



Residential Care Home Vaccination Programme

(Name of the Resident, to be filled by the RCH)

(Date of issue of the Notice, to be filled by the RCH)

Notice of Objection to the Administration of Influenza and Pneumococcal Vaccine

to a Resident of a Residential Care Home (RCH) (Only applicable to residents who are unable to give consent)

The above-named resident, currently living in _____ (name of the RCH, to be filled by the RCH), has been assessed by a doctor to be suitable for receiving vaccination. As the resident is unable to give consent for vaccination, your view (parent/guardian/relative) is consulted.

The information on influenza and pneumococcal vaccine is attached for your reference (Annex 1). If you have considered and understood that not receiving vaccination will increase the risk of serious illness or even death should the resident get influenza and pneumococcal infection, but object to the administration of vaccine to the resident nonetheless, please return the completed “Reply Slip –Objection to the Administration of Influenza and Pneumococcal Vaccine to a Resident of a Residential Care Home ” (Annex 2) to the RCH concerned¹ before _____ (two weeks from the date of issue of this Notice, to be filled by the RCH) to indicate that you clearly object to the administration of influenza and pneumococcal vaccine to the above-named resident. Otherwise, the visiting medical officers will administer the vaccines to the above-named resident as necessary and appropriate based on the resident’s best interest.

For enquiries, please contact the RCH staff concerned.

Department of Health (DH)

2023

(Letter to be issued by RCHs on behalf of DH)

¹ The parent/guardian/relative may return the Reply Slip to the RCH concerned by their normal means of communication (e.g. in person, SMS, mail, fax or e-mail etc.).

Residential Care Home Vaccination Programme 2023/24

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 acute illness of the respiratory tract caused by influenza viruses. 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, runny nose, headache, muscle aches 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, encephalopathy, or even death in the most serious cases. Serious infection or complications can also occur in healthy individuals.

■ Seasonal Influenza Vaccine Composition

The egg-based quadrivalent influenza vaccine provided under Residential Care Home Vaccination Programme (RVP) 2023/24 contains the following:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus
- an A/Darwin/9/2021 (H3N2)-like virus
- a B/Austria/1359417/2021 (B/Victoria lineage) -like virus
- a B/Phuket/3073/2013 (B/Yamagata lineage) -like virus

Inactivated seasonal influenza vaccine is used under RVP 2023/24.

■ Recommended Dose

For persons aged 9 years or above, only one dose of seasonal influenza vaccine is required in each influenza season.

To ensure adequate immunity against seasonal influenza, children under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of seasonal influenza vaccine with a minimum interval of 4 weeks in the 2023/24 season. Children below 9 years of age, who have received at least one dose of seasonal influenza vaccine before are recommended to receive one dose of seasonal influenza vaccine in the 2023/24 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 (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. Those with bleeding disorders or on anticoagulants should consult their doctors for advice. If an individual suffers from fever on the day of vaccination, vaccination should be deferred till recovery.

■ Why should pregnant women receive seasonal influenza vaccination

Seasonal influenza vaccination is recommended for all pregnant women for benefits in terms of reduced acute respiratory infection for both mothers and infants, and reduction of cardiopulmonary complications and the associated hospitalisations in pregnant women. The World Health Organization considers inactivated influenza vaccine (IIV) to be safe in pregnancy and there is no evidence showing that IIV can cause abnormality in foetus even if given during the first trimester. Recombinant influenza vaccine is not contraindicated in pregnancy. 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 influenza vaccine is used under RVP 2023/24.

■ What are the possible side effects following inactivated influenza vaccine administration

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 (GBS) (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 GBS after influenza infection (17.20 per million infected persons) is much higher than after influenza vaccination (1.03 per million vaccine recipients).

■ Can COVID-19 vaccine be given together with seasonal influenza vaccine?

COVID-19 vaccines can be co-administered with, or at any time before or after, seasonal influenza vaccine (including inactivated influenza vaccine, live attenuated influenza vaccines and recombinant influenza vaccine) under informed consent. If clients / parents of children wish to space out COVID-19 vaccine with seasonal influenza vaccine, an interval of 14 days is sufficient.

■ What to do if I feel discomfort after the co-administration of COVID-19 vaccine and seasonal influenza vaccine?

In general, common side effects of both vaccines are usually mild and temporary which include soreness, redness and swelling at the injection site. Some people may experience fever, muscle pain, and fatigue a few hours after vaccination. In most cases, these symptoms would subside within a few days. If symptoms persist, or if allergic reactions (such as hives or facial swelling) or serious side effects occur, you should seek medical advice promptly.

■ Can pneumococcal vaccine be given together with seasonal influenza vaccine?

Yes. Pneumococcal vaccine can be given with seasonal influenza vaccine at the same clinic visit, but should be administered with a different syringe and at a different injection site if inactivated influenza vaccine is used.

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. Pneumococcal vaccination is one of the most effective means of preventing pneumococcal diseases.

Under 2023/24 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.

■ Can pneumococcal vaccines be given prior to / after certain medical procedures

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 possible 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 possible 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.

Updated in July 2023



Department of Health



Residential Care Home Vaccination Programme

Reply Slip

Objection to the Administration of Influenza and Pneumococcal Vaccine to a Resident of a Residential Care Home (RCH)¹

Name of the RCH : _____

Name of the Resident : _____

I am the ***parent/guardian/relative** of the above-name resident and learnt that the above-named resident was assessed to be suitable for receiving vaccination. I **object to the administration of the below vaccine to the above-named resident:** *(Please select and tick one of the options below)*

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

I understand that not receiving vaccination will increase the risk of hospitalisation due to serious illness or even death should the resident get infected, and will pose threats to other residents, staff of the RCH and the overall operation of the RCH.

I understand that I have to return this Reply Slip within 14 days from the date of issue of the Notice. Otherwise, the visiting medical officers will administer the vaccines to the above-named resident as necessary and appropriate based on the resident's best interest.

Signature of the resident's parent/guardian /relative*: _____

Name of the resident's parent guardian/ /relative*: _____

Contact number: _____

Date: _____

** Delete whichever is inappropriate*

¹ The parent/guardian/relative may return the Reply Slip to the RCH concerned by their normal means of communication (e.g. in person, SMS, mail, fax or e-mail etc.).