

# **Public-Private-Partnership DOCTORS' GUIDE**

**for**

**Primary School Outreach and  
Kindergarten/Child Care  
Centre Outreach**

**2021/22**

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

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

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## DISCLAIMER

This Guide is for doctors joining the 2021/22 Seasonal Influenza Vaccination (SIV) School Outreach (Free of charge) (SIV School Outreach) for Primary School Outreach and/or Kindergarten/Child Care Centre (KG/CCC) Outreach. It serves as a supplement to the **Vaccination Subsidy Scheme (VSS) Doctors' Guide** (<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 on the webpage <http://www.chp.gov.hk>. If you have any comments or questions, please send them to the Programme Management and Vaccination Division (PMVD) 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

## 1. INTRODUCTION

The Government launched the School Outreach Vaccination Pilot Programme in 2018/19 to promote SIV uptake in primary school children. In 2019/20, DH regularised school-based SIV outreach to cover interested primary schools and expanded to KG/CCCs as a pilot programme. The responses from the participating doctors, schools and parents are all encouraging. KG/CCC Outreach has been regularised in 2020/21.

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. The Government has also been providing subsidised/ free SIV to eligible children aged 6 months to less than 12 years under VSS.

### Primary School Outreach

Under the Primary School Outreach, DH will be responsible for purchasing SIV. An Injectable Influenza vaccine (IIV) will be provided. **PPP doctors should not use their own SIV, even if they are of the same type, brand and batch (Lot number)**. PPP doctors will arrange the vaccination date for the 1st and 2nd dose with schools, provide the vaccination and handle the clinical waste. Vaccination activities must be arranged during school hours i.e. Monday-Friday, 8 am-3 pm. Concerning vaccine delivery, the first dose SIV will be delivered by DH; while for the second dose, PPP doctors can choose delivery by DH or self-delivery to schools, before which the vaccines will be delivered to PPP doctors' clinics in limited trips (by vaccine distributor to the clinics Monday to Friday).

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

This year, the Government will extend the vaccine procurement to KG/CCC Outreach. Only one type of SIV, i.e. either IIV or Live Attenuated Influenza Vaccines (LAIV) will be provided till stock allows, taking into consideration of school preference. **PPP doctors should not use their own SIV, even if they are of the same type, brand and batch (Lot number)**.

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PPP doctors will arrange the vaccination date for the 1st and 2nd dose with schools, provide the vaccination and handle the clinical waste. Vaccination activities must be arranged from Monday to Friday, 9am-3pm, or Saturday 9am -11am. Concerning vaccine delivery, the first dose SIV will be delivered by DH; while for the second dose, PPP doctors can choose delivery by DH or self-delivery to schools, before which the vaccines will be delivered to PPP doctors' clinics in limited trips (by vaccine distributor to the clinics Monday to Friday).

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

Participating PPP doctors will be given HKD\$100 as an 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

The programme will be launched around late September to early October 2021. The official launch date will be announced in due course.

### Joining Criteria

For any doctors who newly apply or apply for continuous enrolment in School Outreach, he/ she should have **enrolled in both VSS and PCD** first before he/ she is eligible to enrol in School Outreach. PMVD 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 ([https://www.pcdirectory.gov.hk/main/home\\_page.html?lang=0](https://www.pcdirectory.gov.hk/main/home_page.html?lang=0)) for details of enrolment in PCD and the requirements of maintaining in PCD.

The performance of the doctors and/or medical organisations will be closely monitored through feedback from schools, parents and students, inspections, post-payment check and monitoring of vaccine wastage rate. Their previous performance in VSS/School outreach will also be considered for the enrolment in the coming year.



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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, the **Terms and Conditions of Agreement of Vaccination Subsidy Scheme (VSS)** ([https://www.chp.gov.hk/files/pdf/appendix\\_j\\_vss\\_agreement.pdf](https://www.chp.gov.hk/files/pdf/appendix_j_vss_agreement.pdf)) and its **Supplementary Agreement for SIV School Outreach (Free of charge)** ([https://www.chp.gov.hk/files/pdf/appendix\\_ji\\_vss\\_supplementary\\_agreement.pdf](https://www.chp.gov.hk/files/pdf/appendix_ji_vss_supplementary_agreement.pdf)), **VSS Doctors' Guide** (<https://www.chp.gov.hk/en/features/45838.html>) as well as **Public-Private – Partnership (PPP) Doctors' Guide** ([https://www.chp.gov.hk/files/pdf/ppp\\_doctorsguide\\_2021\\_22.pdf](https://www.chp.gov.hk/files/pdf/ppp_doctorsguide_2021_22.pdf)) 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 the SIV School Outreach (Free of charge), 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 a random onsite inspection of the

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services provided (please see **Appendix 7.2** for a checklist of items during onsite inspection).

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## 2.1 Timeline for Preparation by Medical Organisations

Date (For Reference)	Tasks
June 2021	- Announcement of Self-selection and DH-matching results
July 2021	- Download <b>Doctors' Guides</b> from CHP website - Communicate with schools on date and venue
29 July 2021	- Deadline to send <i>Booking of Time Slot for Outreach Vaccination Activity</i> ( <b>Appendix 7.3, 7.4</b> ) to PMVD
Mid-Aug 2021	- Study <b>VSS Doctors' Guide</b> and the <b>PPP Doctors' Guide</b> - 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> ( <b>Appendix 7.1</b> ) - Obtain a Clinical Waste Producer Premises Code for outreach services from EPD
Around end of August 2021	- Receive from PMVD the following documents to bring to vaccination activity: <ul style="list-style-type: none"> <li>i. <i>Seasonal Influenza Vaccination Card</i> (unfilled) [<b>Appendix 7.11</b>]</li> <li>ii. <i>Information on Side Effects</i> (unfilled) [<b>Appendix 7.12</b>]</li> <li>iii. <i>Information on Side Effects and 2<sup>nd</sup> dose Arrangement</i> (unfilled) [<b>Appendix 7.13</b>]</li> <li>iv. <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (unfilled) [<b>Appendix 7.20, 7.21</b>]</li> </ul>
	- Attend briefing about vaccine delivery logistics (if any)
Late September to early October 2021	- Launch of the SIV School Outreach

<b>Timeline</b> <b>(For Reference Only)</b>	<b>Tasks</b>
Preferably eight weeks before vaccination day	<ul style="list-style-type: none"> <li>- Remind school to distribute <i>Consent Forms – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge)</i> (<b>Appendix 7.8-7.9</b>) to parents</li> </ul>
Preferably six weeks before vaccination day	<ul style="list-style-type: none"> <li>- Collect signed <i>Consent Forms – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge)</i> (<b>Appendix 7.8-7.9</b>) from schools and sign the <i>Consent Form Receipt Note</i> (<b>Appendix 7.10</b>). Remind the school to send a copy to PMVD.</li> </ul>
At least four weeks before vaccination day	<ul style="list-style-type: none"> <li>- Provide <b>password-protected Excel table</b> with names of consented students (<i>Consented Student List</i> (<b>Appendix 7.7</b>)) to PMVD via a designated email account</li> <li>- Download <b>First Report</b> on eHS(S) after the upload is complete (within 1 week)</li> <li>- Cross check information on consent forms with results from eHS(S)</li> <li>- Rectify the uploaded <i>Consented Student List</i> directly on eHS(S) if there is any misinformation; contact parents if there are any discrepancies</li> <li>- Check whether children aged less than 9 years need a second dose</li> <li>- Submit documentary proof to PMVD for amendment of document type and/or document number</li> <li>- Double-check the date of vaccination activity on eHS(S) is correct</li> <li>- Estimate the quantity of vaccine required</li> </ul>
At least two weeks before vaccination day	<ul style="list-style-type: none"> <li>- Decide method of clinical waste collection and disposal</li> <li>- 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</li> <li>- Liaise with schools to arrange temporary storage of clinical waste until collection at the school if immediate collection and disposal cannot be arranged.</li> <li>- 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.</li> </ul>
	<ul style="list-style-type: none"> <li>- Submit the <i>Vaccine Ordering Form- DH delivery</i> (<b>Appendix 7.14</b>), or <i>Vaccine Ordering Form- Clinic delivery</i> (<b>Appendix 7.15</b>) to PMVD to request vaccine quantity, preferred delivery time and time for unused vaccine and cold box collection</li> </ul>

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Timeline (For Reference Only)	Tasks
Within three days after submission of <i>Vaccine Ordering and Unused Vaccine Collection Form</i>	<ul style="list-style-type: none"> <li>- PMVD will send a <i>Confirmation Notice</i> to doctors confirming the arrangement of vaccine delivery, unused vaccine and cold box collection arrangement / vaccines to clinics order</li> </ul>
At least one week before vaccination day	<ul style="list-style-type: none"> <li>- Issue a list of students requiring vaccination to teachers</li> <li>- Revise the vaccine order if the number of students are different</li> <li>- Remind schools to distribute <i>Notice to Parents on Seasonal Influenza Vaccination (Appendix 7.5-7.6)</i> and for children to bring old SIV <i>Vaccination Cards</i>, if any.</li> </ul>
Three working days before vaccination activity	<ul style="list-style-type: none"> <li>- <b><i>Final Report</i></b> and <b><i>On-site Vaccination List</i></b> will be generated on eHS(S) for vaccination eligibilities</li> <li>- Generate a list of students requiring 2<sup>nd</sup> dose vaccination to pass to schools on the day of vaccination</li> </ul>
On the day of 1 <sup>st</sup> dose vaccination activity	<ul style="list-style-type: none"> <li>- Bring the <i>List of Items to Bring to Venue on the Vaccination Day (Appendix 7.1)</i> to the vaccination venue</li> <li>- Receive vaccines at school from vaccine distributor and sign the <i>Vaccine Delivery Note</i> ( submit to PMVD on the vaccination day or the following day)</li> <li>- Conduct vaccination activity</li> <li>- Issue and fill in <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 7.20, 7.21)</i> to students via teachers</li> <li>- Issue a list of students requiring 2<sup>nd</sup> dose vaccination to teachers</li> <li>- If temporary storage of clinical waste at school is required, sign two copies of the <i>Clinical Waste Temporary Storage Handover Note (Appendix 7.19)</i>; keep one copy and surrender one copy for the schools' record.</li> <li>- Complete and sign two copies of the <i>Vaccine Usage Form – DH delivery (Appendix 7.16)</i> or <i>Vaccine Usage Form – Self delivery (Appendix 7.17)</i>; surrender one copy to vaccine distributor on the collection and submit the other copy to PMVD on the vaccination day or the following day.</li> </ul>

Timeline (For Reference Only)	Tasks
Within seven days after vaccination activity	<ul style="list-style-type: none"> <li>- Update the <i>Consented Student List</i> (<b>Appendix 7.7</b>) and submit claims to eHS(S) by batch upload</li> <li>- Claims should be submitted within <b>7 CALENDAR days</b> (the vaccination day is Day 1). <b>Claim requests made after 7 days may not be considered.</b></li> </ul>
Within two weeks after vaccination activity	<ul style="list-style-type: none"> <li>- Temporarily stored clinical waste for first dose activity to be collected by a licensed clinical waste collector</li> </ul>
At least four weeks before the second dose vaccination activity	<ul style="list-style-type: none"> <li>- Start preparation for the second dose vaccination activity</li> <li>- Similar to the first dose vaccination</li> </ul>
Before the second dose vaccination day	<ul style="list-style-type: none"> <li>- Receive confirmation from PMVD on the vaccine delivery</li> </ul>
On the day of the 2 <sup>nd</sup> dose vaccination activity	<ul style="list-style-type: none"> <li>- Similar to the first dose vaccination</li> </ul>
Within two weeks after the second dose	<ul style="list-style-type: none"> <li>- Temporarily stored clinical waste to be collected by a licensed clinical waste collector</li> </ul>

### 3. PREPARATION BEFORE THE OUTREACH VACCINATION ACTIVITY

- PPP doctors must be enrolled into VSS and the Primary Care Directory (PCD).
- For KG/CCC Outreach, PPP doctors joined through *School Self-selection of Doctors* should communicate early with each of the schools about the type of SIV to be used (IIV or LAIV). Once confirmed, the type of SIV should not be changed.
- Please noted only ONE type of SIV would be supplied to each school.

#### 3.1 Liaison with schools and Date of vaccination activity

- Self-selection and DH-matching results with the school list is announced by DH in June 2021.
- Liaise early with each of the schools to **fix the date** and venue for vaccination. **Available dates are subject to the logistics arrangement of DH.**
- The outreach activity should be completed before the arrival of the winter flu season, i.e. the **first dose by December 2021 and the second dose by January 2022.**
  - i. The first dose vaccination activity should be conducted **between October 2021 and mid of December 2021.** The exact launching date will be announced in due course.
  - ii. The second dose vaccination activity should be conducted **before the end of January 2022.**
  - 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 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.
  - v. For administration of live-attenuated influenza vaccine (LAIV – nasal spray vaccine), it is recommended to be either on the same day or at least **four weeks apart** from the administration of **another live vaccine**, while the schedule should be **unaffected by** the administration of **another inactivated vaccine except for COVID-19 vaccines.**
  - vi. Please note: According to recommendation by the Scientific Committee on Vaccine Preventable Diseases in April 2021, it is suggested to have an interval of at least 14 days between administration of SIV and COVID-19 vaccines (BNT162b2 or Coronavac). ([https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_siv\\_for\\_the\\_2021\\_april2021.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_siv_for_the_2021_april2021.pdf))

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- Fill in Forms for Booking of Time Slot:
  - i. Once confirmed the plan of vaccination activity, the doctor should notify PMVD as soon as possible the dates of vaccination for **BOTH the first dose and second dose**.
  - ii. For Primary School Outreach and KG/CCC Outreach, submit the *Booking of Time Slot for Outreach Vaccination Activity- Primary school (Appendix 7.3)* or *Booking of Time Slot for Outreach Vaccination Activity-KG/CCC (Appendix 7.4)* respectively **on or before 29 July 2021** for the outreach vaccination.
  - iii. The Department of Health has the absolute discretion to approve the date of the vaccination activities suggested by the medical organization, and the type of SIV to be used in the KG/CCCs outreach.
  - iv. To facilitate the vaccine logistics please note that all schools would be divided into **6 districts** for vaccine delivery directly to schools:
    - (a) Vaccines will be delivered to the schools in **Hong Kong Island, Kowloon and Outlying Islands** regions on **ODD days** of the month (e.g. vaccine delivery for schools in Tung Chung area will be arranged on 19 Oct or 21 Oct...etc);
    - (b) Vaccines will be delivered to the schools in **New Territories** on **EVEN days** of the month (e.g. vaccine delivery for schools in Tuen Mun area will be arranged on 20 Oct or 22 Oct...etc)
  - v. In addition, please select the vaccine **delivery time slot** and the **collection time of unused vaccine/ equipment time slot** on the form.
- For **Primary school outreach**, by using the *Booking of Time Slot for Outreach Vaccination Activity- Primary school (Appendix 7.3)* please select the preferred vaccine delivery and collection time (**Monday to Friday**).

Primary Schools: Monday to Friday

Delivery Time Slot	Collection Time Slot
( A ) 7:30am - 9:00am	( i ) 1:00pm - 1:30pm
( B ) 10:00am - 11:30am	( ii ) 2:00pm - 2:30pm
( C ) 12:00pm - 2:00pm	( iii ) 3:30pm - 4:00pm



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- For **KG/CCC Outreach**, please indicate which **type of vaccine (IIV or LAIV)** you would use on *Booking of Time Slot for Outreach Vaccination Activity-KG/CCC (Appendix 7.4)* with the preferred vaccine delivery and collection time (**Monday to Friday, and Saturday morning**).

KG/CCC: Monday to Friday & Saturday (AM).

Monday to Friday

Delivery Time Slot	Collection Time Slot
( A ) 8:00am – 9:30am	( i ) 12:00pm - 1:00pm
( B ) 10:00am - 11:00am	( ii ) 2:00pm - 3:00pm
( C ) 12:00pm - 2:00pm	( iii ) 3:00pm - 4:00pm

Saturday

Delivery Time Slot	Collection Time Slot
( D ) 8:00am- 9:30am	( iv ) on or before 12:00pm
( E ) 10:00am - 11:00am	

- Please see the forms in the attached appendix or downloadable from the CHP website <http://www.chp.gov.hk>.
- PMVD will confirm** the booking **within three working days** after submission. Please contact PMVD if you do not receive a Confirmation Notice from PMVD **after three working days**.
- If there are any changes in the date(s) for the vaccination, PPP doctor is required to fax a new booking form **at least 14 days** before the original date(s) of vaccination to PMVD.
- Consider arranging a health talk on SIV to school.
- If you have prepared any materials on the vaccination activity, ensure the information provided is correct.
- Remind schools one week before first and second dose vaccination activity to issue *Notice to Parents on Seasonal Influenza Vaccination*. An example of a school notice can be found in **Appendix 7.5-7.6**.

### 3.2 Choice of vaccination venue

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(Video on venue preparation is available at:

<https://www.youtube.com/watch?v=UecF8eGv8tQ&feature=youtu.be>)

- 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 (with mattress) if necessary.
- The vaccination venue should have enough space to allow for social distancing measures and any emergency treatment or resuscitation.
- Liaise with school for the temporary storage of clinical waste until collection by licensed clinical waste collectors as necessary; the school should be able to provide an **independent, locked and labeled cabinet (label to be prepared by the medical organisation)** in a suitable area for the 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 G** of VSS Doctors' Guide (<https://www.chp.gov.hk/en/features/45838.html>).

### 3.3 Handling of Consent Forms

#### 3.3.1 Collection of Consent Forms

- PMVD will send the *Consent Forms – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge) (Consent Form)* (**Appendix 7.8-7.9**) to schools **around the end of August 2021**. Remind schools to distribute the *Consent Forms* to students for their parents/guardians to sign in around one to two weeks.
- Collect the signed *Consent Forms* from schools preferably **six weeks before** vaccination day. Sign the *Consent Form Receipt Note* (**Appendix 7.10**) upon collection. **Remind the school to send a copy to PMVD.**
- It is the responsibility of the doctor to ensure that the *Consent Forms* are **completely filled in** and **signed by parents/guardians**. **Missing or incomplete information can result in unsuccessful claim submission and reimbursement.**

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

### 3.3.2 Create Consented Student List – a password-protected Excel file

- Doctors should send a **password-protected Excel table, in the format provided by DH** containing the details of consented students (*Consented Student List* (Appendix 7.7)) to PMVD via a designated email account, at least **four weeks** before vaccination day.
- Doctors should make sure the information in the *Excel* table is complete. **Any missing or incorrect data will affect subsequent claim submission and reimbursement.**
- Please be reminded of the following:
  - i. For students who are holders of the Hong Kong Identity Card (HKID), the data of the HKID should be entered. It is necessary to enter the **Date of Issue if using the HKID.**
  - ii. If students are not holders of HKID, they may put down their information in their Hong Kong Birth Certificate, or other Identity Document (necessary to attach a copy of the other Identity Document)
  - iii. Please make sure all the relevant items in the Excel table are filled in, especially the **Type of identity document, Document number, Date of Birth, Date of Issue (if using HKID), Surname, Given Name, and Gender.**
- PMVD will batch upload the *Consented Student List* (Appendix 7.7) to eHS(S) for verification of students' vaccination history through eHS(S).

### 3.3.3 Generation of Report and Vaccination List

#### **First Report**

- The **First Report** will be available **within one week after submission** to PMVD. Doctors should log on to eHS(S) **at least three weeks before vaccination day** to verify and match the information on the collected *Consent Forms* (Appendix 7.8-7.9) with the *Consented Student List* (Appendix 7.7) 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 PMVD for updating.
- Issue a list of students requiring vaccination to teachers **at least one week before** the vaccination day.

#### **Final Report**

- **Download** and double-check the **final report and On-site Vaccination List THREE Working Days before vaccination day.** To avoid double dose, doctors must check the final results on eHS(S) before administering the vaccination.
- All students attending the participating schools 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.

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

- Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination and the original vaccine order.
- After the final report becomes available, compile a **list of students requiring the 2<sup>nd</sup> dose vaccination** to bring on the 1<sup>st</sup> dose vaccination day. The list is to be **provided to teachers** upon completion of the 1<sup>st</sup> dose vaccination for their future reference. **Bring the Final Report and On-site Vaccination List** to the schools on the day of vaccination activity.
- The Department of Health reserves the right to upload the seasonal influenza vaccination information to the Electronic Health Record Sharing System (eHRSS) after the vaccination if the parents/guardian of the vaccination recipient agrees to share their vaccination record to the eHRSS.

### \*\*\*\* Note on the *First and Final Report of the Consented Student List*:

The *Reports* serve to streamline the preparation before vaccination. It is, however, ultimately **the responsibility of PPP doctors to check whether the students on reports should receive the 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 *Reports* and resulting health consequence of the concerned students. \*\*\*\*

## 3.4 Mode of delivery and Vaccine ordering

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines are prescription only medicines. Under both Primary School Outreach and KG/CCC Outreach, DH will purchase the vaccines.

### 3.4.1 Mode of Vaccine Delivery

- **First dose SIVs** will be **delivered to schools directly by DH appointed distributor**, for both Primary School Outreach and KG/CCC Outreach.
- For **Second dose SIVs**, PPP doctors can choose delivery by either:
  - i. **DH delivery**: SIVs will be delivered to the school directly, or
  - ii. **Self-delivery**: Distributor will deliver SIVs to PPP doctors' clinic first, and then PPP doctor will self-deliver SIVs to the schools on the day of vaccination under cold chain maintenance. It is recommended to combine the vaccine orders for the self-delivery 2<sup>nd</sup> dose vaccination activities to increase the flexibility of the vaccination day.

### 3.4.2 Vaccine ordering

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

- Obtain an estimation of SIV required for vaccination day using the *Consented Student List* on eHS(S).
- Fill in the *Vaccine Ordering Form-DH delivery* (please see sample in **Appendix 7.14** for vaccine delivery to schools; **or** *Vaccine Ordering Form- Clinic Delivery* (please see sample in **Appendix 7.15** for vaccine delivery to clinics (**for second dose only**). Forms are also downloadable at the CHP website (<https://www.chp.gov.hk/en/features/100675.html>).
- Please complete and submit the relevant forms **at least two weeks prior to vaccination day** to confirm with PMVD:
  - i. **Type of SIV** (IIV or LAIV) for KG/CCC Outreach;  
Please note: only IIV will be supplied for Primary school outreach
  - ii. **Quantity** of vaccines required (it should be equivalent to the number of consented less the students who have already received SIV this season, those with contraindications SIV vaccination and those absent for the 1<sup>st</sup> dose vaccination (if for the 2<sup>nd</sup> dose vaccine order));
  - iii. The 2nd dose vaccine order should be placed after the 1st dose vaccination completion
  - iv. Special points for DH-delivery (Appendix 7.14):
    - include the **contact person** and **contact numbers** on the vaccination day.
    - the preferred vaccines **delivery time** and the **expected collection time** of unused vaccine/ equipment determined **according to the previously selected time slot on the booking form** (Appendix 7.3 for Primary School and Appendix 7.4 for KGCCC). Both times should **tally with the previous selection** on the booking forms.
  - v. Special points for Self-delivery (Appendix 7.15):
    - include the **contact person** and the **clinic address**
    - **vaccination details** of each school
    - for vaccine delivery to clinics, PPP doctors are recommended to combine the 2nd dose vaccine orders
    - to minimize the wastage, the SIV order quantity should be **deducted from the number of dose remaining** from the previous vaccinations under the cold chain management
    - vaccines will be sent to designated clinic of the PPP doctors within **5 working days** after a confirmation notice is issued by DH. (Please ensure adequate time and space for the vaccine delivery).
- **Ad hoc vaccination** for students who consented after submission of *Vaccine Ordering Form* (**Appendix 7.14-7.15**) **should not be entertained**. Please advise students to visit any VSS doctors for subsidised vaccination.

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- Reconfirm the number of students requiring vaccination and inform PMVD asap if there are any changes to the original vaccine order **at least one week** prior to vaccination day.
- **PMVD will confirm** the exact quantity of SIV and delivery arrangement **within three working days** after submission of the *Vaccine Ordering Form* (**Appendix 7.14 or 7.15**). Please contact PMVD if you do not receive a Confirmation Notice from PMVD **after three working days**.

### 3.5 Vaccine Receipt and Storage (for PPP doctors who have chosen Self-delivery of 2nd dose to schools)

- All doctors enrolled in the school programme have to equip with a Purpose-built vaccine refrigerator (PBVR) by 2023/24.
- Please make sure you have adequate space for storing the vaccines, the vaccine storage fridge condition, manpower and equipment for self-delivery and cold chain management for the vaccine.
- PBVR are the preferred means of storage for vaccines in clinics (Please refer to Section 6.3 in Chapter 6 of the VSS Doctors' Guide for requirements and recommendations on vaccine storage in refrigerators. Available at <https://www.chp.gov.hk/en/features/45838.html>).
- Vaccines must only be received by the designated staff. When receiving the vaccines, staff must check whether the seal is intact and whether the cold chain is maintained before signing the delivery note. Reject the vaccines if temperature excursion occurred during their delivery.
- The staff should check against the order for **vaccine type, brand and quantity**. Check also the batch number and **expiry date** of the vaccine delivered. Report to PMVD in case of discrepancies, leakage or damages.
- Designated staff are required to record the date, time, and temperature of the vaccines delivered on the *Vaccine Delivery Note* provided by the vaccine distributor. Sign and then chop with the company/clinic stamp after confirmation of the above. The staff should fax the *Vaccine Delivery Note* to PMVD for the notification of receiving the vaccines within **1 working day**.
- Provided that cold chain is maintained, vaccines with the earlier expiry date should be used first.

### 3.6 Provision of adequate information to vaccine recipients

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- *Consent Forms* (**Appendix 7.8-7.9**) will include essential information on SIV so parents/guardians can make an informed choice.
- If requested, liaise with the 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 the school and their parents/guardians on SIV before vaccination day. However, the PPP doctor should not display or distribute any promotional materials, such as posters, leaflets, souvenirs, to the students/parents unless approved by the government.
- Student's participation in the SIV School Outreach is **strictly voluntary**.
- The doctor **cannot charge an extra service fee** from schools/ parents under the SIV School Outreach
- 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.
- The doctor/medical organization should be prepared to handle enquiries from the parents/guardians for issues related to the seasonal influenza vaccination.

### 3.7 Preparation for Clinical Waste Collection and Disposal

(Video on clinical waste management is available at:

<https://www.youtube.com/watch?v=gbphrC3DsG8&feature=youtu.be>)

- Regulation of clinical waste is under the purview of EPD.
- PMVD would notify EPD of 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>).



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### 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 a 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>).

### 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 the method of clinical waste collection and disposal **at least two weeks before** the vaccination activity. For details, please refer to **Appendix G of VSS Doctors' Guide**.

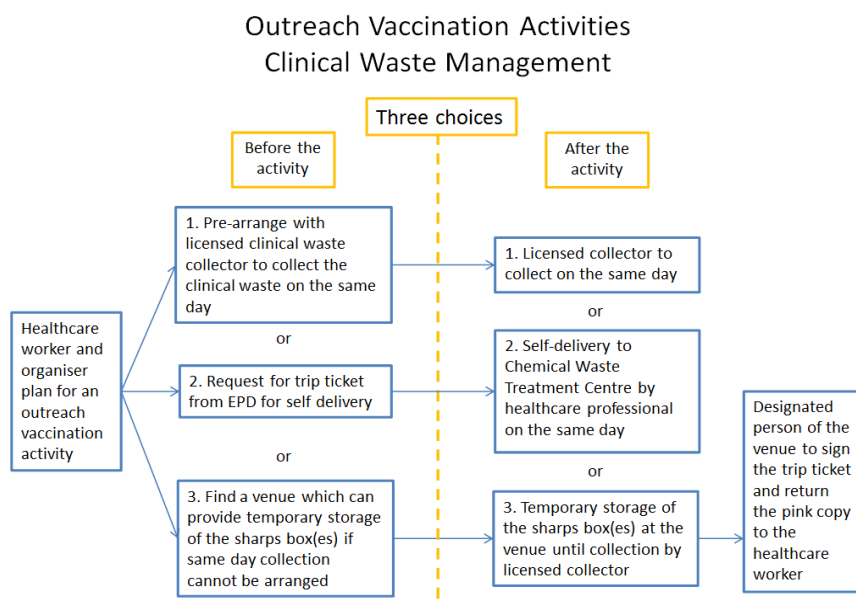


Diagram: different ways of handling clinical waste generated in outreach vaccination

- Regardless of the disposal method chosen, doctors should obtain a Clinical Waste Producer Premises Codes from the Environmental Protection Department (EPD) before



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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. Please note that a single outreach Premises Code can be used for various outreach locations.
- 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](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 the school of the arrangement.
- For the list of licensed clinical waste collectors, please refer to EPD's website on Licensed Clinical Waste Collectors (<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<sup>(a)</sup> by private car on the same day after the event.
- Alternatively, they may ask their employee who is a healthcare professional (HCP)<sup>(b)</sup> 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<sup>(c)</sup> 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

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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 Annex D of the CoP.

- In addition, the healthcare professional must:
  1. Provide a clinical waste trip ticket<sup>(d)</sup> 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<sup>(e)</sup>.
- A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)<sup>(f)</sup> 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 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 the 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.

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### 3.7.5. Temporary storage of clinical waste

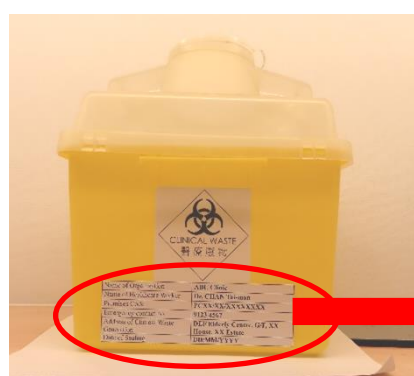
- Prolonged storage of clinical waste on the premises should be avoided. It is recommended to dispose the clinical waste on the same day after the event.
- In case the clinical waste could not be collected at the end of activities, liaise with the school **two weeks** before the vaccination day to arrange temporary storage of used sharp box(es) in an **independent, 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 1<sup>st</sup> and 2<sup>nd</sup> dose activity**
  - ii. KG/CCC Outreach: clinical waste to be collected **within 2 weeks after the 2<sup>nd</sup> dose activity.**
- Bring *Clinical Waste Temporary Storage Handover Note* (**Appendix 7.19**) 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 (see Figure 1). The label should clearly display (1) the name of the responsible healthcare worker, (2) the name of his/her organisation, (3) emergency contact number, (4) address of waste generation (i.e. the venue address) (5) premises code and (6) 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 (3) emergency contact number and (4) premises code 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**

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**Copy (pink copy)** of the Clinical Waste Trip Ticket to 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 School, , XX Estate
Premises code	PC02/XX/XXXXXXXXXXXX
Date of sealing	DD/MM/YYYY

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



Name of organisations/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567
Premises code	PC02/XX/XXXXXXXXXXXX

### 3.8 Preparation of emergency situation

(Video on the preparation of emergency equipment is available at:

<https://www.youtube.com/watch?v=It3tMplmTVk&feature=youtu.be>)

- Ensure all the emergency equipment with age-appropriate parts for vaccine recipients in the emergency kit (e.g. **Bag Valve Mask, blood pressure monitor, and syringes & needles** suitable for IMI adrenaline administration) is sufficient, and vaccines and emergency drugs (e.g. **adrenaline** ampoule (1:1000) or **adrenaline auto-injector**) are registered in Hong Kong and are **not expired**. (please refer to **Appendix 7.1**)
- Keep written protocol and training material for reference.

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- 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 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. The PPP doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis. 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.fhb.gov.hk/pho/rfs/english/pdf\\_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25\\_Module\\_on\\_Immunisation\\_Children](https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25_Module_on_Immunisation_Children) ).



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; and 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. Please note that **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**.
  - 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:

Primary school (6 classes in a grade)	KG/CCC
Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training  6 injection staff for primary schools with 6 classes in a grade	Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training  Injection staff work in pair with 1 injection staff with 1 assistant for proper positioning of the child



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- The doctor and attending staff should study the **VSS Doctors' Guide** (<https://www.chp.gov.hk/en/features/45838.html>) and this supplementary guide before the vaccination activity.

### 4.2 List of items to bring and Vaccination equipment

- The doctor is required to bring items such as the *Consented Student List* (**Appendix 7.7**), *Consent Forms* (**Appendix 7.8-7.9**), and vaccination equipment, etc. to the venue on the vaccination day. Please refer to **Appendix 7.1** *List of Items to Bring to Venue on the Vaccination Day* for reference. In addition, doctors will receive from PMVD the following documents to be brought to the venue for completion on vaccination day:
  - *Seasonal Influenza Vaccination Cards* (unfilled) [**Appendix 7.11**];
  - *Information on Side Effects* (unfilled) [**Appendix 7.12**];
  - *Information on Side Effects And 2<sup>nd</sup> dose Arrangement* (unfilled) [**Appendix 7.13**];
  - *Notification to Parents – SIV Has Not Been Given* (unfilled) [**Appendix 7.20, 7.21**].
- 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 clean gauze/cotton wool for post-vaccination compression to the injection site;
  - sharps boxes (at least 1 for each vaccination station) (visit the following website to obtain more information for the specification of sharps box: <https://www.epd.gov.hk/epd/clinicalwaste/file/doc03.pdf>);
  - emergency equipment (Please see 3.8 & 4.12 for details); and
  - other accessories and stationery as indicated.

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Photo: Examples of vaccination equipment at outreach vaccination activity

### 4.3 Infection control measures

#### 4.3.1. General Principals

- Take reference to the health advice given by the Infection Control Branch of CHP ([https://www.chp.gov.hk/files/pdf/advice\\_to\\_school\\_on\\_prevention\\_of\\_nid\\_eng.pdf](https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf))
- Proper infection control practice must be complied with by all personnel.
- Observe infection control guideline and hand hygiene protocol.
- Check students' and parents' body temperature at school entrance (with alcohol hand rub made available)
- Screen travel history or contact history with COVID-19 before joining the vaccination in schools
- Students should be arranged in batches to receive vaccination separately
- All attending students and staff should wear a surgical mask and practice hand hygiene
- All need to keep appropriate distancing (at least 1 meter apart) at waiting area, vaccination area, queue and other activities if any.
- The venue for vaccination should be kept well ventilated.
- The venue should be cleaned and disinfected with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), left for 15-30 minutes, and then rinsed with water and wipe dry. For metallic surface, disinfect with 70% alcohol is needed. The procedure should be performed after



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one session, i.e. in this particular setting, performed after morning and afternoon session.

### 4.3.2. Hand Hygiene and Disinfection

- **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 formulation or washing hands with soap and water before first, in between each and after the last vaccination.
- 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 a 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 hygiene 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 clean gauze/cotton wool ball for post-vaccination compression of the injection site.

### 4.3.3. Special points for administering nasal spray vaccine (LAIV) during COVID-19 pandemic

- Take reference to the health advice given by the Infection Control Branch of CHP ([https://www.chp.gov.hk/files/pdf/advice\\_to\\_school\\_on\\_prevention\\_of\\_nid\\_eng.pdf](https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf))

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- During nasal spray vaccine administration when the mask is temporarily taken off, maintain a social distance of at least 1.5 meters. After the procedure, practice hand hygiene and student should wear the mask as soon as practicable
- LAIV administration is not considered as an aerosol-generating procedure.
- Vaccination teams should wear surgical mask and gloves when administering the LAIV
- The gloves should be changed after administration of LAIV to each student
- Perform hand hygiene after removing the previous gloves, and before wearing the new gloves
- Use of eye protection depends on the risk level of community transmission of COVID-19. For more information, please refer to the following website:  
<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

### 4.4 Vaccination venue (please also refer to Section 3.2)

Adequate and separate areas should be arranged for:

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

### 4.5 Vaccine Delivery

#### 4.5.1. Vaccine delivered by DH to Schools

(Video concerning procedures for receiving vaccines is available at:

<https://www.youtube.com/watch?v=O8TIBUCUgN4&feature=youtu.be>)

- Arrange designated staff to receive the vaccines at the school **before** starting vaccination (**preferably 1 hour** before starting time of vaccination activity).
- Vaccines must only be received by the designated staff. When receiving the vaccines, staff must check whether the seal is intact and whether the cold chain is maintained before opening the cold box(es). Reject the vaccines if temperature excursion occurred during its delivery.

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- After opening the cold box(es), check against the order for **vaccine type, brand and quantity**. Check also the batch number and **expiry date** of the vaccine delivered; and if a steel box (with temperature data logger inside) is present in every cold box. Report to PMVD in case of discrepancies, leakage or damages.
- Designated staff are required to record the date, time, and temperature of the vaccines delivered on the *Vaccine Delivery Note* provided by the vaccine distributor. Sign and then chop with the company/clinic stamp after confirmation of the above.
- If the vaccines are not delivered 30 minutes after the expected time, please call the vaccine distributor for remedial measure and inform PMVD immediately.
- Vaccines and cold chain equipment (including steel boxes with temperature data loggers inside, carton boxes and ice packs) must be properly stored and handled according to the manufacturer's and vaccine distributor's recommendations from delivery receipt until they are administered or returned.

### 4.5.2. Self Delivery by PPP doctors (for PPP doctors who have chosen Self-delivery of 2<sup>nd</sup> dose to schools)

(Video concerning cold box packing is available at:

<https://www.youtube.com/watch?v=8k8m9Ar7fiY&feature=youtu.be>)

- Delivery of SIV to schools on the day of vaccination activity: Tested Cold box should be used to store the vaccine temporarily for self-delivery of SIV to schools for vaccination activities. Vaccine temperature should be continuously monitored using a **temperature data logger/ maximum-minimum thermometer** during vaccine transport (to and from the venue) and temporary storage at the venue and until return the vaccines to the clinic.
- The whole setup, i.e. cold boxes with conditioned ice packs and insulating materials, should be **tested** for insulation time and temperature stability in the cold chain before it is used for transporting vaccines (to and from the venue) and storing them temporarily at the venue.
- Please refer to Section 6.4 and 6.6 in Chapter 6 of the VSS Doctors' Guide for requirements and recommendations on vaccine delivery, receipt, storage and handling, under non-clinic settings. Available at <https://www.chp.gov.hk/en/features/45838.html>
- Only the required type, brand and quantity of vaccine purchased by the Government should be transported to the event.
- Unused vaccines should be properly returned to the vaccine-storing refrigerator in the doctor's clinic/ medical organisation as soon as possible. The returned vaccines could

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be used for the coming school outreach vaccination activities provided the type and brand are the same and cold chain is maintained.

- Provided that cold chain is maintained, vaccines with the earlier expiry date should be used first.
- The PPP doctor may be asked to explain if the wastage rate is considered too high (usually not more than 5%).
- The vaccines are Government Property and are provided to the doctors solely for vaccination to eligible recipients. Unused/ surplus vaccines should be properly stored in the vaccine-storing refrigerator in the clinics. PPP doctors must return all unused/ surplus vaccines at the end of the programme. PPP doctors shall not use the remaining SIV for purposes other than SIV School Outreach (Free of Charge) without the prior consent from DH.
- Any cold chain breach of vaccines, should refer to section 4.6

### 4.6 Management of cold chain breach

- The breach in the cold chain may render the vaccines ineffective. In case of temperature excursion (i.e. if vaccines have been exposed to temperatures outside the recommended range), take appropriate actions, including:
  - Immediately isolate the affected vaccines and label “Do NOT use”;
  - Record the range, date and duration of temperature breach; Report the incident and consult the PMVD immediately to evaluate the stability/effectiveness of the exposed vaccines and determine whether the vaccines are still potent. The affected vaccines should not be used until all queries are clarified.
  - If the affected vaccines have been administered to any vaccine recipients, the PPP doctor should report it as Clinical Incident to PMVD within the same day. Follow up with the concerned vaccine recipient promptly and assess the need for revaccination.
- For guidelines on the management of cold chain breach, please refer to Section 6.5 in Chapter 6 of the **VSS Doctors' Guide** (Available at <https://www.chp.gov.hk/en/features/45838.html>) and Section 3.3 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings**
  - **Module on Immunisation** (Available at [https://www.fhb.gov.hk/pho/rfs/english/pdf\\_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25\\_Module\\_on\\_Immunisation\\_Children](https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25_Module_on_Immunisation_Children)).

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### 4.7 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 7.8-7.9**) for each vaccine recipient and screen for contraindications;
- Double check whether there is any previous vaccination;
- Immediately before and after vaccination: check the student's identity document (e.g. School Hand Book/Student ID) against the signed *Consent Forms* (**Appendix 7.8-7.9**) and the *Consented Student List* (**Appendix 7.7**), particularly for those students whose accounts could not be validated in eHS(S).

### 4.8 Checking of vaccines

(Video on vaccination skills is available at:

<https://www.youtube.com/watch?v=MP1pudsGFP4&feature=youtu.be>)

- Check the recommendation, vaccine dosage, expiry date, any damage or contamination 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 (should be long enough to reach the muscle mass for IMI injection) and technique (for the route of administration of each

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vaccine, healthcare professionals may refer to individual package inserts);

6. The right site; and
7. The right documentation.

### 4.9 Vaccine Administration

**Under no circumstances should the PPP doctors administer SIV not provided by DH to vaccine recipients under SIV School Outreach (Free of Charge), even if the SIV are of the same type, brand or batch (Lot).**

#### 4.9.1. 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 of 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. Perform hand hygiene.
  2. The injection site is swabbed with an alcohol pad (from the centre of deltoid muscle outwards in a circular motion, without going the same area) and allowed to dry before vaccine injection.
  3. Prepare the vaccine (Second Check) and inspect the vaccine vial for any manufacturing defect. Shake vaccines before use according to the drug insert, if necessary.
- Vaccine injection
  1. Recheck the vaccine before administering (Third Check);
  2. The injection staff should keep the student informed of the vaccine to be 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 clean gauze/cotton wool 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

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6. Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box.
7. Perform hand hygiene before documentation.

### 4.9.2. 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 (LAIV should be used in children with age 2 years old or above;
  3. Inform the student of 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. **Perform hand hygiene. Put on a new pair of gloves.**
  2. Prepare the vaccine (Second Check) and inspect the pre-filled intranasal sprayer for any manufacturing defect.
- Vaccine administration (please also refer to Section 4.3 for additional infection control measures during the COVID-19 pandemic)
  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 breathe normally;
  3. Remove rubber tip protector. Do not remove the 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 the plunger as rapidly as possible until the dose-divider clip prevents it from going further.

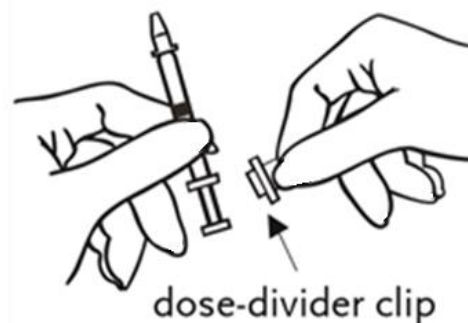
Intranasal injection



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

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4. Pinch and remove the dose-divider clip from the plunger. Then place the tip inside the other nostril and administer the 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;
6. The used sprayer should be discarded directly into the sharps box; and
7. **Remove and dispose of the gloves** and then **perform hand hygiene** before documentation.

### 4.10 Plans for variant circumstances

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

- Failed injection attempts
- Student who refused injection on-site
- Student has contraindications
- Student is not fit for injection
- Broken needle/ wastage
- In case there are vaccination incidents (e.g. incorrect administration of vaccine or breaking of cold chain), take appropriate follow-up actions with the concerned recipients, and notify PMVD on the same day.
- 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.fhb.gov.hk/pho/rfs/english/pdf\\_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25\\_Module\\_on\\_Immunisation\\_Children](https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25_Module_on_Immunisation_Children))



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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 F: 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** ([https://www.fhb.gov.hk/pho/rfs/english/pdf\\_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25](https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25) **Module on Immunisation Children**) in the VSS Doctors' Guide. (<https://www.chp.gov.hk/en/features/45838.html>)
- Provide a telephone number to vaccinated students or their parents/ guardians for enquiries concerning the vaccination.
- Remind the vaccinated students of possible adverse reactions and advise the management of side effects.

### 4.12 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 (with age-appropriate parts) should include, but is not limited to:
    - i. Appropriate size of **Bag Valve Mask**;
    - ii. **BP monitor** with appropriate size of **cuffs**; and
    - iii. Registered **adrenaline** ampoule (1:1000) with sufficient number of **1mL syringes (at least three)** and **25-32mm length needles (at least three)** for adrenaline injection/ registered adrenaline auto-injector. (please refer to **Appendix 7.1**)

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- Ensure there is sufficient stock of all the emergency equipment, and that the equipment and drugs have not reached expiry.
- Keep written protocol and training material for reference. The PPP doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis.



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 mask 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 F of the VSS Doctors' Guide ([https://www.chp.gov.hk/files/pdf/vssdg\\_ch5\\_appendix\\_f.pdf](https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_f.pdf)), which is an extract of 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 ([https://www.fhb.gov.hk/pho/rfs/english/pdf\\_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25](https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25) Module on Immunisation Children)**

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### 4.13 Documentation

#### 4.13.1. Consented Student List

- All vaccination given should be clearly documented on the *Consented Student List* (**Appendix 7.7**). Document clearly whether the vaccine has been administered to the student; Students not vaccinated should be remarked as well.

#### 4.13.2. Consent Forms

- Document whether the student has been vaccinated or not;
- Put down the signature of the vaccination staff;
- Write down or put down the stamp with the **name of the enrolled doctor**; and
- Document the **date of the vaccination activity** on the *Consent Forms* (**Appendix 7.8-7.9**);

#### 4.13.3. Vaccination Card

- Document information on the *Seasonal Influenza Vaccination Card* (**Appendix 7.11**) after vaccination (including the name of vaccine recipient, type of vaccine, date of injection and **name of PPP doctor/medical organization same as the Doctor Enrolment Form**). 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*.
- The name or chop that appears in the *Seasonal Influenza Vaccination Card* should match the name of the enrolled doctor and/or the enrolled medical organization.
- The PPP doctor should **not display or distribute any promotional materials, such as posters, leaflets, souvenirs**, to the students/parents unless approved by the government.
- The Seasonal Influenza Vaccination Card should not contain any promotional information about the PPP doctor or medical organization.

#### 4.13.4. Other Documents

- For students **requiring 2<sup>nd</sup> dose**, document date of injection, contact information and date of 2<sup>nd</sup> vaccination on *Information on Side Effects and 2<sup>nd</sup> dose Arrangement* (**Appendix 7.13**).
- For students who **do not require 2<sup>nd</sup> dose**, document contact information on *Information on Side Effects* (**Appendix 7.12**).
- For students **completed 1<sup>st</sup> and 2<sup>nd</sup> dose**, document contact information on *Information on Side Effects* (**Appendix 7.12**).
- Pass the list of students requiring 2<sup>nd</sup> dose vaccination to teachers for their future reference.

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- After vaccination, the doctor needs to **pass** the following document filled in to teachers for distribution to students:
  - Filled in *Seasonal Influenza Vaccination Cards* (**Appendix 7.11**)
  - *Information on Side Effects* (**Appendix 7.12**)
  - *Information on Side Effects and 2<sup>nd</sup> dose Arrangement* (**Appendix 7.13**).
  - *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given* (**Appendix 7.20, 7.21**) 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>).

### 4.14 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.

## 5. UPON COMPLETION OF VACCINATION ACTIVITY

### 5.1 Management of unused/ surplus vaccines

#### 5.1.1. DH Delivery to Schools

- Unused/surplus vaccines should be stored properly in a cold box with ice packs and insulating materials, etc. provided by the vaccine distributor. The cold boxes should be closed properly to maintain the cold chain at **2-8°C**.
- Unused/surplus vaccines are the property of DH and should not be taken back to the Doctor's office/ clinic.
- Cold chain equipment (including steel boxes with temperature data loggers inside, carton

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boxes and ice packs) are the property of the vaccine distributor and should be returned intact to the vaccine distributor upon completion of vaccination activity.

- Assign designated staff from your medical organization to stay at the venue and return the unused/surplus vaccines, cold boxes and cold chain equipment to the vaccine distributor. Vaccines or cold chain equipment must not be returned through a school representative.
- The staff should complete sign the **two copies** of the *Vaccine Usage Form – DH delivery* (**Appendix 7.16**) upon handing over the unused vaccine to the vaccine distributor (please see appendix and also downloadable from the CHP website <https://www.chp.gov.hk/en/features/100675.html>). A copy of the Delivery Note and *Return Form* should be submitted to PMVD **within 1 day after** the vaccination activity.
- If the vaccine distributor fails to collect the unused/surplus vaccine and cold boxes 30 minutes after the expected time (even after contacting them or fail to reach them), please inform PMVD immediately.

### 5.1.2. Self Delivery of the second dose by PPP doctors

- Unused/surplus vaccines should be returned to the vaccine-storing refrigerator in the doctor's clinic/ medical organisation as soon as possible.
- To transport unused/surplus vaccines, cold box(es) equipped with ice packs and insulating materials (please refer to section 4.5.2)
- Vaccine temperature should be monitored continuously using a temperature data logger/ maximum-minimum thermometer during vaccine transport.
- For details, please refer to the requirements and recommendations on vaccine storage and handling under non-clinic settings as set out in Section 6.4 in Chapter 6 of the VSS Doctors' Guide (<https://www.chp.gov.hk/en/features/45838.html>).
- The staff should complete the sign *Vaccine Usage Form- Self delivery* (**Appendix 7.17**) upon completion of the vaccination activities (please see appendix and also downloadable from the CHP website <https://www.chp.gov.hk/en/features/100675.html>). A copy of the *Delivery Note* and *Vaccine Usage Form- Self delivery* should be submitted to PMVD **within 1 day after** the vaccination activity.

### 5.1.3. Monitor vaccine wastage rate

- The vaccine wastage rate for each PPP doctor will be monitored closely.
- The PPP doctor may be asked to explain if the wastage rate is considered too high (usually

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not more than 5%).

- If the vaccine wastage rate for an individual PPP doctor is high which no reasonable explanation can be given, the participation of the doctor in the programme in the future will be affected.

### 5.2 Other issues related to vaccines

- Vaccines provided under the 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 loss.

#### 5.2.1. Broken vaccines

- If the vaccine is found to be broken upon unwrapping or by a staff of the 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 and inform the PMVD.
- If the breakage is extensive, inform the PMVD 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 Usage Form* (**Appendix 7.16 or 7.17**) and provided to PMVD **within 1 day after** the vaccination activity.
- Broken vaccines should never be administered to students.

#### 5.2.2. Defective vaccines

- If the 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) and inform the PMVD.
- Separate the affected vaccines from other vaccine supplies and mark “DO NOT USE” on the outer wrapper of the affected vaccines.
- Inform PMVD as soon as possible of 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

- SIV will be delivered by a vaccine distributor appointed by DH in quantity requested by medical organisation and agreed by PMVD. If any discrepancy was found on delivery, remark on the *Vaccine Delivery Note* and document in the *Vaccine Usage Form* (**Appendix 7.16 or 7.17**) and inform PMVD.



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- If the discrepancy is extensive, inform the PMVD as soon as possible for any remedial action taken (e.g. urgent delivery of vaccines to the venue).
- The *Vaccine Usage Form* (**Appendix 7.16 or 7.17**) should be provided to PMVD **within 1 day after** the vaccination activity.
- For cases of missing vaccines, PMVD may launch an investigation or refer to the 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 3.77 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) ([https://www.epd.gov.hk/epd/clinicalwaste/file/doc06\\_en.pdf](https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf)) and Appendix I of the VSS Doctor's Guide, or contact Mr. WONG 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](https://www.epd.gov.hk/epd/clinicalwaste/en/smallproducer_duty_record.html).

### 5.4 Submitting reports

#### 5.4.1. Primary School Outreach and KG/CCC outreach-DH delivery

- 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 Usage Form – DH delivery* (**Appendix 7.16**) to DH indicating
    1. the number of vaccine used and unused;
    2. the number of unserviceable vaccine (e.g. broken on delivery, broken needle on administration or defective vaccines); and
    3. signed by both the designated staff and vaccine distributor upon collection of unused vaccine and cold boxes.

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### 5.4.2. Primary School Outreach and KG/CCC Outreach-Self delivery

- After vaccination, the doctor needs to **submit** the *Vaccine Usage Form – Self delivery* (Appendix 7.17) **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.
- 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 7.8-7.9).
- 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 and at an interval of at least 4 weeks after the first dose and before the **end of January 2021.**
- 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 both Primary School Outreach and KG/CCC Outreach, the doctor should notify PMVD of the date of second dose vaccination on or **before 29 July 2021** using the *Booking of Time Slot for Outreach Vaccination Activity Form* (Appendix 7.3, 7.4).
- Doctors are required to generate and handover an updated list of students requiring 2<sup>nd</sup>



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dose vaccination to the teachers upon the completion of the 1<sup>st</sup> dose vaccination activity (minus those who have not turned up for 1<sup>st</sup> dose).

- 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.**

## 6. OTHER ISSUES

### 6.1 Vaccination incident

- Clinical incident is defined as any events or circumstances<sup>1</sup> that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of direct care or provision of clinical service.
- Medical operators should have the plan in place to manage vaccination incidents.
- Doctor-in-charge and members of the medical vaccination team should attend all clinical incident immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of medical vaccination team.

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<sup>1</sup> Any events or circumstances refer to those with any deviation from usual medical care.

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

- Explain to the teacher and parents concerned timely.
- Record the student's condition and treatment provided.
- Following all necessary immediate interventions, the medical vaccination team should inform the PMVD at the earliest possible by phone at 2125 2128, followed by the Clinical Incident Notification Form (Appendix 7.22) which will be provided upon request. The form should be returned to the PMVD via email within the same day of occurrence of the incident.
- Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.
- The medical vaccination team should conduct a full investigation of the medical incident and submit the Clinical Incident Investigation Report (Appendix 7.23) to the PMVD via email within 7 days from the occurrence of the incident.
- Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the vaccination team should work closely with PMVD to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

### 6.2 Adverse events following immunisation

- Adverse events following immunisation (AEFIs)<sup>2</sup> are any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. The early detection would decrease the negative impact of these events on the health of individuals.

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<sup>2</sup> Vaccine Safety Basics by WHO (<https://vaccine-safety-training.org/classification-of-aefis.html>)

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- Healthcare professionals of the medical vaccination team are advised to report the following AEFIs:
  - (a) All suspected serious<sup>3</sup> adverse events, even if the adverse event is well known;
  - (b) Suspected drug interactions including vaccine-drug and vaccine-herb interactions;
  - (c) Non-serious adverse events but the adverse events are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known adverse event);
  - (d) Unexpected adverse events, i.e. the adverse events are not found in the product information or labelling (e.g. an unknown side effect).
- Please conduct medical assessment and report to the Drug Office online at [https://www.drugoffice.gov.hk/eps/do/en/healthcare\\_providers/adr\\_reporting/index.html](https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html).

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<sup>3</sup> An AEFI would be considered serious, if it:

- results in death,
- is life-threatening,
- requires in-patient hospitalization or prolongation of existing hospitalization,
- results in persistent or significant disability/incapacity,
- is a congenital anomaly/birth defect,
- requires intervention to prevent one of the outcomes above (medically important).

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## 6.3 Contingency Plan

### 6.3.1 Special weather arrangement

- In case of school suspension due to extreme weather conditions, please contact PMVD as soon as possible. Please be aware of the announcement by the Education Bureau (EDB).

### 6.3.2 School Suspension (e.g. due to COVID-19, URTI outbreak, etc)

- In case of class suspension when the SIVOP starts, please contact PMVD as soon as possible. Please be aware of the announcement by Education Bureau and PMVD. To facilitate communication and arrangement, DH would liaise with EDB and SWD if necessary. In addition, support from EDB and SWD may be sought to convey the message via issuing letters regarding the arrangement.
- The arrangement of the outreach activity would be assessed by the DH. Depending on the situation, the scheduled vaccination activity may be:
  1. Suspended temporarily and rescheduled: please inform PMVD asap, liaise with the school and confirm the rescheduled date. Please fax the form of ***Booking of Time Slot for Outreach Vaccination Activity*** to PMVD once you have confirmed the date with the school.
  2. Continue as originally scheduled: the outreach would be conducted in the schools on **the originally scheduled vaccination day(s)** but may need to be arranged in a **staggered manner** with scheduled timeslots **for different classes/grades** and **infection control measures**. Please be aware of the following:
    - (i) Liaise with the schools to check the venue capacity and work out a timetable, so that students can come back for vaccination in a staggered manner to avoid crowding.
    - (ii) Liaise with the schools on how to distribute and collect the consent forms.
    - (iii) At least one week before the activity, provide a timetable of students requiring vaccination to the school and enlist the school's assistance to

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remind parents/ students to attend according to the timeslots.

- (iv) During the activity, enhance the infection control measures for prevention of COVID-19 in this setting, taking reference to the health advice given by the Infection Control Branch of CHP ([https://www.chp.gov.hk/files/pdf/advice\\_to\\_school\\_on\\_prevention\\_of\\_nid\\_eng.pdf](https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf)). Please also refer to Section 4.3.
- (v) For students who could not participate in outreach in schools, they are advised to receive SIV under VSS at clinic settings<sup>4</sup>.

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<sup>4</sup> Children aged 6 months to under 12 are eligible groups for SIV under VSS.

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## 7. Appendix

The actual forms are downloadable in the following link:

<https://www.chp.gov.hk/tc/features/100675.html>

## Appendix

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

(Relevant video is available at:

<https://www.youtube.com/watch?v=L0cABMgrrII&feature=youtu.be>)

Items	First Dose	Second Dose
<b>FOR INJECTION AND COLD CHAIN MAINTENANCE</b>		
Sharps boxes (at least 1 for each vaccination station)	✓	✓
Dry clean gauzes / cotton wool balls	✓	✓
Alcohol pads / swabs	✓	✓
70-80% Alcohol-based hand rub solution (1 for each vaccination station)	✓	✓
Kidney dishes / containers	✓	✓
Cold boxes	✗	✓ if self delivery
Maximum and minimum thermometers (1 for each cold box)	✗	✓ if self delivery
Additional ice packs with adequate insulating materials for cold chain maintenance	✗	✓ if self delivery
<b>FOR EMERGENCY</b>		
Bag Valve -Mask, including both child and adult size masks	✓	✓
Registered <b>Adrenaline auto-injector</b> ; OR	✓	✓
Registered <b>Adrenaline ampoule 1:1000</b> ; with:	✓	✓
At least <b>THREE 1mL syringes</b>	✓	✓
At least <b>THREE 25-32mm needles</b>	✓	✓
Blood Pressure monitor, with appropriate size of cuffs	✓	✓
Protocol for emergency management	✓	✓
<b>STATIONERY</b>		
Date chops	✓	✓
Chops with enrolled doctor's name (For consent forms)	✓	✓
Stamps with the enrolled medical organization/ clinic (For vaccines delivery note, clinical waste collection and vaccination cards)	✓	✓

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Items	First Dose	Second Dose
Pens	✓	✓
<b>FORMS AND DOCUMENTS</b>		
Signed Students' Consent Form – Seasonal Influenza Vaccination 〔同意書 – 2020/ 21 季節性流感疫苗學校外展 (免費)〕 (已簽署)	✓	✓
Seasonal Influenza Vaccination Cards ( <b>Appendix 7.11</b> ) 〔季節性流感疫苗接種卡〕	✓	✓
Information on Side Effects ( <b>Appendix 7.12</b> ) (副作用資料頁)	✓	✓
Information on Side Effects and 2 <sup>nd</sup> dose Arrangement ( <b>Appendix 7.13</b> ) (副作用資料頁及第二劑的安排)	✓	✗
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given ( <b>Appendix 7.20, 7.21</b> ) 〔家長通知書 – 未有接種季節性流感疫苗〕 (待填)	✓	✓
Updated Consented Student List (1st dose & 2nd dose) ( <b>Appendix 7.7, i.e. Final Report, On-site Vaccination List, and List of Students Requiring 2nd Dose vaccination, printed out on or 3 days before vaccination day</b> )	✓	✓
Vaccine Usage Form – <b>DH delivery</b> (2 unfilled copies) ( <b>Appendix 7.16</b> ) 〔疫苗使用報告- 送學校〕 (一式兩份待填)	✓	✓ if DH delivery
Vaccine Usage Form – <b>Self Delivery</b> (one unfilled copy) ( <b>Appendix 7.17</b> ) 〔疫苗使用報告-自行攜帶 (第二劑適用)〕 (一份待填)	✗	✓ if self delivery
Clinical Waste Temporary Storage Handover Note ( <b>Appendix 7.19</b> ) (醫療廢物暫存轉交記錄)	✓ (if require temporary storage)	✓ (if require temporary storage)
<b>OTHERS</b>		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags (for domestic rubbish)	✓	✓

### 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 (with mattress)
- 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)
- 2) Vaccine arrangement (if chosen self-delivery of second dose vaccines to schools, including cold box(es), equipped with conditioned ice packs, maximum-minimum thermometers, & insulating materials, etc.)
- 3) Cold chain handling (packing, temperature, thermometer)
- 4) Name of vaccine(s) and expiry date with caution on recommendation for appropriate age-range recipients
- 5) Vaccination equipment (Alcohol pads/ swabs and gauzes/ cotton wool balls)
- 6) Sharps handling (sharps boxes, 1 for each vaccination station)
- 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, etc)
- 11) Advice after vaccination (on-site post vaccination observation, advice on adverse reactions)
- 12) Emergency preparation (Bag Valve Mask of age-appropriate size, Registered Adrenaline auto injector/ Adrenaline (1:1000 dilution) (with appropriate syringes, i.e. at least **Three** 1 mL syringe with **Three** 25-32mm needles), Blood Pressure monitor with age-appropriate cuffs and Protocol for emergency management)

#### C) Documentation

- 1) *Consent Form – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge) (Appendix 7.8-7.9)*
- 2) Seasonal Influenza Vaccination Card (**Appendix 7.11**)
- 3) Vaccination record
- 4) *Information on Side Effects (Appendix 7.12).*



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- 5) *Information on Side Effects and 2<sup>nd</sup> dose Arrangement (Appendix 7.13).*
- 6) *Updated Consented Student List (Appendix 7.7)*

### **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 Usage Form* (**Appendix 7.16, 7.17**)
- 5) Filling the *Students Vaccination Report* (**Appendix 7.18**)
- 6) *Issuing Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given* (**Appendix 7.20, 7.21**)

*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.*

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.3 Booking of Time Slot for Outreach Vaccination Activity-Primary school

致：衛生防護中心項目管理及疫苗計劃科

由衛生署職員填寫

傳真：2544 3927

電話：3975 4844 / 3975 4843

2021-2022 年度季節性流感疫苗學校外展(免費)

預約時間表格

【小學專用】\*備註<sup>2-5</sup>

我們已與以下的學校核實並希望預約以下時間作季節性流感疫苗學校外展活動：

請在合適的口內加「✓」號

學校名稱					
學校地址					
學校地區		<input type="checkbox"/> 香港及離島 <input type="checkbox"/> 九龍		<input type="checkbox"/> 新界東 <input type="checkbox"/> 新界南 <input type="checkbox"/> 新界西 <input type="checkbox"/> 新界北	
負責老師		姓名：		聯絡電話：	
疫苗款式		注射式流感疫苗			
接種場次		預約日期 *備註 <sup>1</sup> (只限星期一至五)		送針時段	
第一劑	第一次到校			<input type="checkbox"/> 07:30 - 09:00 <input type="checkbox"/> 10:00 - 11:30 <input type="checkbox"/> 12:00 - 14:00	
	第二次到校			<input type="checkbox"/> 13:00 - 13:30 <input type="checkbox"/> 14:00 - 14:30 <input type="checkbox"/> 15:30 - 16:00	
		(如需要)			
第二劑 *備註 <sup>6-7</sup>		預約日期: _____ <input type="checkbox"/> 送學校(請填寫送針/收針時段) <input type="checkbox"/> 送診所(無需選擇送針/收針時段)		<input type="checkbox"/> 07:30 - 09:00 <input type="checkbox"/> 10:00 - 11:30 <input type="checkbox"/> 12:00 - 14:00	
				<input type="checkbox"/> 13:00 - 13:30 <input type="checkbox"/> 14:00 - 14:30 <input type="checkbox"/> 15:30 - 16:00	
請預計接種當日送/收針時間並選填以上相關時段，並須於疫苗申請表上填寫實際送/收針時間。					

診所或醫療機構蓋章：	註冊醫生姓名：	
	服務提供者號碼 SPID：	聯絡電話：
	日期：	傳真號碼：

SIVSO\_D\_A1(PS)  
Last update: May 2021

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.4 Booking of Time Slot for Outreach Vaccination Activity- KG/CCC

致：衛生防護中心項目管理及疫苗計劃科

由衛生署職員填寫

傳真：2544 3927

電話：3975 4843 / 3975 4844

#### 2021-2022 年度季節性流感疫苗學校外展(免費) 預約時間表格

【幼稚園 / 幼兒中心專用】\*備註<sup>2-5</sup>

我們已與以下的學校核實並希望預約以下時間作季節性流感疫苗學校外展活動：請在合適的□內加「✓」號

學校名稱			
學校地址			
學校地區	<input type="checkbox"/> 香港及離島 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界東 <input type="checkbox"/> 新界南 <input type="checkbox"/> 新界西 <input type="checkbox"/> 新界北		
負責老師	姓名：	聯絡電話：	
疫苗款式	<input type="checkbox"/> 注射式流感疫苗 <input type="checkbox"/> 噴鼻式流感疫苗		
第一劑	預約日期 *備註 <sup>1</sup> ： (星期 )		
星期一至星期五		星期六	
送針時段	收針時段	送針時段	收針時段
<input type="checkbox"/> 08:00 - 09:30 <input type="checkbox"/> 10:00 - 11:00 <input type="checkbox"/> 12:00 - 14:00	<input type="checkbox"/> 12:00 或之前 <input type="checkbox"/> 12:00 - 13:00 <input type="checkbox"/> 14:00 - 15:00 <input type="checkbox"/> 15:00 - 16:00	<input type="checkbox"/> 08:00 - 09:30 <input type="checkbox"/> 10:00 - 11:00	<input type="checkbox"/> 12:00 或之前
第二劑 *備註 <sup>6-7</sup>	預約日期 *備註 <sup>1</sup> ： (星期 )		
<input type="checkbox"/> 送學校 <input type="checkbox"/> 送診所(無需選擇送針/收針時段)			
星期一至星期五		星期六	
送針時段	收針時段	送針時段	收針時段
<input type="checkbox"/> 08:00 - 09:30 <input type="checkbox"/> 10:00 - 11:00 <input type="checkbox"/> 12:00 - 14:00	<input type="checkbox"/> 12:00 或之前 <input type="checkbox"/> 12:00 - 13:00 <input type="checkbox"/> 14:00 - 15:00 <input type="checkbox"/> 15:00 - 16:00	<input type="checkbox"/> 08:00 - 09:30 <input type="checkbox"/> 10:00 - 11:00	<input type="checkbox"/> 12:00 或之前
請預計接種當日送/收針時間並選填以上相關時段，並須於疫苗申請表上填寫實際送/收針時間。			
診所或醫療機構蓋章：	註冊醫生姓名：		
	服務提供者號碼 SPID：	聯絡電話：	
	日期：	傳真號碼：	

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

### 7.5 Notice to Parents on Seasonal Influenza Vaccination – First Dose

#### Notice Seasonal Influenza Outreach Vaccination

\_\_\_\_\_  
(Date of issue)

To All Parents,

Department of Health will arrange vaccination team (by DH or through public private partnership) to provide 1<sup>st</sup> 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 2021/22 seasonal influenza vaccine after 1 September 2021
2. Bring Seasonal Influenza Vaccination Card 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

### 通告

#### 有關季節性流感疫苗到校接種事宜

衛生署將於 \_\_\_\_\_（日期）安排疫苗接種隊（由衛生署或透過公私營合作）到校為 貴子女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 2021 年 9 月 1 日後已接種 2021/22 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卡（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

**7.6 Notice to Parents on Seasonal Influenza Vaccination – Second Dose**

**Notice**

**2<sup>nd</sup> dose Seasonal Influenza Outreach Vaccination**

To Parents/ Guardians of \_\_\_\_\_ (Date of issue) \_\_\_\_\_  
(Name of Student/ Class),

Department of Health will arrange vaccination team (by DH or through public private partnership) to provide 2<sup>nd</sup> 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 2<sup>nd</sup> dose 2021/22 seasonal influenza vaccine (SIV) after 1 September 2021 or you disagree for your child to receive the above vaccination
2. Bring Seasonal Influenza Vaccination Card 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: \_\_\_\_\_

\*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.

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 通告

### 有關（第二劑）季節性流感疫苗到校接種事宜

\_\_\_\_\_（學生姓名／班別）的家長／監護人：

衛生署將於 \_\_\_\_\_（日期）安排疫苗接種隊（由衛生署或透過公私營合作）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 貴子女在 2021 年 9 月 1 日後已接種第二劑 2021/22 年度流感疫苗，或你不同意 貴子女於上述安排中接種疫苗，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卡（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）

校長/負責老師：\_\_\_\_\_ 謹啟

\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

\*9 歲以下從未接種過季節性流感疫苗的學生，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。

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.7 Consented Student List

Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份證明文件類型 (Pull down menu for selection)	Document Number 身份證明文件號碼 (corresponding format for the document type)	Date of Issue (DD/MM/YYYY) 簽發日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Passport No. 護照號碼 (VISA) (corresponding format for the document type)	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)
1	*	TAI	CHIU MIU	M	08-01-2012	Birth Certificate - HK 香港出生證明書	WD187163(7)		91112333				
2	*	YUENX	FUKX CHIX	F	18-11-2011	Birth Certificate - HK 香港出生證明書	YB185277(0)		23668978				
3	*	FUNG	SIK KWONG	M	21-04-2009	Birth Certificate - HK 香港出生證明書	TF025123(6)		31245688				
4	陳小明	CHAN	SIU MING	M	03-02-2012	Birth Certificate - HK 香港出生證明書	F4340740		98745612				
5	*	YUE	NING YI	F	10-05-2015	HKID Card 香港身份證	FE082358(8)		23568978				
6	李小雯	LEE	SIU MAN	F	15-08-2013	HKID Card 香港身份證	K1454250		93945567				
7	張百言	CHEUNG	PAK YIN	M	21-10-2015	Recognition (Form No.8) 離港行街紙	ABC12345		97845632				
8	*	CHU	KA PO	F	11-11-2014	Birth Certificate - HK 香港出生證明書	C986460A		96522222				
9	*	WONG	HOI MING	F	18-10-2012	Permit to Remain in HKSAR (ID 235B) 香港居留許可證 (ID 235B)	ID122005		56974502	01/02/2020			
10	*	CHAN	HOI SHAN	F	18-10-2012	Permit to Remain in HKSAR (ID 235B) 香港居留許可證 (ID 235B)	ID917088		56974502				
11	*	NG	MAN HEUNG	F	01-03-2010	Adoption Certificate 領養證明書	S975329/90027		98745612				
12	*	KAM	MAN MAN	M	24-09-2010	Adoption Certificate 領養證明書	S988621/90810		98745612				
13	*	CHEUNG	YUK KING	F	07-10-2009	HKID Card 香港身份證	SF059998(2)		91112233	21/10/2010			
14	*	SUN	YI MAN	M	12-12-2012	Two-way Permit 雙程証	W4782839		98741023				
15	*	WONG	NING NING	F	15-02-2013	HKID Card 香港身份證	W724676(8)		31245688				
16	潘訪正	PUN	PONG CHING	F	23-10-2007	Others 其他身分證明文件	T385748(9)		58549731				



## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

**7.8 Consent Form – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge) – Injectable Vaccine**

<b>[ Consent Form – Injectable Vaccine ]</b>			<b>Please return to School once completed</b>								
<b>2021/ 22 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine</b>											
<b>POINTS TO NOTE</b> <ul style="list-style-type: none"> <li>Please complete this form in BLOCK LETTERS with a blue or black pen and put “✓” into the appropriate box(es).</li> <li>Information of identity documents must be filled in clearly. If your child has Hong Kong Identity Card (HKIC), you MUST fill in information of HKIC. If your child does not have HKIC, please fill in Hong Kong Birth Certificate or other identity documents’ information. If you choose to fill in other identity documents, please attach a copy.</li> </ul>			<b>3. VACCINATION RECORD</b> Has your child received seasonal influenza vaccination in the past? <input type="checkbox"/> Yes (Last administration date:   MM/   MM/   YYYY) <input type="checkbox"/> No								
<b>1. STUDENT INFORMATION</b>  School Name: _____  <table style="width: 100%;"> <tr> <td style="width: 33%;">Class:</td> <td style="width: 33%;">Class No.:</td> <td style="width: 33%;">Gender: <input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> </table>			Class:	Class No.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<b>4. CONSENT TO ADMINISTRATION OF SIV VACCINATION</b> <ul style="list-style-type: none"> <li>I have read and understood the appended information, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses*) as arranged by the Department of Health (DH) in year 2021/ 22 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [*DH will arrange 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]</li> </ul>					
Class:	Class No.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F									
Student’s Full Name (as indicated in identity document)  Surname: _____ First Name: _____  Date of Birth:   DD/   MM/   YYYY			Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian  Contact number : _____  Name of Parent/ Guardian (in BLOCK LETTERS): _____								
<b>2. IDENTITY DOCUMENT</b> Does your child have Hong Kong Identity Card (HKIC)? <input type="checkbox"/> Yes. Please fill in HKIC No. :         ( ) ( ) ( ) ( ) ( ) ( ) <u>AND</u> Date of Issue of HKIC:   DD/   MM/   YY <input type="checkbox"/> No. Please fill in Hong Kong Birth Certificate (HKBC) No.:         ( ) ( ) ( ) ( ) ( ) ( ) (If your child do not have HKIC or HKBC, please attach a copy of other identity document)			Signature of Parent/ Guardian: _____  Date of Signature:   DD/   MM/   YYYY								
<b>[ Refusal Form – Injectable Vaccine ]</b>			<b>Please return to School once completed</b>								
<b>2021/ 22 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine</b>											
<b>Student Information</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;">Student’s Full Name :</td> <td style="width: 33%;">Class :</td> <td style="width: 33%;">Class No. :</td> </tr> <tr> <td></td> <td colspan="2">Gender : <input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> </table>			Student’s Full Name :	Class :	Class No. :		Gender : <input type="checkbox"/> M <input type="checkbox"/> F		<ul style="list-style-type: none"> <li>I have read and understood the appended information, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2021/ 22.</li> </ul>		
Student’s Full Name :	Class :	Class No. :									
	Gender : <input type="checkbox"/> M <input type="checkbox"/> F										
Date of Signature:   DD/   MM/   YYYY			Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Name of Parent/ Guardian: _____		Signature of Parent/ Guardian: _____						
<b>To Be Filled In By The Healthcare Worker Providing The Vaccination</b>											
<b>First Dose Vaccination Day</b>			<b>Second Dose Vaccination Day</b>								
<input type="checkbox"/> Seasonal influenza vaccination was provided to the student <input type="checkbox"/> Seasonal influenza vaccination 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 <input type="checkbox"/> others (please specify: _____)			<input type="checkbox"/> Seasonal influenza vaccination was provided to the student <input type="checkbox"/> Seasonal influenza vaccination 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 <input type="checkbox"/> others (please specify: _____)								
Signature of Vaccination Staff: _____			Signature of Vaccination Staff: _____								
Name of Enrolled Doctor: Dr. _____			Name of Enrolled Doctor: Dr. _____								
Date of Vaccination: _____			Date of Vaccination: _____								

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

Dear Parents/ Guardians,

To be retained by Parents

## 2021/ 22 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 2021/ 22. 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 vaccination** 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 1<sup>st</sup> and 2<sup>nd</sup> doses of SIV at school.
- (4) Please consult your family doctor if you have any concerns about whether your child could receive influenza vaccination.

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 2021/ 22 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) **with all the required information including details of the identity document** and **return it to the school by** (date). Late submission may not be accepted.

For enquiries, please contact the Programme Management and Vaccination Division during office hours: 2125 2128 (Programme arrangement) or 2125 2537 (Vaccination enquiry).

Programme Management and Vaccination Division, Centre for Health Protection, Department of Health August 2021

## Frequently Asked Questions on Inactivated Seasonal Influenza Vaccines (by injection)

(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 2021/ 22 seasonal influenza vaccine?**  
The egg-based quadrivalent influenza vaccines recommended by the Scientific Committee on Vaccine Preventable Diseases for the 2021/ 22 season contains the following:
  - an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
  - an A/Cambodia/e0826360/2020 (H3N2)-like virus;
  - a B/Washington/02/2019-like virus; and
  - a B/Phuket/3073/2013-like virus.
2. **What is inactivated influenza vaccine (IIV)?**  
The IIV contains inactivated (killed) 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, i.e. 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; 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 (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. 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, vaccination should be deferred till recovery.
4. **What are the possible side effects following inactivated influenza vaccine (IIV) administration?**
  - 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 2 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 (GBS) (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 GBS 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 vaccination team arranged by the Department of Health may contact me/ school to verify the particulars of my child/ ward and 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) confirm students' identity. 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 medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
  - (iii) for statistical and research purposes; and 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, Programme Management and Vaccination Division, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)



## 7.8 同意書 - 2020/21 季節性流感疫苗學校外展 (免費) - 注射式疫苗

【同意書 - 注射式疫苗】填妥後請交回學校			
2021/22 季節性流感疫苗學校外展 (免費) - 注射式疫苗			
<b>填寫注意事項:</b> <ul style="list-style-type: none"> <li>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</li> <li>身份證明文件資料必須清楚填寫。如 貴子女持有香港身份證, 請填寫香港身份證資料; 如 貴子女未持有香港身份證, 請填寫香港出生證明書或其他身份證明文件資料。如選擇其他身份證明文件, 則必須附上證明文件副本。</li> </ul>		<b>(三) 疫苗接種記錄</b> 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"/> 年 <input type="checkbox"/> 否	
<b>(一) 學生資料</b> 學校名稱: <input type="text"/> 班別: <input type="text"/> 班號: <input type="text"/> 學童姓名[中文] (請依照身份證明文件填寫) 姓: <input type="text"/> 名: <input type="text"/> 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女		<b>(四) 接種同意書</b> <ul style="list-style-type: none"> <li>本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及同意 小兒/ 小女 (左附資料) 接種衛生署安排之 2021/22 年度流感疫苗第一劑及第二劑*, 並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用 (如有需要)。(*9 歲以下從未接種過流感疫苗的學生, 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。)</li> </ul>	
學童姓名[英文] (姓氏先行, 名字隨後): 姓 <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="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"/> 名 <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="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"/>		與學童關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 家長/監護人聯絡電話: <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="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"/>	
出生日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年		家長/監護人姓名: <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="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"/>	
<b>(二) 身份證明文件</b> 貴子女有否持有香港身份證? <input type="checkbox"/> 有, 請必須填寫香港身份證號碼: <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="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"/> 及簽發日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年 <input type="checkbox"/> 沒有, 請填寫香港出生證明書號碼: <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="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"/> (如沒有香港身份證或香港出生證明書, 請必須附上其他身份證明文件副本。)		家長/監護人簽署: <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="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"/>	
【不同意書 - 注射式疫苗】填妥後請交回學校			
2021/22 季節性流感疫苗學校外展 (免費) - 注射式疫苗			
<b>學生資料</b> 學童姓名 姓: <input type="text"/> 名: <input type="text"/> 班別: <input type="text"/> 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 班號: <input type="text"/>		<ul style="list-style-type: none"> <li>本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及 <b>不同意</b> 小兒/ 小女 (左附資料) 接種衛生署安排之 2021/22 年度流感疫苗。</li> </ul>	
簽署日期: <input type="text"/> 日/ <input type="text"/> 月/ <input type="text"/> 年		與學童關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 家長/監護人姓名: <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="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"/> 家長/監護人簽署: <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="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"/>	
以下資料只由提供疫苗接種的醫護人員填寫			
<b>第一劑接種日</b> <input type="checkbox"/> 有為學生接種流感疫苗 <input type="checkbox"/> 沒有為學生接種流感疫苗, 原因是學生: <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他 (請註明: <input type="text"/> )		<b>第二劑接種日</b> <input type="checkbox"/> 有為學生接種流感疫苗 <input type="checkbox"/> 沒有為學生接種流感疫苗, 原因是學生: <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他 (請註明: <input type="text"/> )	
接種職員簽署: <input type="text"/>		接種職員簽署: <input type="text"/>	
已配對醫生姓名: <input type="text"/> 醫生		已配對醫生姓名: <input type="text"/> 醫生	
日期: <input type="text"/>		日期: <input type="text"/>	

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

致：家長/ 監護人

請家長保留

## 2021/22 季節性流感疫苗學校外展（免費）

為提升學生的季節性流感疫苗（流感疫苗）接種率，衛生署於 2021/22 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營合作）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及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。學生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生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生）在此疫苗接種外展之前已接種 2021/22 年度流感疫苗，請立即通知學校。

請細閱本檔內的資料後填妥回條（即同意或不同意書）包括身份證明文件資料，並於 \_\_\_\_\_（日期）或之前將回條交回學校。逾期遞交可能不獲接納。如有查詢，請於辦公時間內致電項目管理及疫苗計劃科：2125 2128（計劃安排）或 2125 2537（接種疑問）。

衛生署衛生防護中心 項目管理及疫苗計劃科  
2021 年 8 月

## 滅活季節性流感疫苗（注射式）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/fo/features/100764.html>）

1. 建議接種的 2021/22 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 2021/22 年度使用的以雞胚生產的四價疫苗包括以下成分：
  - 類甲型/維多利亞/2570/2019 (H1N1)pdm-09 病毒
  - 類甲型/東埔寨/e0826360/2020 (H3N2) 病毒
  - 類乙型/華盛頓/02/2019 病毒
  - 類乙型/布吉/3073/2013 病毒
2. 甚麼是滅活流感疫苗？  
滅活流感疫苗含有已滅活（被殺死）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，即：慶大黴素/新黴素，或接種任何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。流感疫苗內雖含有卵清蛋白（即雞蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極低，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液的人士，應請教醫生；及
  - 如接種當日發燒，應延遲至病癒後才接種疫苗。
4. 滅活流感疫苗可能有甚麼副作用？
  - 滅活流感疫苗十分安全，除了接種處可能出現痛楚、紅腫外，一般並無其他副作用。部分人士在接種後 6 至 12 小時內可能出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。若持續發燒或不適，請諮詢醫生。
  - 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求醫。一些罕見但嚴重的不良情況也可能在接種滅活疫苗後出現，如吉-巴氏綜合症（每 100 萬個接種疫苗的人士中約有一至兩宗個案），以及嚴重過敏反應（每分發 1,000 萬劑疫苗中有 9 宗個案）。不過，接種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. 本人同意將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。本人備悉衛生署安排的疫苗接種隊或會與我/學校聯絡，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轄，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。
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. 確認學生個人身份、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，包括但不限於通過電子程式與人境事務處的數據核對；
  - ii. 作為醫療檢查、診斷研究、化驗結果、跟進治療，並供其他專業醫護人員作參考之用；
  - iii. 作統計和研究用途；及作法律規定、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 座衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。



# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.9 Consent Form – 2021/22 Seasonal Influenza Vaccination School Outreach (Free of charge) – Nasal Spray Vaccine

<b>【Consent Form – Nasal Spray Vaccine】</b> Please return to School once completed			
<b>2021/ 22 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Nasal Spray Vaccine</b>			
<b>POINTS TO NOTE:</b> <ul style="list-style-type: none"> <li>Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).</li> <li>Information of identity documents must be filled in clearly. If your child has Hong Kong Identity Card (HKIC), you MUST fill in information of HKIC. If your child does not have HKIC, please fill in Hong Kong Birth Certificate or other identity documents' information. If you choose to fill in other identity documents, please attach a copy.</li> </ul>		<b>3. VACCINATION RECORD</b> <b>Has your child received seasonal influenza vaccination in the past?</b> <input type="checkbox"/> Yes (Last administration date: <input type="text"/> MM/ <input type="text"/> YY) <input type="checkbox"/> No	
<b>1. STUDENT INFORMATION</b> School Name: <input type="text"/>		<b>4. HEALTH CONDITION OF YOUR CHILD</b> (Please check your child's vaccination record before filling in this part) Does your child have history/ currently have any of the following conditions: [If the answer to any of the following is "Yes", unanswered or uncertain, your child may 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.]	
Class: <input type="text"/>	Class No.: <input type="text"/>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Student's Full Name (as indicated in identity document)		4.1 Is less than two-year-old <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surname <input type="text"/>		4.2 Allergic reaction after seasonal influenza vaccination <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name <input type="text"/>		4.3 Allergic reaction to egg <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth: <input type="text"/> DD/ <input type="text"/> MM/ <input type="text"/> YYYY		4.4 Taking Aspirin or receiving salicylate-containing therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. IDENTITY DOCUMENT:</b> Does your child have Hong Kong Identity Card (HKIC)? <input type="checkbox"/> Yes. Please fill in HKIC No.: <input type="text"/> ( ) AND Date of Issue of HKIC: <input type="text"/> DD/ <input type="text"/> MM/ <input type="text"/> YY <input type="checkbox"/> No. Please fill in Hong Kong Birth Certificate (HKBC) No.: <input type="text"/> ( ) (If your child do not have HKIC or HKBC, please attach a copy of other identity document)		4.5 Two to four-year-old and has asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4.6 Immunosuppressive disease or taking immunosuppressive medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4.7 Living with persons of immunocompromised state <input type="checkbox"/> Yes <input type="checkbox"/> No	
		4.8 Taking another live vaccine, e.g. Measles, Mumps & Rubella (MMR) Vaccines, etc. within 4 weeks from the expected date of vaccination activity <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. CONSENT TO ADMINISTRATION OF SIV VACCINATION</b> I have read and understood the appended information, including contraindications, and <b>AGREE</b> for my child (named above) to receive the seasonal influenza vaccination (1 <sup>st</sup> AND 2 <sup>nd</sup> doses*) as arranged by the Department of Health (DH) in year 2021/ 22, and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. *DH will arrange 2 <sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1 <sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.		Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Contact number : <input type="text"/>	
		Name of Parent/ Guardian: <input type="text"/>	
		Signature of Parent/ Guardian: <input type="text"/>	
		Date of Signature: <input type="text"/> DD/ <input type="text"/> MM/ <input type="text"/> YYYY	
<b>【Refusal Form – Nasal Spray Vaccine】</b> Please return to School once completed			
<b>2021/ 22 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Nasal Spray Vaccine</b>			
<b>STUDENT INFORMATION</b> Student's Full Name <input type="text"/>		• I <b>DISAGREE</b> for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2021/ 22.	
Class: <input type="text"/>	Class No.: <input type="text"/>	Relationship with Student : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Date of Signature: <input type="text"/> DD/ <input type="text"/> MM/ <input type="text"/> YYYY		Name of Parent/ Guardian: <input type="text"/>	Signature of Parent/ Guardian: <input type="text"/>
<b>To Be Filled In By The Healthcare Worker Providing The Vaccination</b>			
<b>First Dose Vaccination Day</b>		<b>Second Dose Vaccination Day</b>	
<input type="checkbox"/> Seasonal influenza vaccination was provided to the student <input type="checkbox"/> Seasonal influenza vaccination was <b>NOT</b> 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 <input type="checkbox"/> others (please specify: <input type="text"/> )		<input type="checkbox"/> Seasonal influenza vaccination was provided to the student <input type="checkbox"/> Seasonal influenza vaccination was <b>NOT</b> 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 <input type="checkbox"/> others (please specify: <input type="text"/> )	
Signature of Vaccination Staff: <input type="text"/>		Signature of Vaccination Staff: <input type="text"/>	
Name of Enrolled Doctor: <input type="text"/>		Name of Enrolled Doctor: <input type="text"/>	
Date of Vaccination: <input type="text"/>		Date of Vaccination: <input type="text"/>	

**2021/ 22 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 2021/ 22. 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 vaccination** 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 1<sup>st</sup> and 2<sup>nd</sup> doses of SIV at school.
- (4) Please consult your family doctor if you have any concerns about whether your child could receive influenza vaccination.

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 2021/ 22 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 refusal form) **with all the required information including details of the identity document** and **return it to the school by** \_\_\_\_\_ (date). Late submission may not be accepted.

For enquiries, please contact the Programme Management and Vaccination Division during office hours: 2125 2128 (Programme arrangement) or 2125 2537 (Vaccination enquiry).

Programme Management and Vaccination Division, Centre for Health Protection, Department of Health August 2021

**Frequently Asked Questions on Live Attenuated Seasonal Influenza Vaccines (by nasal spray)**

(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 2021/ 22 seasonal influenza vaccine?**

The egg-based quadrivalent influenza vaccine recommended by the Scientific Committee on Vaccine Preventable Diseases for the 2021/ 22 season contains the following:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Washington/02/2019-like virus; and
- a B/Phuket/3073/2013-like virus.

**2. What is live attenuated influenza vaccine (LAIV)?**

The LAIV contains weakened viruses and is given by intranasal spray. 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, i.e. Gentamicin/ Neomycin or after previous dose of any influenza vaccine;
- Concomitant aspirin or salicylate-containing therapy in children and adolescents;
- Children aged 2 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. 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 (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. 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 4 weeks apart.

**4. What are the possible side effects following live attenuated influenza vaccine (LAIV) administration?**

- 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 5 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 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 vaccination team arranged by the Department of Health may contact me/school to verify the particulars of my child/ward and 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) confirm students' identity. 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 medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
  - (iii) for statistical and research purposes; and 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, Programme Management and Vaccination Division, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)



## 7.9 同意書 - 2021/22 季節性流感疫苗學校外展 (免費) - 噴鼻式疫苗

【同意書 - 噴鼻式疫苗】填妥後請交回學校			
2021/22 季節性流感疫苗學校外展 (免費) - 滅活季節性流感疫苗 (噴鼻式)			
<b>填寫注意事項:</b> <ul style="list-style-type: none"> <li>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</li> <li>身份證明文件資料必須清楚填寫。如 貴子女持有香港身份證, 請填寫香港身份證資料; 如 貴子女未持有香港身份證, 請填寫香港出生證明書或其他身份證明文件資料。如選擇其他身份證明文件, 則必須附上證明文件副本。</li> </ul>		<b>(四) 請回答以下有關 貴子女的健康情況</b> <b>(請查閱 貴子女的疫苗接種記錄後填寫)</b> 是否有以下各項情況: (如以下任何一項的答案為「是」、沒有回答或不確定, 貴子女將可能不適宜參加「季節性流感疫苗學校外展 (免費)」; 請家長就接種事宜諮詢家庭醫生。) 4.1 未滿兩歲 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.2 曾接種流感疫苗後敏感 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.3 曾對雞蛋敏感 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.4 正服用亞士匹林或含水楊酸鹽藥物 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.5 二至四歲及患有哮喘 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.6 患有免疫缺陷或正服用免疫抑制劑 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.7 正與免疫系統嚴重受損的人士同住 <input type="checkbox"/> 是 <input type="checkbox"/> 否 4.8 於預計接種日四星期內接種另一種滅活疫苗, 例如麻疹、流行性腮腺炎及德國麻疹混合疫苗 <input type="checkbox"/> 是 <input type="checkbox"/> 否	
<b>(一) 學生資料</b> 學校名稱: _____ 班別: _____ _____ 班號: _____ 學童姓名[中文] (請依照身份證明文件填寫) 姓: _____ 名: _____ 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 學童姓名[英文] (姓氏先行, 名字隨後): 姓 _____ 名 _____ 出生日期: ____ 日 / ____ 月 / ____ 年		<b>(五) 接種同意書</b> 本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及「同意」小兒/小女 (左附資料) 接種衛生署安排之 2021/22 年度流感疫苗第一劑及第二劑, 並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用 (如有需要)。(*9 歲以下從未接種過流感疫苗的學生, 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。) 與學童關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 家長/監護人聯絡電話: _____ 家長/監護人姓名: _____ 家長/監護人簽署: _____ 簽署日期: ____ 日 / ____ 月 / ____ 年	
<b>(二) 身份證明文件</b> 貴子女有否持有香港身份證? <input type="checkbox"/> 有, 請必須填寫香港身份證號碼: ____ (____) 及簽發日期: ____ 日 / ____ 月 / ____ 年 <input type="checkbox"/> 沒有, 請填寫香港出生證明書號碼: ____ (____) (如沒有香港身份證或香港出生證明書, 請必須附上其他身份證明文件副本。) <b>(三) 疫苗接種記錄</b> 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: ____ 月 / ____ 年 <input type="checkbox"/> 否			
【不同意書 - 噴鼻式疫苗】填妥後請交回學校			
2021/22 季節性流感疫苗學校外展 (免費) - 滅活季節性流感疫苗 (噴鼻式)			
<b>學生資料</b> 學童姓名: _____ 姓: _____ 名: _____ 班別: _____ 班號: _____ 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女 簽署日期: ____ 日 / ____ 月 / ____ 年		本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及「不同意」小兒/小女 (左附資料) 接種衛生署安排之 2021/22 年度流感疫苗。 與學童關係: <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人 家長/監護人姓名: _____ 家長/監護人簽署: _____	
以下資料只由提供疫苗接種的醫護人員填寫			
<b>第一劑接種日</b> <input type="checkbox"/> 有為學生接種流感疫苗 <input type="checkbox"/> 沒有為學生接種流感疫苗, 原因是學生: <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他 (請註明: _____) 接種職員簽署: _____ 已配對醫生姓名: _____ 醫生 日期: _____		<b>第二劑接種日</b> <input type="checkbox"/> 有為學生接種流感疫苗 <input type="checkbox"/> 沒有為學生接種流感疫苗, 原因是學生: <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他 (請註明: _____) 接種職員簽署: _____ 已配對醫生姓名: _____ 醫生 日期: _____	

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

致：家長/ 監護人

請家長保留

## 2021/22 季節性流感疫苗學校外展（免費）

為提升學生的季節性流感疫苗（流感疫苗）接種率，衛生署於 2021/22 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營合作）到校為貴子女提供免費滅活季節性流感疫苗（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及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。學生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生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生）在此疫苗接種外展之前已接種 2021/22 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）包括身份證明文件資料，並於 \_\_\_\_\_（日期）或之前將回條交回學校。逾期遞交可能不獲接納。如有查詢，請於辦公時間內致電項目管理及疫苗計劃科：2125 2128（計劃安排）或 2125 2537（接種疑問）。

衛生署衛生防護中心 項目管理及疫苗計劃科  
2021 年 8 月

## 滅活季節性流感疫苗（噴鼻式）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 2021/22 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 2021/22 年度使用的以雞胚生產的四價疫苗包括以下成分：

- 類甲型/維多利亞/2570/2019 (H1N1) 病毒
- 類甲型/東埔寨/e0826360/2020 (H3N2) 病毒
- 類乙型/華盛頓/02/2019 病毒
- 類乙型/布吉/3073/2013 病毒

2. 甚麼是滅活流感疫苗（噴鼻式）？

噴鼻式疫苗含有已弱化的病毒，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. 誰不宜接種滅活流感疫苗/有甚麼禁忌症？

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滅活流感疫苗：

- 對任何疫苗成分、抗生素，即：慶大黴素/新黴素，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；
- 患有哮喘或在過去 12 個月內曾患上喘鳴的 2 歲至 4 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滅活疫苗，可於基層醫療場所接種滅活疫苗，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。滅活疫苗內雖含有卵清蛋白（即雞蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極低，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。

接種滅活疫苗的人士，可在同一天接種其他滅活疫苗，或於相隔至少 4 個星期後，才可接種另一種滅活疫苗。

4. 滅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，在接種滅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。本人備悉衛生署安排的疫苗接種隊或會與我/學校聯絡，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轄，並須按照香港特別行政區法律解釋；本人及政府須不獲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. 確認學生個人身份、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. 作為醫療檢查、診斷研究、化驗結果、跟進治療，並供其他專業醫護人員作參考之用；
  - iii. 作統計和研究用途；及作例規、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：九龍亞答街 147C 二樓 A 衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。





**7.10 Consent Form Receipt Note**

To: PMVD, CHP  
Fax: 2320 8505

From: \_\_\_\_\_ (Name of Schools)  
Name: \_\_\_\_\_ (Contact person)

Tel: \_\_\_\_\_  
Date: \_\_\_\_\_

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after collection of consent forms.

**2021/22 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 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

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.10 同意書交收記錄

致: 衛生署項目管理及疫苗計劃科  
Fax: 2320 8505

由: \_\_\_\_\_ (學校名稱)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
聯絡電話: \_\_\_\_\_  
日期: \_\_\_\_\_

請 貴校與醫療機構核對資料並於同意書交收後一個工作天內傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)

### 2021/22 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

\_\_\_\_\_  
(醫療機構名稱) 醫生  
的公私營合作外展隊已在 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日, 收取  
\_\_\_\_\_  
(學校名稱) \_\_\_\_\_ 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

## PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.11 Seasonal Influenza Vaccination Card (季節性流感疫苗接種卡)

[illegible]

### 7.12 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營合作) 到校為 貴子女接種減活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 減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. 部分學生在接種後 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營合作) 到校為 貴子女接種減活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種減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)

### 7.13 Information on Side Effects and 2<sup>nd</sup> 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 2<sup>nd</sup> dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child \_\_\_\_\_ (name of student) 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 2<sup>nd</sup> 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 2<sup>nd</sup> dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child \_\_\_\_\_ (name of student) 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 2<sup>nd</sup> 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營合作) 到校為 貴子女 \_\_\_\_\_ (學生姓名) 接種減活季節性流感疫苗 (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. 部分學生在接種後 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生，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營合作) 到校為 貴子女 \_\_\_\_\_ (學生姓名) 接種減活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種減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生，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)

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.14 Vaccine Ordering Form- DH delivery

訂單編號：  由衛生署職員填寫。	衛生署 2021 / 22 季節性流感疫苗學校外展 (免費) 疫苗申請表格 送學校	表格 <input type="checkbox"/> 新增訂單 <input type="checkbox"/> 更改訂單 由醫療機構填寫。
------------------------	--	--

備註：由於訂購疫苗及安排運送及收集需時，請於表格日期最少兩星期前填妥本表格並傳真至衛生署項目管理及疫苗計劃科 (傳真號碼：25443927)，醫療機構如於發送本表格後三個月工作天內仍未收到衛生署的訂單確認通知，請致電 3975 4848 對衛生署職員聯絡，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 (中文/英文)

※請完成 第一劑 接種後才申請 第二劑 疫苗※

1. 醫療機構名稱：		
2. 負責醫生姓名：	3. 醫生註冊編號：M	
4. 學校名稱：	5. 學校編號：	6. 學生總人數：

#### 乙部 疫苗申請款式及數量

\*\* 每次申請只可選擇 一款 疫苗 \*\*

小學	幼稚園 / 幼兒中心	
<input type="checkbox"/> 注射式 流感疫苗	<input type="checkbox"/> 注射式 流感疫苗	或 <input type="checkbox"/> 噴鼻式 流感疫苗
		第一劑 第二劑
1. 由醫健通(資助)系統得出今季可以接種人數：		劑 劑
2. 不適合接種人數：(例如：有禁忌症、最後決定不接種 或 缺額接種今季第一劑者)		(-) 劑 (-) 劑
總共申請疫苗數量 (乙1 減 乙2)：		= 劑 = 劑

#### 丙部 送貨資料 請在合適的□內加上✓號

接種場次	接種日期	要求接收疫苗時間	預計收集疫苗時間
第一劑 <input type="checkbox"/> 第一次到校 <input type="checkbox"/> 第二次到校 (只供小學適用)	____年 ____月 ____日		
<input type="checkbox"/> 第二劑		請於接收疫苗時間 開始接種前一小時	請勿於接種當天 更改收集疫苗時間
學校地址： (請註明接種場地樓層) 樓層：____ 升降梯： <input type="checkbox"/> 有 <input type="checkbox"/> 無			

#### 丁部 聯絡資料

負責接收疫苗的職員姓名：	手提電話：
負責醫生簽署及蓋章：	



# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.15 Vaccine Ordering Form- Clinic Delivery

<b>訂單編號</b>  由衛生署職員填寫	<b>衛生署</b> <b>2021 / 22 季節性流感疫苗學校外展 (免費)</b> <b>疫苗申請表格</b> <b>送診所 (第二劑適用)</b>	<b>表格</b> <input type="checkbox"/> 新增訂單 <input type="checkbox"/> 更改訂單 由醫療機構填寫
-----------------------------	--	--

備註：由於訂購疫苗及安排運送需時，請於 **接種日期最少兩星期前** 填妥本表格並 **傳真** 至衛生署 項目管理及疫苗計劃科 (傳真號碼：2544 3927)。醫療機構如於發送本表格後三個工作天內仍未收到衛生署的訂單確認通知，請致電 3975 4848 與衛生署職員聯絡。

#### 甲部 聯絡資料 (中文／英文)

※請完成 第一劑 接種後才申請 第二劑 疫苗※

1. 醫療機構名稱：_____		
2. 負責醫生姓名：_____	3. 醫生註冊編號： <u>  M  </u>	

#### 乙部 疫苗申請款式

\*\* 每張表格只可選擇 **一款** 疫苗 \*\*

<b>小學</b> <input type="checkbox"/> 注射式 流感疫苗	<b>幼稚園 / 幼兒中心</b> 或 <input type="checkbox"/> 注射式 流感疫苗	或 <input type="checkbox"/> 噴鼻式 流感疫苗
--	--	-------------------------------------

#### 丙部 疫苗申請數量

學校名稱	接種日期 (年 / 月 / 日)	(a) 同意接種 第二劑疫苗人數	(b) 今季缺席 接種第一劑人數	*申請數量 * = (a) - (b)
1. 學校編號:( )	/ /			劑
2. 學校編號:( )	/ /			(+) 劑
3. 學校編號:( )	/ /			(+) 劑
4. 學校編號:( )	/ /			(+) 劑
5. 學校編號:( )	/ /			(+) 劑
<b>6. 合計申請數量 (丙1至丙5總和)</b>				= 劑
<b>減 7. 診所內 該款 政府疫苗剩餘數量</b>				(-) 劑
<b>是次申請總數量 (丙6減丙7)</b>				= 劑

#### 丁部 送貨資料

診所地址： (請註明接收場地樓層) _____ 升降機： <input type="checkbox"/> 有 <input type="checkbox"/> 無	
填寫申請表格 的日期： _____ 年 _____ 月 _____ 日	註：疫苗將於貴機構收到確認通知書的 五個工作天後 送貨 疫苗派送時間為： 當日 上午十時至下午一時 或 下午二時至下午五時 < 星期六、日及公眾假期將 不會 安排送貨 >
負責接收疫苗的職員姓名： _____ 聯絡電話： _____	
負責醫生簽署及蓋章： _____	

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.16 Vaccine Usage Form – DH delivery

衛生署  
2021 / 22 季節性流感疫苗學校外展 (免費)  
**疫苗使用記錄**  
送學校

### 注意事項：

1. 請醫療機構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. 醫療機構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及收貨發票傳真至：衛生防護中心項目管理及疫苗計劃科（傳真號碼：2544 3927）。

### 甲部 聯絡資料 (中文／英文)

1. 醫療機構名稱：	
2. 負責醫生姓名：	3. 醫生註冊編號：M
4. 學校名稱：	
5. 學校編號：	6. 接種日期：

### 乙部 收集詳情及疫苗使用記錄 (收貨發票號碼：)

小學	幼稚園及幼兒中心	收集數量	批 號
<input type="checkbox"/> 注射式流感疫苗	<input type="checkbox"/> 注射式流感疫苗	十劑裝：_____ 劑	
	<input type="checkbox"/> 噴鼻式流感疫苗	單劑裝：_____ 劑 (如適用)	
冰箱連鐵盒 (內附溫度持續記錄器)		個	X

### 丙部 簽署及蓋章

由外展隊職員填寫

由衛生署指定物流商職員填寫

簽署：	蓋印	簽署：	蓋印
姓名：		姓名：	
職位：		職位：	
電話：		電話：	

### 丁部 疫苗使用記錄 (由外展隊職員填寫)

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)* * = (a) - (b) - (c)
十劑裝：_____ 劑	十劑裝：_____ 劑	十劑裝：_____ 劑	十劑裝：_____ 劑
單劑裝：_____ 劑	單劑裝：_____ 劑	單劑裝：_____ 劑	單劑裝：_____ 劑



# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

### 7.17 Vaccine Usage Form – Self Delivery

#### 衛生署

2021 / 22 季節性流感疫苗學校外展 (免費)

#### 疫苗使用記錄

自行攜帶 (第二劑適用)

#### 注意事項：

請醫療機構填寫後與學校核對資料並於此使用報告上簽署及蓋印作實，於疫苗接種活動後一個工作天內將此表格及收貨發票傳真至：衛生防護中心項目管理及疫苗計劃科（傳真號碼：2544 3927）。

#### 甲部 聯絡資料 (中文／英文)

1. 醫療機構名稱：	
2. 負責醫生姓名：	3. 醫生註冊編號：M
4. 學校名稱：	
5. 學校編號：	6. 接種日期：

#### 乙部 疫苗使用記錄 (收貨發票號碼：\_\_\_\_\_)

小學	幼稚園及幼兒中心	疫苗批號
<input type="checkbox"/> 注射式 流感疫苗	<input type="checkbox"/> 注射式 流感疫苗 <input type="checkbox"/> 噴鼻式 流感疫苗	十劑裝：_____ 單劑裝：_____ (如適用)

由醫療機構運送到校的 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)* * = (a) - (b) - (c)
十劑裝：_____ 劑	十劑裝：_____ 劑	十劑裝：_____ 劑	十劑裝：_____ 劑
單劑裝：_____ 劑	單劑裝：_____ 劑	單劑裝：_____ 劑	單劑裝：_____ 劑

#### 丙部 簽署及蓋章 (由外展隊職員填寫)

簽署：\_\_\_\_\_  
 姓名：\_\_\_\_\_  
 職位：\_\_\_\_\_  
 電話：\_\_\_\_\_

醫療機構蓋印

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.18 Students Vaccination Report

### (學生接種紀錄報告)

2021/22 季節性流感疫苗學校外展(免費) 學生接種紀錄報告 (接種日)  
2021/22 Seasonal Influenza Vaccination School Outreach (Free of Charge)  
Student Vaccination Report (On Vaccination Day)

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內傳真此表格至衛生防護中心項目管理及疫苗計劃科(傳真號碼: 2320 8505)

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after completion of each vaccination activity.

\*\*\*\*\*

學校編號 School Code	:	_____	學校名稱 Name of school	:	_____
服務提供者碼 SPID	:	_____	負責醫生姓名 Name of responsible doctor	:	_____
醫療機構名稱 Name of medical organisation	:	_____			
接種日期 Date of vaccination	:	_____			
接種場次 Vaccination session	:	<input type="checkbox"/> 第一劑 (1st dose) <input type="checkbox"/> 第二劑 (2nd dose)			
		<input type="checkbox"/> 第一次到校 (1st visit)			
		<input type="checkbox"/> 第二次到校 (2nd visit)			
		只適用於小學 (Only for Primary Schools)			
全校總學生人數 Total no. of students in school	:	_____			
同意接種人數 Total no. of consented students	:	_____			
實際接種人數* Total no. of vaccinated students*	:	_____			

\*接種當日的實際接種學生人數(未必等於同意接種人數)

\*Counting actual no. of vaccinated students on vaccination day (May be different from the no. of consented students)

由醫療機構職員填寫 Fill in by medical organisation staff		由學校職員填寫 Fill in by school staff	
簽署 Signature	:	簽署 Signature	:
姓名 Name	:	姓名 Name	:
職位 Post	:	職位 Post	:
電話 Contact No.	:	電話 Contact No.	:
醫療機構蓋印 Clinic Chop			

### 7.19 Clinical Waste Temporary Storage Handover Note

#### (醫療廢物暫存轉交記錄)

衛生署

2021/22 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. 預計利器收集箱收集日期： \_\_\_\_\_

#### 乙、醫療廢物轉交詳情：

疫苗接種場次 (請在適當的位置加上“√”號)	利器收集箱 數量
<input type="checkbox"/> 接種第一劑(第一天) <input type="checkbox"/> 接種第一劑(第二天) <input type="checkbox"/> 接種第二劑	_____ 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

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## Appendix

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

Date \_\_\_\_\_

Dear Parents/ Guardians of \_\_\_\_\_ (Name of Student/ Class),

#### 2021/22 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

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.21 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Chinese)

\_\_\_\_\_ (學生姓名／班別) 的家長／監護人：

### 2021/22 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生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.hcv.gov.hk/SDIR/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

# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.22 Clinical Incident Notification Form

### SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)



To: PMVD, CHP

Fax: 2984 9608

Email: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)

From: \_\_\_\_\_ (Name of Medical Organization)

Name: \_\_\_\_\_ (Name of Enrolled Doctor)

Tel: \_\_\_\_\_

Date: \_\_\_\_\_



Case Number (assigned by PMVD): \_\_\_\_\_

#### Notification Form for Suspected Clinical Incident

(To be completed by **organisation** / service provider)

- Points to Note**  
(for Medical operator):
- **Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service**
  - Clinical incident could be notified by PPP vaccination team
  - Notification should be made as soon as possible (by phone to the PMVD at **2125 2128**) **And** followed by this written Clinical Incident Notification Form
  - The completed form should be returned to the PMVD by email ([sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)) as soon as possible and within the same day of the incident.
  - A follow up full investigation report by the enrolled doctor of the PPP vaccination team should be submitted to the PMVD by email **within 1 week** upon discovery of (suspected) incident.

#### I. Brief Facts

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

Date of incident (dd/mm/yyyy): \_\_\_\_\_ Time (24 hr format): \_\_\_\_\_

Place of occurrence: ☐ In the School  
☐ Others, please specify: \_\_\_\_\_

Stage of care when incident occur: ☐ Pre-vaccination  
☐ During vaccination  
☐ Post-vaccination

Number of vaccine recipient(s) affected: \_\_\_\_\_

#### Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved



# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

<b>Summary of the incident:</b> <i>(including what happened, how it happened, and what actions were taken etc.)</i>						
<b>Any property damage?</b>				<input type="checkbox"/> Yes, details: _____ <input type="checkbox"/> No		
<b>II. Reporter's Information</b>						
<b>Name (in Full) :</b> Mr. / Ms. _____				Post: Please tick the appropriate box below:		
<b>Phone:</b> _____				<input type="checkbox"/> Doctor		
<b>Email:</b> _____				<input type="checkbox"/> Nurse		
<b>Name of organisation/ service provider:</b> _____				<input type="checkbox"/> Other healthcare professionals, please specify: _____		
<b>Name of enrolled doctor:</b> _____						
<b>Date:</b> _____ (dd/mm/yyyy)				<b>Time (24 hr format):</b> _____		

### Classification of level of Injury

Level of Injury	The level of injury is defined as follows.  <b>Level M</b> – Near miss OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).  <b>Level 1</b> -- No or minor injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.  <b>Level 2</b> -- Significant injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.  <b>Level 3</b> -- Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.
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# PPP Doctors' Guide for Primary School Outreach and KG/CCC Outreach

## 7.23 Clinical Incident Investigation Report

### SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP

Fax: 2984 9608

Email: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)

From: \_\_\_\_\_ (Name of Medical Organization)

Name: \_\_\_\_\_ (Name of Enrolled Doctor)

Tel: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number (assigned by PMVD): \_\_\_\_\_

#### Clinical Incident Investigation Report

(To be completed by the enrolled doctor of the PPP vaccination team)

Points to Note: - Report should be made within 1 week upon discovery of the incident

#### I. Brief Facts

Name of School involved: \_\_\_\_\_

Date of incident (dd/mm/yyyy): \_\_\_\_\_ Time (24 hr format): \_\_\_\_\_

Place of occurrence: ☐ In the School  
☐ Others, please specify: \_\_\_\_\_

Stage of care when incident occur ☐ Pre-vaccination  
☐ During vaccination  
☐ Post-vaccination

Number of vaccine recipient(s) affected: \_\_\_\_\_

Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

Summary of the incident: (including what happened, how it happened)



PPP Doctors’ Guide for Primary School Outreach and KG/CCC Outreach

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE)  
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

<b>Actions taken for this incident:</b>
<b>Remedial measures to prevent future similar occurrences:</b>
<b>Other recommendations and comments:</b>
<b>Reporter’s Information</b>
<b>Name (in Full) :</b> <del>Dr.</del> _____
<b>Phone:</b> _____
<b>Email:</b> _____
<b>Date:</b> _____