection of unused vaccine/ equipment; and
 - iv. contact person and contact numbers on the vaccination day.
- Ad hoc vaccination for students who consented **after submission** of *Vaccine Ordering and Unused Vaccine Form* (**Appendix 7.13**) **should not be entertained**. Please advise students to visit any VSS doctors for subsidised vaccination.
 - VO will confirm the exact quantity of SIV and delivery arrangement **within three working days** of submission of *Vaccine Ordering and Unused Vaccine Collection Form* (**Appendix 7.13**). Please contact VO if you do not receive a Confirmation Notice from VO after **three working days**. Arrange designated staff to receive the vaccines at the school **before** starting vaccination (**preferably 1 hour** before starting time of vaccination activity).
 - When receiving the vaccines, designated staff must check for any discrepancies in types, brands and quantity confirmed with VO. Also check the batch numbers and expiry dates of the vaccines delivered and if they are under proper cold chain maintenance.
 - Designated staff are required to record the date, time, and temperature of the vaccines delivered on the *Vaccine Delivery Note* provided by the logistics company, sign and then chop with the company/clinic stamp after confirmation of the aforementioned vaccine information.
 - If the vaccines are not delivered 30 minutes after the expected time, please call the vaccine supplier(s) for remedial measure and inform VO immediately.

3.4.2 KG/CCC Outreach (Pilot)

- Doctors are responsible for pre-ordering sufficient vaccines on their own. Shortage of vaccine is highly possible if doctor does not arrange pre-order appropriately.
- DH will not take part in ordering vaccines for doctors under KG/CCC Outreach (Pilot).
- Obtain an estimation of SIV required for vaccination day using the consented student list on eHS(S). It is a mandatory requirement for doctors to purchase QIV under KG/CCC Outreach (Pilot), either inactivated influenza vaccine or live-attenuated influenza vaccine.
- Pre-order vaccine well ahead of time directly from the vaccine supplier(s), e.g. several months before the start of the SIV School Outreach is recommended. Vaccines usually

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need to be ordered around **June to July every year.**

- **Special note on dosage of vaccines**

There are different brands and preparations of seasonal influenza vaccine available in the market. Special attention should be paid to the product insert, in particular the age-range registered for use, the recommended dosage and the route of administration (e.g. intramuscular, subcutaneous, intranasal). It is important to use the registered vaccine with appropriate preparation, dosage and route of administration in accordance to the recommendations on the drug insert.

- Maintain good communication with the vaccine supplier(s) and/or distributor(s) and allow enough time for the vaccine to be delivered before the outreach vaccination activities.
- Vaccines must only be received by the designated staff. When receiving the vaccines, staff must check them against the purchase order for discrepancies and leakage or damage. Vaccines must be stored properly according to the manufacturer's recommendations from delivery receipt until they are administered. Vaccine types, brands, quantities, batch numbers and expiry dates should be recorded with the date and time at which the vaccines are received.
- Expired vaccines must NOT be administered to recipients. Seasonal influenza vaccine of the previous season should not be used for the next season. Any expired vaccine should be labeled clearly and removed from the refrigerator immediately. Expired vaccines should be disposed according to guidelines from the Environmental Protection Department (EPD)
http://www.epd.gov.hk/epd/english/environmentinhk/waste/guide_ref/waste_guidelines.html

3.5 Vaccine storage and cold chain maintenance

- Purpose-built vaccine refrigerators (PBVR) are the preferred means of storage for vaccines in clinics (Please refer to Section 2.1 in the VSS Doctors' Guide for details for cold chain maintenance in the clinic).
- Cold box can be used to store the vaccine temporarily for vaccination activities in non-clinic settings.
- Ensure that the vaccines are stored in cold boxes with adequate insulating materials between ice packs and vaccines to prevent freezing of vaccines.
- Cold box packed with frozen ice packs should be tested for insulation time and

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temperature stability in cold chain before it is used for temporary vaccine storage.

- Keep the cold boxes properly closed and **avoid frequent opening**.
- Keep the vaccines in original packing prior to vaccination.
- Breach in the cold chain will render the vaccines ineffective. Follow the guidelines for proper vaccine storage, handling and management of cold chain breach as set out in Section 3.3 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation** (https://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf).
- In case of temperature excursion (i.e. if vaccines have been exposed to temperatures outside the recommended range), take appropriate actions, including:
 - Separate the affected vaccines from other vaccine supplies and mark “DO NOT USE” on the outer wrapper of the affected vaccines;
 - Record the range, date and duration of temperature breach
 - Contact the vaccine supplier(s) to evaluate the stability/ effectiveness of the exposed vaccines and determine whether the vaccines are still usable. It should not be used until all queries are clarified.
 - Assess the impact and inform VO as soon as possible, and
 - Follow up with the concerned patients (if any) promptly and assess the need for revaccination.

3.6 Provision of adequate information to vaccine recipients

- *Consent Forms* (**Appendix 7.7-7.8**) will include essential information on SIV so parents/guardians can make an informed choice.
- If requested, liaise with school to provide students and their parents/ guardians with more information to ensure that they understand
 - i. the aims of the vaccination;
 - ii. the contraindications and precautions of the vaccine; and
 - iii. possible side-effects of vaccination
- The doctor is encouraged to provide health talks to school and their parents/guardians on SIV before vaccination day.
- Student's participation in the SIV School Outreach is **strictly voluntary**.
- The doctor **cannot charge extra service fee** from schools/ parents under the SIV School Outreach

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- The doctor is required to provide contact information to students/parents/guardians to contact them for more information on SIV or for follow up after vaccination.

3.7 Preparation for Clinical Waste Collection and Disposal

- Regulation of clinical waste is under the purview of EPD.
- VO would notify EPD the time and venue of the vaccination activity. EPD may conduct random checks on outreach activity for compliance to the Waste Disposal (Clinical Waste) (General) Regulation in regards to clinical waste management.
- All clinical waste generated should be properly handled and disposed of (including proper packaging, storage and disposal) in accordance with the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation). For details, please refer to the Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (<https://www.epd.gov.hk/epd/clinicalwaste/en/information.html>).



3.7.1. Packaging of clinical waste

- Clinical waste generated (mainly used needles, syringes, cartridges, and cotton wool balls fully soaked with blood) should be disposed of directly into sharps box with cover. Clinical waste must not be collected or disposed of as municipal solid waste or other types of wastes.
- The specifications of a typical sharps box are given in Annex B of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (<https://www.epd.gov.hk/epd/clinicalwaste/file/doc03.pdf>).
- Alcohol swabs and cotton wool balls slightly stained with blood, which are not clinical waste by definition, should also be properly handled and disposed of as general refuse.
- For details, please refer to the CoP published by the EPD (<https://www.epd.gov.hk/epd/clinicalwaste/en/information.html>).



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3.7.2. Disposal methods of clinical waste

- There are three choices for handling clinical waste generated in outreach vaccination activities, please refer to Diagram below. Doctors should pre-arrange and decide method of clinical waste collection and disposal **at least two weeks before** the vaccination activity. For details, please refer to **Appendix I of VSS Doctors' Guide**.

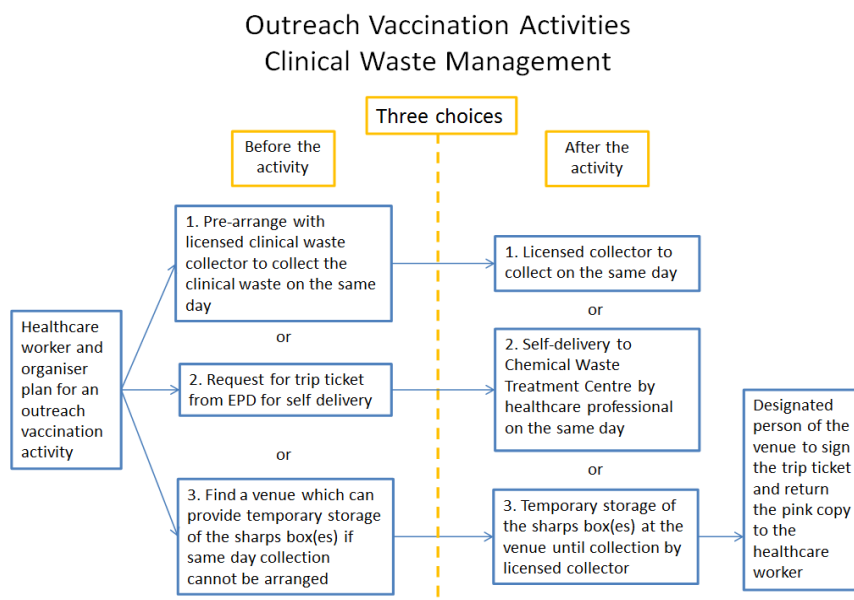


Diagram: different ways of handling clinical waste generated in outreach vaccination

- Regardless of the disposal method chosen, doctors should obtain a Clinical Waste Producer Premises Codes from the Environmental Protection Department (EPD) before consigning clinical waste for disposal. You will need this code for completing the Clinical Waste Trip Ticket.
- Please note that a separate Premises Code is required for outreach vaccination activities and must be different from the Premises Codes for clinic use.
- 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. For more information please refer to EPD's website on Obtaining a Premises Codes (https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html).



3.7.3. Immediate collection of clinical waste by licensed collectors

- Doctors should pre-arrange with licensed clinical waste collectors at least two weeks before the vaccination activity to collect the clinical waste at the end of the activities and inform school of the arrangement.
- For list of licensed clinical waste collectors, please refer to EPD's website on Licensed Clinical Waste Collectors



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(<http://epic.epd.gov.hk/EPICDI/clinicalwaste/list/>)

- In case the clinical waste could not be disposed immediately after the activities, temporary storage of clinical waste in the school may be considered (see section 3.7.5)

3.7.4. Delivery of clinical waste by healthcare professionals


- Doctors could also choose to self-deliver their clinical waste to the Chemical Waste Treatment Centre (CWTC) at Tsing Yi^(a) by private car on the same day after the event.
- Alternatively, they may ask their employee who is healthcare professional (HCP)^(b) to deliver the waste on their behalf.
- Such waste delivery is subject to fulfilling the following requirements specified in the Regulation and the CoP:
 1. Clinical waste carried is not more than 5 kg;
 2. Clinical waste is packaged in an appropriate type of container (e.g. sharps boxes), sealed and labelled properly;
 3. Only private car^(c) within the meaning of the Road Traffic Ordinance (Cap. 374) is used for the delivery;
 4. The clinical waste must be delivered directly to CWTC within 24 hours after the clinical waste begins to be so delivered and must not be left unattended during the delivery; and
 5. Adequate and appropriate first-aid equipment and cleaning equipment (e.g. spare red bags and sharps boxes) must be provided for use in case of injury to any person and spillage of clinical waste. For details, please refer to the Annex D of the CoP.
- In addition, the healthcare professional must:
 1. Provide a clinical waste trip ticket^(d) filled with relevant information, such as the name of the HCP, his/her HCP body registration number and the assigned Premises Code of the Clinical Waste Producer;
 2. Show his/her identity card and provide HCP body registration number at the CWTC. For the sake of convenience, copies of HCP registration document is accepted.
 3. Arrive CWTC during reception hours^(e).
- A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)^(f) 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.

Note:

- (a) CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.
- (b) Healthcare professionals include registered medical practitioners, dentists and

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veterinary surgeons, registered or listed Chinese medicine practitioners, and registered or enrolled nurses as defined in the various ordinances detailed in the Waste Disposal (Clinical Waste) (General) Regulation.

- (c) Private car means a motor vehicle constructed or adapted for use solely for the carriage of a driver and not more than 7 passengers and their personal effects but does not include an invalid carriage, motor cycle, motor tricycle or taxi.
- (d) Blank clinical waste trip tickets can be obtained from EPD by submitting the Request Form for Clinical Waste Trip Tickets (a minimum of 3 working days after written request is required). A set of 10 blank trip tickets will be distributed for each request. Please refer to EPD's website on Self-delivery - Request Form for Clinical Waste Trip Tickets. 
(<https://www.epd.gov.hk/epd/clinicalwaste/en/information.html>)
- (e) 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 5.30pm.
- (f) The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.

3.7.5. Temporary storage of clinical waste

- Prolonged storage of clinical waste on the premises should be avoided. It is recommended to dispose the clinical waste on the same day after the event.
- In case the clinical waste could not be collected at the end of activities, liaise with the school **two weeks** before the vaccination day to arrange temporary storage of used sharp box(es) in **locked and properly labeled** cabinet at venue until collection by licensed clinical waste collector.
- Liaise with licensed clinical waste collectors for collection and inform the school of the arrangement.
 - i. Primary School Outreach: clinical waste to be collected **within 2 weeks after each of the 1st and 2nd dose activity**
 - ii. KG/CCC Outreach (Pilot): clinical waste to be collected **within 2 weeks after the 2nd dose activity.**
- Bring *Clinical Waste Temporary Storage Handover Note* (**Appendix 7.16**) to vaccination activity. Doctors should complete the form with the school representative. Both the medical organization and the school should keep a copy of the completed form for their reference.
- Doctor should affix a label on each clinical waste container requiring temporary storage

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(see Figure 1). The label should clearly display (1) the name of the responsible healthcare worker, (2) name of his/her organisation, (3) emergency contact number, (4) address of waste generation (i.e. the venue address) and (5) the date of sealing.

- The temporary storage area of clinical waste should meet with following requirements and specifications:
 - i. the storage area should be an independent lockable storage cabinet, locker or drawer, and keep away from the area of food preparation and storage;
 - ii. a warning sign and a label comprising (1) the name of the responsible healthcare worker, (2) name of his/her organisation and (3) emergency contact number should be affixed on the door of the storage area (see Figure 2). The warning sign could be obtained from the Environmental Protection Department free of charge;
 - iii. the storage area should only be used for storage of clinical waste; and
 - iv. any unauthorised access to the temporary storage area should be prohibited.
- When the licensed collector comes to collect clinical waste stored on-site, the school representative should sign on the Clinical Waste Trip Ticket. School chop is not necessary.
- Liaise with the licensed collector and/or the school and arrange the **Waste Producer Copy (pink copy)** of the Clinical Waste Trip Ticket be forwarded to the medical organisation for record. Doctors must provide the record to the EPD for inspection when so required.
- According to the Regulation, except to the CWTC direct, delivery of clinical waste to any other places by healthcare workers (including to their own clinics) is not permitted.

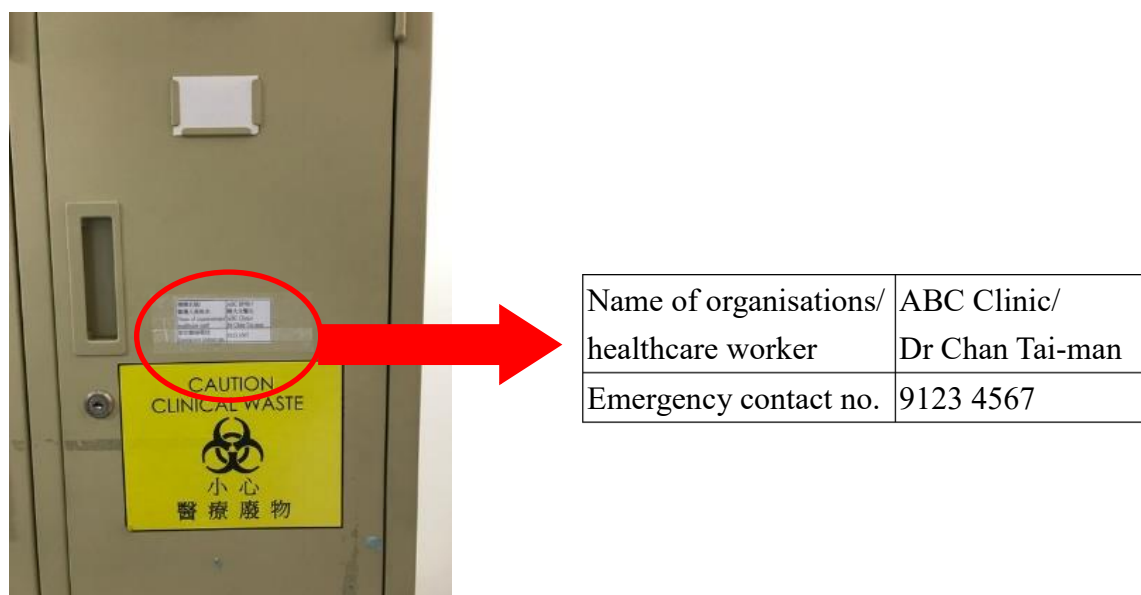
Figure 1. Example of a labelled clinical waste container



Name of organisations/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567
Address of clinical waste generation	DEF Elderly Centre, G/F, XX House, XX Estate
Date of sealing	25/11/2017

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Figure 2. Example of warning sign and label on a temporary storage cabinet



3.8 Preparation of emergency situation

- Ensure all the emergency equipment in the emergency kit (e.g. Ambu bag and BP monitor) is sufficient, and vaccines and emergency drugs (e.g. adrenaline injection or adrenaline auto-injector) are not expired.
- Keep written protocol and training material for reference.
- Arrange qualified personnel to standby for emergency management and give timely intervention as indicated. The PPP doctor is highly preferred to be present at the venue during the vaccination activity, and should be personally and physically reachable in case of emergency. Please refer to Section 5 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation** (https://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf).



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



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4. ON THE DAY OF VACCINATION ACTIVITY

4.1 Professional staffing

- Vaccine administration is a medical procedure that carries risks. DH recommends that the **doctor should be present at the venue** during the vaccination activity; he/she should be **personally and physically reachable** in case of emergency.
- For the safety of vaccine recipients, vaccination should be administered by qualified healthcare professionals or trained personnel under personal supervision.
- The doctor should:
 - Arrange sufficient number of **qualified/ trained healthcare personnel** to provide service, medical support and assess recipients' suitability to receive vaccination.
 - Arrange **at least one** qualified personnel, who is **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as Basic Life Support, to standby for emergency management and give timely intervention as indicated. The doctor/ his qualified personnel should keep training up-to-date and under regular review.
 - Exercise effective supervision over the trained personnel who cover his duty.
- Retain personal responsibility for the vaccination activity and treatment of vaccine recipients.
- Improper delegation of medical duties to non-qualified persons transgresses accepted codes of professional ethical behavior which may lead to disciplinary action by the Medical Council. Please refer to Part II E21 "Covering or improper delegation of medical duties to non-qualified persons" of the **Code of Professional Conduct**.
- The doctor should also ensure there are adequate trainings/ briefings to:
 - All personnel including the logistics of vaccination activities, infection control practice and safety concerns before the vaccination activity starts.
 - Relevant staffs on the terms of services and they all understand their responsibilities.
- Suggested manpower for reference: **6 injection staff, which includes at least 1 team leader and 1 staff with first-aid training**, for schools with 6 classes in a grade.
- The doctor and attending staff should study the **VSS Doctors' Guide** and this supplementary guide before the vaccination activity.

4.2 Vaccination procedure and infection control practice

- The doctor is required to bring items such as the *Student Vaccination List* (**Appendix 7.6**), *Consent Forms* (**Appendix 7.7-7.8**), and vaccination equipment, etc. to the venue on the

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vaccination day. Please refer to the **Appendix 7.1** *List of Items to Bring to Venue on the Vaccination Day* for reference. In addition, doctors will receive from VO the following documents to be brought to the venue for completion on vaccination day:

- *Seasonal Influenza Vaccination Cards* (unfilled) [**Appendix 7.10**];
- *Information on Side Effects* (unfilled) [**Appendix 7.11**];
- *Information on Side Effects And 2nd dose Arrangement* (unfilled) [**Appendix 7.12**];
- *Notification to Parents – SIV Has Not Been Given* (unfilled) [**Appendix 7.17**].

4.3 Vaccination venue

Adequate and separate areas should be arranged for:

- Registration;
- Waiting area
- Vaccination area;
- Observation after vaccination; and
- Treatment area for emergency treatment if necessary.

4.4 Vaccination equipment

Vaccination equipment should be well prepared beforehand and should be checked the expiry date, including:

- 70-80% alcohol-based hand rub for hand hygiene;
- alcohol pads for skin disinfection before vaccination;
- dry sterile gauze/non-woven balls for post vaccination compression to injection site;
- sharps boxes (at least 1 for each vaccination station);
- other accessories and stationery as indicated; and
- emergency equipment.

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Photo: Examples of vaccination equipment at outreach vaccination activity

4.5 Health Assessment

- Health care professionals should obtain vaccination history, screen for contraindications to SIV to be administered, and assess fitness for vaccination before administering SIV (e.g. any fever or feeling unwell on the vaccination day);
- Collect and check the signed *Consent Form* (**Appendix 7.7-7.8**) for each vaccine recipient and screen for contraindications;
- Check for any previous vaccination records;
- Immediately before and after vaccination: check the student's identity document (e.g. HKID) against the signed *Consent Forms* (**Appendix 7.7-7.8**) and the *Student Vaccination List* (**Appendix 7.6**);
- Write down the date of the vaccination activity and name of the responsible doctor on the *Consent Forms* (**Appendix 7.7-7.8**);
- Sign and chop with company logo; and
- Be sure the name of doctor responsible for the vaccination activity is filled out legibly on the *Consent Form* (**Appendix 7.7-7.8**) for processing of reimbursement claims.

4.6 Checking of vaccines

- Check the recommendation, vaccine dosage, damage, contamination and expiry date

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before administration.

- As basic requirements, procedures of vaccine checking should be adopted, including:
 - 3 checks: when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine
- The “rights of medication administration” should be applied to vaccine administration, including:
 - 7 rights:
 1. The right patient;
 2. The right vaccine or diluent;
 3. The right time (e.g. correct age, correct interval, vaccine not expired);
 4. The right dosage;
 5. The right route, needle length and technique (for the route of administration of each vaccine, healthcare professionals may refer to individual package inserts);
 6. The right site; and
 7. The right documentation.

4.7 Vaccine Administration

4.7.1. For injectable vaccine (IIV)

- School student preparation
 1. Invite the student to sit down or invite an assistant to secure the student on his/her lap;
 2. Ask the student to state his/her name and date of birth;
 3. Inform the student the type of vaccine to be given;
 4. Ensure the injection site (deltoid muscle) is exposed properly; and
 5. Take out the vaccine from the storage (First Check).
- Immediate vaccine preparation
 1. The injection site is swabbed with alcohol pad and allowed to dry before vaccine injection.
 2. Prepare the vaccine (Second Check) and inspect the vaccine vial for any manufacturing defect.
- Vaccine injection
 1. Recheck the vaccine before administering (Third Check);
 2. The injection staff should keep the student informed of the vaccine to be

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administered;

3. Administer the vaccine by right route and injection site with aseptic technique;
4. Withdraw the needle gently and quickly cover the injection site with a dry sterile gauze/non- woven ball after completion of injection;
5. Instruct the student to gently apply pressure for 1-2 minutes over the injection site or till bleeding stops; and
6. Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box.

4.7.2. For nasal spray vaccine (LAIV)

- School student preparation
 1. Invite the student to sit down or arrange an assistant to secure the student on his/her lap;
 2. Ask the student to state his/her name and date of birth;
 3. Inform the student the type of vaccine to be given;
 4. Arrange the student to sit in an upright position and brief the student that spray of the vaccine is administered in each nostril, one after another; and
 5. Take out the vaccine from the storage (First Check).
- Immediate vaccine preparation
 1. Prepare the vaccine (Second Check) and inspect the pre-filled intranasal sprayer for any manufacturing defect.
- Vaccine administration
 1. Recheck the vaccine before administering (Third Check);
 2. The vaccination staff should keep the student informed of the vaccine to be administered. Ask the student to breath normally;
 3. Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer. Place the tip just inside the nostril to ensure the vaccine is delivered into the nose. With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents from going further.



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Source: Immunization Action Coalition (IAC), U.S.A

4. Pinch and remove the dose-divider clip from plunger. Then place the tip inside the other nostril and administer remaining vaccine;



Source: Immunization Action Coalition (IAC), U.S.A

5. The student is advised to hold a piece of tissue for wiping any excessive vaccine without sneezing; and
6. The used sprayer should be discarded directly into sharps box.

4.8 Plans for variant circumstances

Have plans of the following situations and **make records**. Inform parent as soon as possible and make necessary arrangement.

- Failed injection attempts
- Student who refused injection on-site
- Student has contraindications
- Student is not fit for injection
- Broken needle/ wastage
- Others (e.g. adverse event following immunisation)
- For reference, please refer to the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation**.

(https://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

4.9 Infection control practice

- Proper infection control practice must be complied with by all personnel.
- Observe infection control guideline and hand hygiene protocol.
- **Hand hygiene practice** should be adopted and strictly followed during vaccination procedure. Hand hygiene can be achieved by rubbing hands with 70-80% alcohol-based

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formulation or washing hands with soap and water.

- Hand rubbing with 70-80% alcohol-based handrub (ABHR) (when hands are not visibly soiled)
 - Apply a palmful of ABHR (~3-5ml) and cover all surfaces of the hands including palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists (7 steps); and
 - Rub all hand surfaces for at least 20 seconds until hands are dry.
 - Ensure the alcohol-based handrub:
 - ✓ with “70-80% alcohol” indicated on the bottle;
 - ✓ should be in original packing; and
 - ✓ is not expired.
- Handwashing with soap and water (when hands are visibly soiled or likely contaminated with body fluid)
 - Wet hands with water and apply enough amount of liquid soap necessary to cover all hand surfaces;
 - Rub all surfaces of the hands for at least 20 seconds before rinsing under running water; and
 - Dry hands thoroughly with paper towel or hand dryer.
 - The whole procedure usually takes about 40-60 seconds
- Wearing surgical gloves cannot replace hand hygiene. If surgical gloves are used, they should be changed before each vaccination. Moreover, hand rubbing should also be performed before putting on and after taking off the gloves.
- Use an alcohol pad for skin disinfection before vaccination and use a new sterile gauze/non-woven ball for post vaccination compression of injection site.

4.10 Handling of clinical waste during vaccination

- For definition of clinical waste and specifications of sharps box, please refer to **section 3.7** and relevant materials published by the **EPD**.
- The sharps box should be placed on a flat, firm surface and at an optimal position near the injection staff.
- Secure sharps box in an upright position or place in the rack for sharps box
- 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.

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4.11 Post vaccination observation

- After vaccination, the doctor shall keep the vaccine recipient under observation in the venue for at least 15 minutes to provide appropriate treatment in case he/she experiences an immediate adverse event. For details, please refer to **Appendix H: an extract of the Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events Following Immunisation of the VSS Doctors' Guide** (https://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf).
- Provide a telephone number to vaccinated students or their parents/ guardians for enquiries concerning the vaccination.
- In case there are vaccination incidents (e.g. incorrect administration of vaccine or breaking of cold chain), take appropriate follow-up actions, e.g. notify VO timely and take follow-up action with the concerned recipients.
- Remind the vaccinated students possible adverse reactions and advise the management of side effects

4.12 Documentation

- All vaccination given should be clearly documented on the *Student Vaccination List* (**Appendix 7.6**).
- Students not vaccinated should be remarked as well.
- Document information on the *Seasonal Influenza Vaccination Card* (**Appendix 7.10**) after vaccination (including the name of vaccine recipient, type of vaccine, date of injection and name of vaccine provider, etc.). If students have brought their own SIV *Vaccination Card* from the previous year, please document date of injection, name and type of vaccine, and name of vaccine provider onto the old *Vaccination Card*.
- For students **requiring 2nd dose**, document date of injection, contact information and date of 2nd vaccination on *Information on Side Effects and 2nd dose Arrangement* (**Appendix 7.12**).
- For students who **do not require 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 7.11**).
- For students **completed 1st and 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 7.11**).
- Injection staff should provide name and signature on the *Consent Form* (**Appendix 7.7-7.8**) after vaccination.
- Pass the list of students requiring 2nd dose vaccination to teachers for their future reference.
- After vaccination, the doctor needs to **pass** the following document filled in to teachers

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for distribution to students:

- Filled in *Seasonal Influenza Vaccination Cards* (**Appendix 7.10**)
- *Information on Side Effects* (**Appendix 7.11**)
- *Information on Side Effects and 2nd dose Arrangement* (**Appendix 7.12**).
- *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given* (**Appendix 7.17**) for students on the *Student Vaccination List* who are unable to receive vaccination on the vaccination day (e.g. having fever or absent from school). Please see appendix and also downloadable from the CHP website <http://www.chp.gov.hk>).

4.13 Emergency management

- Vaccination may cause untoward reactions. Some recipients may even develop allergic reactions to the vaccine(s). Failure to give timely intervention may result in serious consequences.
- The doctor should arrange qualified personnel, who are **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as Basic Life Support, to standby for emergency management and give timely intervention as indicated. The doctor/ his qualified personnel should keep training up-to-date and under regular review.
- The PPP doctor is highly **preferred to be present** at the vaccination venue; he/she should be **personally and physically reachable** in case of emergency.
 - i. Emergency kit equipment should include, but is not limited to:
 - i. Ambu bag;
 - ii. BP monitor; and
 - iii. adrenaline injection/ auto-injector.
- Ensure there is sufficient stock of all the emergency equipment and that the drugs have not reached expiry.

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- Keep written protocol and training material for reference.



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

- **Should anaphylaxis happen after vaccination:**
 - call ambulance;
 - inform the doctor (on-site or via phone) immediately, and seek advice and approval on adrenaline administration, if appropriate;
 - use bag valve facemask to assist ventilation (give oxygen if available); and
 - monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives.
 - If no improvement within 5 minutes - seek advice from doctor (on-site or via phone) for approval on repeat dose of adrenaline injection (maximum 3 doses in total) if appropriate.
- **For details, please refer to Appendix H: an extract of the Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events Following Immunisation of the VSS Doctors' Guide (https://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)**

4.14 Vaccination incident

- Take appropriate action with the concerned student.
- Record the student's condition and treatment provided.
- Explain to the teacher and parents concerned timely.
- Notify VO as soon as possible of any vaccination incident

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5. UPON COMPLETION OF VACCINATION ACTIVITY

5.1 Management of unused/ remaining vaccines

5.1.1. Primary School Outreach

- Unused vaccines should be stored properly in cold box with ice packs and insulating materials, etc. provided by the distributor. The cold box should be closed properly to maintain cold chain at **2-8°C**.
- Unused vaccines are the property of DH and should not be taken back to the Doctor's office/ clinic.
- Arrange designated staff to stay at the venue for collection of unused vaccines, cold boxes and equipment for cold chain maintenance by the logistics company. The staff should complete sign the **two copies** of the *Vaccine Report and Cold Boxes Return Form – Primary School Outreach (Appendix 7.14)* upon handing over the unused vaccine to the logistics company (please see appendix and also downloadable from the CHP website <http://www.chp.gov.hk>). A copy of the Note should be submitted to VO **within 1 day after** the vaccination activity.
- If the logistics company fails to collect the unused vaccine and cold boxes 30 minutes after the expected time (even after contacting them or fail to reach them), please inform VO immediately.

5.1.2. KG/CCC Outreach (Pilot)

- Transport the unused/ remaining vaccines back to the doctor's clinic/ medical organization. Cold box(es) with ice packs, maximum-minimum thermometers, insulating materials, etc. should be used for transport of vaccines.
- The temperature of the vaccines should be checked regularly by using the maximum-minimum thermometer to maintain cold chain at 2-8°C during transport.
- Please refer to the Points to note for Vaccine Transport and Handling at **Appendix G of VSS Doctors' Guide**.
- The vaccines should be put back to the refrigerator designated for vaccine storage in the doctor's clinic/ medical organisation.
- A temperature monitor programme for the refrigerator for vaccine storage should be adopted (such as a temperature record with twice daily recording of the current, minimum and maximum temperatures of the refrigerator with reset of the minimum and maximum thermometer after each recording). Temperature records of the refrigerator should be kept for at least one year.

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- Please refer to the guidelines for proper vaccine storage and handling as set out in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation for details. (http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf)

5.2 Other vaccination incidents under Primary School Outreach

- Vaccines provided under Primary School Outreach is the property of DH. The doctor may be liable to costs related to broken or missing vaccines and DH reserves the right to demand the doctor for payment of vaccine costs due to vaccine breakage or missing.

5.2.1. Broken vaccines

- If vaccine is found to be broken upon unwrapping or by staff of the Primary School Outreach Teams, take photos of all the broken vaccines and document the batch number and quantity. Broken vaccines should be discarded into sharps boxes immediately and disposed of as clinical waste.
- If the breakage is extensive, inform the VO as soon as possible for any remedy actions (e.g. urgent delivery of vaccines to the venue).
- The information of broken vaccine should be recorded in the *Vaccine Report and Cold Boxes Return Form – Primary School Outreach* (**Appendix 7.14**) and provided to VO **within 1 day after** the vaccination activity.
- Broken vaccines should never be administered to students.

5.2.2. Defective vaccines

- If vaccine is found to be defective, take photos of the defective vaccine and document the batch number, quantity, and reason for defection (e.g. temperature out of range, expired vaccine).
- Separate the affected vaccines from other vaccine supplies and mark “DO NOT USE” on the outer wrapper of the affected vaccines.
- Inform VO as soon as possible for any remedial action taken (e.g. urgent delivery of vaccines to the venue).
- Defective vaccines should never be administered to students.



5.2.3. Missing vaccines

- VO will arrange logistics company to deliver the quantity of SIV requested by medical organisation. If inadequate vaccine was found on delivery, remark on the *Vaccine Delivery Note* and document in the *Vaccine Report and Cold Boxes Return Form – Primary School Outreach* (**Appendix 7.14**) later.

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- If the discrepancy is extensive, inform the VO as soon as possible for any remedy action taken (e.g. urgent delivery of vaccines to the venue).
- The *Vaccine Report and Cold Boxes Return Form – Primary School Outreach* (**Appendix 7.14**) should be provided to VO **within 1 day after** the vaccination activity.
- For cases of missing vaccines, VO may launch investigation or refer to authority shall a felony is suspected.

5.3 Disposal of Clinical Waste and Record Keeping

- Upon completion of vaccination, the used sharps box(es) should be properly sealed by the proprietary closure and disposed as soon as possible. For details, please refer to section 3.7 and **Appendix I of VSS Doctors' Guide**. All clinical waste generated must be properly handled and disposed of according to the Waste Disposal (Clinical Waste) (General) Regulation. EPD may also conduct surprise inspection to check any non-compliance of clinical waste management in the vaccination activities. For details, please refer to EPD's **Code of Practice for the Management of Clinical Waste** (Small Clinical Waste Producers) (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_tc.pdf) and Appendix I of the VSS Doctor's Guide, or contact Miss CHOI of EPD at 3178 9356 for any enquiries. 
- Doctors must retain the **Waste Producer Copy (pink copy)** of the Clinical Waste Trip Ticket for 12 months from the date of consignment/delivery and provide the record to the EPD for inspection when so required. For details, please refer to EPD's website on Record Keeping for Small Producers. 
https://www.epd.gov.hk/epd/clinicalwaste/en/smallproducer_duty_record.html

5.4 Submitting documents

5.4.1. Primary School Outreach

- After vaccination, the doctor needs to **submit** the following documents **within 1 day of vaccination activity**:
 1. the *Vaccine Delivery Note* signed by designated staff upon receipt of vaccine;
 2. the *Vaccine Report and Cold Boxes Return Form – Primary School Outreach* (**Appendix 7.14**) to DH indicating
 - the number of vaccine used and unused;
 - the number of unserviceable vaccine (e.g. broken on delivery, broken needle on administration or defective vaccines); and

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- signed by both the designated staff and logistics company upon collection of unused vaccine and cold boxes.

5.4.2. KG/CCC Outreach (Pilot)

- After vaccination, the doctor needs to **submit** the *Vaccination Report – KG/CCC Outreach (Pilot)* (Appendix 7.15) **within 1 day of vaccination activity.**

5.5 Submitting claims on eHS(S) and reimbursement

- **Claims should only be made after vaccination has been given.**
- Claims have to be submitted **WITHIN SEVEN CALENDAR DAYS** after the delivery of vaccination service (both days inclusive) for online processing for reimbursement. The doctor is highly recommended to make claims immediately after the vaccination to prevent double dosing.
- Doctors can click the names directly on eHS(S) to confirm recipients have received vaccinations, in a batch of around 20 recipients per page.
- The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is accurate and consistent with the record on recipient's vaccination card and *Consent Form* (Appendix 7.7-7.8).
- DH will verify with schools/ PPP doctors in case of doubt.
- DH will conduct **random post-payment check** on the vaccination services provided.
- Please refer to **Chapter 2** of the **VSS Doctors Guide** for more information on the reimbursement process.

5.6 Planning for second dose vaccination activity

- The doctor is **required to provide the second dose** to consented students under age of 9 years who have not received SIV before. The second dose vaccination activity should be held within one vaccination day (for Primary School Outreach) and at an interval of at least 4 weeks after the first dose and before **end of January 2020.**
- It is recommended the vaccination date of the first and second dose **to be at least six weeks apart** to allow logistic preparation for the second dose (e.g. *Consent Form* collection and checking for the second dose).
- For Primary School Outreach, the doctor should notify VO the date of second dose vaccination **before 12 July 2019** using the *Booking of Time Slot for Outreach Vaccination*

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Activity Form (Appendix 7.3.).

- For KG/CCC Outreach (Pilot), the doctor should notify VO the date of second dose vaccination **at least eight weeks before** vaccination activity date using the *Booking of Time Slot for Outreach Vaccination Activity Form (Appendix 7.3.)*.
- Doctors are required to generate and handover a list of students requiring 2nd dose vaccination to the teachers upon the completion of the 1st dose vaccination activity.
- Follow the administrative procedures for the first dose vaccination activity. Please refer to section 3.1 for details.
- Mop up vaccination for the first dose and ad hoc vaccination should not be entertained. Please advise students to visit any VSS doctors for subsidised vaccination.

5.7 Record keeping

- Documents including *Consent Forms*, vaccination records/ documents and photocopies, if any, collected from eligible vaccine recipients should be kept in a locked cabinet for at least **seven years**. The number of persons who can access the personal data should be limited, to protect against indiscriminate or unauthorized access, processing and use.
Doctors must keep a record of clinical waste disposal. Please refer to section 5.3 for details.

5.8 Special weather arrangement

In case of school suspension due to extreme weather conditions, please contact VO as soon as possible.

6. PCD ENROLMENT AND CME REQUIREMENT

Starting from the 2019/20 season, for any doctors who newly apply or apply for continue enrolment in VSS/ RVP, he/ she should have enrolled in the PCD first before he/ she is eligible to enrol in the VSS/ RVP. VO would check against the list of doctors in PCD. The doctor's application will only be considered, if his/her name is on the list of PCD.

Please visit the PCD website (www.pcdirectory.gov.hk) for details of enrolment in PCD and the requirements of maintaining in PCD.

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7. Appendix

- 7.1 List of Items to Bring to Venue on the Vaccination Day
- 7.2 Checklist of Inspection on PPP Outreach Vaccination Activities
- 7.3 Booking of Time Slot for Outreach Vaccination Activity
- 7.4 Notice to Parents on Seasonal Influenza Vaccination – First Dose
- 7.5 Notice to Parents on Seasonal Influenza Vaccination – Second Dose
- 7.6 Student Vaccination List
- 7.7 Consent Form – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) – Injectable Vaccine
(同意書 – 2019/ 20 季節性流感疫苗學校外展 (免費) – 注射式疫苗)
- 7.8 Consent Form – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) – Nasal Spray Vaccine
(同意書 – 2019/ 20 季節性流感疫苗學校外展 (免費) – 噴鼻式疫苗)
- 7.9 Consent Form Receipt Note
(同意書交收記錄)
- 7.10 Seasonal Influenza Vaccination Card
(季節性流感疫苗接種卡)
- 7.11 Information on Side Effects
(副作用資料頁)
- 7.12 Information on Side Effects and 2nd dose Arrangement
(副作用資料頁及第二劑的安排)
- 7.13 Primary School Outreach Vaccine Ordering and Unused Vaccine Collection Form
(疫苗申請及疫苗送收時間表格)
- 7.14 Primary School Outreach Vaccine Report and Cold Boxes Return Form
(疫苗使用報告及冰箱收集記錄)
- 7.15 KG/CCC Outreach (Pilot) Vaccination Report
(接種記錄報告)
- 7.16 Clinical Waste Temporary Storage Handover Note
(醫療廢物暫存轉交記錄)
- 7.17 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given
(家長通知書 – 未有接種季節性流感疫苗)

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Appendix

7.1 List of Items to Bring to Venue on the Vaccination Day

Items	Primary School	KG/CCC (Pilot)
For Injection		
Sharps boxes (at least 1 for each vaccination station)	✓	✓
Dry sterile gauzes / non- woven balls	✓	✓
Alcohol pads / swabs	✓	✓
70-80% Alcohol-based hand rub solution (1 for each vaccination station)	✓	✓
Kidney dishes / containers	✓	✓
Vaccines and cold boxes	✗	✓
Maximum and minimum thermometers (1 for each cold box)	✗	✓
Additional ice packs with adequate insulating materials for cold chain maintenance	✗	✓
For Emergency		
Bag Valve Mask Set	✓	✓
Adrenaline auto injector / Adrenaline (With appropriate syringe)	✓	✓
Blood Pressure monitor	✓	✓
Protocol for emergency management	✓	✓
Stationery		
Date chops		
Clinic chops (For vaccination card)	✓	✓
Organization/ Clinic stamp (For vaccines delivery note and clinical waste collection)	✓	✓
Pens	✓	✓
Forms and Documents		
Signed Students' Consent Form – Seasonal Influenza Vaccination 〔同意書 – 2019/ 20 季節性流感疫苗學校外展 (免費)〕 (已簽署)	✓	✓
Seasonal Influenza Vaccination Cards (Appendix 7.10) 〔季節性流感疫苗接種卡〕	✓	✓
Information on Side Effects (Appendix 7.11) (副作用資料頁)	✓	✓
Information on Side Effects and 2 nd dose Arrangement (Appendix 7.12) (副作用資料頁及第二劑的安排)	✓	✓
Updated Student Vaccination List (1st dose & 2nd dose) (Appendix	✓	✓

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Items	Primary School	KG/CCC (Pilot)
7.6)		
Completed Confirmation Notice on Vaccine Ordering and Unused Vaccine Collection (Appendix 7.13) 〔疫苗申請及疫苗送收時間表格〕(已填妥)	✓	✗
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 7.17) 〔家長通知書 – 未有接種季節性流感疫苗〕(待填)	✓	✓
Vaccine Report and Cold Boxes Return Form – Primary School Outreach (2 unfilled copies) (Appendix 7.14) 〔疫苗使用報告及冰箱收集記錄〕(一式兩份待填)	✓	✗
Vaccination Report – KG/CCC Outreach (Pilot) (Appendix 7.15) 〔接種記錄報告〕	✗	✓
Clinical Waste Temporary Storage Handover Note (Appendix 7.16) (醫療廢物暫存轉交記錄)	✓	✓
Others		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags (for domestic rubbish)	✓	✓

* The above list is for reference only.

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Appendix

7.2 Checklist of inspection on PPP outreach vaccination activities

A) Venue setting and staff support

- 1) Waiting and registration area
- 2) Vaccination area
- 3) Post vaccination observation area
- 4) Area for emergency treatment
- 5) Number and Qualification of the on-site staff(s) handling vaccination
- 6) Whether on-site doctor is present at the venue of the activity
- 7) Who is the Basic Life Support provider with **valid license**

B) Vaccine and vaccination procedures

- 1) Receiving vaccine (designated staff, checking of vaccine intactness) – for Primary School Outreach
- 2) Vaccine arrangement (self-delivery of vaccines by KG/CCC Outreach (Pilot), including cold box(es), equipped with ice packs, maximum-minimum thermometers, & insulating materials, etc.)
- 3) Cold chain handling (packing, temperature, thermometer)
- 4) Name of vaccine(s) and expiry date
- 5) Vaccination equipment (Alcohol pads/ swabs and gauzes/ nonwoven balls)
- 6) Sharps handling (sharps boxes)
- 7) Health assessment before vaccination (vaccination history and allergic history) (verbal or using a form)
- 8) 3 Checks – Procedures of vaccine checking
- 9) 7 Rights – Vaccine administration
- 10) Infection control practice (hand hygiene, disinfection and care of injection site)
- 11) Advice after vaccination (on-site post vaccination observation, advices on adverse reactions)
- 12) Emergency preparation (Bag Valve Mask, Adrenaline auto injector/ Adrenaline (with appropriate syringes), Blood Pressure monitor and Protocol for emergency management)

C) Documentation

- 1) *Consent Form – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) (Appendix 7.7-7.8)*
- 2) Seasonal Influenza Vaccination Card (**Appendix 7.10**)
- 3) Vaccination record
- 4) *Information on Side Effects (Appendix 7.11).*
- 5) *Information on Side Effects and 2nd dose Arrangement (Appendix 7.12).*
- 6) Updated Student Vaccination List (**Appendix 7.6**)

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D) Others

- 1) Handling of unused vaccine
- 2) Disposal of clinical waste
- 3) Handling of medical incidents (report and follow up)
- 4) Filling the *Vaccine Report and Cold Boxes Return Form – Primary School Outreach* (**Appendix 7.14**)
- 5) Filling the *Vaccination Report – KG/CCC Outreach (Pilot)* (**Appendix 7.15**)
- 6) Issuing *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given* (**Appendix 7.17**)

The above notes are by no means exhaustive. Please refer to CHP website for more information regarding outreach vaccination activities, including the VSS Doctors' Guide. You are required to follow all necessary steps in using the schemes, failing which release of injection fee may be affected.

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Appendix

7.3 Booking of Time Slot for Outreach Vaccination Activity

To: Vaccination Office, Centre for Health Protection
(Fax: 2984 9608)

Booking of Time Slot for Outreach Vaccination Activity under 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

PRIMARY SCHOOL ONLY Notes 1 - 6

We have checked with the following school and would like to book the following time slot for the outreach vaccination activity:

Name and Address of Primary School (in English)			
Name and Contact Number of Responsible Teacher			
<i>NOTE: vaccination activities should be conducted during normal school hours (Mon-Fri, 8am-3pm)</i>	1 st dose		2 nd dose <small>Notes 5 - 6</small>
	1 st visit	2 nd visit (if required)	
Proposed Date			
Proposed Time	From : To :	From : To :	From : To :
Date and Time of Health Talk (if arranged)			

Chop of Clinic/ Medical Organisation

Name of Enrolled Doctor

Fax Number

Date

Contact Phone Number

To : Dr. _____ (Fax number : _____)

The date(s) of the vaccination on _____ for the captioned school is / are confirmed.

Vaccination Office
Centre for Health Protection

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To: Vaccination Office, Centre for Health Protection
(Fax:2984 9608)

Booking of Time Slot for Outreach Vaccination Activity under 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

KINDERGARTEN/CHILD CARE CENTRE (KG/CCC) (PILOT) ONLY Notes 1 - 5

We have checked with the following school and would like to book the following time slot for the outreach vaccination activity:

Name and address of KG/CCC (in English)			
Name and contact number of responsible teacher			
	1 st dose		2 nd dose <small>Notes 4 - 5</small>
	1 st visit	2 nd visit (if required)	
Proposed Date			
Proposed Time	From : To :	From : To :	From : To :
Type of Vaccine	<input checked="" type="checkbox"/> Tick as appropriate <input type="checkbox"/> Inactivated Influenza Vaccine Injectable <input type="checkbox"/> Live Attenuated Influenza Vaccine Nasal Spray		
Date and Time of Health Talk (if arranged)			

Chop of Clinic/ Medical Organisation

Name of Enrolled doctor

Fax Number

Date

Contact Phone Number

Vaccination Office
Centre for Health Protection

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Appendix

7.4 Notice to Parents on Seasonal Influenza Vaccination – First Dose

Notice Seasonal Influenza Outreach Vaccination

(Date of issue)

To All Parents,

Vaccination team from the Department of Health/private doctors will be providing 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received 2019/20 seasonal influenza vaccine after 1 September 2019
2. Bring Seasonal Influenza Vaccination Record on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: _____

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通告

有關季節性流感疫苗到校接種事宜

本校將於_____年_____月_____日，由衛生署/私家醫生派員到校為本校學生提供第一劑季節性流感疫苗接種服務。請 貴家長細閱以下注意事項：

1. 如在 2019 年 9 月 1 日後已接種 2019/20 年度流感疫苗，請立即通知學校
2. 請於接種當日攜帶季節性流感疫苗接種記錄 (如有)
3. 請提醒 貴子女接種當天早上要進食早餐
4. 請安排 貴子女穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

此致

各位家長

校長/負責老師：_____ 謹啟

_____年_____月_____日

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Appendix

7.5 Notice to Parents on Seasonal Influenza Vaccination – Second Dose

Notice Seasonal Influenza Outreach Vaccination

(Date of issue)

To All Parents,

Vaccination team from the Department of Health/private doctors will be providing 2nd dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received or refused to receive 2nd dose 2019/20 seasonal influenza vaccine after 1 September 2019
2. Bring Seasonal Influenza Vaccination Record on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: _____

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

通告

有關季節性流感疫苗到校接種事宜

本校將於_____年_____月_____日，由衛生署/私家醫生派員到校為本校學生提供第二劑季節性流感疫苗接種服務。請 貴家長細閱以下注意事項：

1. 如在 2019 年 9 月 1 日後已接種或拒絕接種第二劑 2019/20 年度流感疫苗，請立即通知學校
2. 請於接種當日攜帶季節性流感疫苗接種記錄 (如有)
3. 請提醒 貴子女接種當天早上要進食早餐
4. 請安排 貴子女穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

此致

各位家長

校長/負責老師：_____ 謹啟

_____年_____月_____日

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Appendix

7.6 Student Vaccination List

Restricted

學校名稱: Camel School

學校編號: CW01

班別: 1A

疫苗名稱:

注射日期

	姓名 / Name	性別 Sex	IDOB	Put a ✓ after registration 登記後請加✓ 號	Put a ✓ after vaccination 接種後請加✓ 號	May need 2nd dose 有冇需要接種第二劑	Consent Form for 2nd dose issued 已發發接種第二劑 同意書	Remarks 備註
1	陳傑 CHAN LEUNG	M	02/11/2011			Y		
2	陳小明 Chen Siu Ming	M	02/01/2012			N		
3	陳大明 Chan TAI MING	M	12/12/2011			Y		
4	陳耀明 Chan CHONG MING	M	02/11/2011			Y		
5	陳明 CHAN MING	M	02/01/2012			Y		
6	鄭明 CHENG MING	M	12/12/2011			N		
7	蔡小明 CHUI MING Siu Ming	M	02/11/2011			N		

DRAFT

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Appendix

7.7 Consent Form – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) – Injectable Vaccine

【 Consent Form 】 <input checked="" type="checkbox"/>		Please return to School once completed																					
2019/ 20 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine																							
Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).																							
<input type="checkbox"/> I have read and understood the appended information, including contraindications, and <input type="checkbox"/> agree for my child (named below) to receive the seasonal influenza vaccination (1 st AND 2 nd doses*) as arranged by the Department of Health (DH) in year 2019/ 20. <small>[*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before]</small>																							
Has your child received SIV in the past? <input type="checkbox"/> Yes (Last administration date: _____ / _____ (MM/YYYY)) <input type="checkbox"/> No																							
School Name: _____		Class: _____ Class no.: _____																					
Student's Full Name: (Surname) _____		(Given name) _____																					
Date of Birth: _____ / _____ / _____ (DD/MM/YYYY)		Gender: _____																					
Identity Document:		<input type="checkbox"/> Hong Kong Birth Certificate Document no.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> ()																					
		<input type="checkbox"/> Hong Kong Identity Card Document no.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> () <small>(Date of Issue: _____ / _____ / _____) (DD/MM/YY)</small>																					
<input type="checkbox"/> Others (Please attach a copy of the identity document)																							
Signature of Parent/ Guardian : _____		Name of Parent/ Guardian : _____																					
Contact number (mobile) : _____		Date : _____																					

《 Refusal Form 》 <input checked="" type="checkbox"/>	
2019/ 20 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine	
<input type="checkbox"/> I have read and understood the appended information, including contraindications, and <input type="checkbox"/> disagree for my child (named below) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2019/ 20.	
Student's Full Name: _____	Gender: _____ Class: _____ Class no.: _____
Signature of Parent/ Guardian: _____	Name of Parent/ Guardian: _____ Date: _____

To be filled in by the healthcare worker providing the vaccination

<p style="text-align: center;"><u>First dose</u> vaccination day</p> <p><input type="checkbox"/> Seasonal influenza vaccine was provided to the student</p> <p><input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. </p> <p>Name of Medical Organisation: _____</p> <p>Name of Doctor: _____ Date: _____</p> <p>Signature of Injection Staff: _____</p> <p>Name of Injection Staff: _____</p> <p>Remarks: _____</p>	<p style="text-align: center;"><u>Second dose</u> vaccination day</p> <p><input type="checkbox"/> Seasonal influenza vaccine was provided to the student</p> <p><input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. </p> <p>Name of Medical Organisation: _____</p> <p>Name of Doctor: _____ Date: _____</p> <p>Signature of Injection Staff: _____</p> <p>Name of Injection Staff: _____</p> <p>Remarks: _____</p>
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PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Dear Parents/ Guardians,

To be retained by Parents

2019/ 20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) in the School Year 2019/ 20. The school which your child is attending has joined this outreach. DH will arrange vaccination team (by DH or through public private partnership) to provide **free seasonal influenza vaccine** at your child's school on _____ (date). **Inactivated Seasonal Influenza Vaccine (by injection) will be provided.**

DH has the following advice on SIV:

- (1) Influenza vaccination is a safe and effective mean to prevent influenza and its complications.
- (2) The "Scientific Committee on Vaccine Preventable Diseases" recommends children aged 6 months to 11 years as one of the priority groups. Vaccinating young school children can reduce school absenteeism and influenza transmission in the community.
- (3) To develop adequate immunity against seasonal influenza, children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks. The vaccination team will provide 1st and 2nd doses of SIV at school.
- (4) Please consult your family doctor if you have any concerns about whether your child could receive influenza vaccine.

Please note:

- If your child is attending more than one school, please choose to receive vaccination at **only one** of the schools.
- If your child (applicable to consented students) has received the 2019/ 20 SIV before this outreach activity, please inform the school immediately.

Please read the appended information carefully and **fill in the reply slip** (either the consent or the refusal form) and **return it to the school** upon completion by _____ (date).

For enquiries, please contact the Vaccination Office at 2125 2537 during office hours.

Vaccination Office
Centre for Health Protection, Department of Health
August 2019

Frequently Asked Questions on Inactivated Seasonal Influenza Vaccines

(For further information, please visit website of Centre for Health Protection of DH: <https://www.chp.gov.hk/en/features/100764.html>)

1. **What is the recommended composition of the 2019/ 20 seasonal influenza vaccine?**
The quadrivalent influenza vaccine recommended by the Scientific Committee on Vaccine Preventable Diseases for the 2019/ 20 season contains the following:
 - an A/ Brisbane/ 02/ 2018 (H1N1) pdm09-like virus
 - an A/ Kansas/ 14/ 2017 (H3N2)-like virus
 - a B/ Colorado/ 06/ 2017-like virus
 - a B/ Phuket/ 3073/ 2013-like virus
2. **What is inactivated influenza vaccine (IIV)?**
The IIV contains dead viruses and is given by injection. Most IIVs are recommended for use among persons aged 6 months or above, including those who are healthy, pregnant women and those with chronic medical problems. Please consult the doctor for details.
3. **Who should not receive inactivated influenza vaccine (IIV)? What are the contraindications?**
 - People who have a history of severe allergic reaction to any vaccine component, antibiotics, e.g. Gentamicin/ Neomycin or a previous dose of any influenza vaccine;
 - Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting, such as health centres or clinics. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (a chicken protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very little. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details.
 - Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice; and
 - In case of fever on the day of vaccination, the vaccination should be deferred till recovery.
4. **What are the possible side effects of the inactivated influenza vaccine (IIV)?**
 - IIV 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 but require emergency consultation.

Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré Syndrome (1 to 2 cases per million vaccinees) 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 Guillain-Barré Syndrome after influenza infection (17.20 per million infected persons) is much higher than after influenza vaccination (1.03 per million vaccine recipients).

Collection of Personal Data - Statement of Purposes

Parents' Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/ ward's personal data in this form and any information related to this vaccination for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to transfer and release my child's/ ward's personal data and any information related to this vaccination to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether my child/ ward has received vaccination.
3. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region; I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose of Collection of Personal Data

5. The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for statistical and research purposes; and
 - (iii) any other legitimate purposes as may be required, authorised or permitted by law.
6. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
7. The provision of personal data is voluntary. If you do not provide sufficient information, your child/ ward may not be able to receive vaccination.

Classes of Transferees

8. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

9. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

10. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer, Vaccination Office, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

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7.7 同意書 – 2019/20 季節性流感疫苗學校外展 (免費) – 注射式疫苗

【同意書】 <input checked="" type="checkbox"/>		填妥後請交回學校
2019/20 季節性流感疫苗學校外展 (免費) – 注射式疫苗		
請用黑色或藍色原子筆以正楷填寫，在合適的 <input type="checkbox"/> 內加上「✓」號		
<input type="checkbox"/> 本人已閱讀及明白附頁流感疫苗接種資料的內容，包括禁忌症及 <input type="checkbox"/> 同意 小兒/ 小女接種衛生署安排之 2019/20 年度流感疫苗第一劑及第二劑*。 (*9 歲以下從未接種過流感疫苗的學童，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗)		
貴子女是否曾經接種流感疫苗？ <input type="checkbox"/> 是 (最近一次接種日期： <input type="text"/> 月 <input type="text"/> 日 <input type="text"/> 年) <input type="checkbox"/> 否		
學校名稱：_____		班別：_____ 班號：_____
學童姓名 (中文)：(姓) _____ (名) _____		性別：_____
學童姓名 (英文)：(姓) _____ (名) _____		
出生日期： <input type="text"/> 日 <input type="text"/> 月 <input type="text"/> 年		
身份證明文件類別： <input type="checkbox"/> 香港出生證明書 證件號碼： <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> () <input type="checkbox"/> 香港身份證 證件號碼： <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> () (簽發日期： <input type="text"/> 日 <input type="text"/> 月 <input type="text"/> 年) <input type="checkbox"/> 其他 (請附上證明文件副本)		
家長/ 監護人簽署：_____		家長/ 監護人姓名：_____
聯絡電話 (手提)：_____		簽署日期：_____

《不同意書》 <input checked="" type="checkbox"/>	
2019/20 季節性流感疫苗學校外展 (免費) – 注射式疫苗	
<input type="checkbox"/> 本人已閱讀及明白附頁流感疫苗接種資料的內容，包括禁忌症及 <input type="checkbox"/> 不同意 小兒/ 小女接種衛生署安排之 2019/20 年度流感疫苗。	
學童姓名：_____	性別：_____ 班別：_____ 班號：_____
家長/ 監護人簽署：_____	家長/ 監護人姓名：_____ 簽署日期：_____

以下資料只由提供疫苗接種的醫護人員填寫

第一劑接種日	第二劑接種日
<input type="checkbox"/> 有為學童接種流感疫苗。 <input type="checkbox"/> 沒有為學童接種流感疫苗，原因是學童： <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 </div> <input type="checkbox"/> 身體不適 (例如：感冒徵狀/ 發燒 (體溫：_____°C) / 其他：_____) <input type="checkbox"/> 其他 (請註明：_____)	<input type="checkbox"/> 有為學童接種流感疫苗。 <input type="checkbox"/> 沒有為學童接種流感疫苗，原因是學童： <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 </div> <input type="checkbox"/> 身體不適 (例如：感冒徵狀/ 發燒 (體溫：_____°C) / 其他：_____) <input type="checkbox"/> 其他 (請註明：_____)
以上原因經由 _____ (老師/ 職員) 通知	以上原因經由 _____ (老師/ 職員) 通知
跟進： <input type="checkbox"/> 經由學校派發「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。	跟進： <input type="checkbox"/> 經由學校派發「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。
醫療機構名稱：_____	醫療機構名稱：_____
負責醫生姓名：_____ 日期：_____	負責醫生姓名：_____ 日期：_____
接種職員簽署：_____ 姓名：_____	接種職員簽署：_____ 姓名：_____
備註：_____	備註：_____

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致：家長/ 監護人

請家長保留

2019/20 季節性流感疫苗學校外展（免費）

為提升學童的季節性流感疫苗（流感疫苗）接種率，衛生署於 2019/20 學年推行季節性流感疫苗學校外展（免費）。貴子女就讀的學校已參加此外展。

衛生署將於 _____（日期）安排疫苗接種隊（由衛生署或透過公私型合作）到校為 貴子女提供免費滅活季節性流感疫苗（注射式）接種。

就流感疫苗接種，本署有以下建議：

1. 接種流感疫苗是安全 and 有效預防流感及其併發症的方法。
 2. 「疫苗可預防疾病科學委員會」建議年滿 6 個月至 11 歲兒童為接種流感疫苗的優先群組之一。小童接種流感疫苗會減少缺課和流感在社區的傳播。
 3. 為幫助身體產生足夠的免疫力，凡 9 歲以下從未接種過流感疫苗的兒童，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間最少相隔 4 星期。疫苗接種隊會到校為學童提供第一劑及第二劑流感疫苗。
 4. 如你對 貴子女是否適宜接種流感疫苗有任何疑問，可先諮詢家庭醫生意見。
- 請注意：如 貴子女現就讀多於一間學校，請 貴家長選擇在其中一間學校接種流感疫苗。
如 貴子女（適用於已簽署同意書的學童）在此疫苗接種外展之前已接種 2019/20 年度流感疫苗，請立即通知學校。

請細閱本文件內的資料後填妥回條（即同意或不同意書），並於 _____（日期）或之前將回條交回學校。
如有查詢，請於辦公時間內致電 2125 2537 與疫苗計劃辦事處聯絡。

衛生署衛生防護中心
疫苗計劃辦事處
2019 年 8 月

滅活季節性流感疫苗常見問題

（如欲獲取更多資料，請瀏覽衛生署衛生防護中心網頁 <https://www.chp.gov.hk/zh/features/100764.html>）

1. 建議接種的 2019/20 年度季節性流感疫苗有甚麼成分？
「疫苗可預防疾病科學委員會」建議在 2019/20 年度使用的四價疫苗包括以下成分：
 - 類甲型/ 布里斯本/ 02/ 2018 (H1N1) pdm-09 病毒
 - 類甲型/ 肯薩斯/ 14/ 2017 (H3N2) 病毒
 - 類乙型/ 科羅拉多/ 06/ 2017 病毒
 - 類乙型/ 布吉/ 3073/ 2013 病毒
2. 什麼是滅活流感疫苗？
滅活流感疫苗含有已死亡的病毒，是注射接種。大部分的滅活流感疫苗適用於 6 個月或以上的人士，包括健康人士、懷孕婦女和有長期健康問題的人士，詳情請向醫生查詢。
3. 誰不宜接種滅活流感疫苗/ 有甚麼禁忌症？
 - 對任何疫苗成分、抗生素，例如：慶大霉素/ 新霉素，或接種任何流感疫苗後曾出現嚴重過敏反應的人士；
 - 對雞蛋有輕度過敏的人士如欲接種滅活疫苗，可於基層醫療場所（如健康中心或診所）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過敏反應的適當醫療場所內接種。滅活疫苗內雖含有卵清蛋白（即雞蛋蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極少，即使對雞蛋敏感的人士，在一般情況下亦能安全接種，詳情請向醫生查詢。
 - 出血病症患者或服用抗凝血劑的人士，應請教醫生；及
 - 如接種當日發燒，可延遲至病癒後才接種疫苗。
4. 滅活流感疫苗可能有什麼副作用？
 - 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滅活疫苗後出現，如吉-巴氏綜合症（每 100 萬個接種疫苗的人士中有一至兩宗個案），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，接種滅活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）遠比接種滅活疫苗後（每 100 萬個接種疫苗的人士中有 1.03 宗個案）為高。

收集個人資料的用途聲明

家長承諾及聲明

1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真實。
2. 本人同意把此同意書中本人子女/ 受監護者的個人資料及有關是次接種的任何資料供政府用於「收集個人資料目的」所述的用途。本人備悉當局或會與我聯絡，以核實有關資料及本人子女/ 受監護者接種疫苗事宜。
3. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
4. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的

5. 所提供的個人資料，會供政府作下列一項或多項用途：
 - i. 開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察學校外展疫苗接種計劃，包括但不限於透過電子程序與入境事務處的數據核對；
 - ii. 作統計和研究用途；及
 - iii. 作法律規定、授權或允許的任何其他合法用途。
6. 就是次疫苗接種作出的疫苗接種記錄，可給公營及私營醫護人員，作為決定及為服務使用者提供所需要的醫療服務的用途。
7. 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法獲得疫苗接種。

接受轉介人的類別

8. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 及 2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

9. 根據《個人資料（私隱）條例》（香港法例第 486 章）第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

10. 如欲查閱或修改有關提供的個人資料，請聯絡：九龍亞皆老街 147C 二樓 A 座衛生防護中心疫苗計劃辦事處行政主任（電話：2125 2125）。

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Appendix

7.8 Consent Form – 2019/20 Seasonal Influenza Vaccination School Outreach (Free of charge) – Nasal Spray Vaccine

<div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">【Consent Form】</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; float: right;">Please return to School once completed</div>																																									
2019/ 20 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Nasal Spray Vaccine																																									
Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).																																									
School Name: _____ Class: _____ Class no.: _____ Student's Full Name: (Surname) _____ (Given name) _____ Gender: _____																																									
(1) I have read and understood the appended information, including contraindications <input type="checkbox"/> I agree for my child (named above) to receive the seasonal influenza vaccination (1 st AND 2 nd doses*) as arranged by Department of Health (DH) in year 2019/ 20. < PLEASE FILL IN (2) TO (4) > [*DH will arrange 2 nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1 st dose for children who are under 9 years old and have never received any SIV before] <input type="checkbox"/> I disagree for my child (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2019/ 20. < PLEASE FILL IN (4) ONLY >																																									
(2) Identity document type Identity Document: <input type="checkbox"/> Hong Kong Birth Certificate Document no.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> () <input type="checkbox"/> Hong Kong Identity Card Document no.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> () (Date of Issue: _____ / _____ / _____) (DD/MM/YY) <input type="checkbox"/> Others (Please attach a copy of the identity document) Date of Birth: _____ / _____ / _____ (DD/MM/YYYY) Contact number (mobile): _____																																									
(3) Please answer the following relating to your child's health condition (Please check your child's vaccination record before filling in this part) 1. Has your child received SIV in the past? <input type="checkbox"/> Yes (Last administration date: _____ / _____ / _____) (MM/YYYY) <input type="checkbox"/> No 2. Does your child have history/ currently have any of the following conditions. (If the answer to any of the following is "Yes", no answer or uncertainty, your child will not be eligible to participate in the "Seasonal Influenza Vaccination School Outreach (Free of Charge)". Please consult your family doctor for vaccination at the clinic. 2.1 Limb numbness or weakness after receiving SIV <input type="checkbox"/> Yes <input type="checkbox"/> No 2.6 Heart, lung, kidney disease, diabetes, or requiring chronic medication <input type="checkbox"/> Yes <input type="checkbox"/> No 2.2 Allergic reaction after SIV <input type="checkbox"/> Yes <input type="checkbox"/> No 2.7 Immunosuppressive disease, taking immunosuppressive medication or living with persons of immunocompromised state <input type="checkbox"/> Yes <input type="checkbox"/> No 2.3 Allergic reaction to egg <input type="checkbox"/> Yes <input type="checkbox"/> No 2.8 Taking Aspirin or receiving salicylate-containing therapy <input type="checkbox"/> Yes <input type="checkbox"/> No 2.4 Allergic reaction to antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No 2.5 Asthma or wheeze <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
(4) Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Date: _____																																									
To be filled in by the healthcare worker providing the vaccination																																									
First dose vaccination day <input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Injection Staff: _____ Name of Injection Staff: _____ Remarks: _____	Second dose vaccination day <input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Injection Staff: _____ Name of Injection Staff: _____ Remarks: _____																																								

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Dear Parents/ Guardians,

To be retained by Parents

2019/ 20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) in the School Year 2019/ 20. The school which your child is attending has joined this outreach. DH will arrange vaccination team (by DH or through public private partnership) to provide **free seasonal influenza vaccine** at your child's school on (date). **Live Attenuated Seasonal Influenza Vaccines (by nasal spray) will be provided.**

DH has the following advice on SIV:

- (1) Influenza vaccination is a safe and effective mean to prevent influenza and its complications.
- (2) The "Scientific Committee on Vaccine Preventable Diseases" recommends children aged 6 months to 11 years as one of the priority groups. Vaccinating young school children can reduce school absenteeism and influenza transmission in the community.
- (3) To develop adequate immunity against seasonal influenza, children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks. The vaccination team will provide 1st and 2nd doses of SIV at school.
- (4) Please consult your family doctor if you have any concerns about whether your child could receive influenza vaccine.

Please note:

- If your child is attending more than one school, please choose to receive vaccination at **only one** of the schools.
- If your child (applicable to consented students) has received the 2019/ 20 SIV before this outreach activity, please inform the school immediately.

Please read the appended information carefully and **fill in the reply slip** (either agree or disagree) and **return it to the school** upon completion by (date).

For enquiries, please contact the Vaccination Office at 2125 2537 during office hours.

Vaccination Office
Centre for Health Protection, Department of Health
August 2019

Frequently Asked Questions on Live Attenuated Seasonal Influenza Vaccines

(For further information, please visit website of Centre for Health Protection of DH: <https://www.chp.gov.hk/en/features/100764.html>)

1. **What is the recommended composition of the 2019/ 20 seasonal influenza vaccine?**
The quadrivalent influenza vaccine recommended by the Scientific Committee on Vaccine Preventable Diseases for the 2019/ 20 season contains the following:
 - an A/ Brisbane/ 02/ 2018 (H1N1) pdm09-like virus
 - an A/ Kansas/ 14/ 2017 (H3N2)-like virus
 - a B/ Colorado/ 06/ 2017-like virus
 - a B/ Phuket/ 3073/ 2013-like virus
2. **What is live attenuated influenza vaccine (LAIV)?**
The LAIV contains weakened viruses and is a nasal spray vaccine. LAIV can be used for people 2-49 years of age except those who are pregnant, immunocompromised or with other contraindications. Please consult the doctor for details.
3. **Who should not receive live attenuated influenza vaccine (LAIV)? What are the contraindications?**
LAIV is a live vaccine and is generally contraindicated in the following conditions, taking reference from recommendations of the United States, United Kingdom and Canada:
 - History of severe allergic reaction to any vaccine component, antibiotics, e.g. Gentamicin/ Neomycin or after previous dose of any influenza vaccine;
 - Concomitant aspirin or salicylate-containing therapy in children and adolescents;
 - Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 months;
 - Children and adults who are immunocompromised due to any cause;
 - Close contacts and caregivers of severely immunosuppressed persons who require a protected environment;
 - Pregnancy; and
 - Receipt of influenza antiviral medication within previous 48 hours.Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV in primary care setting, such as health centres or clinics. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (a chicken protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very little. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details. For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least four weeks apart.
4. **What are the possible side effects of the live attenuated influenza vaccine (LAIV)?**
 - The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults).
 - Children aged below five years with recurrent wheezing/ persons of any age with asthma may be at increased risk of wheezing following administration.
 - Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

Collection of Personal Data - Statement of Purpose:

Parents' Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/ ward's personal data in this form and any information related to this vaccination for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to transfer and release my child's/ ward's personal data and any information related to this vaccination to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether my child/ ward has received vaccination.
3. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region; I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose of Collection of Personal Data

5. The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for statistical and research purposes; and
 - (iii) any other legitimate purposes as may be required, authorised or permitted by law.
6. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
7. The provision of personal data is voluntary. If you do not provide sufficient information, your child/ ward may not be able to receive vaccination.

Classes of Transferees

8. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

9. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

10. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer, Vaccination Office, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

7.8 同意書 – 2019/20 季節性流感疫苗學校外展 (免費) – 噴鼻式疫苗

【同意書】

填妥後請交回學校

2019/20 季節性流感疫苗學校外展 (免費) – 噴鼻式疫苗

請用黑色或藍色原子筆以正楷填寫，在合適的 ☐ 內加上「✓」號

學校名稱：_____	班別：_____	班號：_____
學童姓名 (中文)：(姓) _____ (名) _____	性別：_____	
學童姓名 (英文)：(姓) _____ (名) _____		

(一) 本人已閱讀及明白附頁流感疫苗接種資料的內容，包括禁忌症

☐ **同意** 小兒/ 小女接種衛生署安排之 2019/20 年度流感疫苗第一劑及第二劑*。[請填寫(二)至(四)項]
 (*9 歲以下從未接種過流感疫苗的學童，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗)

☐ **不同意** 小兒/ 小女接種衛生署安排之 2019/20 年度流感疫苗。 [請直接填寫(四)項]

(二) 身份證明文件類別

☐ 香港出生證明書 證件號碼：

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☐ 香港身份證 證件號碼：

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 () (簽發日期：

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 日

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 月

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 年)

☐ 其他 (請附上證明文件副本)

出生日期：

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 日

--	--	--

 月

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 年 聯絡電話 (手提)：_____

(三) 請回答以下有關 貴子女的健康情況 (請查閱 貴子女的疫苗接種記錄後填寫)

1. 是否曾經接種流感疫苗? ☐ 是 (最近一次接種日期：

--	--	--

 月

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 年) ☐ 否

2. 曾經有/ 現有以下各項情況 (如以下任何一項的答案為「有」，沒有回答或不確定，貴子女將不適宜參加「季節性流感疫苗學校外展 (免費)」，請 貴家長與家庭醫生商討於診所接種事宜)

2.1 曾接種流感疫苗後出現手腳麻痺或無力 <input type="checkbox"/> 有 <input type="checkbox"/> 否	2.6 曾有心臟病、肺病、腎病、糖尿病，需要長期服藥 <input type="checkbox"/> 有 <input type="checkbox"/> 否
2.2 曾接種流感疫苗後敏感 <input type="checkbox"/> 有 <input type="checkbox"/> 否	2.7 曾有免疫缺陷、服用免疫抑制劑、或與免疫系統嚴重受損的人士共住 <input type="checkbox"/> 有 <input type="checkbox"/> 否
2.3 曾對雞蛋敏感 <input type="checkbox"/> 有 <input type="checkbox"/> 否	2.8 正服用亞士匹林 (Aspirin) 或含水楊酸鹽藥物 <input type="checkbox"/> 有 <input type="checkbox"/> 否
2.4 曾對任何抗生素敏感 <input type="checkbox"/> 有 <input type="checkbox"/> 否	
2.5 曾有哮喘或喘鳴 <input type="checkbox"/> 有 <input type="checkbox"/> 否	

(四) 家長/ 監護人簽署：_____ 家長/ 監護人姓名：_____ 日期：_____

以下資料只由提供疫苗接種的醫護人員填寫

第一劑接種日	第二劑接種日
<input type="checkbox"/> 有為學童接種流感疫苗。 <input type="checkbox"/> 沒有為學童接種流感疫苗，原因是學童： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒徵狀/ 發燒 (體溫：_____°C) / 其他：_____) <input type="checkbox"/> 其他 (請註明：_____)	<input type="checkbox"/> 有為學童接種流感疫苗。 <input type="checkbox"/> 沒有為學童接種流感疫苗，原因是學童： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒徵狀/ 發燒 (體溫：_____°C) / 其他：_____) <input type="checkbox"/> 其他 (請註明：_____)
以上原因經由 _____ (老師/ 職員) 通知 跟進： <input type="checkbox"/> 經由學校派發「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。	以上原因經由 _____ (老師/ 職員) 通知 跟進： <input type="checkbox"/> 經由學校派發「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。
醫療機構名稱：_____	醫療機構名稱：_____
負責醫生姓名：_____ 日期：_____	負責醫生姓名：_____ 日期：_____
接種職員簽署：_____ 姓名：_____	接種職員簽署：_____ 姓名：_____
備註：_____	備註：_____

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

致：家長/ 監護人

請家長保留

2019/ 20 季節性流感疫苗學校外展 (免費)

為提升學童的季節性流感疫苗 (流感疫苗) 接種率，衛生署於 2019/ 20 學年推行季節性流感疫苗學校外展 (免費)。貴子女就讀的學校已參加此外展。

衛生署將於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私型合作) 到校為 貴子女提供免費減活季節性流感疫苗 (噴鼻式) 接種。

就流感疫苗接種，本署有以下建議：

1. 接種流感疫苗是安全 and 有效預防流感及其併發症的方法。
2. 「疫苗可預防疾病科學委員會」建議年滿 6 個月至 11 歲兒童為接種流感疫苗的優先群組之一。小童接種流感疫苗會減少缺課和流感在社區的傳播。
3. 為幫助身體產生足夠的免疫力，凡 9 歲以下從未接種過流感疫苗的兒童，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間最少相隔 4 星期。疫苗接種隊會到校為學童提供第一劑及第二劑流感疫苗。
4. 如你對 貴子女是否適宜接種流感疫苗有任何疑問，可先諮詢家庭醫生意見。

請注意：如 貴子女現就讀多於一間學校，請 貴家長選擇在其中一間學校接種流感疫苗。

如 貴子女 (適用於已簽署同意書的學童) 在此疫苗接種外展之前已接種 2019/ 20 年度流感疫苗，請立即通知學校。

請細閱本文件內的資料後填妥回條 (即同意或不同意書)，並於 _____ (日期) 或之前將回條交回學校。如有查詢，請於辦公時間內致電 2125 2537 與疫苗計劃辦事處聯絡。

衛生署衛生防護中心

疫苗計劃辦事處

2019 年 8 月

減活季節性流感疫苗常見問題

(如欲獲取更多資料，請瀏覽衛生署衛生防護中心網頁 <https://www.chp.gov.hk/zh/features/100064.html>)

1. 建議接種的 2019/ 20 年度季節性流感疫苗有甚麼成分？
「疫苗可預防疾病科學委員會」建議在 2019/ 20 年度使用的四價疫苗包括以下成分：
 - 類甲型/ 布里斯本/ 02/ 2018 (H1N1) pdm-09 病毒
 - 類甲型/ 肯薩斯/ 14/ 2017 (H3N2) 病毒
 - 類乙型/ 科羅拉多/ 06/ 2017 病毒
 - 類乙型/ 布吉/ 3073/ 2013 病毒
2. 什麼是減活流感疫苗？
減活噴鼻式流感疫苗是一種四價疫苗，適用於 2-49 歲的人士，除懷孕，免疫力低或有其他禁忌症的人士。詳情請向醫生查詢。
3. 誰不宜接種減活流感疫苗/ 有甚麼禁忌症？
減活流感疫苗含有已弱化的病毒，參考美國、英國和加拿大的建議，有下列任何情況的人士均不宜接種減活流感疫苗：
 - 對任何疫苗成分、抗生素、新霉素，或接種任何流感疫苗後曾出現嚴重過敏反應；
 - 正服用亞士匹林或含水楊酸鹽藥物的兒童或青少年；
 - 在過去 12 個月曾患上喘鳴或哮喘的兩歲至四歲兒童；
 - 因任何原因導致免疫功能減弱的兒童及成人；
 - 免疫系統嚴重受抑制而需在受保護的環境下接受護理的人士之緊密接觸者和照顧者；
 - 懷孕；及
 - 在過去 48 小時曾服用流感抗病毒藥物。對雞蛋有輕度過敏的人士如欲接種減活疫苗，可於基層醫療場所 (如健康中心或診所) 接種減活疫苗，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過敏反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白 (即雞蛋蛋白)，但疫苗製造過程經過反覆純化，卵清蛋白的含量極少，即使對雞蛋敏感的人士，在一般情況下亦能安全接種。詳情請向醫生查詢。接種減活疫苗的人士，可在同一天接種其他減活疫苗，或於相隔至少 4 個星期接種另一種減活疫苗。
4. 減活疫苗可能有什麼副作用？
 - 鼻塞或流鼻水 (所有年齡人士)、發燒 (兒童) 和喉嚨痛 (成人)。
 - 5 歲以下的兒童患上反覆喘鳴或任何年齡的哮喘患者，在接種減活疫苗後可能會增加喘鳴的風險。
 - 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。

收集個人資料的用途聲明

家長承諾及聲明

1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
2. 本人同意把此同意書中本人子女/ 受監護者的個人資料及有關是次接種的任何資料供政府用於「收集個人資料目的」所述的用途。本人備悉當局或會與我聯絡，以核實有關資料及本人子女/ 受監護者接種疫苗事宜。
3. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
4. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的

5. 所提供的個人資料，會供政府作下列一項或多項用途：
 - i. 開設、處理及管理醫健通 (資助) 戶口，接種費付款，及執行和監察學校外展疫苗接種計劃，包括但不限於透過電子程序與人境事務處的數據核對；
 - ii. 作統計和研究用途；及
 - iii. 作法例規定、授權或准許的任何其他合法用途。
6. 就是次疫苗接種作出的疫苗接種記錄，可給公營及私營醫護人員，作為決定及為服務使用者提供所需要的醫療服務的用途。
7. 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法獲得疫苗接種。

接受轉介人的類別

8. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 及 2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

9. 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 和 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

10. 如欲查閱或修改有關提供的個人資料，請聯絡：九龍亞皆老街 147C 二樓 A 座衛生防護中心疫苗計劃辦事處行政主任 (電話：2125 2125)。

PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach (Pilot)

Appendix

7.9 Consent Form Receipt Note

**2019/ 20 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge)
Public-Private-Partnership (PPP) Outreach Team**

Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach Team under
Dr. _____ (Name of Doctor) of
_____ (Organisation)
has collected _____ (Quantity) Consent Forms from
_____ (Name of Primary School)
on _____ (Date).

Signature of Collector and
Organisation Chop of
the PPP Outreach Team

Signature of School Representative
and School Chop

Name of Collector of
the PPP Outreach Team

Name of School Representative

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7.9 同意書交收記錄

2019/ 20 季節性流感疫苗學校外展 (免費)

公私營合作外展隊

同意書交收記錄

XXX (醫療機構名稱) XXX 醫生的公私營合作外展隊已在 XXXX 年 XX 月 XX 日，收取 XXXX (學校名稱) XX 張同意書。

公私營合作外展隊同意書收取人
簽署及醫療機構蓋印

學校職員簽署及學校蓋印

公私營合作外展隊同意書收取人
姓名

學校職員姓名

Appendix

(季節性流感疫苗接種卡)

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Appendix

7.11 Information on Side Effects (副作用資料頁)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Medical Organisation)

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Medical Organisation)

季節性流感疫苗 副作用資料頁 (注射式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私型合作) 到校為 貴子女接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學童在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。
3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊： _____
(醫療機構名稱)

季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私型合作) 到校為 貴子女接種滅活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種滅活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊： _____
(醫療機構名稱)

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Appendix

7.12 Information on Side Effects and 2nd dose Arrangement

(副作用資料頁及第二劑的安排)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) And 2nd dose arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Medical Organisation)

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine) and 2nd dose arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Medical Organisation)

季節性流感疫苗 副作用資料頁 (注射式疫苗)及第二劑的安排

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私型合作) 到校為 貴子女接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學童在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。
3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學童，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(醫療機構名稱)

季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)及第二劑的安排

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私型合作) 到校為 貴子女接種滅活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種滅活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學童，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(醫療機構名稱)

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7.13 Primary School Outreach Vaccine Ordering and Unused Vaccine Collection Form (疫苗申請及疫苗送收時間表各)

訂單編號	衛生署 2019/ 20 季節性流感疫苗學校外展 (免費) 公私營合作外展隊-小學 疫苗申請及疫苗送收時間表格	表格
		訂單
由衛生署職員填寫		

備註：由於訂購疫苗及安排運送或收集需時，請於接種日期前最少兩星期前填妥本表格並傳真至衛生署疫苗計劃辦事處（傳真號碼：23208505）。醫生如於發送本表格後三個月內仍未收到衛生署的訂單確認通知，請致電 2125 2128 與衛生署職員聯絡。請於疫苗接種活動當日帶同訂單確認通知到校，以便核對疫苗數目。

甲部 聯絡資料

1. 醫療機構名稱：(中文／英文)			
2. 負責醫生姓名：(中文／英文)	3. 服務提供者號碼：		
4. 學校名稱：(英文)			
5. 學校編號：	6. 學生總人數：	7. 同意接種疫苗學生人數：	

乙部 疫苗訂購及送貨資料

1. 申請疫苗數目：	(四價)季節性流感疫苗	劑	疫苗資源寶貴，請珍惜，勿浪費。
2. 接收疫苗的日期及時間：	年 月 日 (要求接收時間：；疫苗接種時間：) (建議接收疫苗時間為開始接種疫苗前一小時。)		
3. 學校地址 (英文)：			
(中文)：			
(請註明接種場地樓層)			
4. 運送員須知：	1. 學校範圍內落貨 <input type="checkbox"/> 可以 <input type="checkbox"/> 不可以 2. 校門外落貨 <input type="checkbox"/> 可以 <input type="checkbox"/> 不可以 3. 粒 <input type="checkbox"/> 有 <input type="checkbox"/> 無		
5. 負責接收疫苗的職員姓名：	6. 接收疫苗職員的手提電話：		
7. 負責醫生簽署：			

丙部 收集剩餘疫苗及冰箱資料

1. 預計收集時間：		
2. 負責職員姓名：	3. 手提電話：	

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7.14 Primary School Outreach Vaccine Report and Cold Boxes Return Form (疫苗使用報告及冰箱收集記錄)

衛生署
2019/20 季節性流感疫苗學校外展(免費)
政府／公私營合作外展隊-小學
疫苗使用報告及冰箱收集記錄

注意事項：

1. 請外展隊職員與衛生署指定的物流商核對剩餘疫苗及冰箱數量後，於此收集記錄上簽署及蓋印作實。
2. 外展隊及物流商均應保留此表格的正／副本，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格傳真至疫苗計劃辦事處（傳真號碼：23208505）。

甲、聯絡資料

1. 機構名稱：(中文／英文) _____
2. 負責醫生／職員姓名：(中文／英文) _____
(公私營合作外展隊必須填上負責醫生姓名)
3. 服務提供者號碼 (如適用)： _____
4. 學校名稱：(中文／英文) _____
5. 學校編號： _____
6. 接種日期： _____

乙、收集詳情 (收貨發票號碼：_____)

物資	數量	批 號
剩餘疫苗 (四價) 季節性流感疫苗	十劑裝：_____ 劑	
	單劑裝：_____ 劑	
冰箱	_____ 個	

丙、簽署及蓋章

由外展隊職員填寫

簽署：_____
姓名：_____
職位：_____
電話：_____



蓋印

由衛生署指定物流商職員填寫

簽署：_____
姓名：_____
職位：_____
電話：_____



蓋印

丁、疫苗使用記錄 (由外展隊職員填寫，物流商不適用)

接收 疫苗數量 (a)	已使用 疫苗數量 (b)	被污染／損壞／已失效 疫苗數量 (c)	剩餘 疫苗數量 (d)*

* (d) = (a) - (b) - (c)

SIVSO_D_C1

Last updated: May 2019

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7.15 KG/CCC Outreach (Pilot)

Vaccination Report

(接種紀錄報告)

衛生署

2019/ 20 季節性流感疫苗學校外展(免費) - 幼稚園/幼兒中心外展(先導)

公私營合作外展隊

接種紀錄報告

注意事項：

1. 請外展隊職員核對已使用疫苗數量及已接種學生人數後，於此使用記錄上簽署及蓋印作實。
2. 外展隊需於疫苗接種活動後一個工作天內將此表格傳真至疫苗計劃辦事處（傳真號碼：2320 8505）。

甲、聯絡資料

1. 機構名稱：(中文／英文)

2. 負責醫生姓名：(中文／英文)

3. 服務提供者號碼 (SPID)：

4. 學校名稱：(中文／英文)

5. 學校編號：

6. 接種日期：

乙、接種記錄 (由外展隊職員填寫)

已接種學生人數

丙、簽署及蓋章

簽署：

姓名：

職位：

電話：

--

蓋印

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Appendix

7.16 Clinical Waste Temporary Storage Handover Note

(醫療廢物暫存轉交記錄)

衛生署

2019/ 20 季節性流感疫苗學校外展(免費)

公私營合作外展隊

醫療廢物暫存轉交記錄

注意事項：

1. 此表格只適用於持牌醫療廢物收集商未能於到校疫苗接種活動後即時收集醫療廢物的情況下使用，參與外展的醫療機構及學校均應保留此表格的正／副本。
2. 請醫療機構職員將利器收集箱牢固地關上盒蓋密封，然後存放於上鎖及已適當標示的儲物櫃內，留待持牌醫療廢物收集商到學校收集。
3. 請學校職員將利器收集箱全數交予收集人員，核對重量後，於醫療廢物運載記錄上簽署及蓋印作實。

甲、聯絡資料

1. 參與計劃醫生姓名：(中文／英文) _____
2. 服務提供者號碼： _____
3. 所屬醫療機構名稱：(中文／英文) _____
4. 學校名稱：(中文／英文) _____
5. 學校編號： _____
6. 轉交日期： _____
7. 預計收集日期： _____

乙、醫療廢物轉交詳情

物資	數量
利器收集箱	_____ 個

丙、醫療機構及學校簽署及蓋印

由醫療機構職員填寫

簽署： _____
姓名： _____
職位： _____
電話： _____

醫療機構蓋印

由學校職員填寫

簽署： _____
姓名： _____
職位： _____
電話： _____

學校蓋印

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Appendix

7.17 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (English)

Date _____

Dear Parents/ Guardians of _____ (Name of Student/ Class),

2019/ 20 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given

The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Quadrivalent Seasonal Influenza Vaccination (SIV) to students at your child's school today.

After the assessment, the vaccination team **did not** vaccinate your child because* your child:

- ☐ was absent from school
- ☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature ____ °C)/ others _____]
- ☐ refused vaccination
- ☐ may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- ☐ others (please specify: _____)

Vaccination team will not rearrange SIV for your child at his/ her school. **Please arrange vaccination for your child at your family doctor's clinic or any private clinics.**

Under the Vaccination Subsidy Scheme (VSS) of DH, children who are Hong Kong residents are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "List of Participating Doctors" to see whether the individual doctor charges service fee, the amount they charge and their address (<https://apps.hcv.gov.hk/SDIR/EN/index.aspx>).



"List of Vaccination Subsidy Scheme Participating Doctors"

Name of Medical Organisation : _____

Telephone Number : _____

*Vaccination team please tick the appropriate circle

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_____ (學童姓名／班別) 的家長／監護人：

2019/20 季節性流感疫苗學校外展 (免費) 家長通知書 - 未有接種季節性流感疫苗

衛生署已安排由指定的醫療機構提供的疫苗接種隊於今天到 貴子女就讀的學校為學童接種四價季節性流感疫苗。

經評估後，接種隊沒有為 貴子女接種流感疫苗，原因*是 貴子女：

- ☐ 缺課
- ☐ 身體不適 (例如：感冒徵狀／發燒 (體溫 _____ °C)／其他 _____)
- ☐ 拒絕接種
- ☐ 可能需要在較詳盡的評估後，由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。
- ☐ 其他 (請註明：_____)

疫苗接種隊將不會再次到校為 貴子女接種季節性流感疫苗。請 貴家長自行安排 貴子女到你們的家庭醫生的診所或任何一間私家醫生診所接種。

衛生署的「疫苗資助計劃」下，有香港居民身份的兒童，可前往參與計劃的私家醫生診所接種獲政府資助的流感疫苗。參與計劃醫生可能收取或不收取服務費。家長可從「參與計劃醫生名單」(<https://apps.hc.gov.hk/SDPR/Zh/index.aspx>) 中，參閱個別醫生會否收取服務費，收費水平及其診所地址。



「參與「疫苗資助計劃」醫生名單」

醫療機構名稱：_____

電話：_____

日期：_____

* 接種隊請在合適的 ☐ 內加上「✓」號