# Residential Care Home Vaccination Programme 2019/20
# Information about Seasonal Influenza Vaccination and Pneumococcal Vaccination

## Benefits of Getting Seasonal Influenza Vaccination and Pneumococcal Vaccination

Respiratory infection caused by seasonal influenza or pneumococcal infection is common. Persons with weakened immunity and elderly persons get infected, it can be a serious illness and may be complicated by bronchitis, pneumonia or even death in the most serious cases. Influenza predisposes individuals to community-acquired bacterial pneumonia. Secondary bacterial pneumonia has been an important cause of morbidity and mortality for those infected with influenza. Seasonal influenza vaccination is one of the effective means to prevent seasonal influenza and its complications, as well as reduce influenza related hospitalisation and death.

## Seasonal Influenza and Vaccination

Influenza is an infectious viral disease. It can be caused by various types of influenza viruses. In Hong Kong, the two subtypes of influenza A virus, H1N1 and H3N2, and influenza B virus, are most commonly seen. Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March/April and from July to August. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, headache, muscle aches, runny nose and general tiredness. It is usually self-limiting with recovery in two to seven days. However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may be complicated by bronchitis, pneumonia or even death in the most serious cases. Serious influenza infection can occur even in healthy individuals.

### ■ Seasonal Influenza Vaccine Composition

The vaccine provided under Residential Care Home Vaccination Programme (RVP) 2019/20 contains the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus
- an A/Kansas/14/2017 (H3N2)-like virus
- a B/Colorado/06/2017-like virus
- a B/Phuket/3073/2013-like virus

Inactivated seasonal influenza vaccine is used under RVP 2019/20.

### ■ Recommended Dose

Persons aged 9 or above should receive one dose of seasonal influenza vaccine every year.
To ensure adequate immunity against seasonal influenza, children under 9 years old who have never received any seasonal influenza vaccine are recommended to be given 2 doses of seasonal influenza vaccine with a minimum interval of 4 weeks. Children below 9 years, who have received any seasonal influenza vaccine before are recommended to receive one dose in the 2019/20 season.

### ■ Who should not receive inactivated influenza vaccination

People who have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine are not suitable to have inactivated seasonal influenza vaccination. Individuals with mild egg allergy who are considering an influenza vaccination can be given inactivated influenza vaccination 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 (a chicken protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very little. Even people who are allergic to eggs are generally safe to receive vaccination. Those with bleeding disorders or on anticoagulants should consult their doctors for advice. If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

### ■ Why should pregnant women receive seasonal influenza vaccination

Influenza vaccination in pregnant women has shown benefits for both mother and child in terms of reduced acute respiratory infections. The World Health Organization considers inactivated seasonal influenza vaccine is safe in pregnancy and there is no evidence showing such vaccine can cause abnormality in foetus even if given during the first trimester. However, pregnant women should not receive live attenuated influenza vaccine because it contains live viruses. Pregnant women should consult a doctor for any queries. Inactivated seasonal influenza vaccine is used under RVP 2019/20.

### ■ What are the possible side effects of the inactivated influenza vaccine

Inactivated influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting for up to two days. If fever or discomforts persist, please consult a doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency consultation. Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré syndrome (about 1 to 2 case per million vaccinees) and severe allergic reaction (anaphylaxis) (9 per 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. Studies have shown that the risk of Guillain-Barré Syndrome after influenza infection (17.20 per million infected persons) is much higher than after influenza vaccination (1.03 per million vaccine recipients).

## Pneumococcal Infection and Vaccination

Pneumococcal infection represents a wide range of diseases caused by the bacterium Streptococcus pneumoniae (or more commonly referred as pneumococcus). While pneumococcus is a common cause of mild illnesses such as sinus or middle ear infections, it may also cause severe or even life-threatening invasive pneumococcal diseases (IPD) such as bacteremic pneumonia, sepsis, and meningitis. The outcomes for IPD are usually more severe among young children and elderly persons.

The treatment of pneumococcal infections usually involves the use of antibiotic(s). But there is a problem of increasing resistance of the bacterium to antibiotics, which makes prevention of pneumococcal infections important. One of the most effective means of preventing pneumococcal diseases is by pneumococcal vaccination.

Under 2019/20 RVP, the Government provides one dose of 13-valent Pneumococcal Conjugate Vaccine (PCV13) and one dose of 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) vaccination to eligible residents.

Residents of Residential Care Homes for the Elderly and residents aged 65 years or above of Residential Care Homes for Persons with Disabilities:

(1) Residents who have already received 23vPPV are eligible for one dose of free PCV13 1 year after previous 23vPPV vaccination.

(2) Residents who have already received PCV13 are eligible for one dose of free 23vPPV 1 year after previous PCV13 vaccination

(3) Residents who have never received PCV13 or 23vPPV before are eligible for one dose of free PCV13, and followed by one dose of free 23vPPV 1 year later.

(4) Residents who have already received PCV13 and 23vPPV do not need to receive pneumococcal vaccination.

### ■ Who are not suitable to receive pneumococcal vaccines

Severe allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine component or any diphtheria toxoid-containing vaccine is a contraindication to further doses of vaccine. For individuals who will undergo elective splenectomy, pneumococcal vaccines should be given at least 2 weeks before the procedures if possible. Pneumococcal vaccines should ideally be given before or after completion of chemotherapy/radiotherapy but they may still be given as clinically indicated during long term use of chemotherapeutic agents. Please consult doctors for details.

### ■ What are the adverse events associated with PCV13

PCV13 has been demonstrated to be safe. Common adverse reactions include slight swelling and tenderness at the injection site shortly following injection but most resolve within two days. Some may experience mild fever, fatigue, headache, chills, or muscle pain. Severe pain or difficulty in moving the arm where the shot was given was very rare.

### ■ What are the adverse events associated with 23vPPV

23vPPV has been demonstrated to be safe. Common adverse reactions include slight swelling and tenderness at the injection site shortly following injection but most resolve within two days. Fever, muscle aches or more severe local reactions are uncommon.

### ■ Can pneumococcal vaccines be received together with seasonal influenza vaccine

Pneumococcal vaccines can be given with seasonal influenza vaccine at the same time, but should be administered with a different syringe and at a different injection site.

### Statement of Purpose

**Purposes of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
   (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of injection fee, and the administration and monitoring of the Residential Care Home Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
   (b) for statistical and research purposes; and
   (c) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this visit will be accessible by healthcare personnel in the public and private sectors for the purpose of determining and providing necessary healthcare service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive the vaccination under the Programme.

**Classes of Transferees**

4. The personal data you provided are mainly for use within the Government but they 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**

5. You have a right to request access to and to request the correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

**Enquiries**

6. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to Vaccination Office, Department of Health, Telephone No.: 2125 2158 / 2125 2553.

Updated in August 2019

| RCH Code |
|---|
| (To be completed by RCH) |

| Previous Vaccination | (MM/YY) |
|---|---|
| SIV | / |
| PCV13 | / |
| 23vPPV | / |
| (To be completed by VMO) | |

# Department of Health

## Residential Care Home Vaccination Programme

## Vaccination Consent Form

| eHS(S) Transaction No. | |
|---|---|
| 1. TR<br>2. TR | |
| Type of Vaccines* | Vaccination Date in 2019/20 (DD/MM/YY) |
| SIV (1st / only dose) | / / |
| SIV (2nd) (if applicable) | / / |
| PCV13 | / / |
| 23vPPV | / / |
| Name of VMO: | |

Note:
1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 20 working days** prior to vaccination for checking vaccination record of the recipient.
3. This form is to be retained by the VMO after vaccination.

**Part A Personal Particulars of the recipient *(as stated on the identity document)***

| | | | |
|---|---|---|---|
| Name | (English) | | (Chinese) |
| Date of Birth | dd mm yyyy | Sex | ☐ Male ☐ Female |
| Chinese Commercial Code | | | |

**Identity Document** (Please select an identity document by inserting a "×"in the appropriate box below and fill in the information required)

*Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.*

| | | | |
|---|---|---|---|
| ☐ Hong Kong Identity Card No. | ( ) | Date of Issue | dd mm yyyy |
| ☐ Serial No. of the Certificate of Exemption | | | |
| Reference No. | | | |
| HKIC No. as shown on the Certificate | ( ) | Date of Issue | dd mm yyyy |
| ☐ Hong Kong Birth Certificate Registration No. | ( ) | | |
| ☐ Hong Kong Re-entry Permit | | Date of Issue | dd mm yyyy |
| ☐ Document of Identity Document No. | | Date of Issue | dd mm yyyy |
| ☐ Permit to Remain in HKSAR (ID 235B) Birth Entry No. | ( ) | Permitted to remain until | dd mm yyyy |
| ☐ Non- Hong Kong Travel Document No. | | | |
| Visa / Reference No. | - - ( ) | | |
| ☐ Certificate issue by the Birth Registry for adopted Children – No. of Entry | / | | |

*Acronyms: SIV: Seasonal Influenza Vaccine PCV13: 13-valent Pneumococcal Conjugate Vaccine
23vPPV: 23-valent Pneumococcal Polysaccharide Vaccine

**Part B Undertaking and Declaration** [Please fill in either Part (I) or (II) or (III) or (IV)]

Recipient aged 18 or above with mental capacity, please fill in Part (I).
Recipient aged below 18 or mentally-incapacitated, please fill in Part (II).
Recipient aged below 18 or mentally-incapacitated and Parent/ Guardian cannot be contacted, please fill in Part (III) or (IV).

**(I) To be completed by the Recipient** (Please insert a " × " as appropriate.)

☐ I am staff of residential care home for elderly / residential care home for persons with disabilities / residential child care centre. I consent to receive Seasonal Influenza vaccination. OR

☐ I am a resident / boarder of residential care home for ☐ elderly / ☐ persons with disabilities. I consent to receive the following vaccine(s):

☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine

The information provided in this consent form is correct. I agree to provide my personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

| | | | |
|---|---|---|---|
| Signature of Recipient (or finger print if illiterate, witness to complete **Part C**) | | Date | |

**(II) To be completed by Parent/Guardian of the Recipient** (Please insert a " × " as appropriate.)

I confirm that the recipient is a resident / boarder of residential care home for ☐ elderly ☐ persons with disabilities; ☐ a child of residential child care centre.
I give my consent for the recipient to receive the following vaccination(s):

☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine

Children aged below 9 who have never received any Seasonal Influenza Vaccine can receive 2 doses in this vaccination season.

☐ First dose of Seasonal Influenza Vaccine ☐ Second dose of Seasonal Influenza Vaccine

Children aged below 9 and received Seasonal Influenza Vaccine in previous season are recommended to receive 1 dose of vaccine.

☐ First and only dose of Seasonal Influenza Vaccine

The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

| | | | |
|---|---|---|---|
| Signature of Parent / Guardian (or finger print if illiterate, witness to complete **Part C**) | | Name of Parent / Guardian | |
| | | Hong Kong Identity Card No. / Social Welfare Department Staff No. | |
| Relationship with the recipient | ☐Parent ☐Guardian | Date | |

**(III) To be completed by Relative of the Recipient** (Please insert a " × " as appropriate.)

I could not contact Parent / Guardian of the recipient and I agree to providing the following vaccination to the recipient:

☐Seasonal Influenza Vaccine ☐13-valent Pneumococcal Conjugate Vaccine ☐23-valent Pneumococcal Polysaccharide Vaccine

| | | | |
|---|---|---|---|
| Signature of the Relative | | Name of the Relative | |
| Hong Kong Identity Card No. (e.g. A123) | | Date | |
| Relationship with the recipient | | | |

**(IV) To be completed by Person In-charge of RCH**

We could not contact Parent / Guardian of the recipient.

| | | | |
|---|---|---|---|
| Signature of Person In-charge | | Official Chop: | |
| Name of Person In-charge | | | |
| Post / Title | | Date | |

**Part C To be Completed by the Witness (if applicable)**

This document has been read and explained to the recipient or Parent / Guardian of the recipient in my presence.

| | | | |
|---|---|---|---|
| Signature of witness | | Name of witness | |
| Hong Kong Identity Card No. (e.g. A123) | | Date | |