



2025/26 Seasonal Influenza Vaccination School Outreach Programme

Briefing Session to Participating Doctors

10 September 2025



衛生署
Department of Health

RUNDOWN

TIME	CONTENT
14:30 – 14:45	Preparations (Arrangements Before the Vaccination Day)
14:45 – 14:55	Vaccination Procedures and Logistics Arrangements (Arrangements on the Vaccination Day)
14:55 – 15:15	Vaccine Delivery Logistics for School Programme – Vaccine distributor (1)
15:15 – 15:30	Clinical Waste Management
15:30 – 15:50	Vaccine Delivery Logistics for School Programme Vaccine distributor (2)
15:50 – 16:15	Question & Answer Session



Overall Role and Responsibility

- It is the **prime responsibility** of the enrolled doctor in-charge of the arrangement/ healthcare provider and the organizer to give due consideration to **safety and liability issues** to ensure **quality vaccination service** delivered to recipients.



Part I

Preparations



Highlight of Arrangement

Type of schools	Government Supply Vaccine Mode	Doctor Supply Vaccine Mode
Eligible Schools	All SSs, PSs, KGs/CCCs (including special school)	
Selecting a doctor by schools	<ul style="list-style-type: none"> DH-matching School self- selection of Doctors 	<ul style="list-style-type: none"> School self- selection of Doctors
Vaccine procurement	By DH	By private doctor
Vaccine available	IIV and/ or LAIV, till stock allows	IIV and/ or LAIV
Vaccine delivery for 1 st dose	By DH to schools	By doctor's self-delivery to schools
Vaccine delivery for 2 nd dose	Doctors can choose delivery by the DH or self-delivery to schools	By doctor's self-delivery to schools
Collection of clinical waste	Arranged by the participating doctor	
Vaccine recipients	<ul style="list-style-type: none"> School children (free) Not include school staff and students' family members 	<ul style="list-style-type: none"> School children (subsidised) School staff and students' family members (self-payment) *
Extra Service Fee chargeable	Not allowed	Allowed
Reimbursement for vaccination provided	HKD\$105 for each dose of SIV (includes clinical waste disposal cost)	HKD\$260 for each dose of SIV (includes clinical waste disposal cost)

Highlight of New Measures

- Both modes can provide vaccine to **school staffs** and **students' family members**
 - The Government will provide subsidy to persons of Vaccination Subsidy Scheme (VSS) eligible groups.
 - Non-eligible persons can join the activity via self-payment.



Highlight of New Measures

- **IT System migration to eHealth**
 - Programme Enrolment will be moved to **eHealth Portal**.
 - Participating doctors **shall have completed the enrolment through the eHealth Portal** to indicate their intention to provide services under the SIVSOP.
 - Enrolment in the Vaccination Subsidy Scheme (“VSS”) is a pre-requisite for joining the SIVSOP.
 - All doctors who have enrolled in the SIVSOP earlier this year by submitting paper form **are required to enroll again** by completing the enrolment through the IT Platform.



Highlight of New Measures

- **Mandatory eHealth registration**
 - Eligible vaccine recipients (i.e. students) aged 18 years or above **on the date of vaccination shall have registered with eHealth** before receiving vaccination
 - eHealth registration for vaccine recipients below 18 years old will be adopting an **“opt-out” approach**
 - Participating doctors are obliged to obtain the consent from vaccine recipients and complete the **batch upload consented student list** for eHealth registration



Highlight of New Measures

- Both modes need **batch upload**
 - The major change in 2025/26 will be the mandatory eHealth Registration
 - Fill in Substitute Decision Maker (SDM) Information for eHealth registration (For Minors or MIP)
 - Otherwise the procedure is similar to that of 2024/25 year



Type of Vaccines

	Secondary School Outreach and Primary School Outreach	Kindergarten / Child Care Centre (KG/CCC) Outreach
Type of SIV	Inactivated Influenza Vaccine (IIV): Quadrivalent Live Attenuated Influenza Vaccine (LAIV): Trivalent	
Vaccine options	Inactivated Influenza Vaccine (IIV), by injection AND/OR Live Attenuated Influenza Vaccine (LAIV), by nasal spray	



Type of Vaccines

- Extended use of LAIV in 2025/26 year
 - DH will **regularize the supply of nasal spray type LAIV** to schools, and they are allowed to choose both IIV and LAIV for the same or different outreach vaccination activities (hybrid mode).



“Hybrid Mode”

- In 2025/26 season, **all participating schools** can opt for providing both the IIV and the LAIV during SIVSOP outreach activities (“Hybrid mode”).
- “Hybrid mode” could be arranged:
 - same vaccination session with segregation (i.e. different locations in school);
 - same day with different sessions (i.e. AM or PM session);
 - different days (i.e. two separate days providing IIV and LAIV respectively).



Guidelines on Prevention of Communicable Diseases

- Please follow Guidelines on Prevention of Communicable Diseases under Centre for Health Protection at https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf



Preparations

- Liaise with schools about the date and venue for vaccination
 - 1st dose: between **October** and **Mid December 2025**
 - 2nd dose: completed latest by **end February 2026**
- Study **VSS Doctors' Guide** and **SIVSOP Doctors' Guide** (<https://www.chp.gov.hk/en/features/100654.html>)
- Obtain **Clinical Waste Producer Premises Code** for outreach services from EPD (different from the Premises Codes for clinic use) (https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html)
- Prepare the necessary equipment and materials with reference to the *List of Items to Bring to Venue on the Vaccination Day* (Doctors' Guide for SIVSOP Appendix 8.1)

List of Items to Bring to Venue on the Vaccination Day

(Doctors Guide Appendix 8.1)

Items	First Dose	Second Dose
FOR INJECTION AND COLD CHAIN MAINTENANCE		
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
FOR EMERGENCY		
Bag Valve -Mask, including both child and adult size masks	✓	✓
At least THREE Registered Adrenaline auto-injector; OR	✓	✓
At least THREE Registered Adrenaline ampoules 1:1000; with:	✓	✓
At least THREE 1mL syringes	✓	✓
At least THREE 25-32mm needles	✓	✓
Blood Pressure monitor, with appropriate size of cuffs	✓	✓
Protocol for emergency management	✓	✓
STATIONERY		
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)	✓	✓
Pens	✓	✓
FORMS AND DOCUMENTS		
Signed Students' Consent Form – Seasonal Influenza Vaccination (同意書 – 2023/ 24 季節性流感疫苗學校外展 (免費)) (已簽署)	✓	✓
Seasonal Influenza Vaccination Cards (Appendix 8.11)	✓	✓

Items	First Dose	Second Dose
[季節性流感疫苗接種卡]		
Information on Side Effects (Appendix 8.12) (副作用資料頁)	✓	✓
Information on Side Effects and 2 nd dose Arrangement (Appendix 8.13) (副作用資料頁及第二劑的安排)	✓	*
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21) [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) (Appendix 8.7, 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)	✓	✓
Vaccine Usage Form – DH delivery (2 unfilled copies) (Appendix 8.16) [疫苗使用報告- 送學校] (一式兩份待填)	✓	✓ if DH delivery
Vaccine Usage Form – Self Delivery (one unfilled copy) (Appendix 8.17) [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 Form (Appendix 8.19) (醫療廢物暫存轉交記錄)	✓ (if require temporary storage)	✓ (if require temporary storage)
OTHERS		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags		✓

Signed Student's Consent Form-SIVSOP
同意書—2025/26 季節性流感疫苗學校外展計劃 (已簽署)

Preparations

List of Documents to Bring on the Vaccination Day

- *Seasonal Influenza Vaccination Card*
- *Information on Side Effects*
- *Information on Side Effects and 2nd dose Arrangement*
- *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given*
- *Vaccine Usage Form (For Government Vaccine Mode only)*
- *Clinical Waste Temporary Storage Handover Note*
- **Signed Consent Form** (Consent Forms will be sent directly to schools)
- **Final Report and On-site Vaccination List**
- **List of Students Requiring 2nd Dose vaccination**

PMVD
will print
and send
to your
clinics

Please
print
from
CHP
website



Proposed Timeline for preparations

Preferably 4 WEEKS BEFORE VACCINATION

- Remind schools to distribute *Consent Forms* to parents for signing
- Collect the completed *Consent Forms* from schools
- Sign *Consent Form Receipt Note* (check with schools and send a copy to DH)
- Check completeness of *Consent Forms*
 - Identity document number
 - Date of Birth
 - Date of Issue (if HKID)
 - Parent's signature
 - Declaration on contraindications
 - Name, Gender, etc



Sample of Consent Form

第一部分【疫苗接種者資料】

(一) 疫苗接種者資料

學生姓名[中文] (請依照身份證明文件填寫)

姓： 陳
名： 小生

學生姓名[英文] (姓氏先行，名字隨後)

姓 CHAN
名 SIU SUN

出生日期： 17 日 / 06 月 / 2008 年

性別： 男 女

學生之香港出生證明書號碼： A 765432 (1)

如沒有，請填寫以下 (i) 或 (ii)

(i) 香港身份證號碼： A 765432 (1) 及
簽發日期： 02 日 / 07 月 / 20 年

(ii) 其他身份證明文件，請註明

類別： _____

號碼： _____

並必須隨同意書附上該身份證明文件的副本

疫苗接種者就讀的學校： 香城中學 班別： 中五 班號： 9

(二) 疫苗接種記錄

你本人／你的子女／受監護者是否曾經接種流感疫苗？ 是，最近一次接種日期： 10 月 / 2024 年 否





Sample of Consent Form

第二部分【同意書／不同意書 - 注射式疫苗 或 噴鼻式疫苗】

同意

本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2025／26 年度流感疫苗第一劑及第二劑[^]，並聲明本人／本人子女／受監護者（上附資料）沒有所選疫苗於附頁所述的任何禁忌症，以及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。）

選用疫苗種類（請只選一項）： 注射式疫苗  噴鼻式疫苗 

不同意

本人已閱讀及明白附頁的內容，包括流感疫苗接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明，及 不同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2025／26 年度流感疫苗。

- 已包括第一劑及第二劑*
Including 1st and 2nd dose*
* 9歲以下從未接種過流感疫苗的學生
(under 9 years old who have never received any seasonal influenza vaccination)

Sample of Consent Form

第三部分【登記醫健通同意書】

疫苗接種者已經登記醫健通。

疫苗接種者尚未登記或不確定是否已登記醫健通。(請根據疫苗接種者的年齡，填妥第三部分的(甲)或(乙)或(丙)分部)

未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分

(甲) 十八歲或以上疫苗接種者

所有十八歲或以上的疫苗接種者必須登記醫健通

由十八歲或以上疫苗接種者填寫及簽署

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

疫苗接種者簽署：

ANNA

手提電話號碼以收取系統通知
(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：

9786 5432

簽署日期：

07/09/2025



Sample of Consent Form

(乙) 介乎十六歲至未滿十八歲的疫苗接種者

由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。

- 同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。
- 不同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 不同意 本人登記參加醫健通。

疫苗接種者簽署：

SUSAN

手提電話號碼以收取系統通知
(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：

8765 4321

簽署日期：

07/09/2025



Sample of Consent Form

(丙) 十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者

由代決人（例如家長或監護人）填寫及簽署（只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有十八歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。）

同意

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

不同意

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 不同意 登記參加醫健通。

代決人英文姓氏： CHAN	代決人英文名： TAI MING	代決人手提電話號碼（號碼以 4/ 5 / 6 / 7 / 8 / 9 開頭）： 6123 4567
代決人香港身份證號碼： B765432(1)	如非香港身份證持有人，請填寫其他身份證明文件資料	
	證明文件類別：	證件號碼：
與疫苗接種者關係：		
<input checked="" type="checkbox"/> 疫苗接種者為十六歲以下兒童 家長 / 家人 / 同住人士 / 根據《未成年人監護條例》委任的監護人 / 獲法院委任的人*		
<input type="checkbox"/> 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 家人 / 同住人士 / 根據《精神健康條例》委任的監護人 / 社會福利署署長或根據《精神健康條例》委任的監護人 / 獲法院委任的人*		
代決人簽署： DADDY	簽署日期： 07/09/2025	



Consent Form Receipt Note

致：衛生署項目管理及疫苗計劃科
Fax: 2320 8505

由：_____ (醫療機構名稱)
_____ (機構職員姓名)
聯絡電話：_____
日期：_____

To: PMVD, CHP
Fax: 2320 8505

From: _____ (Name of Organisation)
Name: _____ (Contact person)
Tel: _____
Date: _____

請 醫療機構與學校核對資料，填寫此表格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)

Please check with school, complete the form below 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.

2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP)
Public-Private-Partnership (PPP) Outreach Team

2025/26 季節性流感疫苗學校外展計劃
公私營合作外展隊

Consent Forms Receipt Note

同意書交收記錄

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).

**To be sent
by medical
organization
to PMVD**

X _____ (醫療機構名稱) 醫生
X _____ 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
簽署及醫療機構蓋印

X _____
X _____
Signature of Collector and
Organisation Chop of
the PPP Outreach Team Signature of School Representative
and School Chop

X _____
X _____
公私營合作外展隊同意書收取人
姓名 學校職員姓名

X _____
X _____
Name of Collector of
the PPP Outreach Team Name of School Representative

Important Reminders

- **Proper keeping of completed consent forms and vaccination records**
 - keep the consent forms properly;
 - provide appropriate training for their staff and arrange sufficient manpower before and after the school vaccination activities for collection, checking and documentation of the consent forms;
 - ensure that the consent forms are duly completed and signed; and
 - ensure the vaccination status of the students checked before providing vaccination service under the programme.



Most Common Irregularities Found

- Missing/Incorrect **Name of Responsible Doctor**
- Missing **Student's Past Vaccination Record**
- Missing **Statement of Vaccination Service Provided**
- Missing/Incorrect **Contact Number**
- Missing **Injection Staff's Signature**



Proposed Timeline for preparations

Preferably 4 WEEKS BEFORE VACCINATION

- Create *password-protected Excel table* with names of consented students i.e. *Consented Student List* in the format provided by DH
- Send to PMVD via designated email account
- PMVD will batch upload *Consented Student List* to eHealth Portal
- Indicating the preference of joining eHealth and fill in the columns relating to eHealth registration in the Consented Student List



Proposed Timeline for preparations

Preferably 3 WEEKS BEFORE VACCINATION

- Doctors should **log in** to eHealth Portal
- “Pop-up” window will be showed and redirect to eHS(S)
- message will be shown once the First Report (vaccination checking report) is ready
- Download the **First Report** from eHS(S)
- Cross check information on consent forms with the results from eHS(S)
- **Rectify any misinformation on eHS(S)** directly
- **Contact parents** if there are any discrepancies e.g.

		History of vaccination from eHS(S)	
		YES	NO
History of vaccination from Consent form	YES	✓	!
	NO	!	✓

SIVSOP Vaccination File Management

Select Vaccination Record Management

The screenshot shows the eHealth Services interface. Under the 'Clinical' tab, there are six icons: Health Profile, Referral, VSS Claim, RVP Claim, Vaccination Record Enquiry, and Vaccination Record management. The 'Vaccination Record management' icon is highlighted with a red box. Below this, a callout box contains the text 'Freezing eHealth+ window and open popup'.

Freezing eHealth+ window and open popup

The screenshot shows the 'eHealth System PrePromotion (Subsidies)' interface. The user is logged in as 'KUNG, CHUNG KONG'. The 'Menu' on the left has 'Vaccination File Management' selected. The interface includes a stethoscope icon and the text '醫健通 eHealth'.

Vaccination File Management

File Type: Pre-Check Vaccination Fil.

Scheme:

Vaccination File ID:

School / RCH Code:

Vaccination Date: To

Status:

Select Vaccination file

Select SIVSOP Scheme

Search

SIVSOP Vaccination File Management

eHealth System PrePromotion (Subsidies)



繁體 English
醫健通
eHealth

In file upload date

1. All recipients will be **checked whether has eHRSS account**
2. If not, opt-out for eHealth registration (<18) and mandate registration for aged 18 or above

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress				Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date		
VF20240622-001	[HKKG030] Zion Lutheran Kindergarten	PPP-KG QIV-C 2023/24 Only/1st Dose	2024-06-22 	Rectify	2024-06-23 	2024-06-24 	Pending Final Report Generation	First Report Vaccination Name List

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Rectify recipient information

Download checking report for and vaccination record



SIVSOP Vaccination File Management

Vaccination File Management

Vaccination File

Vaccination File ID: VF20240622-00
 Scheme: SIV School Outbreak
 School Code: HKKG030
 School Name: Zion Lutheran
 Service Provider ID: 90017250
 Service Provider Name: KUNG, CHUNG
 Practice: KUNG CHUNG
 Subsidy: QIV-C 2023/24
 Only/1st Dose: Only/1st Dose
 1st Vaccination Date: 24 Jun 2024
 1st Final Report Generation Date: 23 Jun 2024
 Status: Pending Final
 No. of Class: 1
 No. of Student: 1
 Account Summary:

Class and Student Information

Class Name: P1 (Pending Rec...

Seq. No.	Class No.	Action	Doc Type Identity Doc. No.	Contact No.	Name
1	1	[Edit]	HKIC R758072(9)	21234567	CHAN, A

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Rectify eHealth (Subsidies) Account Information

Class and Student Information

Class Name: P1
 Class No.: 1
 Chinese Name (Upload): (Not Provided)
 Contact No.: 21234567
 To be injected:

Rectify eHealth (Subsidies) Account Information [Help](#)

eHR ID: U123444444
 Document Type: Hong Kong Identity Card
 HIC No.: R7587444(9)
 Date of Birth: 25-01-2019
 Name: Chan, Apple (陳蘋果)
 Gender: Female
 Date of Issue: 26-03-2022

Cancel Save

Edit recipient information and display recipient account detail

Recipient's account detail do not allow to edit
 Only recipient information can be edited such as contact no.

SIVSOP Vaccination File Management

Sample of First Report

Section 1 - Class/Category & account information									Section 2 - Account matching result				Section 3 - Vaccination checking result (generated by system)						
Client Seq. No.	Class/Cat. Name	Class/Ref. No.	Chinese name	English surname	English Given name	Sex	Date of Birth	Doc type	Require follow up	To be injected (Y/N)	Consent to join eHealth	Join eHealth checking result	Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject	Last three valid SIV vaccination records	Remarks
1	K1	1	顧*文	KU	K. M.	M	06-04-2021	HKBC	N	Y	Yes		2025/10/10	No	Y	Y	Yes		
2	K1	2	陳*蕙	CHAN	B.	F	26-02-2008	HKIC	N	Y	Joined	Joined	2025/10/10	Y	No	No	Yes		
3	K1	3	賓*芳	PAN	L. F.	M	04-01-2020	HKIC	Y	Y	Joined	Not joined eHealth	2025/10/10	Y	No	No	No	2021/02/04 SIV (1st Dose)	Not joined eHealth
4	K1	4	盧*浩	LO	L. H.	M	29-09-2019	HKIC	N	Y	No		2025/10/10	Y	No	No	Yes	2024/01/22 QIV (Only Dose) 2023/01/31 SIV (2nd Dose) 2022/12/29 SIV (1st Dose) 2025/09/21 IIV (Only Dose)	
5	K1	5	毛*香	MO	L. H.	M	28-07-2019	HKIC	N	Y	Joined	Joined	2025/10/10	No	No	No	No	2024/12/16 SIV (2nd Dose) 2024/11/08 SIV (1st Dose)	No available subsidies



Proposed Timeline for preparations

Preferably 3 WEEKS BEFORE VACCINATION

- Double check the date of vaccination on eHS(S), amend if wrong
- For children below 9, remember to check the need for 2nd dose
- Estimate the quantity of vaccines required
- Submit documentary proof to PMVD for updating if there is any amendment of document type and document number



Proposed Timeline for preparations

Preferably 2 WEEKS BEFORE VACCINATION

- Submit the *Vaccine Ordering Form* to PMVD to request vaccine quantity, preferred delivery time, and time for unused vaccine and cold box collection
- PMVD will send a *Confirmation Notice* to doctors confirming arrangement of vaccine delivery, unused vaccine and cold box collection arrangement **within three working days**

Note: Second dose Vaccine Order should only be made after completion of first dose vaccination activity



Vaccine Ordering Form (DH delivery/ Clinic delivery)

訂單編號	衛生署 2025 / 26 年度季節性流感疫苗學校外展計劃 <input checked="" type="checkbox"/> 送學校 疫苗申請表格	<input type="checkbox"/> 新增訂單
		<input type="checkbox"/> 更改訂單
由衛生署職員填寫		由醫療機構填寫

備註：請醫療機構於接種日最少兩星期前填妥本表格並傳真或電郵至衛生署項目管理及疫苗計劃科（傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk）。

若發送本表格後三個月工作天後，仍未收到衛生署的訂單確認通知，請與負責確認訂單職員聯絡。文表後，有任何改動，應儘快通知衛生署項目管理及疫苗計劃科。另外，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 疫苗申請款式及數量

學校名稱：	學校編號：
<input type="checkbox"/> 中學	<input type="checkbox"/> 小學
<input type="checkbox"/> 幼稚園 / 幼兒中心	

※ 請完成第一劑接種後才申請第二劑 ※

<input type="checkbox"/> 第一劑	<input type="checkbox"/> 第二劑	疫苗款式	
		注射式	噴鼻式
由醫健通(資助)系統得出今季可接種人數：		劑	劑
減去 不適合接種人數： (例如：有禁忌症、最後決定不接種或缺席接種第一劑等)		劑	劑
總共申請疫苗數量：		劑	劑

乙部 送貨資料

接種日期	送疫苗到校時間	收剩針時間
____年 ____月 ____日 (星期 ____)		
	<small>建議接收疫苗時間為 開始接種前一小時</small>	<small>建議收剩針時間： 星期一至五：16:00；星期六：12:00</small>
學校送貨地址： 樓層：_____ 升降機： <input type="checkbox"/> 有 <input type="checkbox"/> 無		

丙部 聯絡資料

醫療機構名稱：	
負責醫生姓名：	醫生註冊編號：M
負責接收疫苗的職員姓名：	手提電話：
負責醫生簽署及蓋章：	

Vaccine Ordering Form (DH delivery/ Clinic delivery)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">訂單編號</td> </tr> <tr> <td style="padding: 2px;">由衛生署職員填寫</td> </tr> </table>	訂單編號	由衛生署職員填寫	<p>衛生署</p> <p>2025 / 26 年度季節性流感疫苗學校外展計劃</p> <p>疫苗申請表格</p> <div style="border: 2px solid red; padding: 2px; display: inline-block; margin: 5px;">送診所 (第二劑適用)</div>	<input type="checkbox"/> 新增訂單 <input type="checkbox"/> 更改訂單
訂單編號				
由衛生署職員填寫				
<p>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 傳真或電郵 至 衛生署項目管理及疫苗計劃科 (傳真號碼：2544 3927；電郵地址：pilotiv@dh.gov.hk)。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，請與負責確認訂單職員聯絡。</p>				
<p>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※</p>				
<p>1. 醫療機構名稱：_____</p> <p>2. 負責醫生姓名：_____ 醫生註冊編號： <u> M </u></p> <p>3. 診所地址：_____ 升降機： <input type="checkbox"/>有 <input type="checkbox"/>無</p>				
<p>乙部 疫苗申請數量 *可同時選擇 注射式 及 噴鼻式 (請填在同一張表格內)*</p>				
學校名稱	接種日期 (年 / 月 / 日)	(a) 注射式	(b) 噴鼻式	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
6. 學校編號：()	/ /			(+) 劑
7. 學校編號：()	/ /			(+) 劑
(c) 合計申請數量 (Z1 至 Z7 總和)：		劑	(+) 劑	= 劑
(d) 診所內 該款 政府疫苗剩餘數量：		劑	(+) 劑	= 劑
是次申請總數量 (c 減 d)：		劑	(+) 劑	= 劑
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		
負責職員： _____		聯絡電話： _____		負責醫生簽署及蓋章：

Proposed Timeline for preparations

Preferably 2 WEEKS BEFORE VACCINATION

- Decide method of clinical waste collection and delivery
 1. Liaise with a licensed clinical waste collector for collection of clinical waste or a healthcare professional for delivery of clinical waste to the Chemical Waste Treatment Centre (CWTC) on the same day; and inform schools of the arrangement
 2. Liaise with schools to arrange temporary storage of clinical waste at the school until collection or delivery of clinical waste if the waste could not be collected or delivered on the date of vaccination.
 - **Secondary School Outreach**: clinical waste to be collected within 2 weeks after the vaccination activity
 - **Primary School Outreach**: clinical waste to be collected within 2 weeks after each of the 1st and 2nd dose activity
 - **KG/CCC Outreach**: clinical waste to be collected within 2 weeks after the 2nd dose activity.



Proposed Timeline for preparations

1 WEEK BEFORE VACCINATION

- Remind schools about the vaccination date and time and check whether they have any ad-hoc activities on the day that may affect the vaccination schedule
- Issue a **list of students requiring vaccination** to school
- Remind schools to distribute *Notice to Parents on Seasonal Influenza Vaccination* to parents to remind students to wear **short-sleeved clothing** and **bring old SIV Vaccination card** to the vaccination activity



Notice to Parents (consenting)

通告

有關在季節性流感疫苗學校外展計劃

接種事宜

致 各位同意接種疫苗學生的家長

衛生署已收到你的同意為 貴子女在上述計劃下接種疫苗。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。請於接種當日提醒 貴子女：

1. 攜帶季節性流感疫苗接種卡 (如有)
2. 早上要進食早餐
3. 穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

如 貴子女在 2025 年 9 月 1 日後已接種 2025/26 年度流感疫苗或你對上述安排有任何疑問，請立即通知學校。

(請在學校規定的時間準時接種疫苗。恕逾時不候。)

校長/負責老師：_____ 謹啟

_____年_____月_____日

Notice

Vaccination under Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents consenting their children for vaccination,

The Department of Health (DH) has received your consent for vaccination for your child under the above Programme. DH will arrange vaccination team (by DH or public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly remind your child on the day of vaccination to:

1. Bring Seasonal Influenza Vaccination Card (if available)
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Please inform our school immediately if your child has already received 2025/26 seasonal influenza vaccine after 1 September 2025 or for any queries about the above arrangement.

(Please be punctual for vaccination at the time specified by the school; latecomers will not be entertained)

Principal/Teacher in charge: _____

Notice to Parents (not consenting)



通告
有關在季節性流感疫苗學校外展計劃
接種事宜

致 各位不同意接種疫苗學生的家長：

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) 到校提供第一劑季節性流感疫苗接種服務。

衛生署沒有收到你的同意為 貴子女在上述計劃下接種季節性流感疫苗。因此，疫苗接種隊不會為 貴子女提供季節性流感疫苗接種服務。

如果你對上述安排有任何疑問，請盡快與學校聯繫。

校長/負責老師：_____ 謹啟

_____年_____月_____日

Notice
Vaccination under Seasonal Influenza Vaccination
School Outreach Programme

_____ (Date of issue)

To Parents of Students NOT Consenting to Vaccination,

The Department of Health (DH) will arrange vaccination team (by DH or through public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination).

DH has not received your consent for seasonal influenza vaccination for your child under the above Programme. Therefore, the vaccination team will NOT provide seasonal influenza vaccination for your child.

If you have any queries about the above arrangement, please contact the school as soon as possible.

Principal/Teacher in charge: _____

Proposed Timeline for preparations

3 WORKING DAYS BEFORE VACCINATION

- Download and check the *Final Report* and *On-site Vaccination List* generated on eHS(S), which can help to prevent double dose
- Bring the *Final Report* and *On-site Vaccination List* to the schools on the day of vaccination activity
- Compile a *List of Students Requiring 2nd Dose* vaccination to pass to schools on day of 1st dose vaccination activity



SIVSOP Vaccination File Management



In file final report generation date

1. All recipients will be **checked whether has eHRSS account**
2. If not, opt-out for eHealth registration (<18) and mandate registration for aged 18 or above

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress				Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date		
VF20231206-001	[HKKG025] Mighty Oaks International Nursery and Kindergarten	PPP-KG QIV-C 2023/24 Only/1st Dose	2023-12-06 		2023-12-07 	2023-12-08 	<input type="button" value="Claim"/>	Pending Upload Vaccination Claim <input type="button" value="Final Report"/> <input type="button" value="Onsite Vaccination"/>

Page 1 of 1 (1 items)



SIVSOP Vaccination File Management

Vaccination File Management

Vaccination File

Vaccination File ID: VF20240306-001
 Scheme: SIV School Outreach - KG/CCC, PS & SS
 School Code: EASE2029
 School Name: SKH LI FOOK HING SECONDARY SCHOOL
 Service Provider ID: 90017250
 Service Provider Name: KUNG, CHUNG KONG
 Practice: KUNG CHUNG KONG - Branch 2 Clinic*** (2)
 Subsidy: QIV-C 2023/24

Only/1st Dose: 06 Mar 2024 2nd Dose: 06 Apr 2024
 1st Vaccination Date: 06 Mar 2024 06 Apr 2024
 1st Final Report Generation Date: 06 Mar 2024 04 Apr 2024

Status: Pending Upload Vaccination Claim
 No. of Class: 1
 No. of Student: 12

Account Type	No. of Records
Validated Account	0
Tempoary Account	12
Without Account	0

Class and Student Information

Class Name: F6

HCPProf / data entry input the value by actual injection

Seq. No.	Class No.	Action	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	To be injected	Actual Injected Y N	Account ID / Reference No.	Status	Account Validation Result	Field Difference
1	1	[Edit]	HKIC C620788(8)	21234567	CHAN, APPLE	M	28-07-2006	• Date of Issue: 25 Jan 2023	Yes	<input type="radio"/> Y <input type="radio"/> N	C24306-166-3	Pending Validation	Pending Manual Validation	No
2	2	[Edit]	HKIC U933630(0)	21234568	LEE, BANANA	F	27-08-2006	• Date of Issue: 26 Jan 2023	Yes	<input type="radio"/> Y <input type="radio"/> N	C24306-167-4	Pending Validation	Pending Manual Validation	No
3	3	[Edit]	HKIC Y455804(7)	21234569	CHEUNG, PEAR	M	26-09-2006	• Date of Issue: 27 Jan 2023	Yes	<input type="radio"/> Y <input type="radio"/> N	C24306-168-5	Pending Validation	Pending Manual Validation	No

SIVSOP Vaccination File Management

Health System PrePromotion
(Subsidies)

KUNG, CHUNG KONG

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繁體 English
醫健通
eHealth

香港特別行政區政府 HKSARGOVT

22/06/2024 16:32:38

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress				Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date		
VF20240306-001	[EASE2029] SKH LI FOOK HING SECONDARY SCHOOL	PPP-KG QIV-C 2023/24 Only/1st Dose	2024-03-06 		2024-03-06 	2024-03-06 	Claim (Pending SP Confirmation)	<input type="button" value="Final Report"/> <input type="button" value="Onsite Vaccination"/>

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Only HCPProf can confirm and submit the vaccination file to proceed to claim



SIVSOP Vaccination File Management

After the submitted to claim stage

1. All recipients will be **checked whether has eHRSS account**
2. If not, opt-out for eHealth registration (<18)
3. >18 + failed to register, the transaction will **NOT** be created and the result will be marked in the "Claim Result"

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress				Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date		
VF20231206-002	[HKKG025] Mighty Oaks International Nursery and Kindergarten	PPP-KG QIV-C 2023/24 Only/1st Dose	2023-12-06 		2023-12-06 	2023-12-06 	2023-12-06 Review	Completed Claim Result Vaccination Name List

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Timeline for Preparation

Task	Proposed Timeline
➤ Remind schools to distribute <i>Consent Forms</i> for vaccination to parents	Preferably 4 weeks before vaccination day
➤ Collect signed <i>Consent Forms</i> from schools and sign the <i>Consent Form Receipt Note</i>	Preferably 4 weeks before vaccination day
➤ Provide <i>Excel</i> table of consented students (<i>Consented Student List</i>) to PMVD via designated email account	Preferably 4 weeks before vaccination day
➤ <i>First Report</i> generated on eHS(S)	Preferably 3 weeks before vaccination day
➤ Estimate quantity of vaccines required	



Timeline for Preparation

Task	Proposed Timeline
<ul style="list-style-type: none"> ➤ Submit <i>Vaccine Ordering Form</i> to PMVD ➤ Liaise with schools to decide on method of <i>clinical waste delivery</i> 	<p>Preferably 2 weeks before vaccination day</p>
<ul style="list-style-type: none"> ➤ Final correction of any misinformation on eHS(S) ➤ Submit list of students requiring vaccination to schools 	<p>Preferably 1 week before vaccination day</p>
<ul style="list-style-type: none"> ➤ <i>Final Report</i> generated on eHS(S) 	<p>3 working days before vaccination day</p>
<p><i>First dose vaccination period</i></p>	<p>Oct to Mid December 2025</p>
<ul style="list-style-type: none"> ➤ Start preparation for <i>2nd dose vaccination</i> 	<p>Preferably 4 weeks before 2nd dose vaccination activity</p>
<p><i>Second dose vaccination period</i></p>	<p>by end February 2026</p>

End of Part I

