Department of Health,
The Government of the Hong Kong Special Administrative Region
September 2026 (Second Edition)

Produced and published by
Programme Management and Vaccination Division, Centre for Health Protection,
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Copies of this publication can be downloaded from the CHP website *(www.chp.gov.hk)*

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Disclaimer

This Doctors' Guide to Residential Care Home Vaccination Programme (RVP) is provided as a living document for doctors' reference and input. We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The internet version of the Guide will be updated regularly to provide the most up-to-date information to the doctors.

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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Operation hours: 9:00 a.m. – 5:30 p.m., (including lunch hours) Monday through Friday (closed on Saturdays, Sundays and public holidays.)

Quick Guide to joining RVP

(i) Administrative Arrangements under RVP 2026/27

- **Check recipients' vaccination records in eHealth – Two options**
  - **Individual vaccine recipient** (Section 3.3) OR
  - **Excel batch upload** (Section 3.4)
- **Submit vaccine order** (Section 2.4.3)
- **Prepare vaccination equipment** (Section 2.4.4)
- **Clinical waste disposal** (Section 2.4.6)
- **Submit claims in eHealth – Two options**
  - **Individual vaccine recipient** (Section 3.3) OR
  - **Excel batch upload** (Section 3.4)

(ii) For New Enrolees

In order to provide vaccination service under RVP, a doctor who has enrolled in the programme would be invited by the Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs), or Designated Institutions (DIs) including designated day activity centres, sheltered workshops and special schools serving non-institutionalised Persons with Intellectual Disability (PIDs). Please refer to Appendix I for the key stages in joining and making claims under RVP.

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements to enrol in RVP:

i) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161); and

ii) holds a valid annual practicing certificate; and

iii) works in the private medical sector (including university and non-government organisations).

Started from the 2021/22 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD). The Health Bureau (HHB) announced that with effect from 6 October 2023, only doctors enlisted in the PCD will be allowed to take part in various government-subsidised primary healthcare programmes. (https://www.info.gov.hk/gia/general/202309/21/P2023092100257.htm).

1. Pre-enrolment

Read the "General Terms and Conditions" and "Specific Terms and Conditions" for RVP before enrolment at eHealth.

Since the 2025/26 season, all doctors are required to join Vaccination Subsidy Scheme (VSS) before enrolling RVP. The practice to be enrolled RVP, must be the same as VSS. Useful materials about VSS 2026/27 are available at CHP website: https://www.chp.gov.hk/en/features/101401.html and https://www.chp.gov.hk/en/features/45858.html

2. Enrolment application

Eligible healthcare service providers can enrol in VSS and RVP online through eHealth:

i) Login to eHealth (register if the account has not yet been created);

ii) Select the vaccination programme then read the corresponding terms and conditions;

iii) Input required information such as personal particulars, information of healthcare provider/ healthcare service location and bank information;

iv) Select service district(s) and target group(s); and

v) For new applications, print the appendices and submit the supporting documents to corresponding programme office via email.

3. Enrolment confirmation

The enrolment result will be available at eHealth when vetting is completed. If eligible healthcare service providers encounter any difficulties at eHealth, please email (vssdoctor@healthbureau.gov.hk) for enquiry.

(iii) For Enrolled doctors

Registered medical practitioners who enrolled in RVP 2025/26 are required to enrol again for participation in RVP 2026/27.

Please read the "General Terms and Conditions" and "Specific Terms and Conditions" for RVP before enrolment at eHealth.

In the 2026/27 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD). The Health Bureau (HHB) announced that with effect from 6 October 2023, only doctors enlisted in the PCD will be allowed to take part in

various government-subsidised primary healthcare programmes. (https://www.info.gov.hk/gia/general/202309/21/P2023092100257.htm)

(iv) Vaccination Period for RVP 2026/27

The vaccination period of RVP 2026/27 is set out as follows:

a)	Seasonal Influenza Vaccine - Recombinant Trivalent Vaccine For persons aged 9 years or above: **Flublok** – 0.5 ml pre-filled syringe without needle (Needle separately provided) - Inactivated Trivalent Vaccine For persons aged 6 months or above: **Vaxigrip** – 0.5 ml pre-filled syringe with needle - Inactivated Trivalent Vaccine For persons aged 6 months or above: **Anflu** – 0.5 ml pre-filled syringe with needle	Start from 17 September 2026 and until stocks of vaccines expire
b)	Pneumococcal Vaccine 15-valent Pneumococcal Conjugate Vaccine (PCV15) **VAXNEUVANCE VACCINE** – 0.5ml pre-filled syringe without needle (Needles separately provided) 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) **Pneumovax 23** – 0.5ml pre-filled syringe without needle (Needle separately provided)	Continue throughout the year

Under this programme, the Government will reimburse the enrolled medical practitioners ("Private Doctors") $105 per dose of vaccine injection provided to the eligible persons during the vaccination period**. Private Doctors are prohibited to charge any fee from the clients or share any vaccination fee with RCHs/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians.**

(v) Vaccination procedure under RVP

a) Confirm the date and time of vaccination with in-charge of RCH, RCCC and DI.

- Seasonal influenza vaccine (SIV) can be co-administered with pneumococcal vaccine (PV) under informed consent. Only two types of vaccine should be administered on the same day. Seasonal Influenza Vaccination should be provided as early as possible and preferably in October or November for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When two different types of vaccine are given together, they should be injected in separate sites of the body with different syringes.

b) Obtain original or copies of vaccination lists and Vaccination Consent Form from RCH/RCCC/ DI **at least 25 working days** before the vaccination date.

(i) No paper consent form will be needed for eligible residents and staff who can provide informed consent for themselves. For minors and mentally incapacitated persons, paper consent form will still be required.

(ii) Opt-out arrangement has been implemented since the 2022/23 season and will be continued in 2026/27 season. The Government would accept opt-out from the programme only if the written objection is signed by the guardian/parent/ relative of a mentally incapacitated resident. The written objection form (Annex A), duly signed by appropriate personnel, should be submitted to RCHs within 2 weeks after the issue date of the letter.

(iii) RCHs would compile lists of residents to receive SIV, PCV15 and 23vPPV vaccination, with resident's names, ID number, information on their pneumococcal vaccination history, and submitted written refusal form from residents/ guardians/ relatives, to be handed over to Private Doctors.

(iv) Checking of Vaccination Consent Form for persons in RCHs/RCCCs

- If the person is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if illiterate) in Part II of the consent form.

- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient's parent/guardian by a witness, who should complete and sign in Part II of the consent form.
- If irregularities are found on the consent form, verify with the RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(v) Checking of Vaccination Consent Form for persons in DIs

- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part II of the consent form for DI.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign Part II of the consent form.
- If irregularities are found on the consent form, verify with the DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(vi) Please refer to Appendix II for the flow chart of obtaining consent for vaccination

c) There are **two options** available to **check the vaccination records** in the Electronic Health System (eHealth):

(i) By Individual Vaccine Recipient: (Refer to Section 3.3 for more details)

- Using the identity information provided by the RCH/RCCC/DI, search and retrieve the eHealth account of the eligible person. Or if an eHealth account is not yet created, input the information required in the system in respect of the eligible person for eHealth express registration which is mandatory for vaccine recipients aged 18 or above. Those aged below 18 can also choose to opt for eHealth registration. Consent from the vaccine recipient, his/her parent/ guardian should be obtained prior to eHealth registration. For details about eHealth registration, please refer to eHealth website: https://www.ehealth.gov.hk/en/.
- Verify the eligible person's past vaccination history and vaccination records in the eHealth three calendar days before vaccination, and

decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.

- Retain the consent forms to validate patient's identity and eligibility before vaccination.

(ii) By Excel Batch Upload: (Refer to Section 3.4 for more details)

- Consolidate the identity information provided by the RCH/RCCC/DI into a consent list in an Excel file encrypted with a password. The password should be sent to the Programme Management and Vaccination Division in a separate email. Submit the consent list to Programme Management and Vaccination Division via email (rvp@dh.gov.hk). Special attention should be paid to the type of identity document being used by the person.
- The recent vaccination record will be generated into a 'First Report' in one day after the consent list is uploaded to eHealth by Programme Management and Vaccination Division. If an eHealth account is not yet created, eHealth express registration will be proceeded to those aged 18 or above and those aged below 18 can choose to opt for the registration. Consent from the vaccine recipient, his/her parent/ guardian should be obtained prior to eHealth registration. For details about eHealth registration, please refer to eHealth website: https://www.ehealth.gov.hk/en/ .
- Download the 'First Report' and 'Vaccination Name List' generated from eHealth and verify the eligible person's past vaccination history and vaccination records and decide whether vaccination is needed.
- Assign the Vaccination Date by each vaccine for the batch of recipients on eHealth. According to the vaccination records, confirm the batch of recipients to be vaccinated on eHealth.
- Conduct final checking of vaccination records in eHealth three calendar days before vaccination. Download the 'Final Report' and the 'Onsite Vaccination' list generated from the eHealth and verify the eligible person's past vaccination history and vaccination records again three calendar days before vaccination.

d) Submit vaccine order forms (Appendix VI) to Programme Management and Vaccination Division by fax at 2713 6916 or by email to rvp@dh.gov.hk **at least 10 working days** before vaccination day.

e) Vaccination is only applicable if there is available vaccination quota in a

particular season for the eligible person and he/she is clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

f) If vaccination record and eligibility status of the person have not been checked in the eHealth, the vaccination should be deferred until checking of eligibility status is in order.

g) Before the day of vaccination, check with In-charge of RCH/RCCC/DI that vaccines, necessary manpower and equipment for vaccination, are available before vaccination. Private Doctors should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5). The Government will deliver vaccines, consent forms and vaccination cards to each RCH/RCCC/DI.

h) Pre-arrange clinical waste collection service in advance. There are three ways for handling clinical waste generated after vaccination activity (Refer to Section 2.4.6 for more details):

(i) Pre-arrange with licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or

(ii) Self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre by healthcare professional on the same day after activity; or

(iii) Temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.

- If necessary, Private Doctors may liaise with RCH/RCCC/DI to assist in clinical waste disposal in their names for Private Doctors.
- If Private Doctors still encounter difficulties in clinical waste disposal, they may seek assistance from DH.

i) On the day of vaccination, the **original vaccination lists and consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination.

(i) If using Individual Vaccine Recipient method, counter-check the personal identity against the vaccination lists and consent forms before vaccination.

(ii) If using Excel Batch Upload method, counter-check the personal identity against the consent forms, the 'Final Report' and 'Onsite Vaccination' list before vaccination.

j) Check the vaccination card(s), if any, and ask recipients and/or their relatives for vaccination history.

k) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.

l) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.

m) Check to ensure that vaccines supplied by the Government are properly stored (cold chain is maintained) and in good condition. Please follow the guidelines for proper vaccine storage and handling as set out in Chapter 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3). Please pay particular attention to the following points:

(i) Strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;

(ii) Purpose-built vaccine refrigerators (PBVRs) are the preferred means for storage of vaccines;

(iii) Cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;

(iv) Fill the empty shelves, floors, drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;

(v) The temperature of the vaccine fridge should be monitored by a data logger or minimum/maximum thermometer;

(vi) Check and record manually the minimum and maximum temperatures of the vaccine storage unit twice a day onto a temperature log sheet.

n) Ensure correct and unexpired vaccine(s) is/are given to the recipient.

o) Administer vaccination and mark the date of vaccination on the vaccination list and consent form immediately.

p) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.

q) If more than one type of vaccine would be given on the same day, please adopt measures to ensure segregation of dispensing and administration, i.e. to take out a different type of vaccine from the refrigerator only after all recipients have completed receiving a single type of vaccine to avoid confusion and inoculating the wrong type of vaccine for the recipients.

r) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at: www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

s) Report to Programme Management and Vaccination Division (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) of any vaccination incidents, including but not limited to double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.

t) Please refer to Appendix III for the flow chart of providing vaccination service under RVP.

(vi) Reimbursement

a) Claims should only be submitted for reimbursement after it is confirmed that vaccination has been provided to the eligible persons and the Vaccination Consent Form is duly signed and completed by the parent/guardian (if any).

b) Submission of claims onto the eHealth immediately after the vaccination is highly recommended to ensure accuracy of records and prevent duplication of vaccination.

(i) By Individual Vaccine Recipient: Log on to the eHealth, select the scheme "RVP Vaccination" and input information required by the system **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement. (Refer to Section 3.3 for more details)

(ii) By Excel Batch Upload: Log on to the eHealth, under 'Vaccination File Management', select 'Vaccination File' and input relevant details to view the batch confirmed in step (c)ii. Confirm claims by marking 'Y' (in bulk) under 'Actual Injected' **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement. The status of claims can be reviewed on the next day. (Refer to Section 3.4 for more details)

c) For completeness of vaccination records kept in the eHealth, you are strongly advised to confirm the relevant records within seven days after conducting the vaccination even though you are providing the vaccination service as volunteer service.

d) Any claim for reimbursement not made within seven calendar days counting from the date of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to the Private Doctor for such late claim. Private Doctor should contact the Programme Management and Vaccination Division for re-activation of claim submission. The Government has the discretion not to pay out any vaccination fee to the Private Doctor if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.

e) The Private Doctor shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

(vii) Payment Checking

a) At the end of each month, the eHealth will generate payment invoices, based on the information submitted by Private Doctor.

b) In respect of each transaction for eligible person accepted by the Government, the Government shall pay the Private Doctor the vaccination fee for vaccination provided in the vaccination period.

c) Upon checking of claims submitted by the Private Doctor to the eHealth, the reimbursement will be paid directly into the designated bank accounts next month.

d) If any irregularity is found in the claims submitted by the Private Doctor at any time of the programme, such payment shall be made upon satisfactory checking conducted by the Government.

e) Checking will entail collecting relevant consent forms from the Private Doctor at any time of the programme.

f) The Government shall have no obligation to pay the Private Doctor any vaccination fee if any information provided/claims submitted in the eHealth by the Private Doctor to the Government under or in relation to the RVP is at any time found to be incomplete, untrue or inaccurate.

g) After payment has been made, if further checking confirms overpayment, the Government shall request the Private Doctor to recover the payment overpaid.

List of Acronyms

ADR	Adverse Drug Reaction
CHP	Centre for Health Protection
CME	Continuous Medical Education
DH	Department of Health
DI	Designated Institutions including designated day activity centres, sheltered workshops and special schools serving non-institutionalised PIDs
eHealth	Electronic Health System
EPD	Environmental Protection Department
GVP	Government Vaccination Programme
HA	Hospital Authority
HHB	Health Bureau
IIV	Inactivated Influenza Vaccine
ImmD	Immigration Department
MCHK	Medical Council of Hong Kong
PBVR	Purpose-built Vaccine Refrigerator
PCD	Primary Care Directory
PCV	Pneumococcal Conjugate Vaccine
PID	Persons with intellectual disability
PMVD	Programme Management and Vaccination Division
PPV	Pneumococcal Polysaccharide Vaccine
RCCC	Residential Child Care Centre
RCH	Residential Care Home
RCHD	Residential Care Home for Persons with Disabilities
RCHE	Residential Care Home for the Elderly
RIV	Recombinant Influenza Vaccine
RVP	Residential Care Home Vaccination Programme
SCVPD	Scientific Committee on Vaccine Preventable Diseases

1. Introduction

1.1. What is Residential Care Home Vaccination Programme?

The Residential Care Home Vaccination Programme (RVP) under the Government Vaccination Programme (GVP) aims to provide free and convenient vaccination services for eligible persons in Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs) and Designated Institutions (DIs) in Hong Kong. **Private Doctors** who have enrolled in the programme would be invited by RCHs/RCCCs/DIs and provide vaccination services to eligible persons under RVP. Under this programme, the Government will reimburse Private Doctors $105 per vaccine injection and **Private Doctors are prohibited to charge any fee from the clients or share any vaccination fee with RCHs/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians**.

Under RVP 2026/27, seasonal influenza and pneumococcal vaccinations will be covered. The Government will review the vaccinations covered by RVP from time to time and keep the Private Doctors informed.

The scientific basis of vaccination regime comes from the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP. The latest relevant recommendations of SCVPD can be viewed at the links below: –

a) Seasonal influenza vaccine:
https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2026_27_season_in_hong_kong_mar2026.pdf

b) Pneumococcal vaccine:
https://www.chp.gov.hk/files/pdf/recommendations_on_the_use_of_15valent_pneumococcal_conjugate_vaccine_and_20valent_pneumococcal_conjugate_vaccine_in_hong_kong_27sep.pdf

1.2. What service providers can participate in RVP?

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements in order to participate in RVP: –

a) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161); and

b) holds a valid annual practising certificate; and

c) works in the private medical sector (including university and non-government organisations); and

d) joint VSS before enrolling RVP;

and

e) has successfully enrolled to the RVP, provided the practice to be enrolled RVP must be the same as VSS.

Primary Care Directory (PCD) enrolment and continuous medical education (CME) requirement for doctors enrolled in RVP started from the 2021/22 season: –

a) All doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the PCD started from the 2021/22 season. The Health Bureau (HHB) announced that with effect from 6 October 2023, only doctors enlisted in the PCD will be allowed to take part in various government-subsidised primary healthcare programmes. (https://www.info.gov.hk/gia/general/202309/21/P2023092100257.htm)

b) To be qualified for enrolment in PCD, doctors must be

   (i) a registered medical practitioner holding a valid practicing certificate issued under the Medical Registration Ordinance; and

   (ii) committed to the provision of directly accessible, comprehensive, continuing and coordinated person-centred primary care services

c) To maintain listing in the PCD, enrolled PCD doctors who are

   (i) specialists will need to remain in the Specialist Register of the Medical Council of Hong Kong (MCHK) and comply with the CME requirements relevant to the specialty; or

   (ii) non-specialists will need to participate in the "CME programme for Practising Doctors who are not taking CME Programme for Specialists" approved by the MCHK and shall obtain a yearly CME Certificate or qualified to quote the title "CME-Certified" as approved by MCHK after each CME cycle.

   (iii) Please refer to the PCD website (www.pcdirectory.gov.hk) for details.

1.3. Vaccination period

a) **Seasonal influenza vaccine**:

The vaccination period will **start from 17 September 2026** until stocks of vaccines supplied by the Government expire. It is preferable to provide vaccination before mid-December 2026 for better protection of residents and staff.

b) **Pneumococcal vaccine**:

The vaccination period continues **throughout the year**.

1.4. Eligibility for vaccination service under RVP 2026/27

a) **Seasonal influenza vaccine**:

I. All residents and staff in the RCHs;

II. All residents (aged 6 months to below 18 years) and staff in the RCCCs; and

III. Persons with intellectual disability (PID) receiving services in DIs; such as designated day activity centres, sheltered workshops and special schools, and staff in DIs

b) **Pneumococcal vaccine**:

I. All residents in RCHEs;

II. All inmates of nursing homes as referred to in the Private Healthcare Facilities Ordinance (Cap. 633); and

III. Residents in RCHDs aged 65 years or above.

They should also hold a valid Hong Kong Identity Card or Certificate of Exemption; or Birth Certificate or other travel documents proving their identity (please refer to Annex B for samples of identity documents).

Under RVP, all vaccination should be given in RCHs/RCCCs/DIs only. Vaccination given to eligible recipients in other venues (e.g. private clinics) may result in unsuccessful claims.

c) **All vaccine recipients must register with eHealth so as to receive subsidised vaccinations under all Government Vaccination Programmes, including RVP. For vaccine recipients who are aged below 18, they could opt-out for not registering with eHealth.** Individuals who have not yet registered eHealth may use "express registration for eHealth" at the vaccination sites (see Section 3.3.2). For eHealth registration details, please refer to the eHealth website (https://www.ehealth.gov.hk/en/).

1.5. Information on seasonal influenza vaccines and pneumococcal vaccines

I. Seasonal influenza vaccine

(a) Recombinant influenza vaccine (RIV)

A recombinant based trivalent influenza vaccine with the following components is provided in 2026/27, for residents of RCHEs and residents of RCHDs aged 65 years or above:

- an A/Missouri/11/2025 (H1N1)pdm09-like virus
- an A/Darwin/1415/2025 (H3N2)-like virus
- a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus

For persons aged 9 years or above:
Flublok trivalent vaccine – 0.5 ml pre-filled syringe with plunger stopper, without needle
Route for administration: Intramuscular ONLY

According to the product insert, the recombinant influenza vaccine must be administered with caution to individuals with thrombocytopaenia or a bleeding disorder since bleeding may occur following an intramuscular administration to these subjects.

(b) Inactivated influenza vaccine (IIV)

Inactivated egg-based influenza vaccines with the following components are provided in 2026/27, for residents of RCHDs aged below 65, RCH staff and the residents who are not fit for recombinant influenza vaccine:

- an A/Missouri/11/2025 (H1N1)pdm09-like virus
- an A/Darwin/1454/2025 (H3N2)-like virus
- a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus

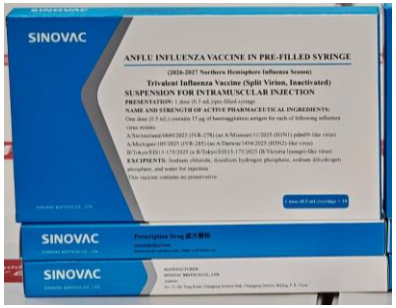
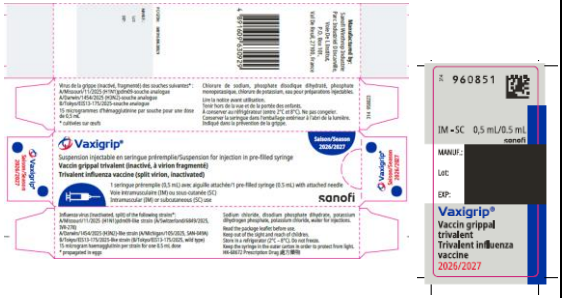
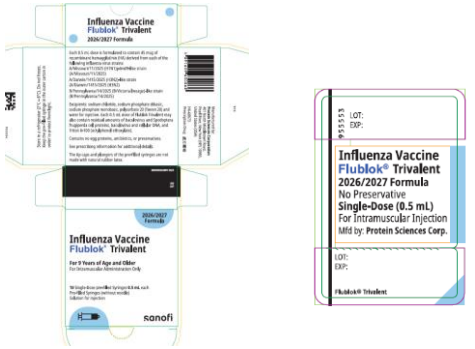
For persons aged 6 months or above:
Anflu trivalent vaccine – 0.5 ml pre-filled syringe with needle
Route for administration: Intramuscular ONLY

For persons aged 6 months or above:
Vaxigrip trivalent vaccine – 0.5 ml pre-filled syringe with needle

Route for administration: Intramuscular/subcutaneous
For persons with bleeding tendencies or taking anti-coagulants that are contraindicated for intra-muscular injections, Private Doctors could consider giving the inactivated trivalent vaccine by subcutaneous injection according to their clinical judgment.

Different brands of IIV may be provided subject to availability. Private Doctors shall always refer to the drug insert and according to their clinical judgement.

The key characteristics of the three types of vaccines provided by the RVP are summarised in the following table. Please note that for the eligibility for RIV is only for residents of RCHEs and residents of RCHDs aged 65 years or above.

	Inactivated Vaccine		Recombinant Vaccine
	Anflu **(Trivalent influenza vaccine - Sinovac)**	**Vaxigrip** **(Trivalent influenza vaccine - Sanofi)**	**Flublok Trivalent** **(Trivalent influenza vaccine - Sanofi)**
Factors to Consider Before Vaccination	 		
Age & Dosage	For persons aged from 6 months or above One dose of 0.5mL	For persons aged from 6 months or above One dose of 0.5mL	For persons aged 9 years or above One dose of 0.5mL
Scheduling	Children aged 6 months to under 9 years who have never received any seasonal influenza vaccination (SIV) before are recommended to receive 2 doses of SIV with a minimum interval of 28 days in the current season. Children aged below 9 years who have received at least one dose of SIV before are recommended to receive one dose of SIV in the current season. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.		Only one dose of SIV is required in each influenza season.
Mode of Administration	Intramuscular injection The preferred sites for intramuscular injections are the anterolateral aspect of the thigh in infants aged 6-12 months or the deltoid muscle in individuals aged 13 months and above.	The preferred route of administration for this vaccine is intramuscular although it can also be given subcutaneously. The preferred sites for intramuscular injection are the anterolateral aspect of the thigh (or the deltoid muscle if muscle mass is adequate) in children 6 months through 35 months of age, or the deltoid muscle in children from 36 months of age and adults.	For intramuscular injection only. The preferred site is in the deltoid muscle. Flublok Trivalent must be administered with caution to individuals with thrombocytopaenia or a bleeding disorder since bleeding may occur following an intramuscular administration to these subjects.

	Inactivated Vaccine		Recombinant Vaccine
	Anflu **(Trivalent influenza vaccine - Sinovac)**	**Vaxigrip** **(Trivalent influenza vaccine - Sanofi)**	**Flublok Trivalent** **(Trivalent influenza vaccine - Sanofi)**
Contraindication	People who are allergic to any component of the vaccine, including excipients, formaldehyde, Triton X-100 and gentamicin sulphate. Administration should be postponed until after recovery or stabilisation of the condition in subjects suffering from acute diseases, serious chronic disease[1], acute exacerbation of chronic diseases, or febrile illnesses.	Hypersensitivity to the active substances, to any of the excipients or to any component that may be present as traces such as eggs (ovalbumin, chicken proteins), neomycin, formaldehyde and octoxinol-9.	Hypersensitivity to the active substances, to any of the excipients listed such as Polysorbate 20 (Tween 20), sodium chloride, sodium phosphate monobasic, sodium phosphate dibasic, water for injection, or to any trace residues such as octylphenol ethoxylate. Individual suffers from fever on the day of vaccination, vaccination should be deferred till recovery.
Pregnancy and Breastfeeding	No clinical trial data are available on the use of this product in pregnant and lactating women. If this group of people need to use this vaccine, it is recommended to decide after the benefit/risk assessment together with a doctor.	Vaxigrip can be used in all stages of pregnancy. Vaxigrip may be used during breast-feeding.	Flublok Trivalent can be used during pregnancy in accordance with official recommendations. It is not known whether Flublok Trivalent vaccine is excreted in human milk. An assessment of the risks and benefits should be performed by a health care professional before administering Flublok Trivalent to a breast-feeding woman.
Remarks **The above information is for reference only, the vaccine provider should also make his or her own clinical judgement.** **(RVP) Version 20260908**			

[1] Serious chronic diseases are chronic diseases in which treatment has failed to treat the specific disease or the disease condition is beyond the clinical parameters that are considered safe or adequate by healthcare professionals.

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. Seasonal influenza vaccination requires annual administration. Evidence on repeated influenza vaccination shows that vaccination in the current and prior season provides better protection than no vaccination or being vaccinated in the prior season only. Since the circulating seasonal influenza strains may change from time to time, the seasonal influenza vaccine composition is updated every year in accordance with the circulating strains to enhance protection.

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 two doses of seasonal influenza vaccine with a minimum interval of 4 weeks in the 2026/27 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 2026/27 season. For persons aged 9 years or above, only one dose of seasonal influenza vaccine is required in each influenza season.

The CHP conducted an in-depth analysis of the relationship between influenza-related serious complications and influenza vaccination during the 2025 summer influenza season. The data showed that the rate of severe complications or death after contracting seasonal influenza among children who did not receive the 2025-26 SIV was about five times that of vaccinated children. Similarly, the rate of severe complications among residents aged 65 years or above of residential care homes who did not receive the 2025-26 SIV was about four times that of vaccinated residents. These local data clearly demonstrate that **SIV is the most effective way to prevent seasonal influenza and its complications. SIV can also reduce the risk of hospitalisation and death after infection.** All members of the public, except those with known contraindications, should receive seasonal influenza vaccine annually for personal protection.

II. Pneumococcal vaccine

Under RVP 2026/27, the Government provides 15-valent Pneumococcal Conjugate Vaccine (PCV15) and 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) to eligible residents.

<u>15-valent Pneumococcal Conjugate Vaccine (PCV15)</u>
VAXNEUVANCE VACCINE – 0.5ml prefilled syringe without needle
(Needles separately provided)

Route for administration: Intramuscular

23-valent Pneumococcal Polysaccharide Vaccine (23vPPV)
Pneumovax 23 – 0.5ml prefilled syringe without needle
(Needles separately provided)
Route for administration: Intramuscular/subcutaneous

a) Residents of RCHEs and residents aged 65 years or above of RCHDs who –

(i) have never received PCV13/ PCV15 or 23vPPV before, are eligible for one dose of free PCV15, followed by one dose of free 23vPPV one year* later; or

Example (a)		**1st dose**	**Recommended dose interval**	**2nd dose**
Unvaccinated	(a)	2026/27 season PCV15	≥ one year* →	2027/28 season 23vPPV
	e.g.	30/12/2026		30/12/2027

(ii) have already received 23vPPV, are eligible for one dose of free PCV15 one year* after the previous 23vPPV vaccination; or

Example (b)		**1st dose**	**Recommended dose interval**	**2nd dose**
Previously vaccinated	(b)	Previous season(s) 23vPPV	≥ one year* →	2026/27 season PCV15
	e.g.	1/11/2025		1/11/2026

(iii) have already received PCV13/PCV15, are eligible for one dose of free 23vPPV one year* after previous PCV13/PCV15 vaccination; or

Example (c)		**1st dose**	**Recommended dose interval**	**2nd dose**
Previously vaccinated	(c)	Previous season(s) PCV13/PCV15	≥ one year* →	2026/27 season 23vPPV
	e.g.	30/12/2025		30/12/2026

(iv) have already received both PCV13/PCV15 and 23vPPV, no longer require any further pneumococcal vaccination.

b) Residents should attempt to trace their pneumococcal vaccination record(s) from the respective clinic(s) if they do not have a documented vaccination

history (vaccination card and electronic record) for pneumococcal vaccine. If residents cannot trace their record(s) nor recall the type and time of vaccination, they should still receive the recommended doses, i.e. one dose of PCV15 followed by a dose of 23vPPV one year * later.

Please refer to Appendix IV for the flow chart illustrating the use of PCV15 and 23vPPV under RVP 2026/27.

* **One year is assumed to be one calendar year.**
e.g. **1st dose was given on 30/12/2025**
2nd dose should be given on or after 30/12/2026

Note

All Private Doctors are advised to read carefully the product information of the vaccines, noting especially the vaccine components, contraindications, route of administration and dosage for eligible recipients. Vaccine name and expiry date should also be checked immediately prior to vaccination.

2. RVP in RCH Setting

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, Private Doctors should give due consideration to safety and liability issues when providing vaccination service in RCH/RCCC/DI setting. The following notes aim to highlight areas that Private Doctors should note when providing vaccination services.

2.1. Roles and Responsibilities of Private Doctors

Vaccination administration is a medical procedure that carries risks. You have personal responsibility for the duties delegated to other persons. Improper delegation of medical duties to non-qualified persons which transgresses accepted codes of professional ethical behaviour may lead to disciplinary action by the Medical Council of Hong Kong (MCHK).

All registered medical practitioners are earnestly advised to read through the Code of Professional Conduct issued by MCHK. Please observe in particular the following sections to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by MCHK.

a) "Dissemination of service information to patient";
b) "Fees";
c) "Covering or improper delegation of medical duties to non-qualified persons"; and
d) "Untrue or misleading certificates and similar documents".

Please also ensure that the followings are complied with: –

a) Health care professionals should obtain vaccination history and check for contraindications or precautions to the vaccines that are to be administered.

b) For the safety of recipients, vaccination should be administered by you or your qualified health care professional staff under your personal supervision. He/she should be trained to provide immediate medical treatment to recipients when necessary.

c) To ensure correct vaccine(s) is/are given to correct recipient. It is the responsibility of Private Doctors to ensure all vaccines are not expired and maintained at a proper cold chain prior to administration. Improper storage or mishandling decrease the potency of vaccines.

d) Ensure that all sharps and medical wastes are properly handled and disposed.

e) Keep recipients under observation in the vicinity of the place of vaccination for at least 15 minutes to ensure that they do not experience an immediate adverse event. For recipients who are with mild allergy, they can be vaccinated in a primary clinic setting, provided they undergo a 30-minute observation period following vaccination. Private Doctor should stand-by for sudden emergency events.

f) It is the prime responsibility of all Private Doctors to ensure safety and quality of the vaccination service provided to recipients.

g) All Private Doctors should observe the Code of Professional Conduct issued by the MCHK as the standard to provide quality health care. Private Doctors who fail to comply with the aforementioned may be subject to administrative sanctions.

2.2. Safety and legal issues

a) Vaccination administration is a medical procedure that carries risks. **Private Doctor should be present and oversee the whole vaccination process,** and he/ she **should be personally and physically reachable in case of emergency. If Private Doctor cannot be present on day of vaccination, the health team administrating vaccination at RCHs/RCCCs/DIs should be comprised of at least one Registered Nurse with emergency training, including basic life support, who is supported by an adequate number of trained personnel for vaccination, on condition that the pre-vaccination assessment had been duly completed in advance by the Private Doctor and the Private Doctor is readily accessible in case of queries from the vaccination team on pre-vaccination assessment.**

b) For the safety of vaccine recipients, vaccination should be administered by qualified healthcare professionals or trained personnel under personal supervision. Private Doctor should:

- Arrange a sufficient number of **qualified/ trained healthcare personnel** to provide service, medical support and assess recipients' suitability to receive the vaccination.
- Arrange **at least one Registered Nurse trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications including **Basic Life Support**, to standby for emergency management and give timely intervention as indicated.

Private doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis. The Private Doctor/ his qualified personnel should keep **training up-to-date** and under regular review.

- Observe recipients for any severe adverse reaction.
- 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 provided by the Private Doctor and they all understand the Private Doctor's liability and their responsibilities.

c) Sharps and wastes (e.g. needles, blood-stained cotton wool balls or alcohol swabs) must be properly handled and disposed.

2.3. Providing adequate information

a) Provide vaccine recipients and/or their parents/guardians with essential information on the vaccines to ensure that they understand the aims and possible side-effects of vaccination. Related information is available on the CHP website (https://www.chp.gov.hk/en/features/21657.html).

b) Ensure vaccine recipients/parents/guardians understand that participation in the RVP is voluntary. Sufficient time should be allowed for the recipients to consider if they should accept or refuse to receive the vaccination(s) under RVP.

c) Inform vaccine recipients that the DH may contact them for information verification.

2.4. Preparation procedures

2.4.1. Administrative procedures

a) Ensure you have enrolled and activated the eHealth healthcare provider account before providing vaccination service. You may email vssdoctor@healthbureau.gov.hk to check the status of your application.

b) Confirm the date and time of vaccination with in-charge of RCH/RCCC/DI. Seasonal influenza vaccine (SIV) can be co-administered with pneumococcal vaccine (PV) under informed consent. Only two types of vaccine should be administered on the same day**.** Seasonal Influenza Vaccination should be provided as early as possible and held by December 2026, before winter and flu season, for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When two different types of vaccines are given together, they should be injected in separate sites of the body with different syringes.

c) Staff of PMVD may conduct random on-site inspection without prior notice.

2.4.2. Obtaining consent and checking eligibility (for SIV & PV)

a) No paper consent form will be needed for eligible residents and staff who can provide informed consent for themselves. For minors and mentally incapacitated persons with parent/legal guardian, paper consent form will still be required.

b) With the help of RCH staff, informed consent should be obtained from the residents / legal guardians/ relative.

c) The informed consent to be obtained shall allow the access and use of the Vaccination recipient's personal data for the purpose of (i) creation of eHealth, (ii) administration and monitoring of the RVP; and (iii) all those purposes as set out in the "Statement of Purpose for the collection of Personal Data" at the end of the Consent Form.

d) Opt-out arrangement has been implemented since the 2022/23 season and will continue in 2026/27 season. The Government would accept opt-out from the programme only if the written objection is signed by the guardian/parent/ relative of a mentally incapacitated resident. The written objection form (Annex A), duly signed by appropriate personnel, should be submitted to RCHs within 2 weeks after the issue date of the letter.

e) Unless a written refusal form is received from the parents (if vaccine recipient

is aged under 18)/ guardian (if vaccine recipient is mentally incapacitated)/ relative, Private Doctor may consider to act in the best interest of the residents to provide SIV and PV.

f) For mentally incapacitated residents/ boarders/ PID who have no parent/guardian, decision of vaccination is to be made by the Private Doctor in accordance with section 59ZF(3) of Cap 136 considering the vaccination is necessary and in the best interest of the vaccine recipient. "Best interests" go far wider than "best medical interests", and include factors such as the resident/boarder/PID's wishes and beliefs when competent, his/ her current wishes and general well-being.

g) Collect original or copies of vaccination list and duly completed Vaccination Consent Form from RCH/RCCC/DI at least **25 working days** before the vaccination day.

(i) Checking of Vaccination Consent Form for persons in RCHs/RCCCs

- If the person is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if illiterate) in Part II of the consent form.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part II of the consent form.
- If irregularities are found on the consent form, verify with the RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(ii) Checking of Vaccination Consent Form for persons in DIs

- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part II of the consent form for DI.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part II of the consent form.
- If irregularities are found on the consent form, verify with the DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

h) Check the eligibility and vaccination records of consented recipients on the eHealth

(i) By Individual Vaccine Recipient (Refer to Section 3.3)

(ii) By Excel Batch Upload (Refer to Section 3.4)

2.4.3. Vaccine ordering & vaccine storage

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines should be prescribed by the doctor. Private Doctors are responsible for pre-ordering sufficient vaccines for consented persons and ensure the vaccines ordered are properly stored under RVP.

(1) Vaccine ordering

a) Liaise with RCH/RCCC/DI to confirm:

(i) vaccination date (SIV/PV);

(ii) number of remaining dose(s) of SIV and PV (if any) in RCHs and ensure they are stored properly;

(iii) number of each type of vaccines required in accordance to the **First Report** or **individual vaccine recipient checking through eHealth** ;

(iv) the place for proper vaccine storage;

(v) vaccine delivery arrangement (i.e. delivery date, time and designated staff to receive vaccines).

b) Submit prescribed vaccine order forms to PMVD **at least 10 working days** before vaccination. Private Doctor should refer to the number of eligible persons from eHealth to decide the quantity of vaccines required. If the number of recipients in the institution is large and the vaccination needs to be provided separately for multiple days, Private Doctor can order the vaccines separately according to the day of vaccination in order to reduce the vaccination incident that may result from excessive or poor vaccine storage.

c) By providing the information on the prescribed vaccine order forms, the Private Doctor is deemed to have accepted the terms and conditions of the RVP. The latest version of Definitions, Terms and Conditions of Agreement, and Schedule can be found on the CHP website (https://www.chp.gov.hk/en/features/23543.html).

d) PMVD will contact Private Doctor to confirm the number of vaccines required, delivery date and address with the corresponding RCH/RCCC/DI. Contact PMVD if Private Doctor cannot receive order confirmation three working days after order submission.

(2) Vaccine storage and cold chain maintenance

a) Check to ensure that vaccines are ready and properly stored (cold chain is maintained) in RCH/RCCC/DI. Breach in the cold chain will render the vaccine effectiveness. Please follow the guidelines for proper vaccine storage and handling as set out in Chapter 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3). Please pay particular attention to the following points:

(i) strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;

(ii) purpose-built vaccine refrigerators (PBVRs) are the preferred means for storage of vaccines;

(iii) cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;

(iv) the empty shelves, floors, drawers and the door should be filled with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;

(v) the temperature of the vaccine fridge should be monitored by a data logger or maximum-minimum thermometer;

(vi) the maximum and minimum temperatures of the vaccine storage unit should be checked and recorded regularly (twice a day) onto a temperature log sheet, to maintain under cold chain at 2-8°C before administration of vaccines.

b) In case of temperature excursion (i.e. if vaccines have been exposed to temperatures outside the recommended range), check whether the in-charge of RCH/RCCC/DI has informed PMVD as appropriate. PMVD will contact the manufacturer or drug company to evaluate the stability/effectiveness of the affected vaccines and determine whether they are still serviceable. **Please do not use the affected vaccines until receiving confirmation from PMVD**.

2.4.4. Preparation of vaccination equipment

Private Doctor should liaise with RCHs/RCCCs/DIs to ensure that vaccination equipment is well prepared beforehand and should have the expiry date

checked, including:

(i) sharps boxes;

(ii) kidney dishes/containers;

(iii) 70-80% alcohol-based hand rub for hand hygiene;

(iv) alcohol pads/swabs for skin disinfection before vaccination;

(v) dry clean gauze/non-woven balls for post vaccination compression to injection site;

(vi) relevant documents and stationery as required for vaccination; and

(vii) emergency equipment.

2.4.5. Preparation of emergency equipment and emergency situation

Private Doctor should prepare emergency equipment and medication that must be ready in vaccination venue, including:

(i) bag valve mask set (with appropriate mask size);

(ii) **THREE registered and unexpired Adrenaline** (**1:1,000** dilution) for IM injection with appropriate syringes and needles (at least three 1 ml syringes and at least three 25-32mm length needles) OR adrenaline in THREE pre-filled pens or auto-injectors (appropriate dosage), registered in Hong Kong;

(iii) blood pressure monitor (with appropriate cuff size);

(iv) protocol for emergency management.

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

a) Private Doctor should be familiar with the protocol for emergency

management and resuscitation procedures.

b) Ensure the personnel involved in vaccination are qualified/ trained to perform vaccination duties. They should also be trained in emergency management of severe immediate reactions and are equipped to do so. **At least one medical staff who is trained in emergency management of severe immediate reactions and equipped to do so, with qualifications including Basic Life Support, should be arranged to stay in the resting area**.

c) Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5).

d) In case there is insufficient or a lack of emergency equipment as stated, the outreach vaccination should be withheld until those items are available.

Note: All doctors are advised to carefully read the product information of the vaccines, noting especially the contra-indications, route of administration, dosage and expiry date, storage and handling.

2.4.6. Preparation of clinical waste handling and disposal

Under RVP, Private Doctors are responsible to arrange collection of clinical waste produced after vaccination activity. Please make appropriate arrangement ahead of time for disposal of clinical waste generated in each vaccination activity.

a) Handling of clinical waste

(i) Regulation of clinical waste handling is under the purview of Environment Protection Department (EPD).

(ii) All clinical waste generated (mainly used needles and syringes) should be properly handled and disposed (including proper package, storage and disposal) in accordance to the Waste Disposal (Clinical Waste) (General) Regulation.

(iii) Alcohol swabs and cotton wool balls slightly stained with blood, are not clinical waste by legal definition, and should be properly handled and disposed of as general refuse.

(iv) For details, please refer to the EPD's Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf) or contact EPD Clinical Waste Hotline at 2835 1055 for any enquiries.

(v) EPD may also conduct surprise inspection to check any non-compliance of clinical waste management regarding the vaccination activities under RVP.

b) Disposal of clinical waste

(i) Clinical waste generated should be disposed directly into sharps box(es) with cover. The sharps box(es) should be placed on a flat, firm surface and at an optimal position near the staff providing vaccination.

(ii) The specifications of a typical sharps box are given in Annex C of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) published by the EPD (www.epd.gov.hk/epd/clinicalwaste/en/information.html).

(iii) 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.

(iv) Private Doctor should pre-arrange and decide method of clinical waste collection and disposal prior to each vaccination activity, and may liaise with the institution for assistance.

(v) If the institutions cannot dispose the clinical waste in their names for the Private Doctor, there are **three ways** in clinical waste disposal (also see Figure 1), namely

i. pre-arrange licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or

- Before vaccination day, Private Doctor should contact with licensed clinical waste collectors for pre-arranging clinical waste collection at the end of the activities and liaise with RCHs/RCCCs/DIs about the arrangement.

- The list of licensed clinical waste collectors is available online at EPD website (http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1).

ii. self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre by healthcare professional on the same day after the activity

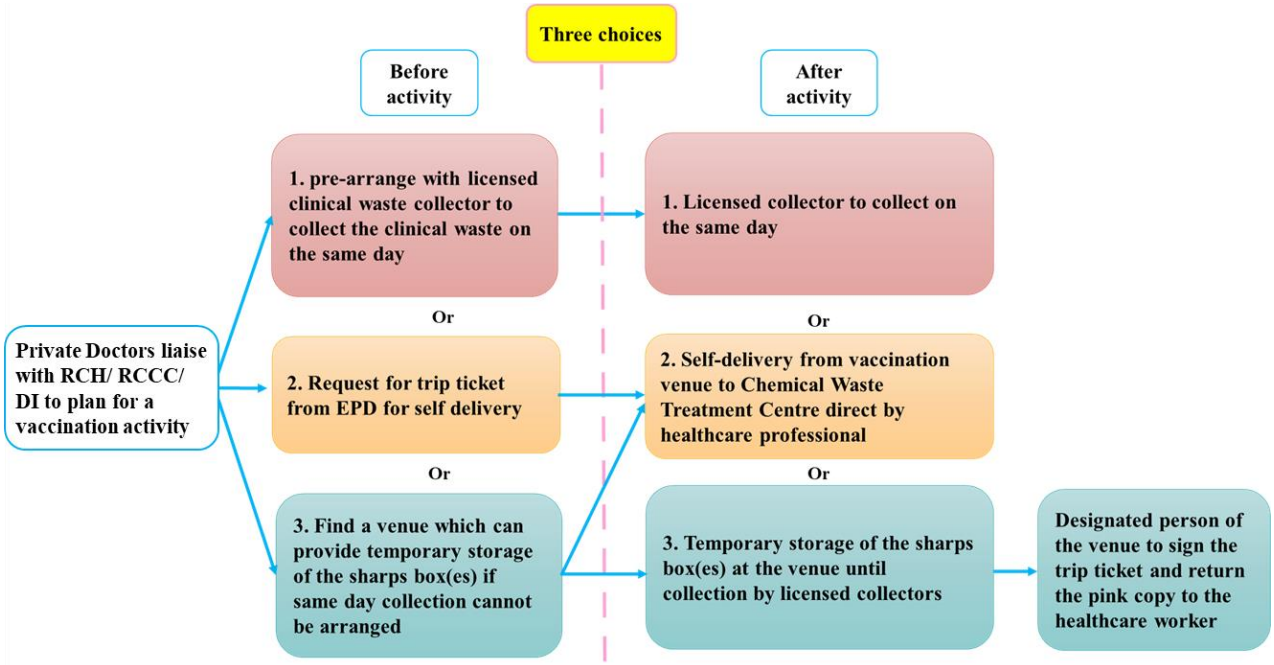
(Refer to Appendix V for the details); or

- Before the activity, blank trip tickets have to be obtained from EPD for self-delivery.

iii. temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.

- Please note that a locked and labelled cabinet, proper sanitary conditions, prevention of unauthorized access, designated person of the venue to sign the trip tickets and return the pink copy to the healthcare worker are required.

Figure 1: Three different ways in clinical waste disposal



(vi) If Private Doctors still encounter difficulties in clinical waste disposal, they may seek assistance from DH, by completing the request form for Clinical Waste Collection Service under RVP 2026/27 (Appendix VII) and submit to PMVD by 31 May 2027.

(vii) Private Doctors should obtain a Clinical Waste Producer Premises Codes from the EPD beforehand (unless the institutions agree to assist Private Doctors in clinical waste disposal). The premises code is needed for completing the clinical waste trip ticket (see example at Figure 2). Please specify "Outreach Service" on the Premises Code Request Form (see example at Figure 3).

(viii) Please note that premises code for each premises is unique. A separate

premises code is required for outreach vaccination activities and must be different from the premises codes for clinic use.

Figure 2: Premises Code Request Form

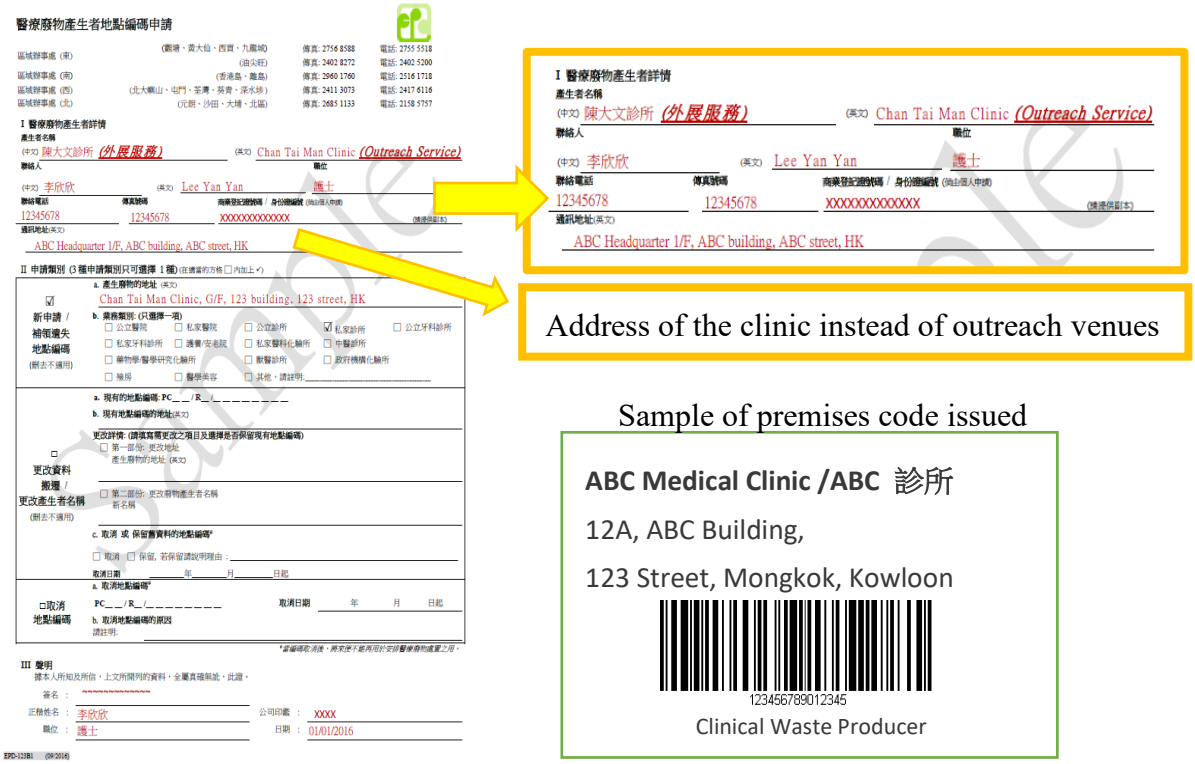
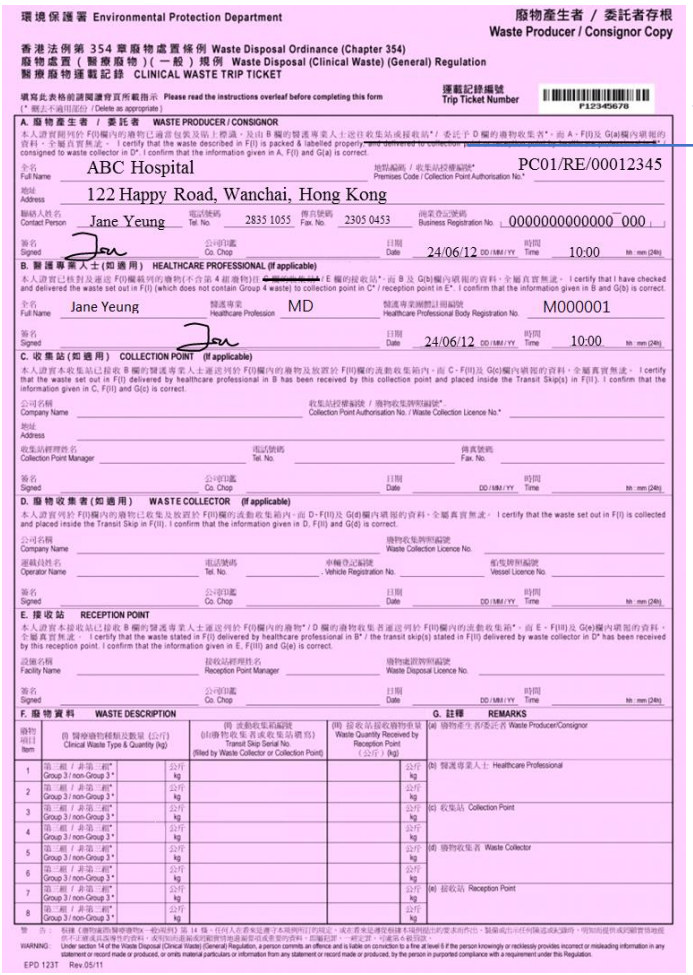


Figure 3: Sample of clinical waste trip ticket



c) Temporary storage of clinical waste

(i) In case the collection of clinical waste cannot be arranged on the vaccination day, Private Doctor may liaise with RCH/RCCC/DI before the vaccination day to arrange temporary storage of used sharps box(es) in a locked and labelled cabinet at the venue until collection by licensed clinical waste collector or until the healthcare professional can arrange self-delivery.

(ii) Clinical waste should not be moved from the premises to another place for storage.

(iii) Affix a label (see example at Figure 4) on each clinical waste container requiring temporary storage. The label should clearly display:

- the name of the responsible healthcare worker;
- name of his/her organisation;
- emergency contact number;
- address of waste generation (i.e. the venue address); and
- the date of sealing.

Figure 4: Example of a labelled clinical waste container (sharps box)

Name of organisations/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567
Address of clinical waste generation	ABC Elderly Home, No. 123, XX XXX Street, XX, N.T.
Date of sealing	25/11/2026

(iv) After the sealed container is handed to the venue for temporary storage, it is the responsibility of the designated person of the venue to store the clinical waste properly before collection by licensed clinical waste collector.

(v) When the licensed clinical waste collector comes to collect clinical waste stored on-site, the designated person of the venue should sign the trip ticket and forward the pink copy of the trip ticket to the healthcare worker for record.

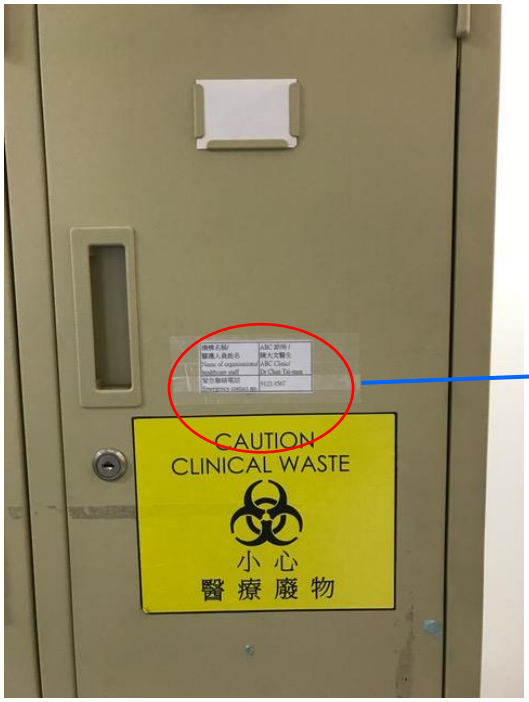
(vi) According to the Regulation, except to the Chemical Waste Treatment Centre direct, delivery of clinical waste to any other places by healthcare workers (including to their own clinics) is not permitted.

(vii) The temporary storage area of clinical waste should meet with following requirements and specifications:

- the storage area should be an independent lockable storage cabinet, locker or drawer, and keep away from the area of food preparation and storage;
- a warning sign and a label (see example at Figure 5) comprising:
  - the name of the responsible healthcare worker;
  - name of his/her organization; and
  - emergency contact number should be affixed on the door of the storage area.
- the warning sign could be obtained from the EPD free of charge;

- any unauthorised access to the temporary storage area should be prohibited.

Figure 5: 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

d) Record Keeping

(i) Clinical wastes disposal records in accordance to EPD, doctors must keep the clinical waste disposal records (the pink copy of the Clinical Waste Trip Ticket) for 12 months and to produce such copies to EPD for inspection upon request. EPD may also conduct surprise inspection to check for any non-compliance in clinical waste management in the vaccination activities.

(ii) Keep record of disposal of vaccines including the date of disposal, quantity, lot number and receipt of disposed vaccines by appropriate agency.

2.5. Ensure proper documentation

It is the responsibility of the Private Doctor to ensure that the following documents are checked or collected before administering vaccines:-

a) Check the personal identity information in the vaccination list and consent form and confirm his/her eligibility to receive vaccination under RVP. Please refer to Section 1.4 for assessing the eligibility. If the child is not

holding a Hong Kong Identity Card or a Hong Kong Birth Certificate (with their status of permanent resident indicated as "Established"), the child should have a valid travel document showing his/her identity. Please refer to Annex B for samples of identity documents. **No vaccination fee will be paid to the Private Doctor for vaccination given to ineligible recipient.**

b) Collect the vaccination list and consent form **at least 25 working days before vaccination** from the RCHs/RCCCs/DIs and ensure that it is duly completed.

c) Check and verify past vaccination records of consented recipients and ascertain the availability of vaccination quota in the eHealth. This can be done by two methods on eHealth: 1) Individual Vaccine Recipient OR 2) Excel Batch Upload. **Vaccination given to persons who have no vaccination quota will not be reimbursed.**

d) Vaccination should not be provided if the past vaccination history and vaccination records of the person in the eHealth has not been checked.

e) If using the Individual Vaccine Recipient method, the Private Doctor should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking (if applicable).

f) If using the Excel Batch Upload method, the Private Doctor should also bring the Final Report and 'Onsite Vaccination' list (generated from eHealth), and make remarks on the report / list if as and when necessary. The Private Doctor should have a system in place to record whether the recipients included in the report / list have actually received the vaccination on the scheduled day. The Private Doctor should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking (if applicable).

g) Claims should only be made after vaccination has been given.

h) The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the

(i) recipient's vaccination record/card;
(ii) consent form and clinical notes (if any);
(iii) onsite vaccination list generated by the eHealth (if any) or vaccination list prepared by the RCH; and
(iv) eHealth account.

i) Since the signing of consent form does not equate receiving vaccination, the

doctor should submit claims after the vaccination.

j) To ensure accuracy of records and prevent duplication of vaccination, Private Doctor is required to log on to the eHealth to make claims of vaccination fee under the scheme 'RVP' **WITHIN SEVEN DAYS** counting from the date of vaccination.

k) For the completeness of vaccination records kept in the eHealth, Private Doctors are strongly advised to input all relevant records within seven days after conducting the vaccination even though the vaccination service is provided as volunteer service.

l) All vaccinations given should be clearly documented on vaccination record/the recipient's handheld personal copy of vaccination card which is kept by the vaccine recipient or his/her parent/guardian.

2.6. Vaccination procedure and infection control practice

a) Before the day of vaccination, check with the In-charge of RCH/RCCC/DI that vaccines and necessary manpower are available before vaccination; and ensure that the vaccination equipment are well prepared.

b) Confirm with RCH/RCCC/DI that the vaccination area is well ventilated, adequately lighted and clean.

c) On the day of vaccination, the **original consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination (if any).

d) Vaccination history of recipients and their eligibility status should be verified by **all means** before vaccination, such as:

   (i) counter-checking personal identity against the **vaccination list and consent form (if any)**;

   (ii) checking the recipients' names are on the **consent list** (Final Report) and **onsite vaccination list** generated from eHealth if using Excel batch upload method (if any);

   (iii) checking the recipients' names are on the **vaccination list** prepared by the RCH/DI if using the individual checking method (if any);

   (iv) inspecting the vaccination records on **vaccination cards** (if any); and

   (v) **asking** recipients and/or their relatives for **vaccination history**.

e) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.

f) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.

g) Infection control practice must be complied by all personnel.

(i) When having fever and/or respiratory symptoms etc, refrain from providing vaccination services and seek medical advice.

(ii) Surgical masks should be always worn during the vaccination activity. Please refer to Personal Protective Equipment Section of Infection Control Branch Infection Control Guidelines for Personal Protective Equipment indications and usage (www.chp.gov.hk/en/resources/346/365.html).

(iii) For RCH, vaccination should be given to residents at the bedside.

(iv) Hand hygiene practice should be adopted and strictly followed during vaccination procedure (Adhere to 5 moments and 7 steps of hand hygiene technique, please refer to Annex C).

(v) Wearing gloves cannot replace hand hygiene. If gloves are used, they should be changed after each vaccination and hand hygiene should be performed before putting on new gloves.

(vi) Use a new alcohol prep/ alcohol swab for skin disinfection and allow the site to DRY completely before vaccination, and use a new dry clean gauze/non-woven ball for post vaccination compression of injection site.

(vii) Wipe the vaccination area from centre outwards, without touching the same area repeatedly.

(viii) Do not pre-soak cotton wool in a container as it will be contaminated with the hand and environmental bacteria.

(ix) For more details about infection control guidelines, please refer to the Infection Control Corner at CHP website (www.chp.gov.hk/en/resources/346/index.html).

h) Checking of vaccines and rights of medication administration should be adopted, including:

(i) 3 checks: when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine

(ii) 7 rights:

- The right patient;
- The right vaccine or diluent;
- The right time (e.g. correct age, correct interval, vaccine not expired);
- The right dosage (confirm appropriateness of dose by using current drug insert as reference.);
- The right route, needle length and technique;
- The right site; and
- The right documentation (e.g. document the name of recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card).

Vaccinator should administer vaccine immediately after "3 checks and 7 rights" and should not be disturbed or interrupted under any circumstances; if any part of the procedures has been interrupted, the vaccinator should restart the whole process from the beginning.

i) Administer vaccination and mark the date of vaccination on the vaccination list and consent form immediately.

j) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.

k) Sign and mark down date of vaccination on the 'Onsite Vaccination' List generated from eHealth or vaccination list prepared by the RCH/RCCC/DI.

l) If more than one type of vaccine would be given on the same day, please adopt measures to ensure segregation of dispensing and administration, i.e. to take out a different type of vaccine from the refrigerator only after all recipients have completed receiving a single type of vaccine, to avoid confusion and inoculating the wrong type of vaccine for the recipients.

m) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at: www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

n) Report to PMVD (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) of any vaccination incidents, including but not limited to

double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.

o) Please refer to Appendix III for the flow chart of providing vaccination service under RVP.

3. The Electronic Health System

3.1. The database of Private Doctors and vaccination recipients

The eHealth will establish a database of Private Doctors. The System will also build up a database of individual eligible persons who have received vaccination under RVP.

3.2. Creating "Clinic Administrator"

Private Doctors may create clinic staff accounts at eHealth to authorise them to undertake data management works, including but not limited to:

- Verify the eligibility of vaccine recipients at point of service provision;
- Search/retrieve vaccine recipients' eHealth accounts and create eHealth accounts; and
- Register transaction information but have limited authority access to the eHealth for handling administrative tasks. The transactions registered through the Clinic Administrator need to be confirmed by the Private Doctor before they can be passed for processing reimbursement.

Private Doctors shall login the eHealth for checking and confirming all information entered through the Clinic Administrator.

3.3. Procedures of Records Checking and Claims Submission for Individual Vaccine Recipient

3.3.1. Viewing electronic vaccination record

Private Doctor should check the recipient's electronic vaccination record in the eHealth three calendar days before providing vaccination to avoid duplication of vaccination. Private Doctor should never provide vaccination to recipient if the recipient's vaccination record has not been checked in the eHealth.

Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. Private Doctor should note that vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

Electronic vaccination record shows the vaccine recipient's vaccination

history from both eHealth and the Hospital Authority's database. The record can be retrieved through "Vaccination Record" or can be viewed after logging into vaccine recipient's e-account.

To view the electronic vaccination record of an eligible recipient, the Private Doctor is required to: –

a) Collect the vaccination list and "Vaccination Consent Form" of the recipient from the RCH/RCCC/DI (if applicable) (it is essential that the consent form should be duly completed and the information on it is correct);

b) Counter-check with RCH/RCCC/DI in-charge the Hong Kong Identity Card/ Certificate of Exemption/ other valid documents shown on the vaccination list and consent form of the vaccine recipient to verify the information is correct;

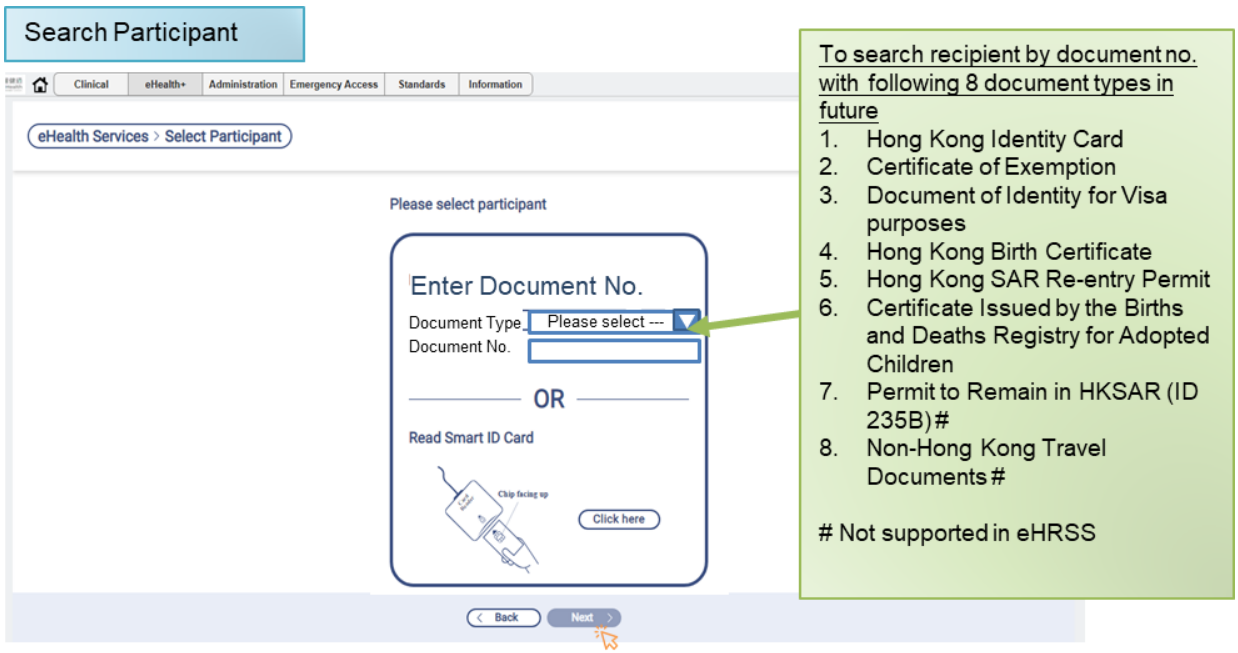
c) Log in to eHealth and select the "RVP Vaccination" function;

d) Use the identity information provided in the vaccination list and consent form to search for the vaccination record of the eligible person;

e) Verify the eligible person's past vaccination history and vaccination records in eHealth and decide whether vaccination is needed;

f) Categorise the recipient according to their eligibility for seasonal influenza and pneumococcal vaccination; and

g) If the vaccine recipient does not have an eHealth account, the Private Doctor should input the information required in the system in respect of the eligible person to proceed eHealth express registration (see Section 3.3.2).



3.3.2. eHealth express registration

To create an eHealth account for vaccine recipient, the Private Doctor is required to: –

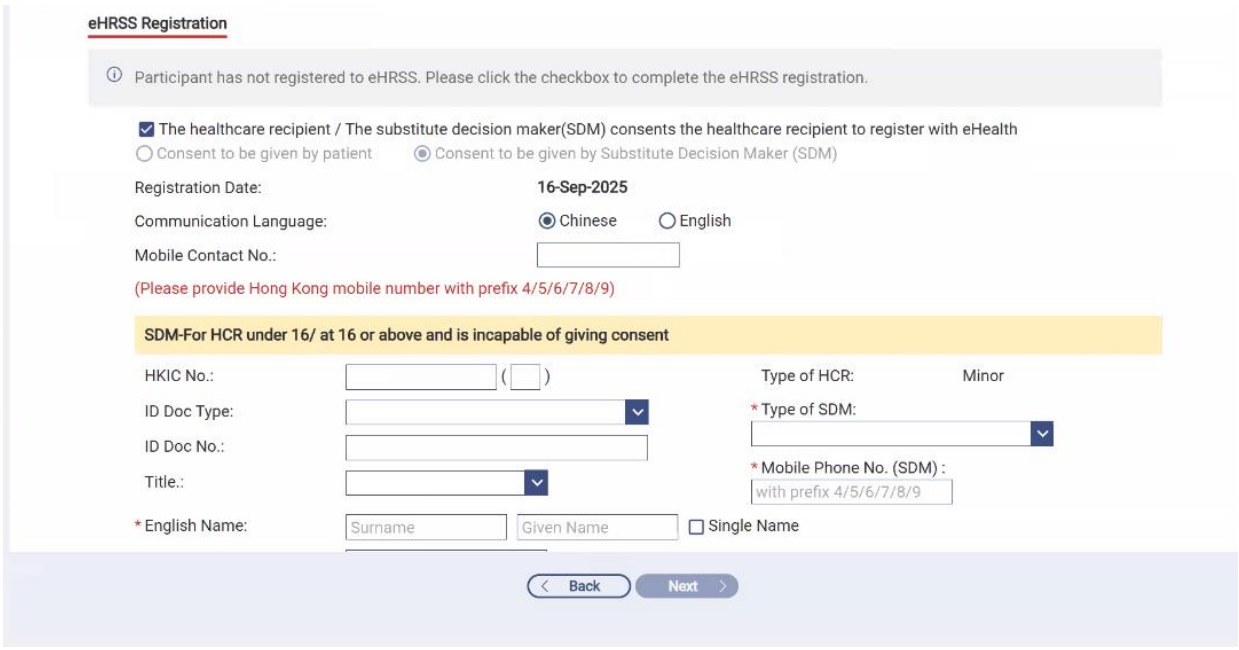
a) Collect the vaccination list and "Vaccination Consent Form" (if any) of the recipient from the RCH/RCCC/DI (it is essential that the consent form should be duly completed);

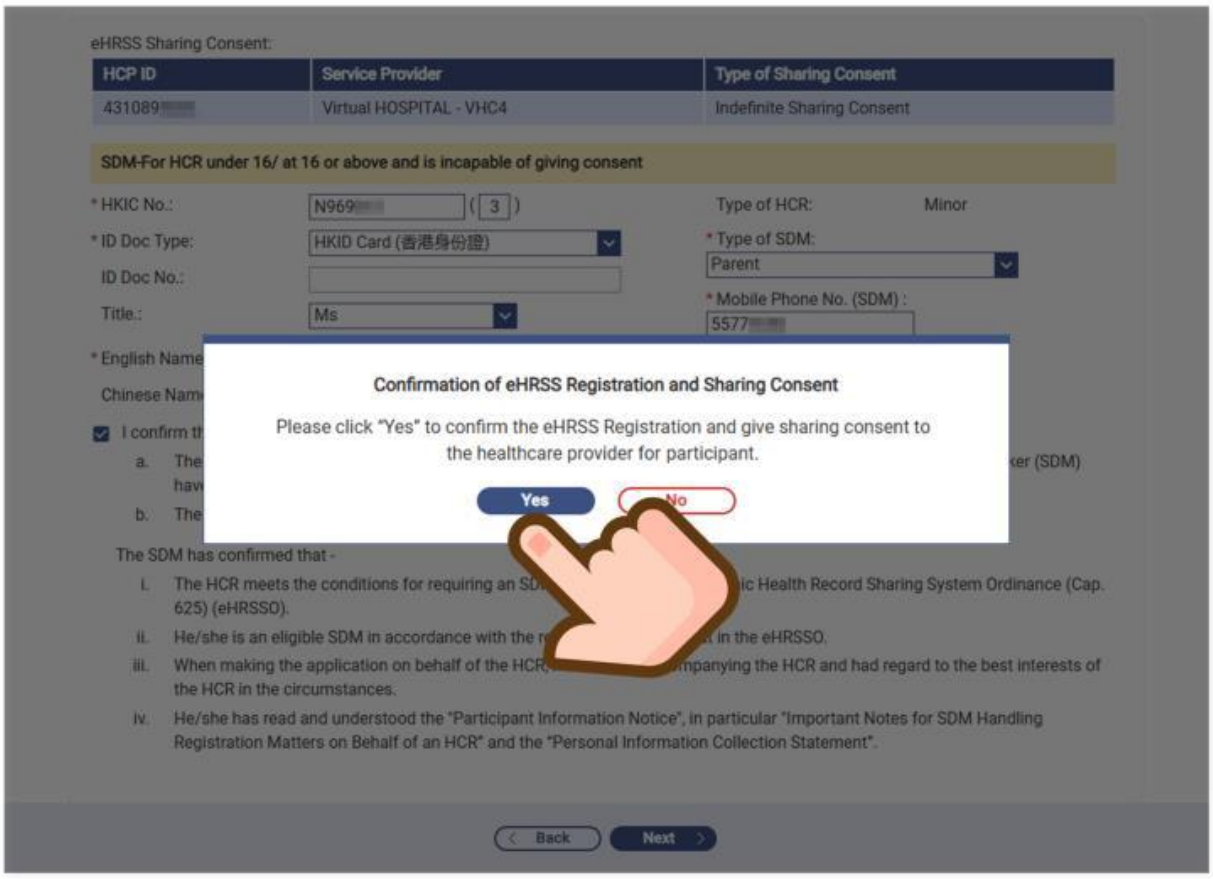
b) Search in eHealth to see if the validated eHealth account of the eligible recipient already exists;

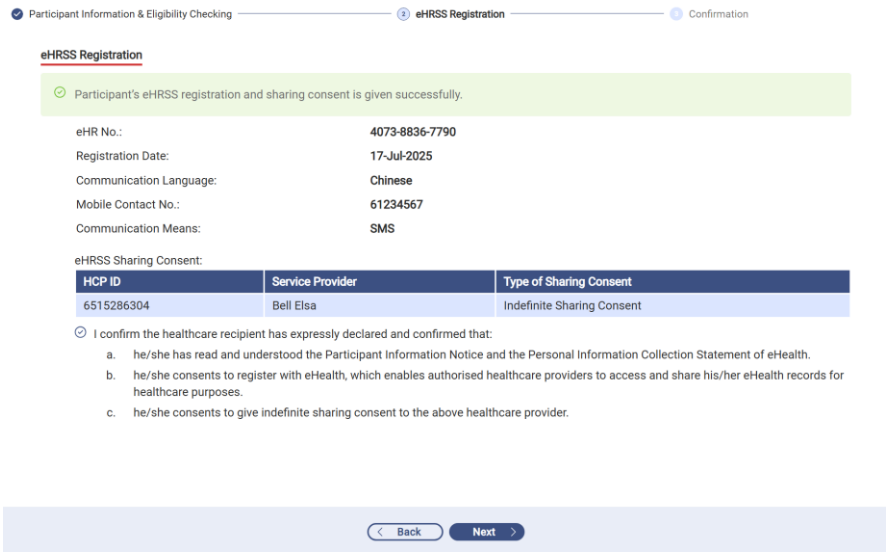
c) If no existing eHealth account can be found in eHealth, collect identity documents from the RCH/RCCC/DI and input the required information of the eligible recipient into eHealth manually to apply express eHealth registration, which is mandatory for vaccine recipients aged 18 years old or above in 2026/27 season;

d) Edit the options if a vaccine recipient aged below 18 years old or above, or the Substitute Decision Maker, decides to opt-out the eHealth registration; and

e) Consent from the vaccine recipient, his/her parent/ guardian should be obtained prior to eHealth registration. For details about eHealth registration, please refer to eHealth website: https://www.ehealth.gov.hk/en/ .


eHRSS Registration
Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration.
The healthcare recipient / The substitute decision maker(SDM) consents the healthcare recipient to register with eHealth
Consent to be given by patient
Consent to be given by Substitute Decision Maker (SDM)
Registration Date:
16-Sep-2025
Communication Language:
Chinese
English
Mobile Contact No.:
(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)
SDM-For HCR under 16/ at 16 or above and is incapable of giving consent
HKIC No.:
Type of HCR:
Minor
ID Doc Type:
* Type of SDM:
ID Doc No.:
Title.:
* Mobile Phone No. (SDM) :
with prefix 4/5/6/7/8/9
* English Name:
Surname
Given Name
Single Name
Back
Next


eHRSS Sharing Consent:
HCP ID
Service Provider
Type of Sharing Consent
431089
Virtual HOSPITAL - VHC4
Indefinite Sharing Consent
SDM-For HCR under 16/ at 16 or above and is incapable of giving consent
* HKIC No.:
N969
3
Type of HCR:
Minor
* ID Doc Type:
HKID Card (香港身份證)
* Type of SDM:
Parent
ID Doc No.:
Title.:
Ms
* Mobile Phone No. (SDM) :
5577
* English Name
Chinese Nam
I confirm th
a. The
hav
b. The
ker (SDM)
Confirmation of eHRSS Registration and Sharing Consent
Please click "Yes" to confirm the eHRSS Registration and give sharing consent to the healthcare provider for participant.
Yes
No
The SDM has confirmed that -
i. The HCR meets the conditions for requiring an SD
ic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO).
ii. He/she is an eligible SDM in accordance with the r
in the eHRSSO.
iii. When making the application on behalf of the HCR
mpanying the HCR and had regard to the best interests of the HCR in the circumstances.
iv. He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".
Back
Next



3.3.3. Claiming vaccination fee

Having created an eHealth account, the Private Doctor can claim the vaccination fee **after the vaccination has been provided**. The Private Doctor is required to:-

a) Log in the eHealth Portal and select the "RVP Vaccination" function;

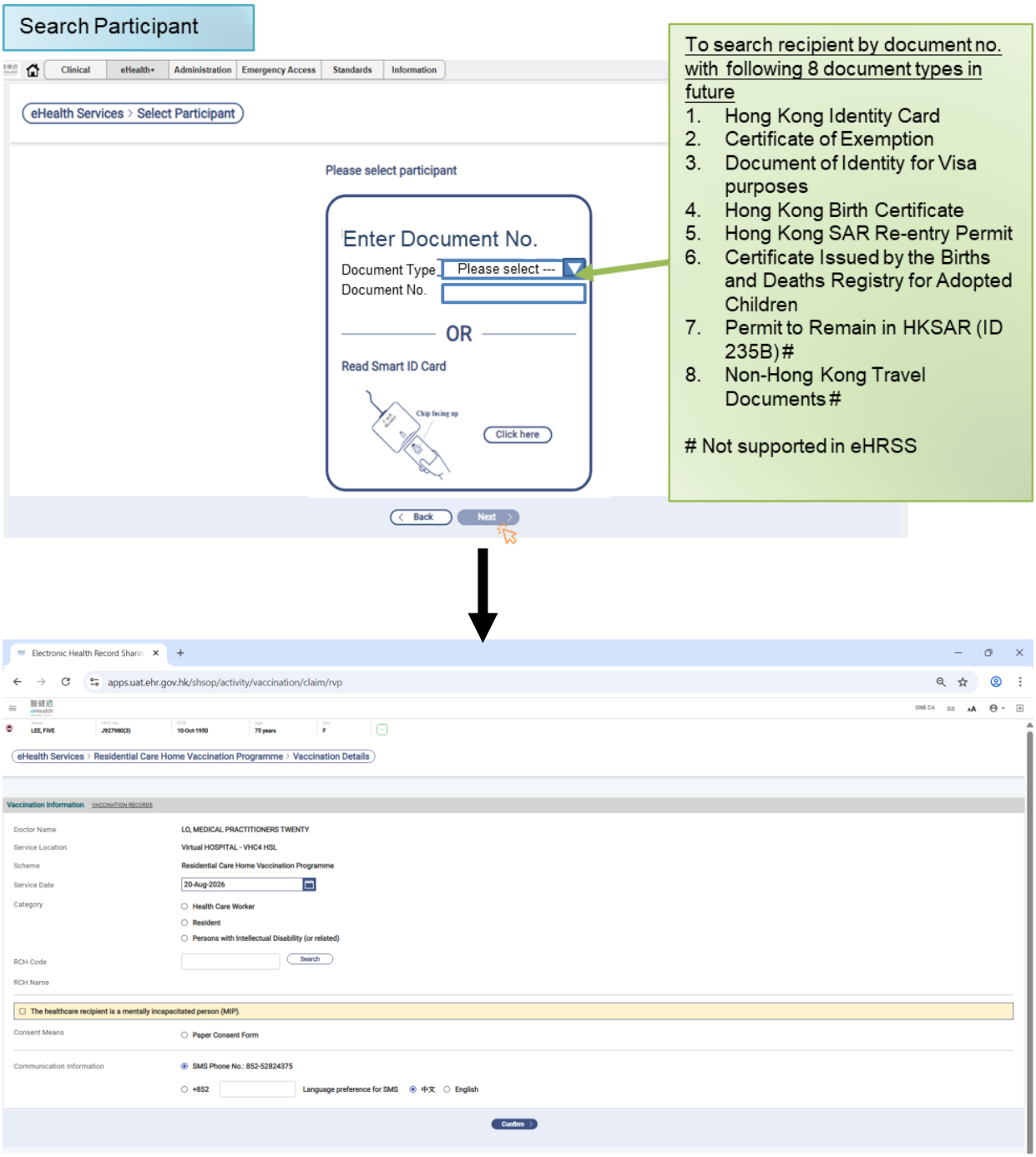
b) If there are more than one enrolled practice, select practice to proceed;

c) Search in the eHealth using the information on the vaccination list and "Vaccination Consent Form" to see if the validated eHealth of the eligible recipient already exists;

d) If a validated eHealth account is found, verify the details and confirm the account;

e) Enter claim information such as the vaccine (e.g. seasonal influenza and/or pneumococcal vaccine(s)) administered. (Claims have to be submitted in the eHealth within SEVEN days counting from the day of vaccination.); and

f) Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a Private Doctor for such late claim.

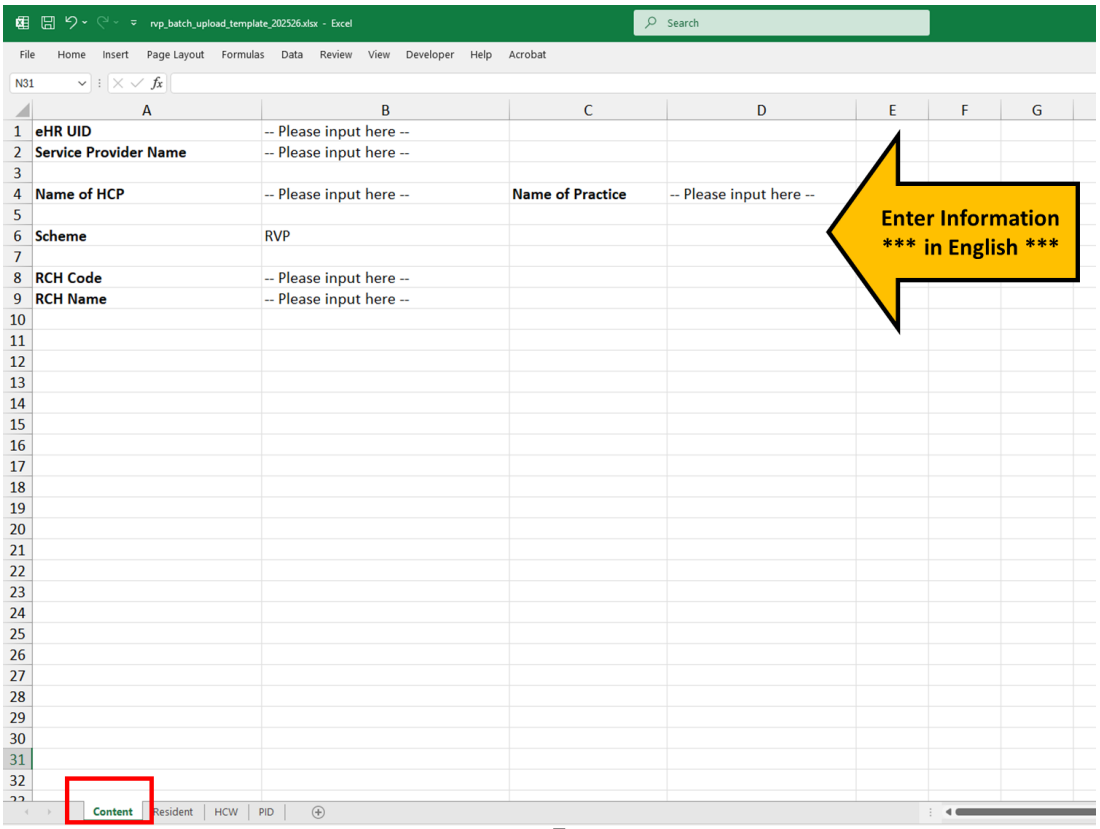


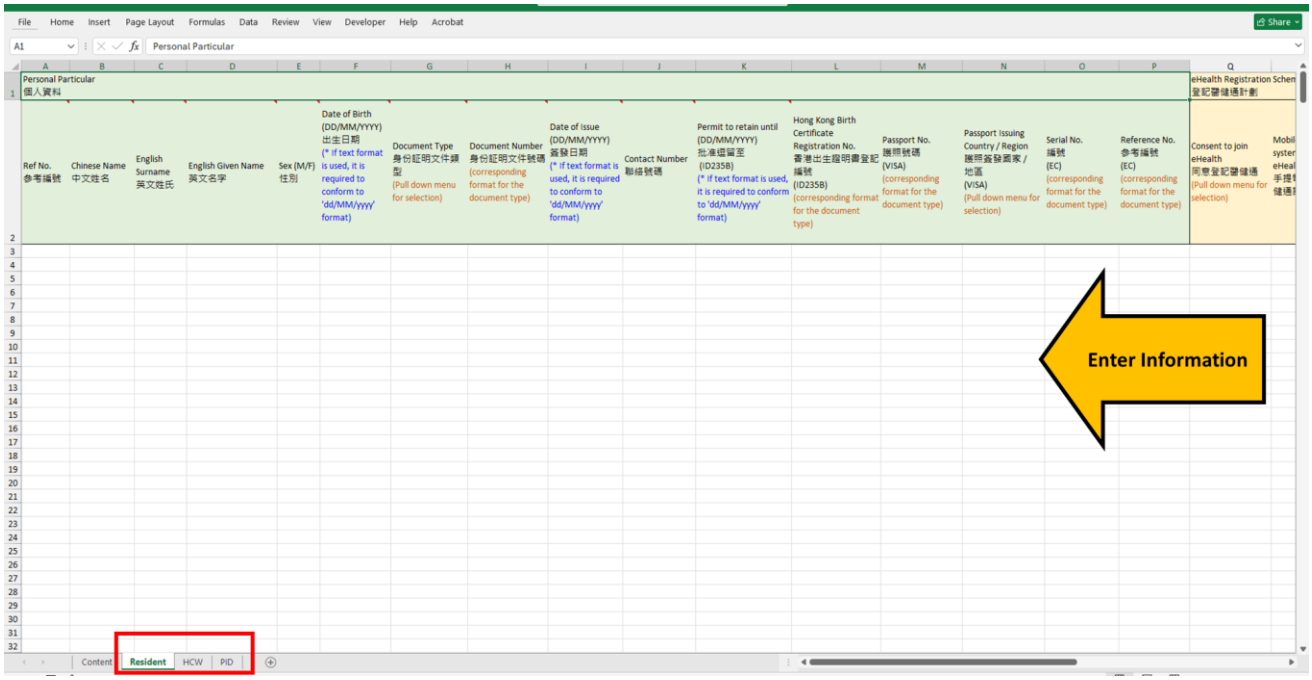
3.4. Procedures of Records Checking and Claims Submission by Excel Batch Upload

3.4.1. Creating consented recipient list with Excel

Compile the identity information provided in the consent forms in an excel table with specific format (provided by PMVD) to form a vaccination consent list. The template of Excel file can be downloaded on the CHP website (www.chp.gov.hk/en/features/23543.html)

Samples of Excel file:





To prevent unauthorised persons from accessing data in the excel table, the excel file should be password protected.

Send the password protected excel file to PMVD via the e-mail address (rvp@dh.gov.hk) **<u>at least 20 working days</u>** before vaccination day. PMVD will check and upload the consent list file onto the eHealth. The eHealth will create an eHealth account if the vaccine recipient does not have an eHealth account, and

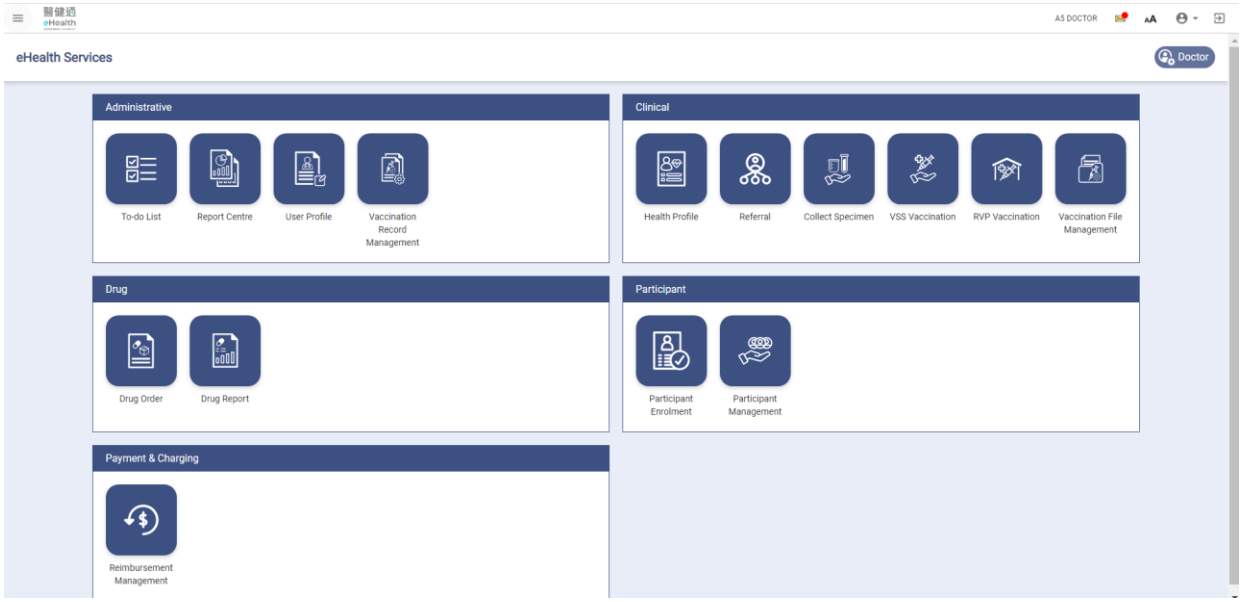
relevant supporting information has been provided.

3.4.2. First Report Checking

A **First Report and Vaccination Name List** will be available for **download** from eHealth one day after the PMVD has confirmed that the consent list is successfully uploaded. In order to protect recipients' privacy, the full names of recipients can only be shown in the Vaccination Name List. The latest valid SIV, 23vPPV and PCV13/PCV15 vaccination records of each consented client will be shown in the eHealth report. If an eHealth account does not exist for the consented client, an eHealth account will be created automatically.

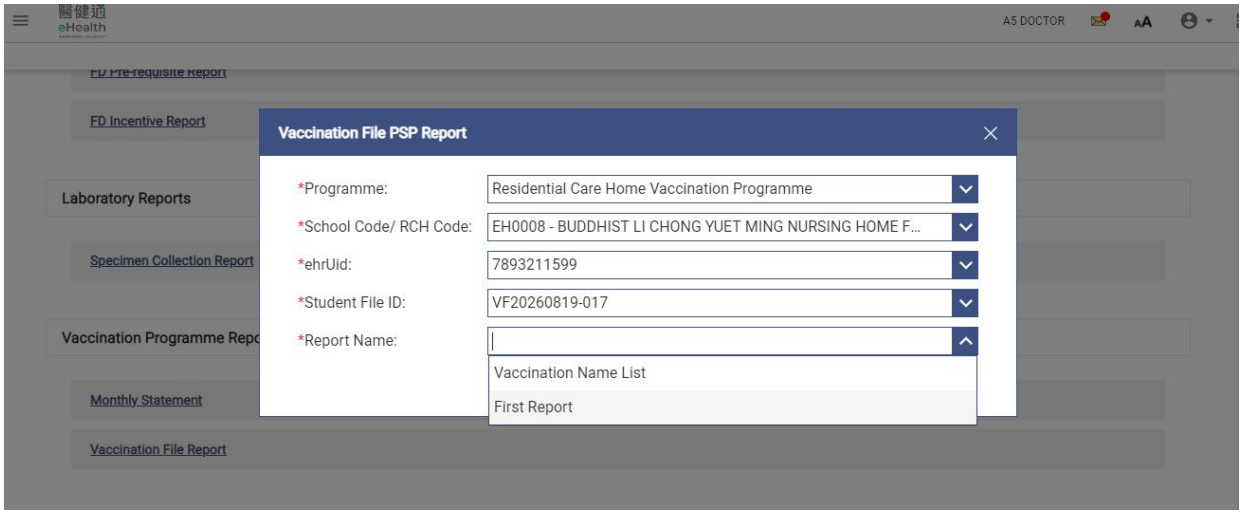
Steps to download the First Report and Vaccination Name List:

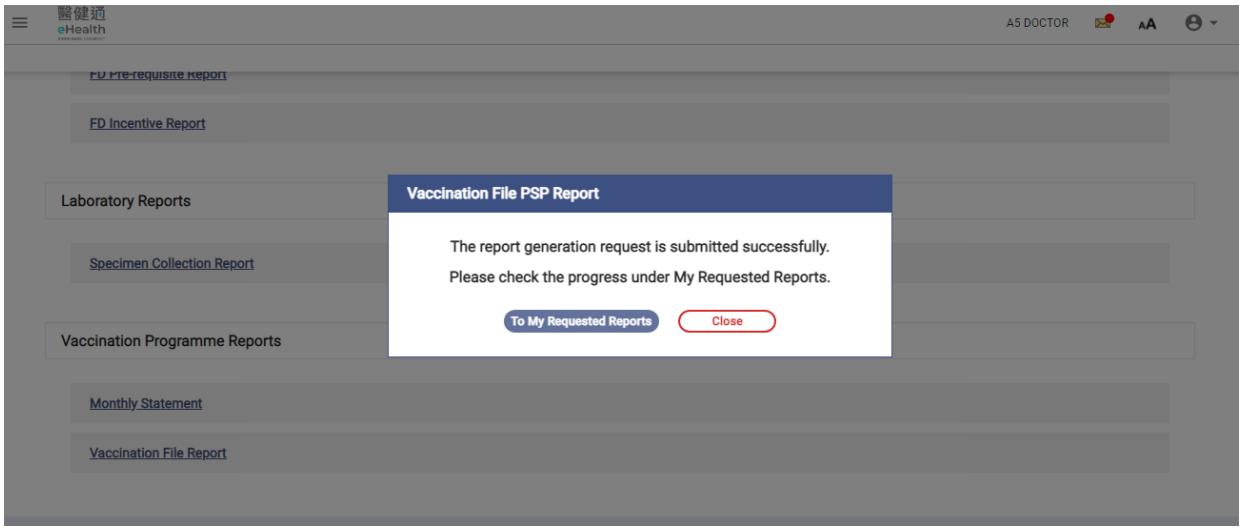
Go to "Report Centre".



Select “Vaccination File Report”.

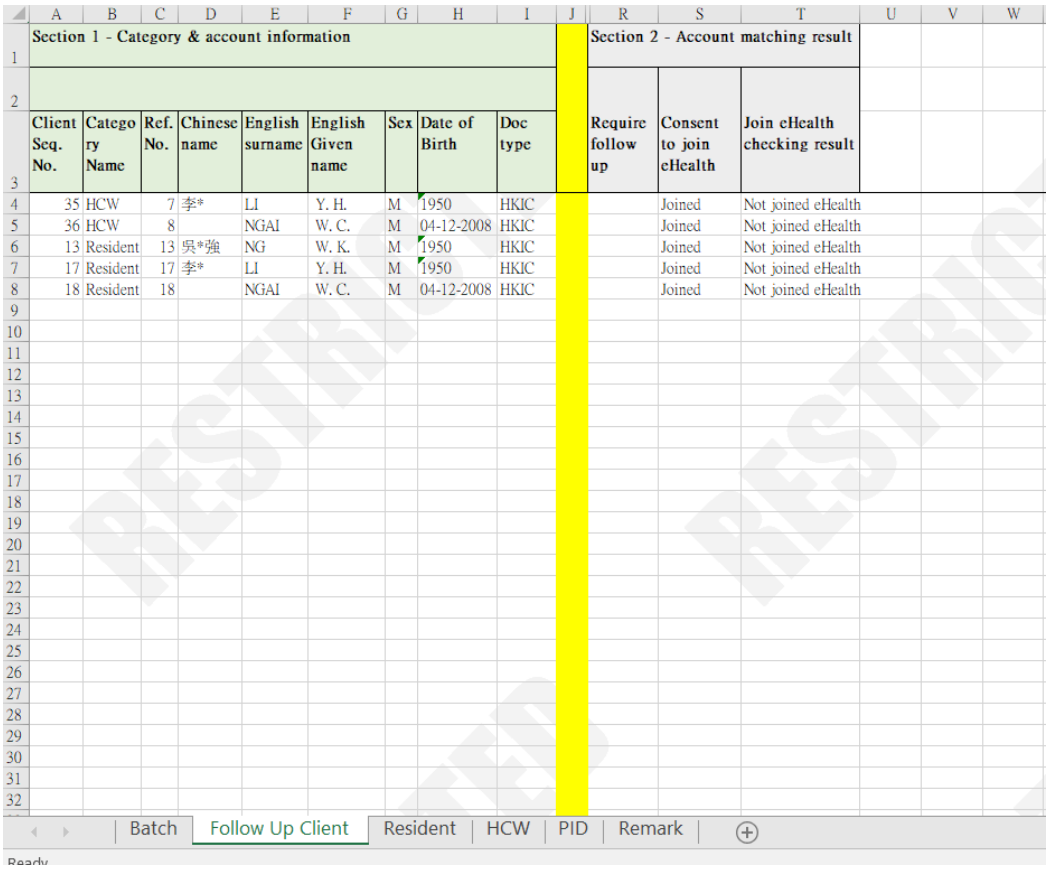
Input all necessary information to retrieve the First Report and Vaccination Name List.





The report and/or vaccination list will be downloaded in a zip file. Password is required to unlock the zip file. The password could be received via SMS or Email.

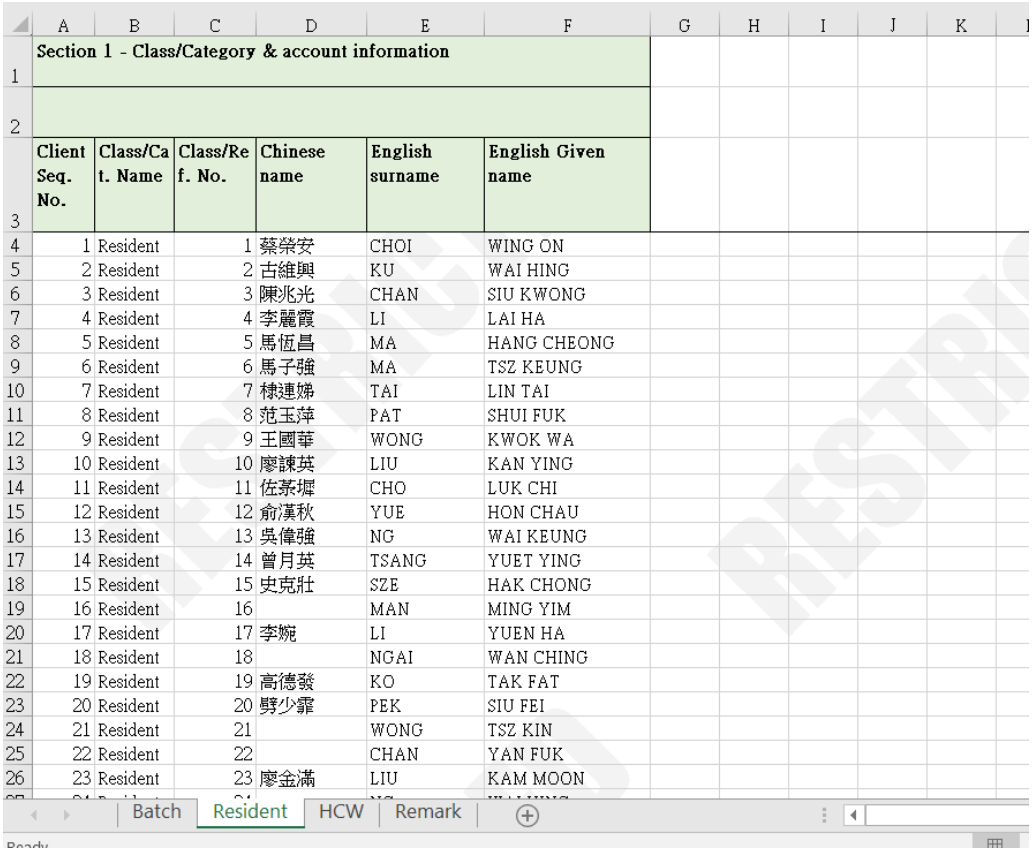
Sample of First Report:



Section 1 - Category & account information										Section 2 - Account matching result		
Client Seq. No.	Category Name	Ref. No.	Chinese name	English surname	English Given name	Sex	Date of Birth	Doc type		Require follow up	Consent to join eHealth	Join eHealth checking result
35	HCW	7	李*	LI	Y. H.	M	1950	HKIC			Joined	Not joined eHealth
36	HCW	8		NGAI	W. C.	M	04-12-2008	HKIC			Joined	Not joined eHealth
13	Resident	13	吳*強	NG	W. K.	M	1950	HKIC			Joined	Not joined eHealth
17	Resident	17	李*	LI	Y. H.	M	1950	HKIC			Joined	Not joined eHealth
18	Resident	18		NGAI	W. C.	M	04-12-2008	HKIC			Joined	Not joined eHealth

Batch | Follow Up Client | Resident | HCW | PID | Remark

Sample of Vaccination Name List:



Section 1 - Class/Category & account information					
Client Seq. No.	Class/Cat. Name	Class/Ref. No.	Chinese name	English surname	English Given name
1	Resident	1	蔡榮安	CHOI	WING ON
2	Resident	2	古維興	KU	WAI HING
3	Resident	3	陳兆光	CHAN	SIU KWONG
4	Resident	4	李麗霞	LI	LAI HA
5	Resident	5	馬恆昌	MA	HANG CHEONG
6	Resident	6	馬子強	MA	TSZ KEUNG
7	Resident	7	棣連娣	TAI	LIN TAI
8	Resident	8	范玉萍	PAT	SHUI FUK
9	Resident	9	王國華	WONG	KWOK WA
10	Resident	10	廖諫英	LIU	KAN YING
11	Resident	11	佐棻墀	CHO	LUK CHI
12	Resident	12	俞漢秋	YUE	HON CHAU
13	Resident	13	吳偉強	NG	WAI KEUNG
14	Resident	14	曾月英	TSANG	YUET YING
15	Resident	15	史克壯	SZE	HAK CHONG
16	Resident	16		MAN	MING YIM
17	Resident	17	李婉	LI	YUEN HA
18	Resident	18		NGAI	WAN CHING
19	Resident	19	高德發	KO	TAK FAT
20	Resident	20	劈少霏	PEK	SIU FEI
21	Resident	21		WONG	TSZ KIN
22	Resident	22		CHAN	YAN FUK
23	Resident	23	廖金滿	LIU	KAM MOON

Batch | Resident | HCW | Remark

Mark the last vaccination records on the Consent Form:

I	R	S	T	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
	Section 2 - Account matching result			Section 3 - Vaccination checking result (generated by system)																
					IIV					RIV					23vPPV		PCV15			
c e	Require follow up	Consent to join eHealth	Join eHealth checking result	Vaccination on checking date	Only dose	1st dose	2nd dose	Remarks	Last three valid vaccination records	Only dose	1st dose	2nd dose	Remarks	Last three valid vaccination records	Only dose	Remarks	Only dose	Remarks	Last three valid vaccination records	HA / DH Connection
IC	N	Yes		2026/08/19	Y	No	No		2025/08/22 QIV (1st Dose)	Y	No	No		2025/08/22 QIV (1st Dose)	Prefer to inject PCV15		Y			
BC	N	Yes		2026/08/19	Y	No	No		2025/08/22 QIV (1st Dose)	Y	No	No		2025/08/22 QIV (1st Dose)	Prefer to inject PCV15		Y			
	N	Yes		2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			
	N	Yes		2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			DH demographi
	N	Yes		2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			
IC	N	No		2026/08/19	Y	No	No		2011/11/13 SIV (Only Dose) 2010/12/12 SIV (Only Dose)	Y	No	No		2011/11/13 SIV (Only Dose) 2010/12/12 SIV (Only Dose)	No	No available subsidies	Y		2009/11/21 23vPPV (Only Dose)	
IC	N	Yes		2026/08/19	Y	No	No	SDM info. is invalid or missing		Y	No	No	SDM info. is invalid or missing		Prefer to inject PCV15	SDM info. is invalid or missing	Y	SDM info. is invalid or missing		
IC	Y	Joined	Not joined eHealth	2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			
IC	N	Yes		2026/08/19	Y	No	No		2023/01/01 QIV (Only Dose) 2015/11/18 QIV (Only Dose) 2014/12/15 SIV (Only Dose)	Y	No	No		2023/01/01 QIV (Only Dose) 2015/11/18 QIV (Only Dose) 2014/12/15 SIV (Only Dose)	No	No available subsidies	Y		2009/12/11 23vPPV (Only Dose)	
IC	N	Yes		2026/08/19	Y	No	No	SDM info. is inval	2015/10/22 QIV (Only Dose) 2014/11/20 SIV (Only Dose) 2013/11/29 SIV (Only Dose)	Y	No	No	SDM info. is invalid or missing	2015/10/22 QIV (Only Dose) 2014/11/20 SIV (Only Dose) 2013/11/29 SIV (Only Dose)	No	No available subsidies	Y	SDM info. is invalid or missing	2009/11/30 23vPPV (Only Dose)	
IC	N	No		2026/08/19	Y	No	No		2015/01/30 SIV (Only Dose)	Y	No	No		2015/01/30 SIV (Only Dose)	Prefer to inject PCV15		Y			
IC	Y	Joined	Not joined eHealth	2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			
IC	Y	Joined	Not joined eHealth	2026/08/19	Y	No	No			Y	No	No			Prefer to inject PCV15		Y			
IC	N	Yes		2026/08/19	Y	No	No		2024/09/13 QIV (Only Dose) 2013/11/08 SIV (Only Dose) 2012/11/13 SIV (Only Dose)	Y	No	No		2024/09/13 QIV (Only Dose) 2013/11/08 SIV (Only Dose) 2012/11/13 SIV (Only Dose)	Y		No	No available subsidies	2025/06/18 PCV15 (Only Dose)	

ident | HCW | PID | Remark

Verify the consented person's past vaccination history and vaccination records in the **First Report** and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.

For persons without vaccination cards, the staff of RCH/RCCC/DI will inform you about this. Please check the vaccination history in eHealth for this group of persons. After checking the past vaccination records of the person in the eHealth, write the date of previous vaccination on the consent form (if any).

Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

If vaccination record and eligibility status of the person have not been checked in the eHealth, the vaccination should be deferred until checking of eligibility status is in order.

3.4.3. Assigning vaccination date and confirming batch

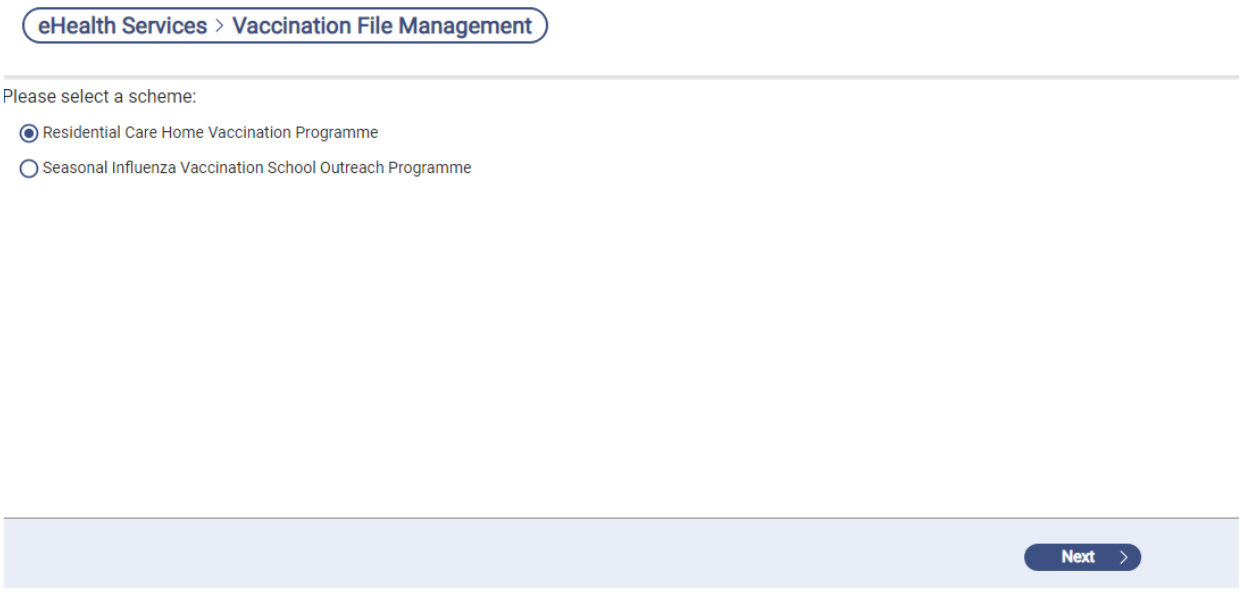
Assign the Vaccination Date by each vaccine for the batch of recipients on eHealth. The Final Report generation date can also be scheduled in the same step.

According to the vaccination records, confirm the batch of recipients to be vaccinated on eHealth.

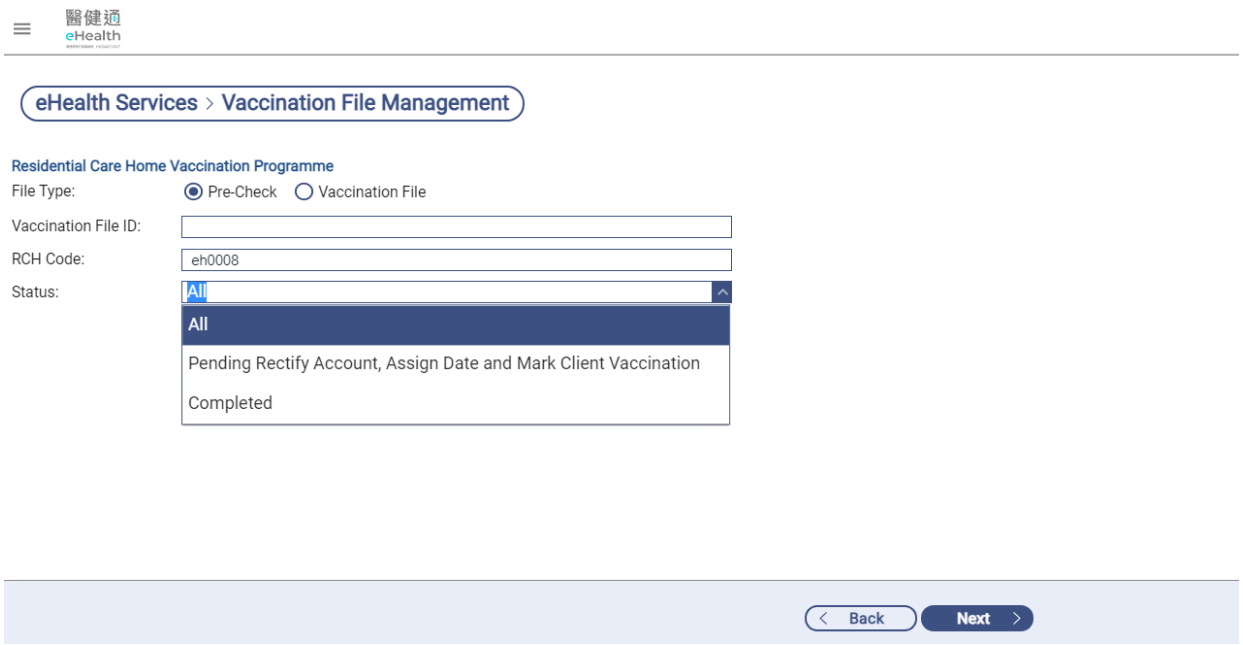
The Final Report will be generated on the scheduled date. Otherwise, the **Final Report** will be **automatically** generated from eHealth **<u>three calendar days</u>** before vaccination day.

Go to “Vaccination File Management”.

Select “Residential Care Home Vaccination Programme”.



Search batch file by inputting necessary information.

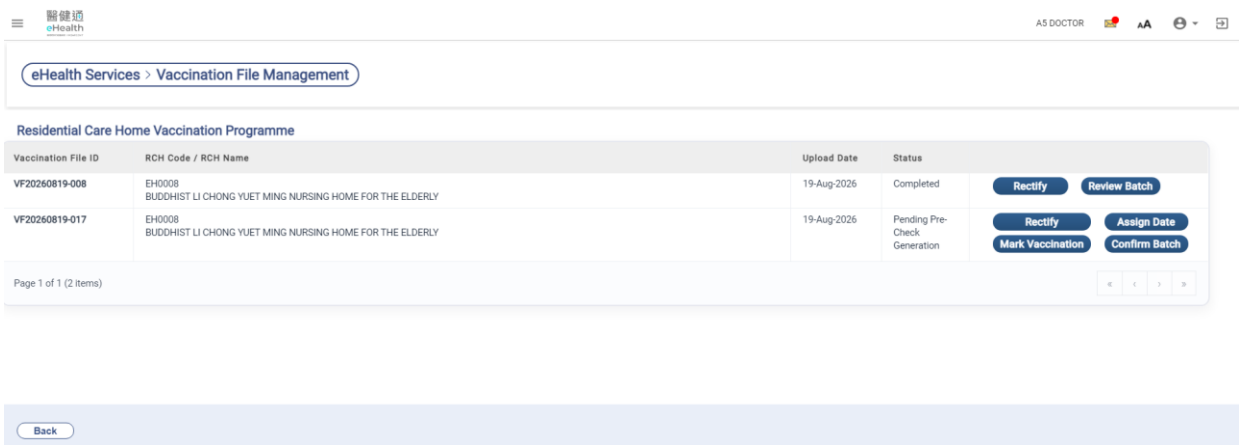


"Rectify": to edit the recipient's phone contact number

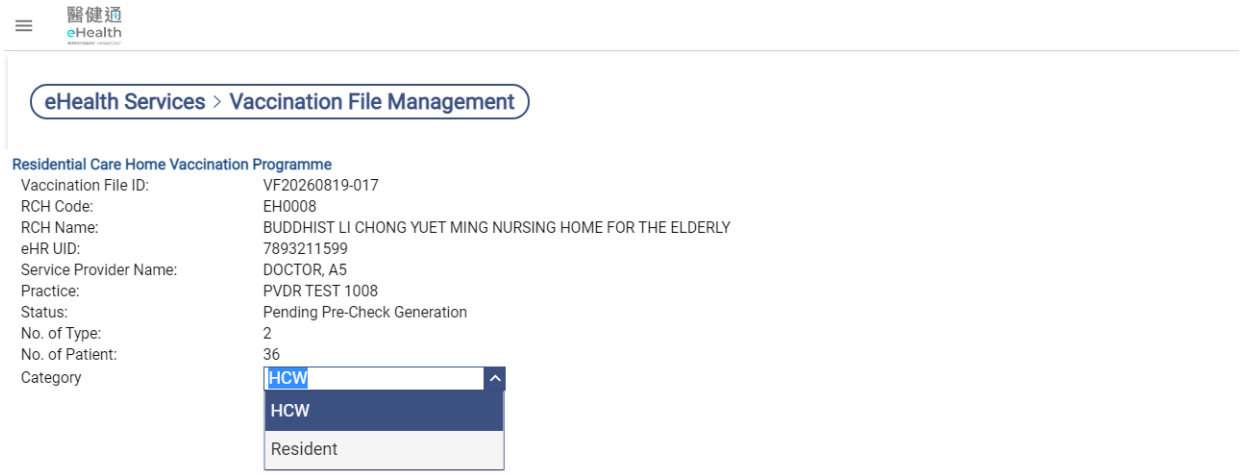
"Assign Date": to mark Final Report generation date and vaccination date

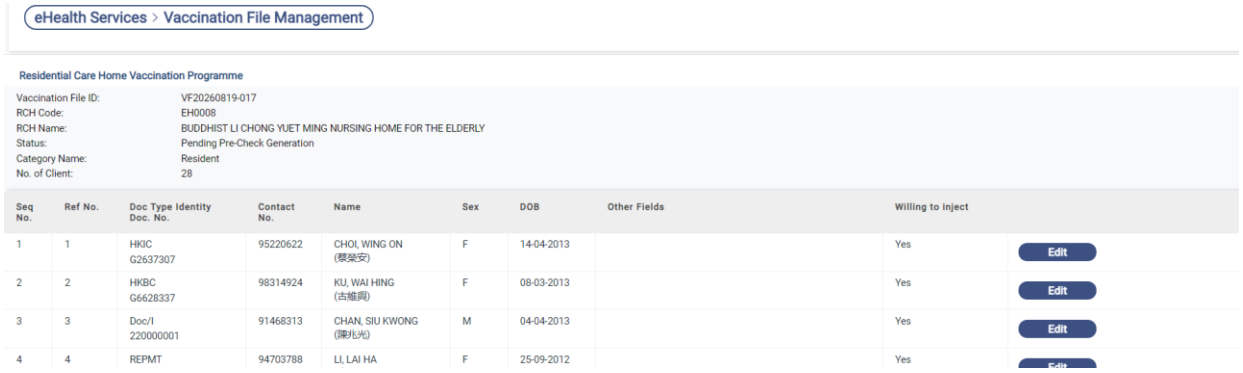
"Mark Vaccination": to select recipient vaccination status as "to be injected" or "not to be injected"

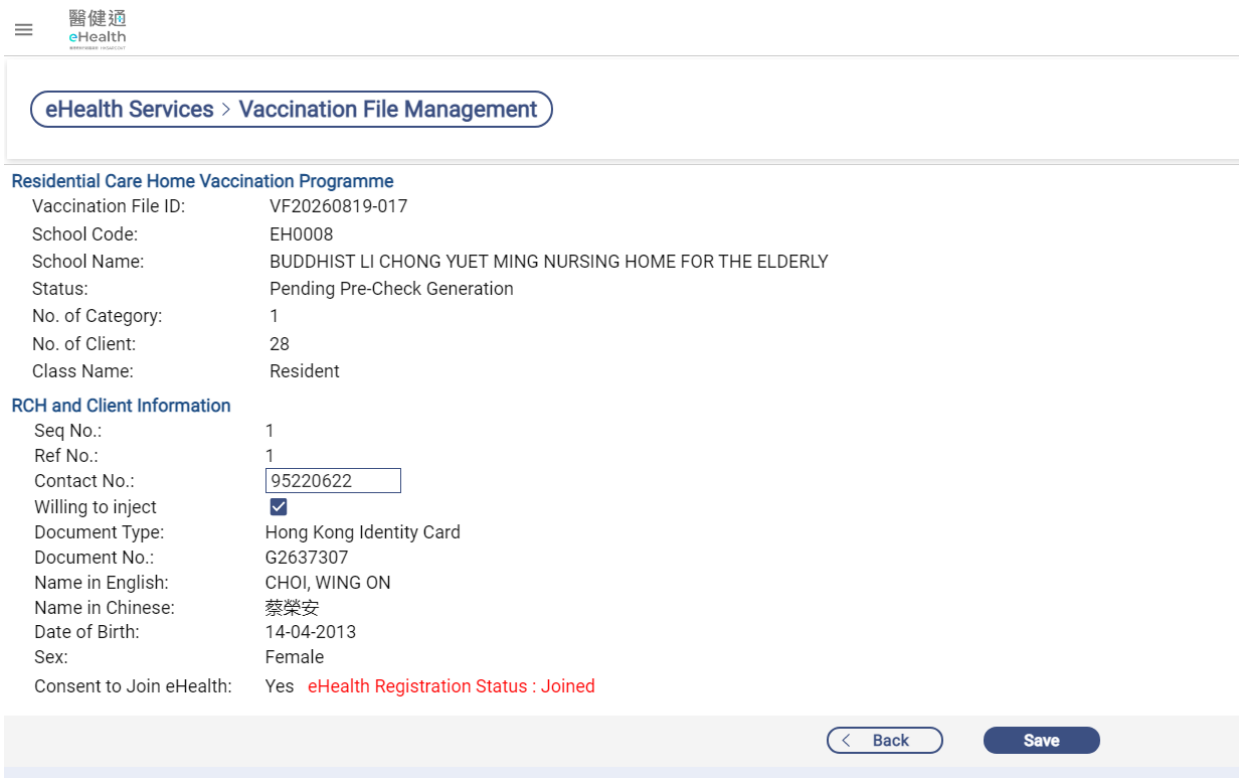
"Confirm Batch": to proceed to Final Report after pre-check



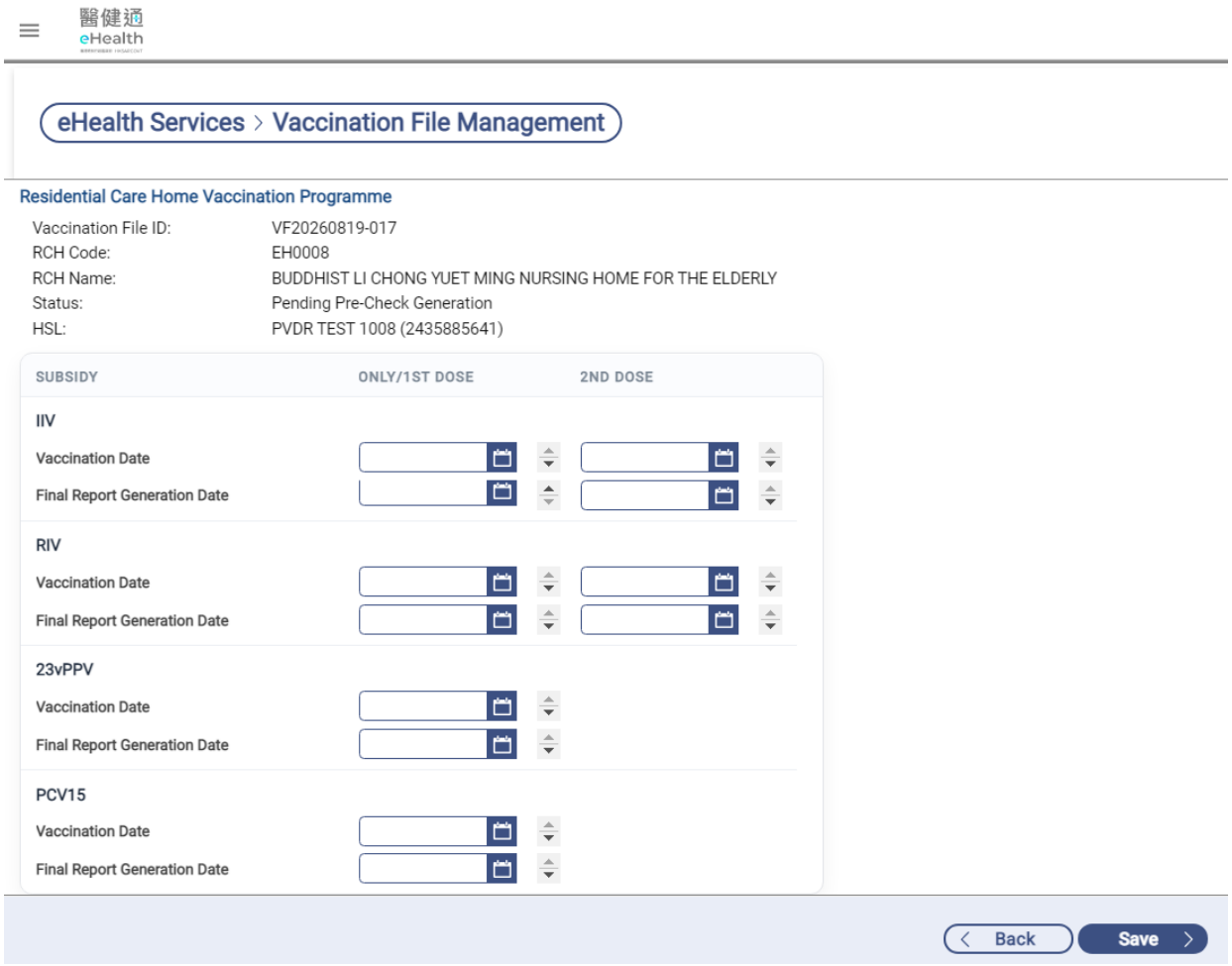
After clicking “Rectify”:

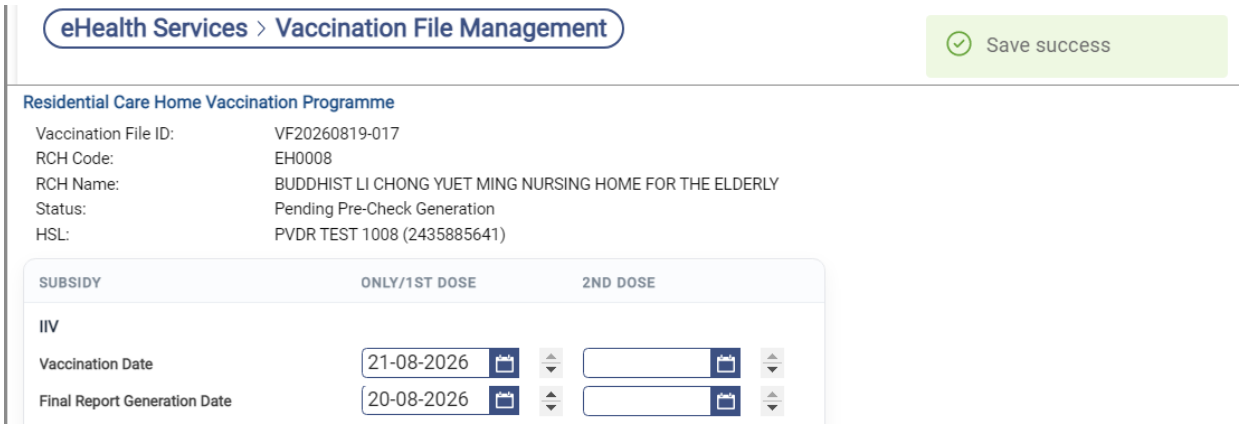




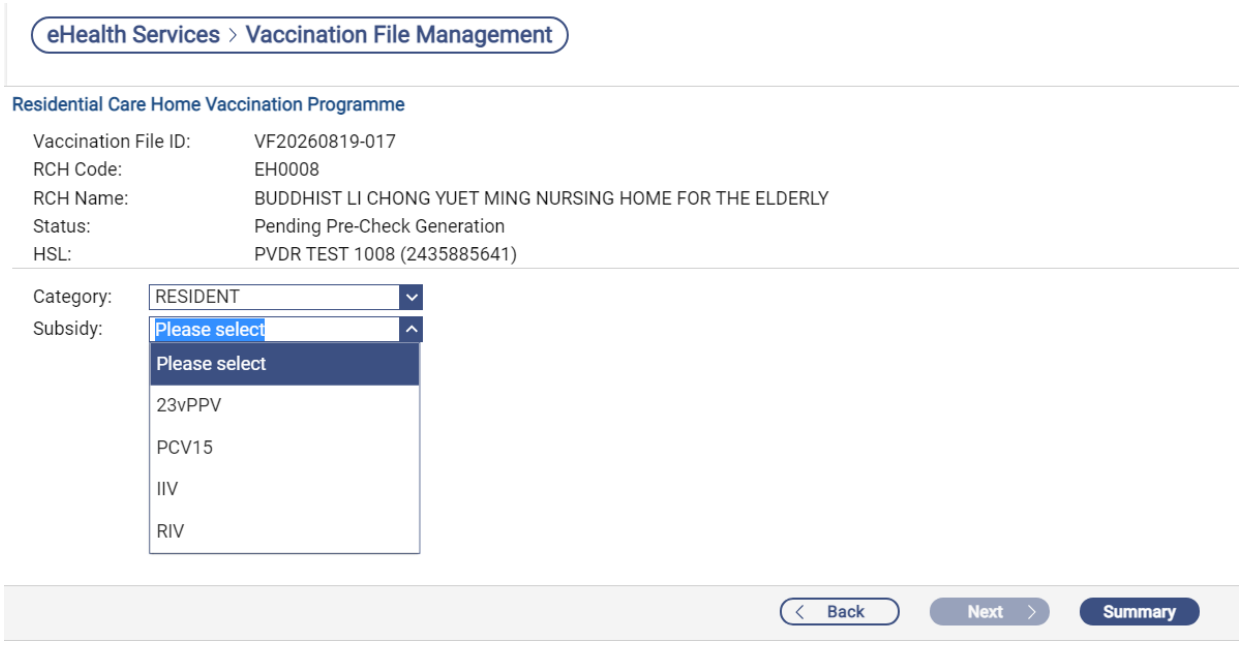


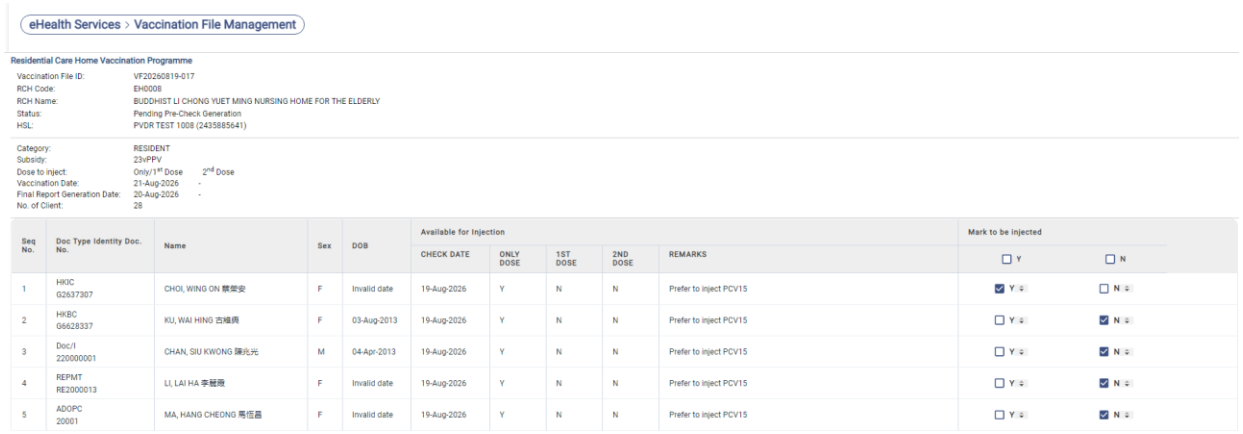
After clicking “Assign Date”:





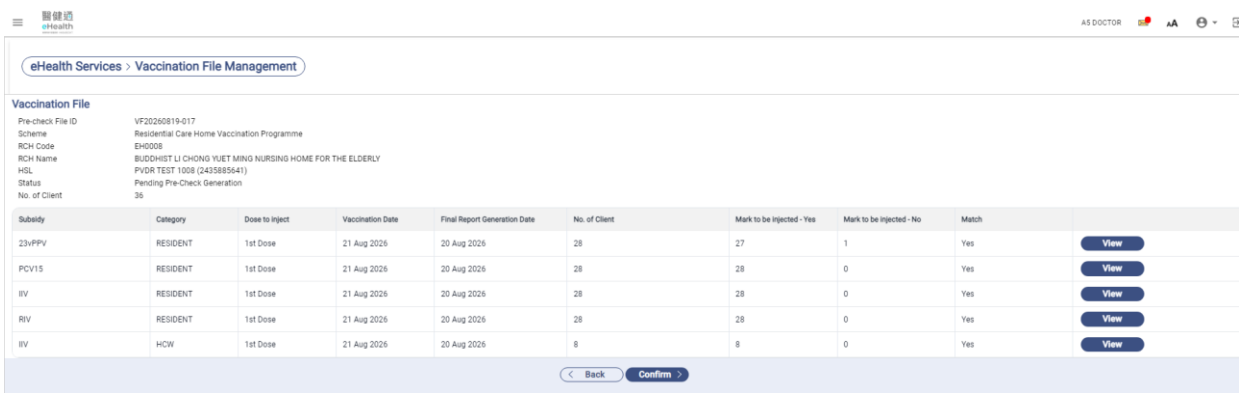
After clicking “Mark Vaccination”:



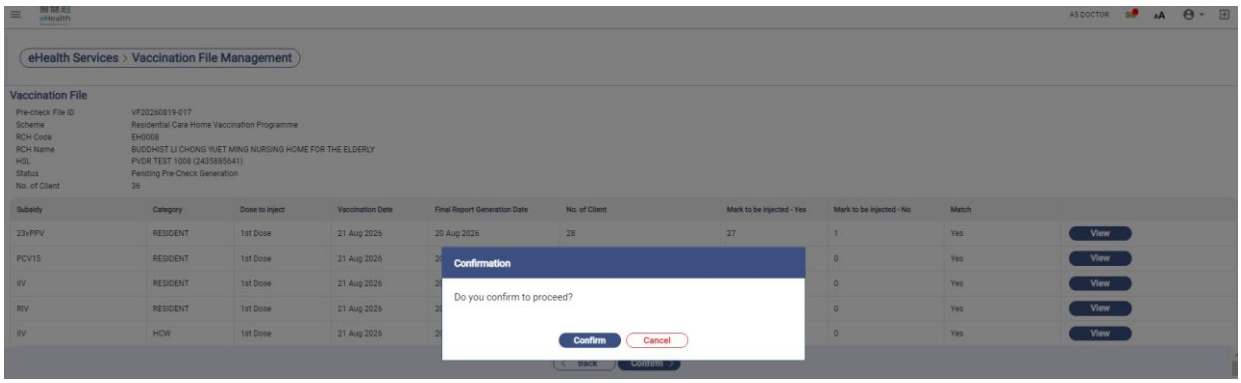


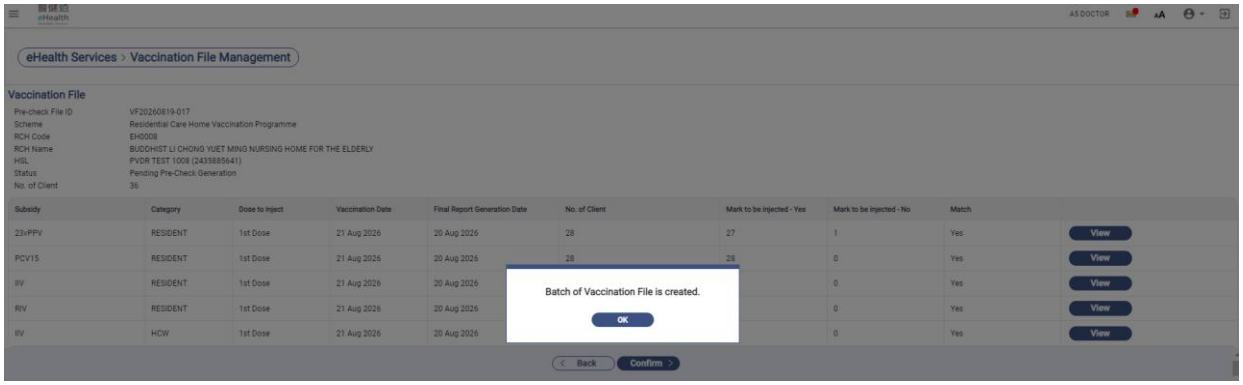
Seq No.	Doc Type Identity Doc. No.	Name	Sex	DOB	Available for Injection					Mark to be injected	
					CHECK DATE	ONLY DOSE	1ST DOSE	2ND DOSE	REMARKS	Y	N
1	HKIC G2637307	CHOI, WING ON 蔡榮安	F	Invalid date	19-Aug-2026	Y	N	N	Prefer to inject PCV15	☑ Y	☐ N
2	HKBC G6628337	KU, WAI HING 古維興	F	03-Aug-2013	19-Aug-2026	Y	N	N	Prefer to inject PCV15	☐ Y	☑ N
3	Doc/I 220000001	CHAN, SIU KWONG 陳兆光	M	04-Apr-2013	19-Aug-2026	Y	N	N	Prefer to inject PCV15	☐ Y	☑ N
4	REPMT RE2000013	LI, LAI HA 李麗霞	F	Invalid date	19-Aug-2026	Y	N	N	Prefer to inject PCV15	☐ Y	☑ N
5	ADOPC 20001	MA, HANG CHEONG 馬恒昌	F	Invalid date	19-Aug-2026	Y	N	N	Prefer to inject PCV15	☐ Y	☑ N

After clicking “Confirm Batch”:



Subsidy	Category	Dose to inject	Vaccination Date	Final Report Generation Date	No. of Client	Mark to be injected - Yes	Mark to be injected - No	Match	
23vPPV	RESIDENT	1st Dose	21 Aug 2026	20 Aug 2026	28	27	1	Yes	View
PCV15	RESIDENT	1st Dose	21 Aug 2026	20 Aug 2026	28	28	0	Yes	View
IIV	RESIDENT	1st Dose	21 Aug 2026	20 Aug 2026	28	28	0	Yes	View
RIV	RESIDENT	1st Dose	21 Aug 2026	20 Aug 2026	28	28	0	Yes	View
IIV	HCW	1st Dose	21 Aug 2026	20 Aug 2026	8	8	0	Yes	View





After “Confirm Batch”, the status of the batch file will be changed to “Completed”. The vaccination file(s) will be then generated.

The Final Report, Onsite Vaccination List, and Vaccination Name List will be available to download at “Report Centre” accordingly.

Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to the Private Doctor for such late claim.

The Government has the discretion not to pay out any vaccination fee to the Private Doctor or its Associated Organization if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.

The Private Doctor shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

3.5. Voiding claims

The Private Doctor can void a claim through the "Vaccination Record Management" function in the eHealth within 24 hours of making the claims. The concerned transaction record would be selected and marked as "Voided". Private Doctor has to input the void reason and click to "Confirm".

3.6. Reimbursement

Reimbursement of the vaccination fee would be performed on a monthly basis and will be paid directly into the accounts designated by the Private Doctors.

To avoid delay in the process of reimbursement / or claims for reimbursement may not be processed, enrolled doctors are required to make vaccination claim **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive).

At the end of each month, the eHealth will generate payment files based on the claim transaction logged by the eHealth for processing reimbursement. Upon checking of the accuracy of these claims, the reimbursement will be paid directly into the Private Doctor's designated bank accounts.

4. Other Highlights

4.1. Suspension and Termination

The Government may suspend the Private Doctor's entitlement to participate in the RVP if:

a) the doctor or practice fail to meet the requirement of RVP;

b) the claims submitted by the doctor are under investigation; or

c) the practice is being ordered by any other Services of DH/ government departments to suspend the service.

CHP will inform the doctor in writing on the reason of suspension. Once a doctor or a practice has been suspended, the doctor should not provide vaccination service to clients. No reimbursement will be made to any claims made during the suspension period. However, outstanding claims pending reimbursement will still be processed. The doctor will be informed in writing for lifting of the suspension.

DH may terminate the Agreement with the Private Doctor if:-

a) he/ she ceases to be so registered under the Medical Council;

b) he/ she is being suspended from practicing as registered medical practitioner;

c) the Government is of the reasonable opinion that he/ she has failed to provide medical services in a professional manner or is otherwise guilty of professional misconduct or malpractice; or

d) the Government considers that he/ she has failed to comply with the provisions in the agreement or direction given by the Government.

CHP will inform the doctor and his/her associated organisation regarding the termination, make arrangement with the doctor for return of any Scheme Equipment by the Government for the purpose of the RVP, and remove his name, clinic addresses and telephone numbers from the Lists of Private Doctors Enrolled in RVP from CHP website.

Once the enrolment of the doctor' and his/her associated organisation has been terminated, he/ she should not submit any reimbursement claims for vaccination service given afterwards. However, outstanding claims pending

reimbursement will still be processed.

4.2. Monitoring and inspection

The PMVD will conduct random checks to detect possible abuse of the RVP. For monitoring purpose, Private Doctors are advised to retain the vaccination records and the Consent Forms for at least seven years for the purpose. Be prepared for calls from the PMVD and provide relevant documents as required for checking. Private Doctors will be required to refund the vaccination fee reimbursed should any irregularity is detected and cannot be clarified. Randomly selected vaccine recipients and in-charge person of RCH/RCCC/DI will be contacted for verification purpose.

4.3. Data security and privacy

Private Doctors should be careful in handling personal data of clients. Keep the signed Consent Forms collected from recipients in locked cabinets and limit the number of persons who can access the personal data to prevent indiscriminate or unauthorized access, processing and use of personal data.

4.4. Reporting vaccine adverse reaction

Adverse drug reaction (ADR) reporting is important for vaccine safety surveillance and programme monitoring. You are therefore encouraged to report the following ADR cases to the DH.

(i) All suspected serious ADR, even if the reaction is well known, which
- is life-threatening or fatal;
- results in or prolongs hospitalization;
- causes persistent incapacity or disability; or
- causes birth defect.

(ii) Suspected drug interactions including drug-drug and drug-herb interactions;

(iii) Non-serious ADRs but the reactions are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known ADR);

(iv) Unexpected ADRs, i.e. the reactions are not found in the product information or labelling (e.g. an unknown side effect in a new drug).

Please refer to the website of Drug Office of the DH for the Reporting

Guidelines and ADR Report Form at:
www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html

5. Forms and Cards

5.1. Enrolment documents

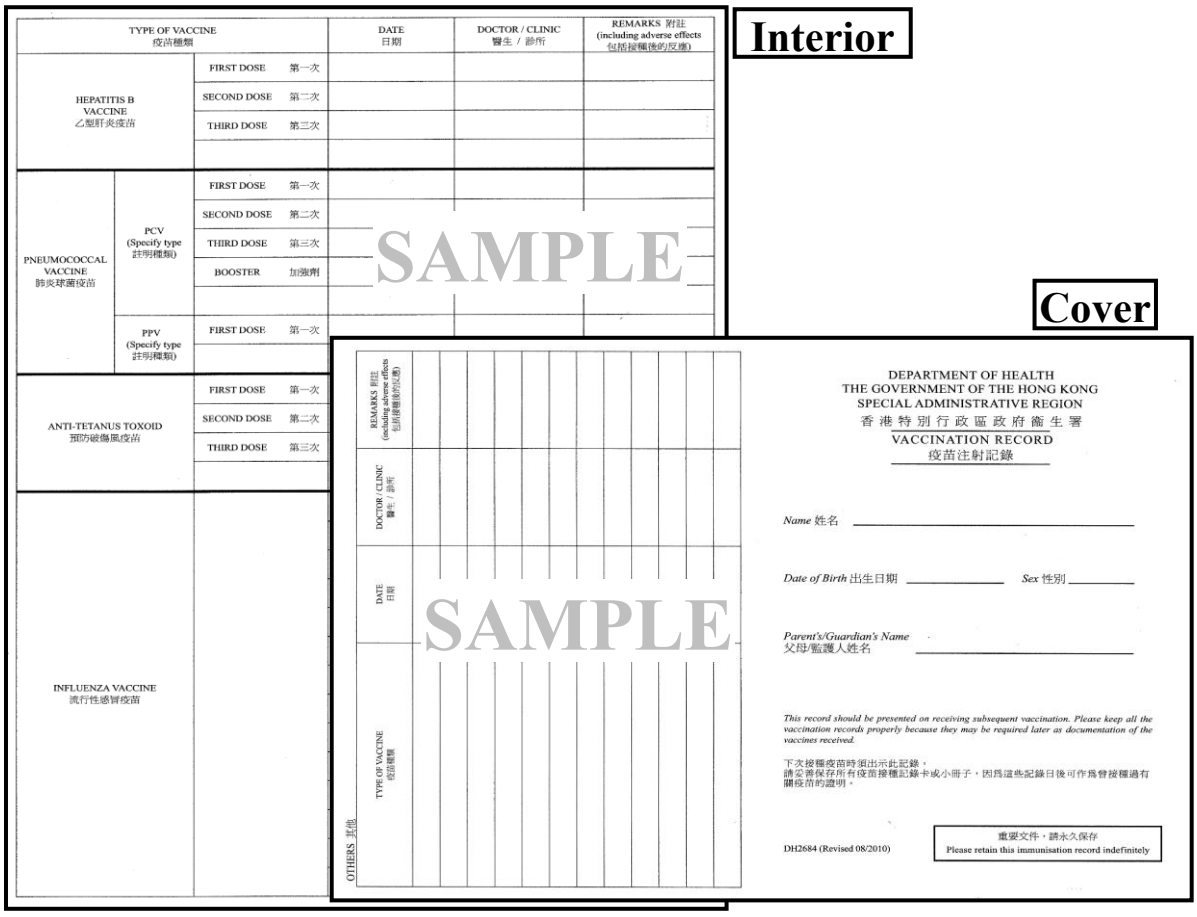
The transaction documents are downloadable from the CHP website at www.chp.gov.hk/en/view_content/23543.html

5.2. Other forms and documents

5.2.1. Vaccination Consent Form

Consent forms for recipients in RCH/RCCC/DI are available at the CHP website at www.chp.gov.hk/en/features/21657.html

5.2.2. Vaccination Card



Reference

1. Centre for Health Protection website
   www.chp.gov.hk
2. Residential Care Home Vaccination Programme
   https://www.chp.gov.hk/en/features/21657.html
3. Chapter 3 (Recommendations to Ensure Vaccine Safety and Effectiveness) of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3
4. Chapter 5 (Monitoring and Management of Adverse Events Following Immunisation) of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5
5. Code of Professional Conduct, the Medical Council of Hong Kong
   www.mchk.org.hk/code.htm
6. Department of Health website
   www.dh.gov.hk/
7. Drug Office, the Department of Health
   www.drugoffice.gov.hk/eps/do/index.html
8. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2026-27 Season in Hong Kong (As of March 2026)
   https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2026_27_season_in_hong_kong_mar2026.pdf
9. Scientific Committee on Vaccine Preventable Diseases Recommendations on the use of 15-valent Pneumococcal Conjugate Vaccine (PCV15) and 20-valent Pneumococcal Conjugate Vaccine (PCV20) in Hong Kong (As of 27 September 2023)
   https://www.chp.gov.hk/files/pdf/recommendations_on_the_use_of_15valent_pneumococcal_conjugate_vaccine_and_20valent_pneumococcal_conjugate_vaccine_in_hong_kong_27sep.pdf

Annex A

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

衞生署

院舍防疫注射計劃

_____（院友姓名，由院舍填寫）

20__年_____月_____日（信件發出日期，由院舍填寫）

反對院友接種季節性流感疫苗或
肺炎球菌疫苗通知書
（只適用於未能表達意願的院友）

貴院友（即上述人士）現居於_____（院舍名稱，由院舍填寫）。如經醫生評估為合適接種 2026/27 年度季節性流感疫苗及肺炎球菌疫苗，將獲安排接種疫苗。因上述人士未能表達其同意接種疫苗的意願，故現徵詢你（作為父母／監護人／家屬）的意見。

若你經考慮後明白如沒有接種疫苗，會增加上述人士罹患重症，入院留宿或死亡的風險，及有可能為其他院友、院舍員工和整體院舍運作帶來風險，仍然反對上述人士接種疫苗，請你在本通知書發出後的十四天內，即_____月_____日前（由院舍填上）填妥夾附的「反對院友接種疫苗回條」及交回院舍[1]以明確表示反對其接種季節性流感疫苗或肺炎球菌疫苗，否則醫生會如常按醫療專業作出判斷，為即上述人士接種疫苗。

如有任何查詢，請聯絡院舍負責職員。

衞生署

2026 年

（本函由院舍代發）

[1] 父母／監護人／家屬可透過與院舍慣常的溝通方式（例如親自交付、短訊、郵寄、傳真或電郵等）遞交回條。

衞生署

院舍防疫注射計劃

反對院友接種季節性流感疫苗或肺炎球菌疫苗回條[1]
（只適用於未能表達意願的院友）

院舍名稱：_____

院友姓名：_____

本人是上述院友的*父母／監護人／家屬，知悉若上述院友如經醫生評估為適合接種季節性流感疫苗及肺炎球菌疫苗，本人**反對為其接種以下疫苗**：
（請於適當的位置加上"✓"）

☐ 2026/27 年度季節性流感疫苗 (滅活流感疫苗)

☐ 2026/27 年度季節性流感疫苗 (重組流感疫苗)[2]

☐ 十五價肺炎球菌結合疫苗[2]

☐ 二十三價肺炎球菌多醣疫苗[2]

如反對接種以上疫苗，請提供原因： _____

本人亦明白如沒有接種疫苗，會增加院友罹患重症，入院留宿或死亡的風險，亦有可能為其他院友、院舍員工和整體院舍運作帶來風險。

本人明白我須在院舍發出通知書後十四天內交回此回條，否則醫生會根據專業醫療判斷，在認為合適接種疫苗的情況下，為院友進行接種。

院友*父母／監護人／家屬簽名 ： _____

院友*父母／監護人／家屬姓名 ： _____

聯絡電話 ： _____

日期 ： _____

*請刪去不適用者

---

[1] 父母／監護人／家屬可透過與院舍慣常的溝通方式（例如親自交付、短訊、郵寄、傳真或電郵等）遞交回條。

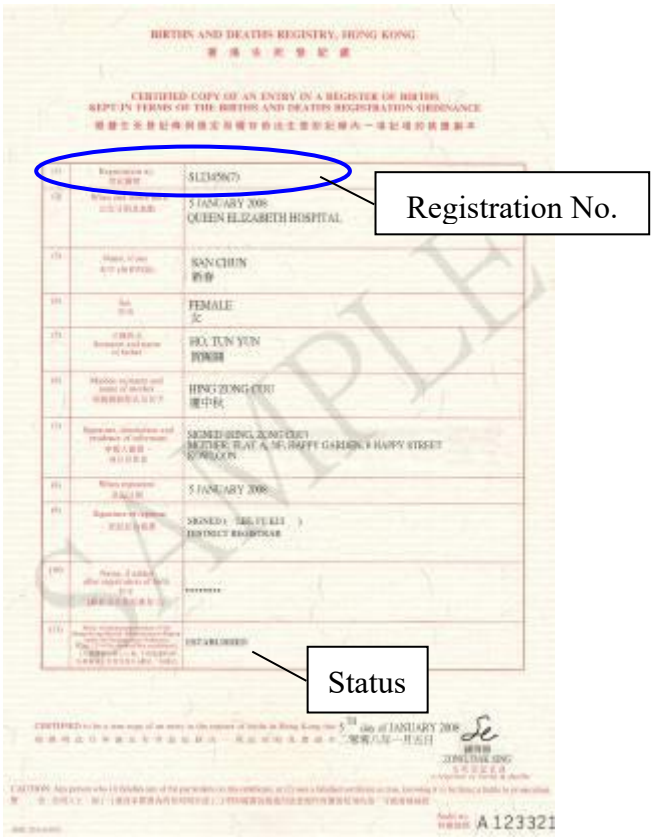
[2] 重組流感疫苗及肺炎球菌疫苗只適用在居於安老院舍的院友及 65 歲或以上（以出生年份計算）居於殘疾人士院舍的院友。

Annex B

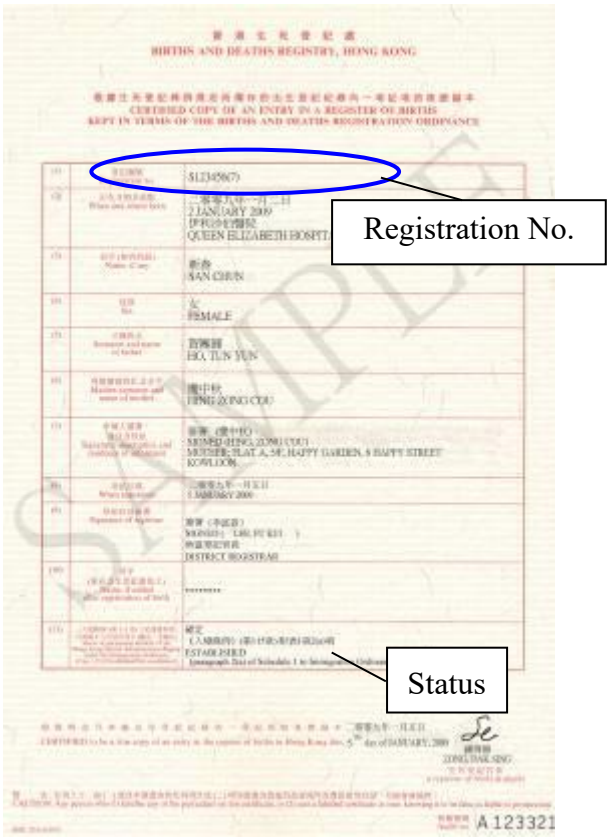
Samples of Identity documents

(1) Samples of Hong Kong Birth Certificate (with status of permanent resident indicated as "Established")

Issued between 1.7.1997 and 27.4.2008



Issued on or after 28.4.2008



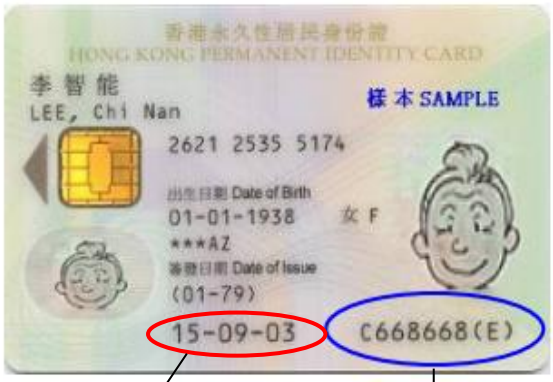
Remarks: -

- For births registered in Hong Kong between 1 July 1997 and 27 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is **"Established/Not Established".**

- For births registered in Hong Kong **on or after 28 April 2008**, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.

(2) Samples of Hong Kong Permanent Identity Card

Issued in Hong Kong



Date of Issue | Identity Card No.

Issued Overseas

Date of Issue | Identity Card No.

(正面 Front)

(背面 Back)

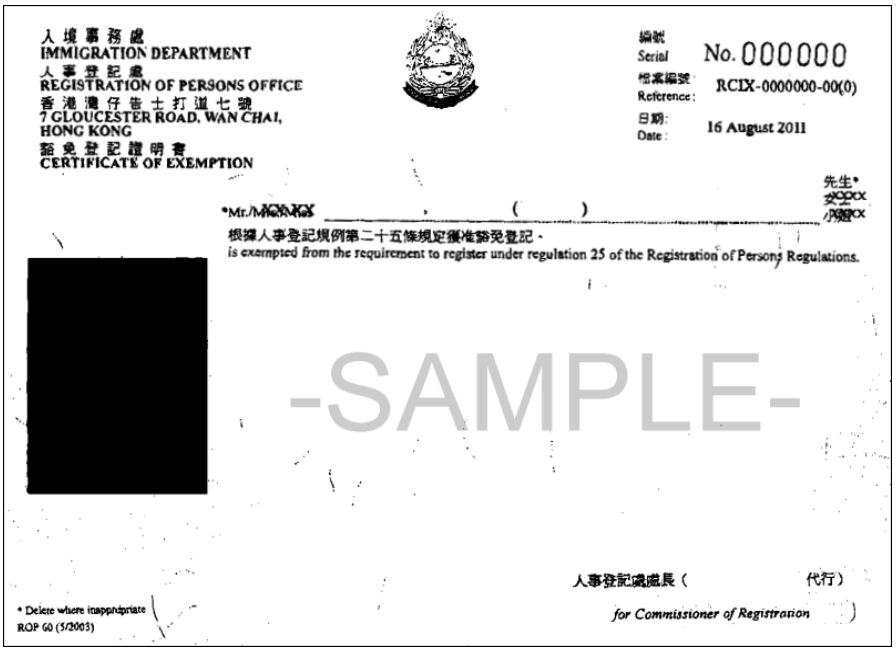
(3) Samples of New Smart Hong Kong Identity Card

Issued on or after 26 November 2018

(正面 Front)

(背面 Back)

(4) Sample of Certificate of Exemption



入境事務處
IMMIGRATION DEPARTMENT
人事登記處
REGISTRATION OF PERSONS OFFICE
香港灣仔告士打道七號
7 GLOUCESTER ROAD, WAN CHAI,
HONG KONG
豁免登記證明書
CERTIFICATE OF EXEMPTION

編號 Serial No. 000000
檔案編號 Reference: RCIX-0000000-00(0)
日期: Date: 16 August 2011

Mr./Miss/Ms [redacted] ( ) 先生/女士*/小姐*

根據人事登記規例第二十五條規定獲准豁免登記。
is exempted from the requirement to register under regulation 25 of the Registration of Persons Regulations.

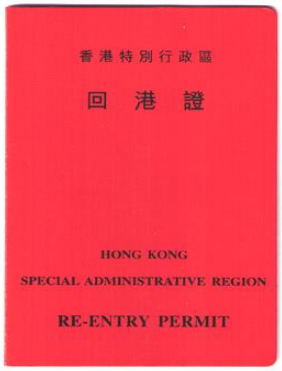
[redacted]

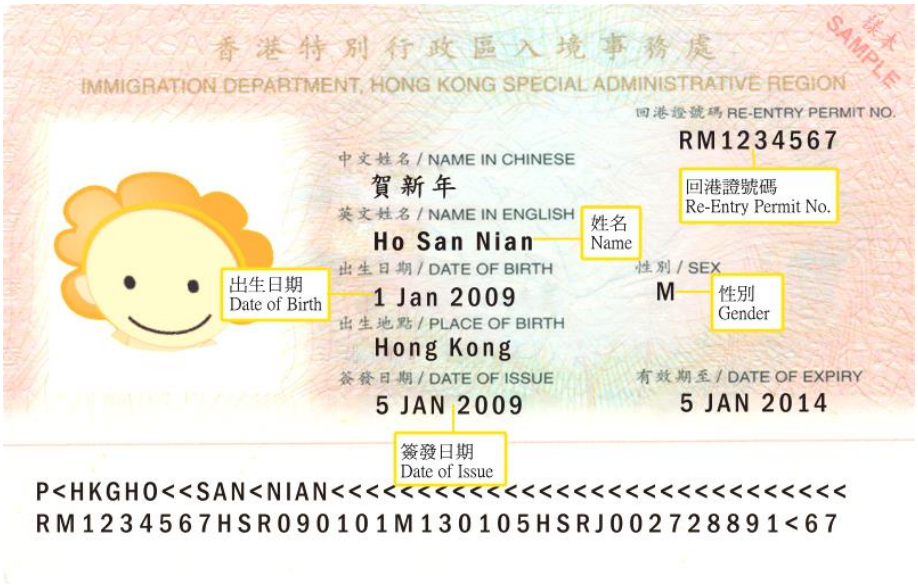
-SAMPLE-

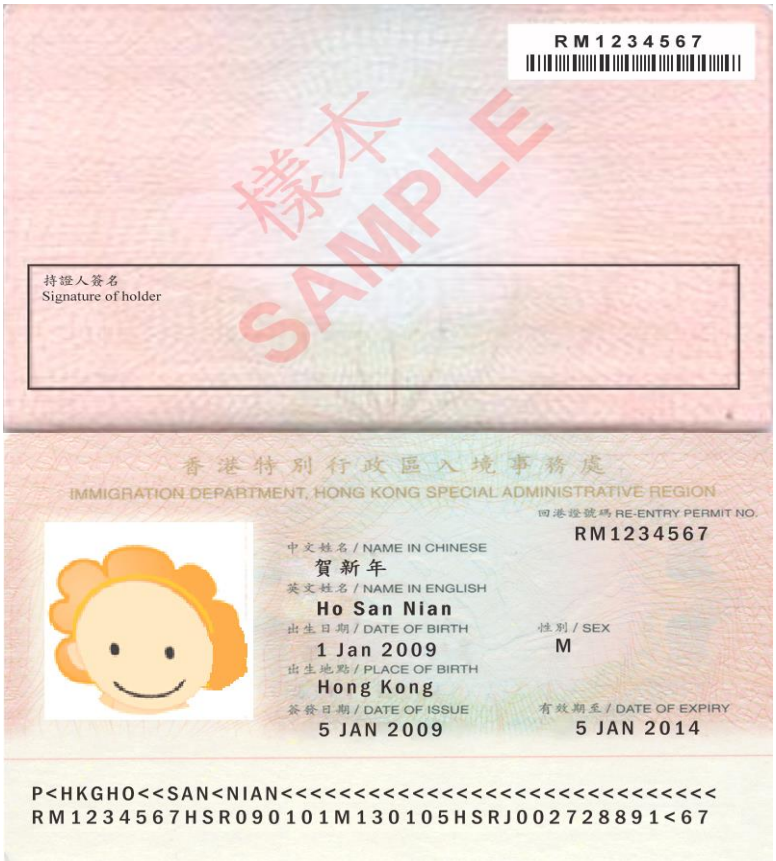
人事登記處處長（ 代行）
for Commissioner of Registration

* Delete where inappropriate
ROP 60 (5/2003)

(5) Samples of Re-entry Permit



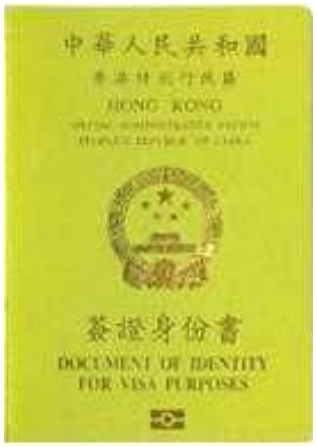


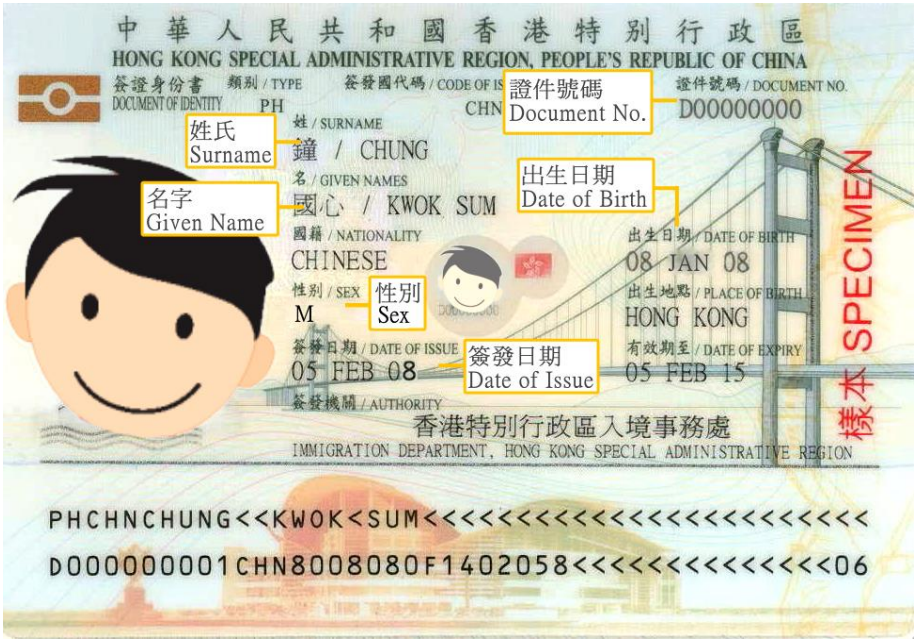


Remarks: -

- The format of Hong Kong SAR Re-entry Permit's document number is RM1234567 (Multiple Re-entry Permit) or RS1234567 (Single Re-entry Permit). The prefixes "RM" and "RS" are followed by 7 numbers.

(6) Samples of Document of Identity



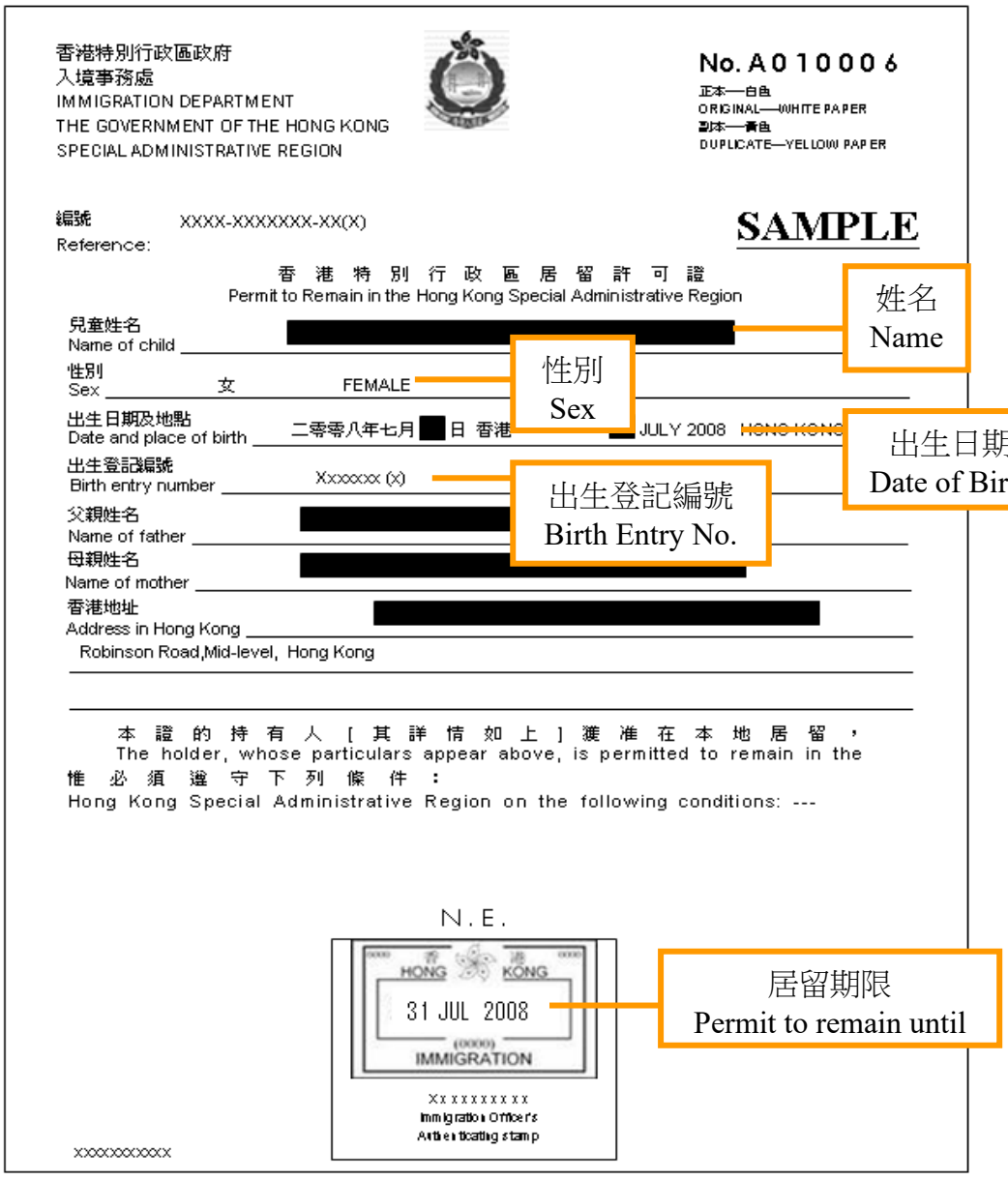


Remarks: -

- The format of the Document of Identity's document number is either D12345678 (normal size), DJ1234567 or DA1234567 (jumbo size). The prefix of "D" is followed by 8 numbers and the prefixes "DA" and "DJ" are followed by 7 numbers.

(7) Samples of "Permit to Remain in the HKSAR" (ID235B)

(i) Samples of "Permit to Remain in the HKSAR" (ID235B) showing unconditional stay in HKSAR had been granted



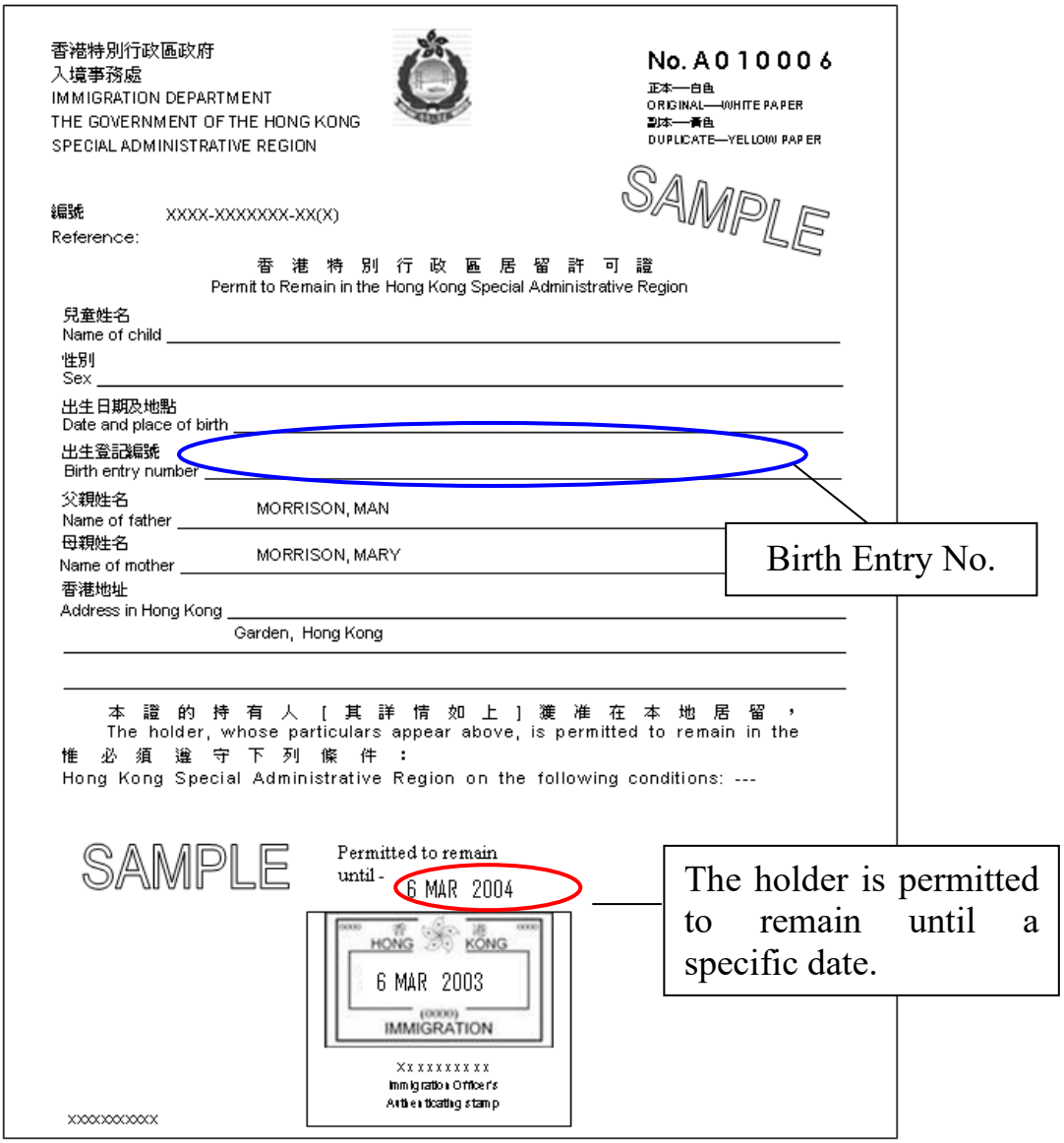
Remarks: -

- The Immigration Officer's authenticating stamp has been changed since 23 January 2008, a sample of the old and the new authenticating stamp is illustrated below:

(Authenticating stamp before 23 January 2008)

(Authenticating stamp on or after 23 January 2008)

(ii) <u>Sample of "Permit to Remain in the HKSAR (ID 235B) " showing the holder is permitted to remain in Hong Kong until a specific date or permitted to remain extended until a specific date</u>



<u>Remarks: -</u>

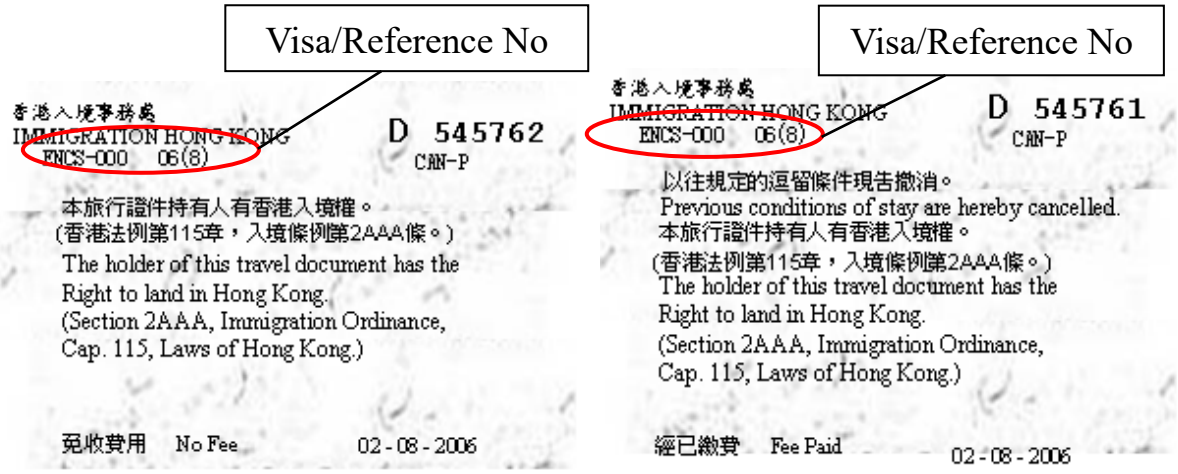
(Authenticating stamp before 23 January 2008)

(Authenticating stamp on or after 23 January 2008)

(8) Samples of Endorsement on a valid travel document

(i) Samples of Endorsement on a valid travel document showing "the right to land in Hong Kong"

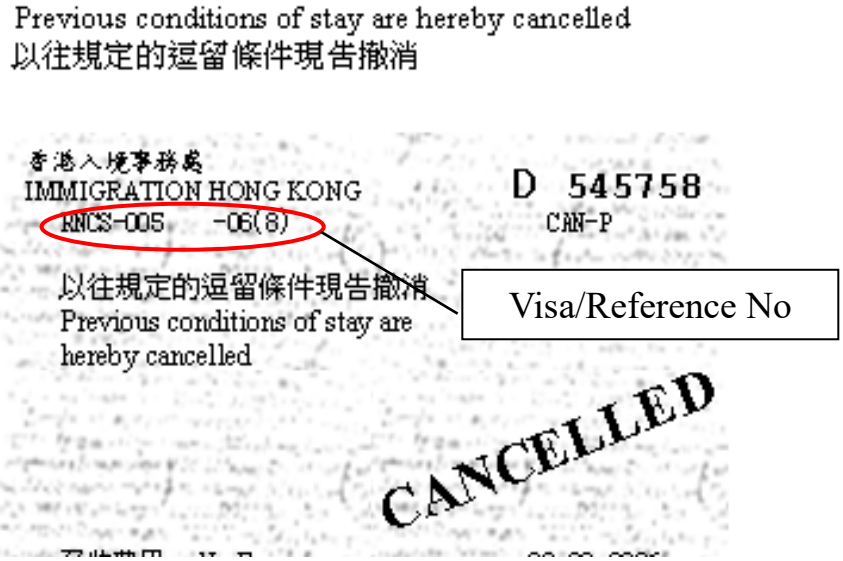
The holder of this travel document has the
Right to land in Hong Kong.
(Section 2AAA, Immigration Ordinance,
Cap. 115, Laws of Hong Kong.)
本旅行證件持有人有香港入境權。
(香港法例第115章，入境條例第2AAA條。)



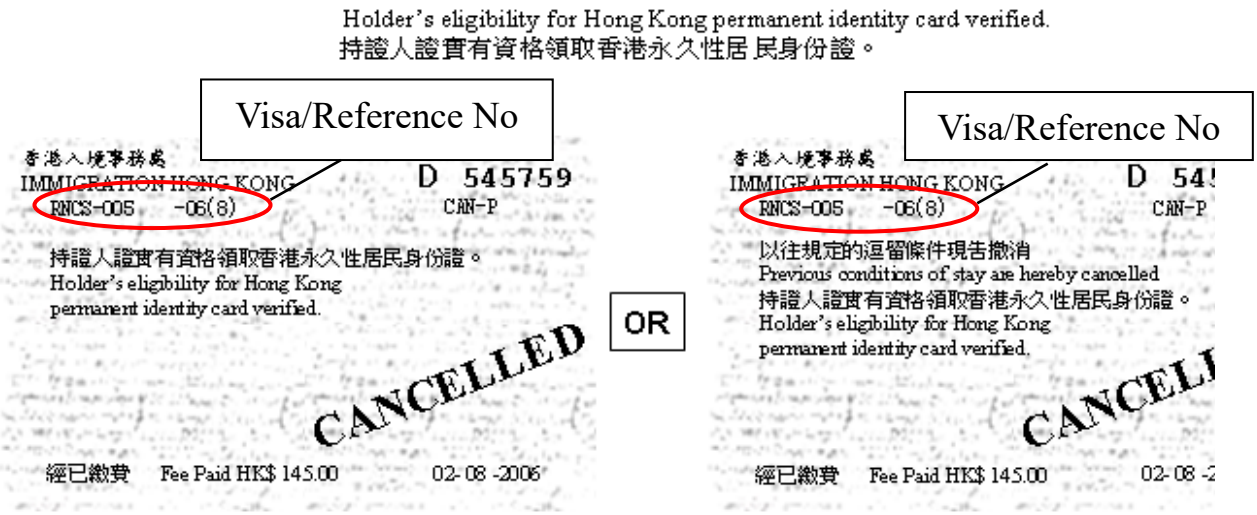
(ii) Sample of Endorsement on a valid travel document showing "the holder was permitted to land" in Hong Kong

The holder arrived Hong Kong on (date) and was permitted to land
持證人在 年 月 日抵達香港並獲准無條件入境

(iii) <u>Sample of Endorsement on a valid travel document showing "previous conditions of stay are hereby cancelled"</u>



(iv) <u>Sample of Endorsement on a valid travel document showing that the eligibility of HK permanent ID card verified</u>



(v) <u>Sample of Endorsement on a valid travel document showing "Certificate of Entitlement to the right of abode in Hong Kong Special Administrative Region"</u>

(vi) <u>Samples Endorsement on the child's valid travel document showing "unconditional stay in HKSAR had been granted"</u>

"Unconditional stay in HKSAR had been granted" can be identified by a Hong Kong landing stamp on a person's valid travel document showing that he/she is permitted to stay with no condition attached (獲准無條件在香港居留), i.e., an arrival stamp without any condition attached on top of the landing endorsement.

<u>Landing Endorsement</u>

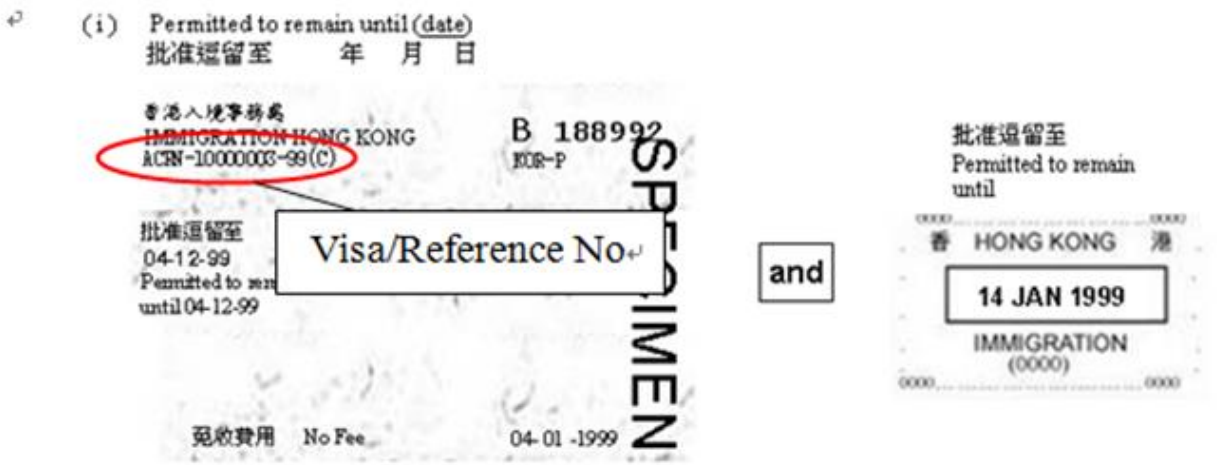
<u>Remarks: -</u>

(Authenticating stamp before 23 January 2008)

(Authenticating stamp on or after 23 January 2008)

(vii) <u>Samples of Endorsement on a valid travel document showing "Permitted to remain until" and "Permitted to remain extended until a specific date"</u>

<u>Endorsement</u> **<u>Landing Stamp</u>**



<u>Remarks:-</u>

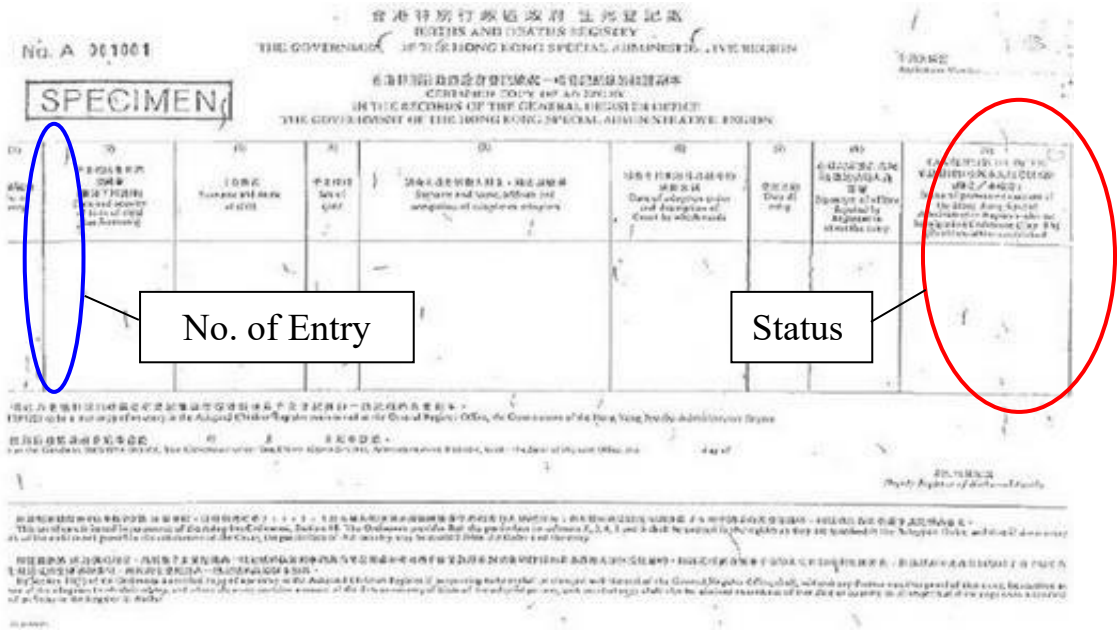
(Authenticating stamp before 23 January 2008)

(Authenticating stamp on or after 23 January 2008)

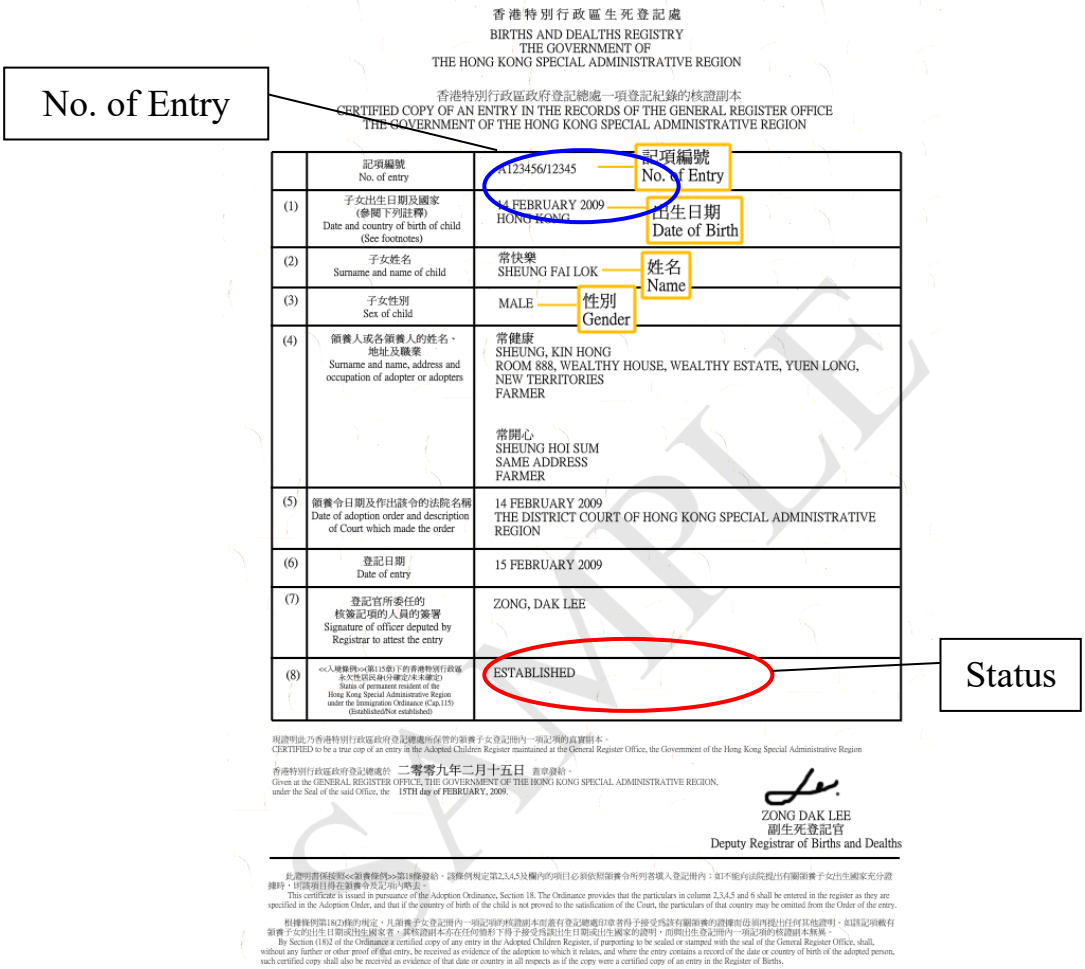
(9) Samples of certificate issued by the Births Registry for adopted children

(with their status of permanent resident indicated "Established")

Issued before 25 January 2006



Issued on or after 25 January 2006



Annex C

Proper Hand Hygiene Practice

Figure 6: *"7 steps on hand hygiene"*

Hand hygiene practice should be adopted and strictly followed during vaccination procedure.

a) Hand hygiene with proper hand rubbing by using liquid soap and water or 70-80% alcohol-based handrub for at least 20 seconds and 7 steps of hand hygiene techniques (refer to Figure 6) should be performed in between each vaccination.

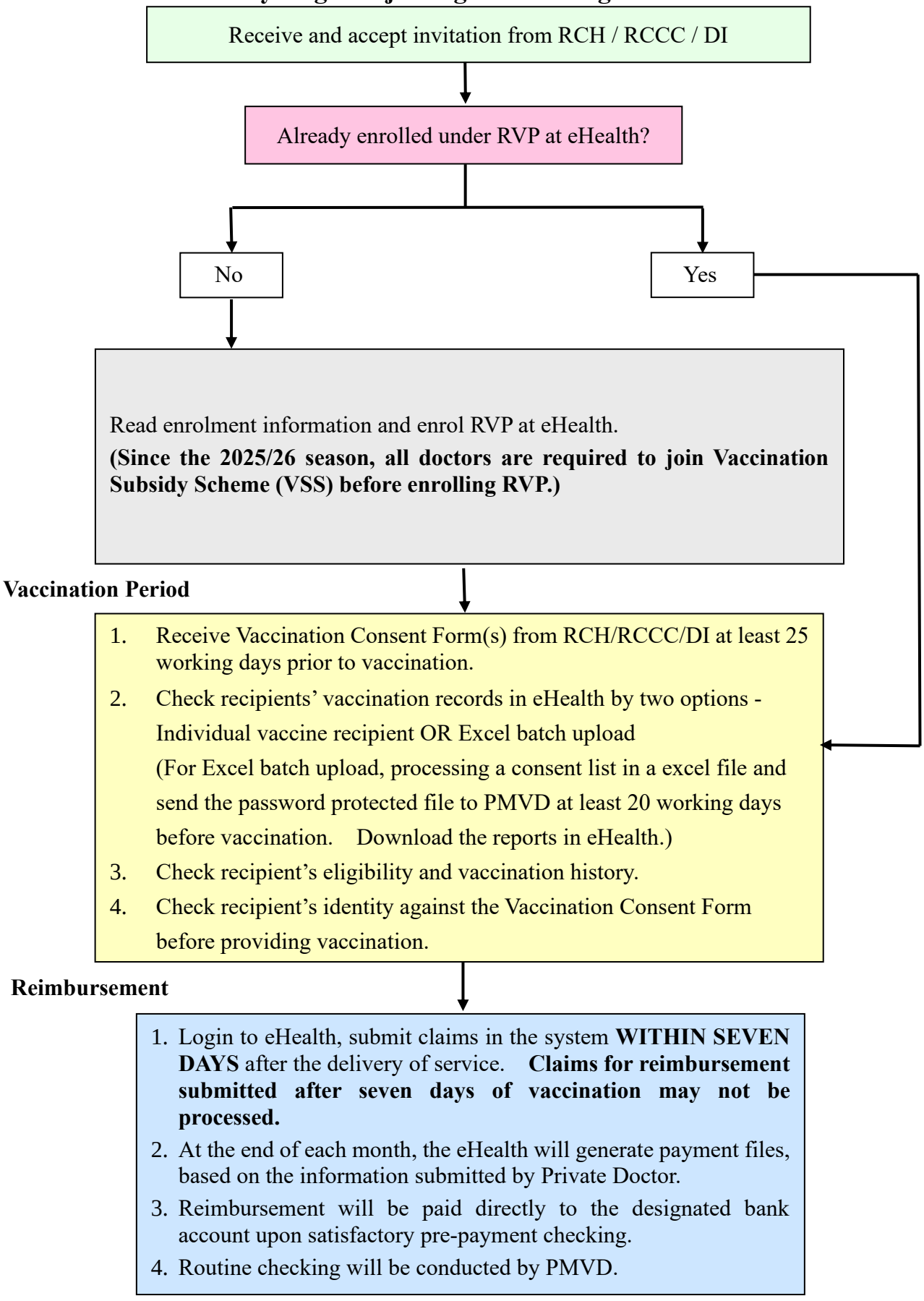
b) Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.

c) When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective.

d) When using alcohol-based handrub, apply a palmful of handrub (ensure adequate volume) into the palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.

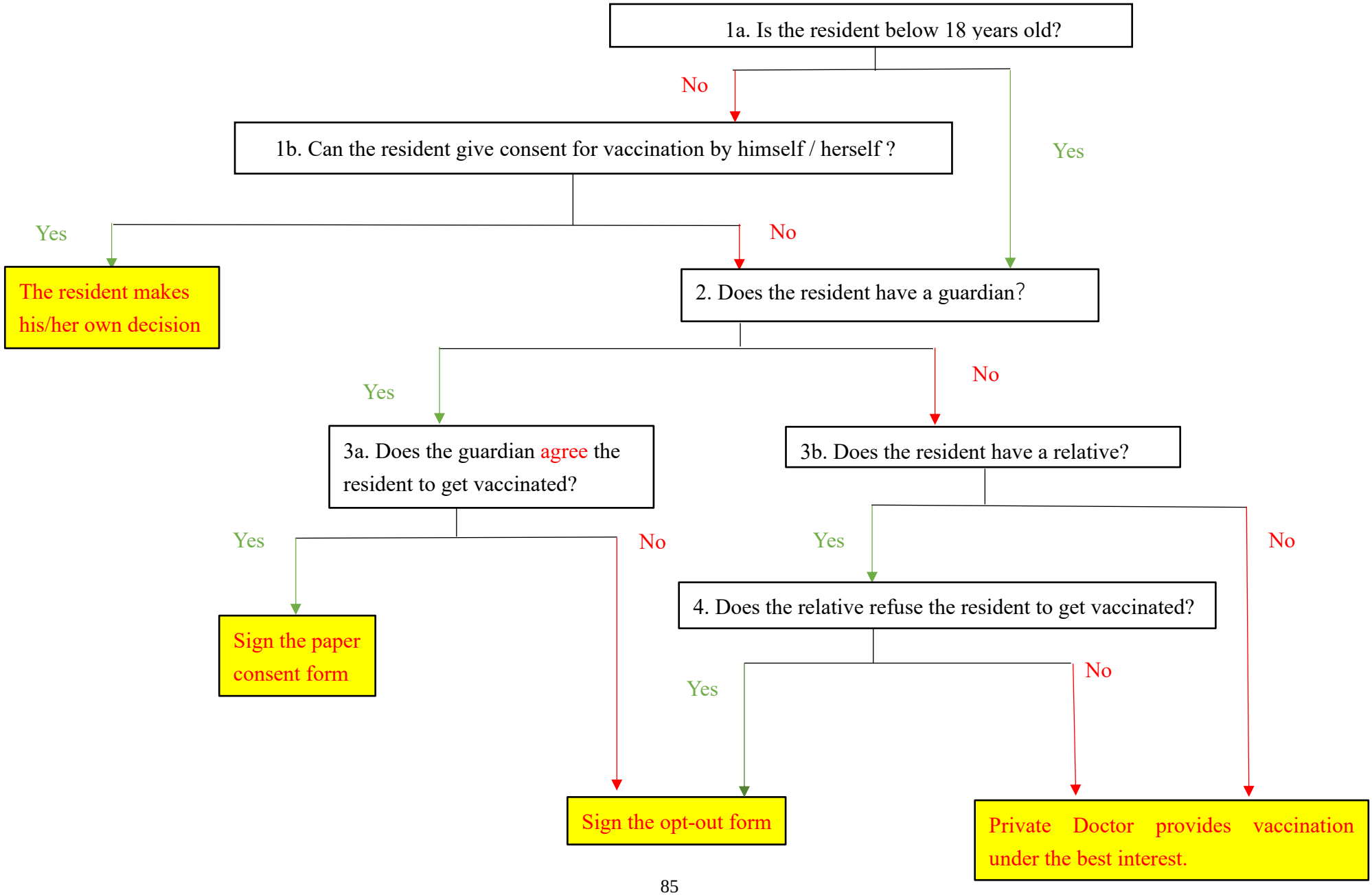
Appendix I

Flow chart of key stages in joining and making claims under RVP



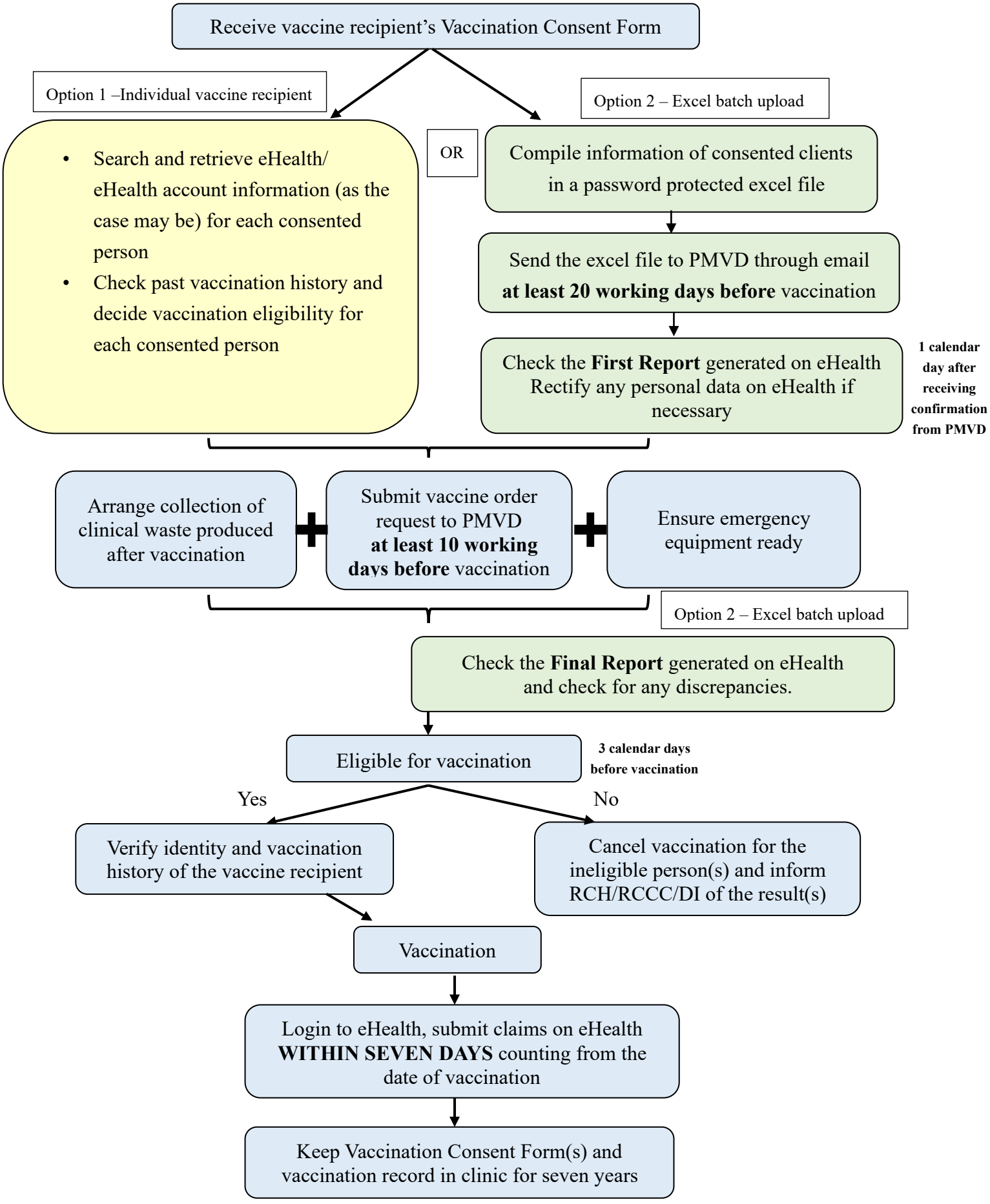
Appendix II

Flow chart of obtaining consent for vaccination



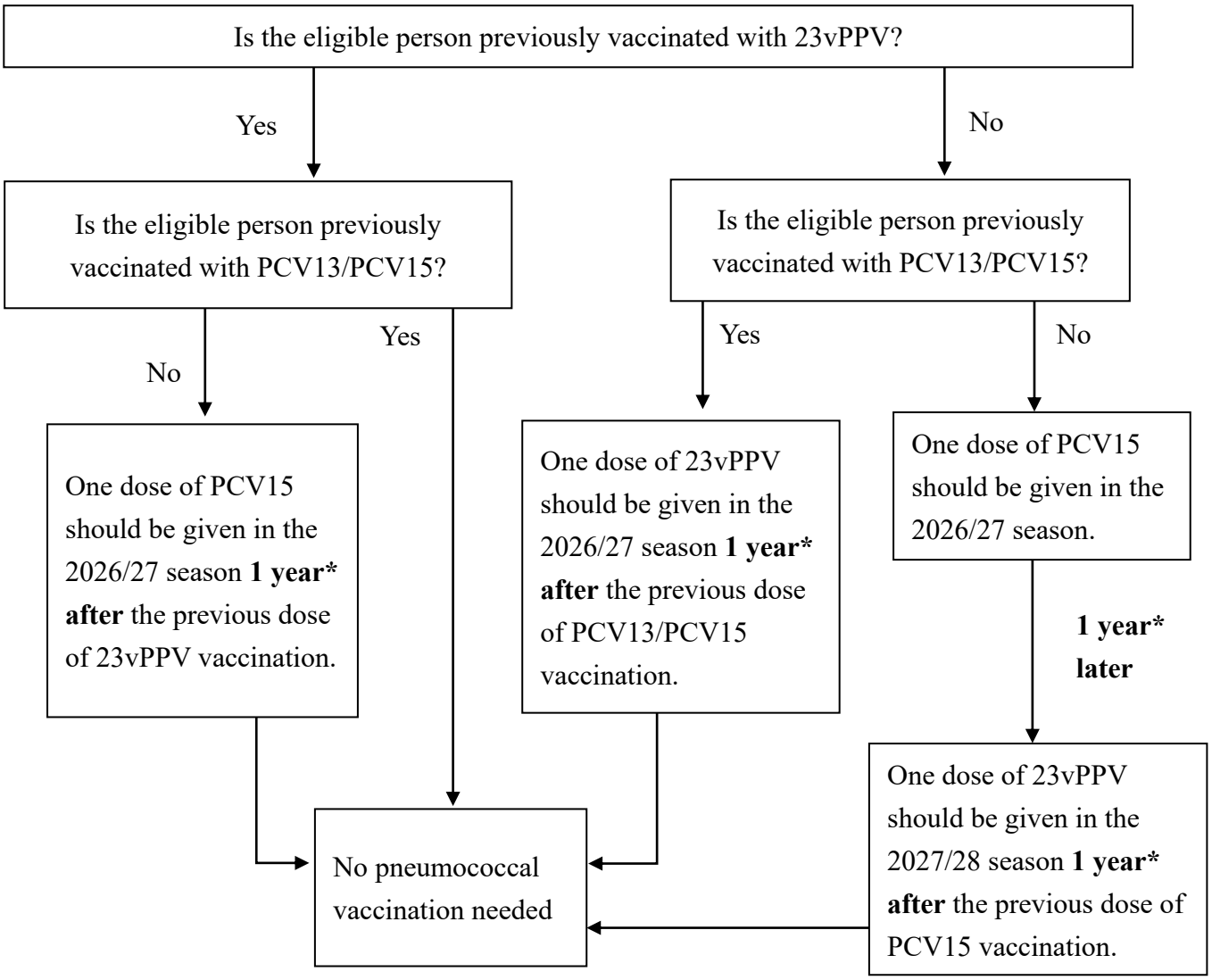
Appendix III

Flow chart of providing vaccination service under RVP



Appendix IV

Flow chart illustrating the use of PCV15 and 23vPPV under RVP 2026/27:



* 1 year is assumed to be one calendar year.
e.g. 1st dose was given on 30/12/2025
2nd dose should be given on or after 30/12/2026

Appendix V

(Refer to https://www.epd.gov.hk/epd/sites/default/files/epd/english/environmentinhk/waste/prob_solutions/files/Notes_to_HP_Eng.pdf)

Notes to Healthcare Professionals on the Delivery of Clinical Waste to the Chemical Waste Treatment Centre (CWTC)

A healthcare professional (HCP)[1] may directly deliver clinical waste to the CWTC[2] for disposal but his/her liabilities under the Waste Disposal (Clinical Waste) (General) Regulation (WD(CW)(G) Reg.) will not be discharged unless the delivery of clinical waste is completed safely and properly. This includes:

- Clinical waste carried is not more than 5 kg and is not Group 4 waste;
- Clinical waste is packaged in an appropriate type of container, sealed and labeled properly;
- Only private car is used for the delivery.

The full requirements are stated in Section 4 of WD(CW)(G) Reg. and Section 6 of the Codes of Practice. The HCP must provide a clinical waste trip ticket 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, and show his/her identity and registration proof at the CWTC.

A charge at $2,715 per 1,000 kg (or $2.715 per kg)[3] 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. Cash and Faster Payment System (FPS) payments are accepted.

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).

For enquiries on the Clinical Waste Control Scheme, please contact EPD at 2835 1055 or visit the relevant webpage.

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[1] 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 WD(CW)(G) Reg..

[2] CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.

[3] The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.

訂單編號	送針日期
由衞生署職員填寫	

衞生署
2026/27 院舍防疫注射計劃
疫苗申請表格
（安老院舍）

附錄乙 1
訂針

備註：
1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真或電郵至本署（傳真號碼：2713 6916；電郵：rvp@dh.gov.hk）。私家醫生如於傳真或電郵本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4474 與本署職員聯絡。**
2. 私家醫生有責任於申請疫苗前，確認院友／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。
3. 私家醫生需聯絡院舍安排負責人員接收疫苗；並確認院舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃在**接收疫苗前 7 天**操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。
4. 18 歲或以上參與院舍防疫注射計劃的合資格人士**必須登記醫健通。**

甲部　安老院舍資料

名稱：		
編號：	**院友總人數：**	**職員總人數：**
現時使用雪櫃類型：	☐ 醫療用雪櫃 ☐ 家用無霜雪櫃（冰格和冷藏格分開） ☐ 單門家用無霜雪櫃（只有冷藏格）	

乙部　訂單及送貨資料　**疫苗資源寶貴，請珍惜，勿浪費。**

	季節性流感疫苗		肺炎球菌疫苗	
	*重組流感疫苗 (RIV)	滅活流感疫苗 (IIV)	15 價肺炎球菌結合疫苗 (PCV15)	23 價肺炎球菌多醣疫苗 (23vPPV)
***庫存疫苗數目：** （即過往年度**剩餘未過期**的肺炎球菌疫苗）	• 建議所有院友接種 RIV。如院友不合適接種 RIV，則由醫生評估是否合適接種 IIV • 職員只可接種 IIV		已有 _____ 針 (K1) 如私家醫生使用過往年度**剩餘未過期**的肺炎球菌疫苗，**請在申請疫苗時扣除庫存疫苗數目**	已有 _____ 針 (K2)
申請疫苗數目：	需訂 _____ 針 (A)（*只有 10 支裝）	需訂 _____ 針 (A1)	需訂 _____ 針 (C)	需訂 _____ 針 (D)
申請注射針頭（1 盒 100 支）	_____ 盒	不適用	不適用	不適用

接種疫苗的日期： _____ 年 _____ 月 _____ 日 （時間：上午／下午／全日）

請先與院舍確定接種日期，本署會聯絡院舍確認送針日期。
疫苗派送時間為當日上午十時至下午一時（上午）或下午二時至五時（下午）。

送貨地址：
（請用中文填寫及註明送針樓層） _____

接收疫苗的職員姓名： _____ **接收疫苗職員的聯絡電話：** _____

丙部　私家醫生資料

姓名： _____ **註冊編號：** M_____

聯絡電話： _____ **傳真號碼：** _____ **醫生簽署：** _____

訂單編號	送針日期
由衞生署職員填寫	

衞生署
2026/27 院舍防疫注射計劃
疫苗申請表格
（殘疾人士院舍）

附錄乙 1
訂針

備註：
1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真或電郵至本署（**傳真號碼：2544 3922；電郵：rvp@dh.gov.hk**）。私家醫生如於傳真或電郵本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**
2. 私家醫生有責任於申請疫苗前，確認院友／宿生／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。
3. 私家醫生需聯絡院舍／宿舍安排負責人員接收疫苗；並確認院舍／宿舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃在**接收疫苗前 7 天**操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。
4. 18 歲或以上參與疫苗接種計劃的合資格人士**必須登記醫健通。**

甲部　院舍／宿舍資料

名稱：					**編號：**	
院友／宿生總人數：	9 歲以下	9-64 歲	65 歲或以上	總人數	**職員總人數：**	
現時使用雪櫃類型：	☐ 醫療用雪櫃 ☐ 家用無霜雪櫃（冰格和冷藏格分開） ☐ 單門家用無霜雪櫃（只有冷藏格）					

乙部　訂單及送貨資料　疫苗資源寶貴，請珍惜，勿浪費。

	季節性流感疫苗		肺炎球菌疫苗	
	滅活流感疫苗 (IIV)	重組流感疫苗 (RIV)	15 價肺炎球菌結合疫苗 (PCV15)	23 價肺炎球菌多醣疫苗 (23vPPV)
***庫存疫苗數目：** （即過往年度剩餘未過期的肺炎球菌疫苗）	• RIV 只適用於 65 歲或以上的院友／宿生（以出生年份計算） • 職員只可接種 IIV		已有 ___ 針 (K1)	已有 ___ 針 (K2)
			如私家醫生使用過往年度剩餘未過期的肺炎球菌疫苗，**請在申請疫苗時扣除庫存疫苗數目**	
申請疫苗數目：	需訂 ___ 針 (A)	需訂 ___ 針 (A1) (#只有 10 支裝)	需訂 ___ 針 (C)	需訂 ___ 針 (D)
申請注射針頭（1 盒 100 支）	不適用	_____ 盒	不適用	不適用

接種疫苗的日期： _____ 年 _____ 月 _____ 日 （時間：上午／下午／全日）
請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。
疫苗派送時間為當日上午十時至下午一時（上午）或下午二時至五時（下午）。

送貨地址：
（請用中文填寫及註明送針樓層）_____

接收疫苗的職員姓名： _____ **接收疫苗職員的聯絡電話：** _____

丙部　私家醫生資料

姓名： _____ **註冊編號：** M_____

聯絡電話： _____ **傳真號碼：** _____ **醫生簽署：** _____

訂單編號	送針日期
由衞生署職員填寫	

衞生署
2026/27 院舍防疫注射計劃
疫苗申請表格
（留宿幼兒中心）

附錄乙 1
訂針

備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真或電郵至本署（**傳真號碼：2544 3922；電郵：rvp@dh.gov.hk**）。私家醫生如於傳真或電郵本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**

2. 私家醫生有責任於申請疫苗前，確認留宿兒童／職員是否符合資格免費接種季節性流感疫苗。

3. 私家醫生需聯絡中心安排負責人員接收疫苗；並確認中心有合適的雪櫃貯存疫苗，請確定貯存疫苗的雪櫃在**接收疫苗前 7 天**操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。

4. 18 歲或以上參與院舍防疫注射計劃的合資格人士**必須登記醫健通。**

甲部　留宿幼兒中心資料

名稱：		**編號：**	
留宿兒童人數：	9 歲以下人數	9 歲或以上人數	總人數
職員總人數：			
現時使用雪櫃類型：	☐ 醫療用雪櫃 ☐ 家用無霜雪櫃（冰格和冷藏格分開） ☐ 單門家用無霜雪櫃（只有冷藏格）		

乙部　訂單及送貨資料　疫苗資源寶貴，請珍惜，勿浪費。

申請疫苗數目：	**滅活流感疫苗**	需訂 ___ 針 **(A)**

接種疫苗的日期： _____ 年 ___月 ___ 日 （時間：上午／下午／全日）

請先與留宿幼兒中心確定接種日期，本署會聯絡中心確認送針日期。
疫苗派送時間為當日上午十時至下午一時（上午）或下午二時至五時（下午）。

送貨地址：
（請用中文填寫及註明送針樓層）_____

接收疫苗的職員姓名： _____　**接收疫苗職員的聯絡電話：** _____

丙部　私家醫生資料

姓名： _____　**註冊編號：** M_____

聯絡電話： _____　**傳真號碼：** _____　**醫生簽署：** _____

訂單編號	送針日期
由衞生署職員填寫	

衞生署
2026/27 院舍防疫注射計劃
疫苗申請表格
指定的智障人士（非住院舍）服務機構

P2
訂針

備註：
1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真或電郵至本署（**傳真號碼：2544 3922；電郵：rvp@dh.gov.hk**）。私家醫生如於傳真或電郵本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**
2. 私家醫生有責任於申請疫苗前，確認服務使用者／職員是否符合資格免費接種季節性流感疫苗。
3. 私家醫生需聯絡學校／服務機構安排負責人員接收疫苗；並確認學校／服務機構有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃在**接收疫苗前 7 天**操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。
4. 18 歲或以上參與院舍防疫注射計劃的合資格人士**必須登記醫健通。**

甲部　學校／服務機構資料				
名稱：			**編號：**	
服務使用者人數：（智障人士）	9 歲或以上人數		**服務使用者總人數：**	**職員總人數：**
	9 歲以下人數			
現時使用雪櫃類型：	☐ 醫療用雪櫃 ☐ 家用無霜雪櫃（冰格和冷藏格分開） ☐ 單門家用無霜雪櫃（只有冷藏格）			
乙部　訂單及送貨資料 **疫苗資源寶貴，請珍惜，勿浪費。**				
申請疫苗數目：	**滅活流感疫苗**	需訂 ___ 針 **(A)**		

接種疫苗的日期： _____ 年 ___ 月 ___ 日 （時間：上午／下午／全日）

請先與學校／服務機構確定接種日期，本署會聯絡學校／服務機構確認送針日期。疫苗派送時間為當日上午十時至下午一時（上午）或下午二時至五時（下午）。

送貨地址：（請用中文填寫及註明送針樓層） _____

接收疫苗的職員姓名： _____ **接收疫苗職員的聯絡電話：** _____

丙部　私家醫生資料

姓名： _____ **註冊編號：** M_____

聯絡電話： _____ **傳真號碼：** _____ **醫生簽署：** _____

Appendix VII

Request form for Clinical Waste Collection Service under RVP 2026/27

To: Programme Management and Vaccination Division, Centre for Health Protection
Fax no.: 2713 6916

Clinical Waste Collection Service under
Residential Care Home Vaccination Programme (RVP) 2026/27

I hereby request for clinical waste collection service for the following Residential Care Home(s) / Designated Institution(s) serving persons with intellectual disability / Residential Child Care Centre(s).

Code of RCH[1] / PID[2]/ RCCC[3]	Name of RCH[1] / PID[2]/ RCCC[3]	Quantity of Sharp Box(es)	Total Weight (kg)
Example: AB1234	ABC Elderly Home	1	0.5

[1] RCH – Residential Care Home(s)
[2] PID – Designated Institution(s) serving Persons with Intellectual Disability
[3] RCCC –Residential Child Care Centre(s)

Signature of Visiting Medical Officer: _____

Name of Visiting Medical Officer: _____

Date: _____

(Please submit this request form by 31 May 2027.)


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Centre for Health Protection
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