

2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme
INJECTABLE VACCINE – Secondary School



POINTS TO NOTE:

- Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put “✓” into the appropriate box(es).
- If you **CONSENT** to have your child vaccinated, please complete Part IV (Consent Form) ONLY.
- If you **REFUSE**, please complete Part V (Refusal Form) ONLY. **DO NOT fill in both Part IV and Part V.**

(If consenting to vaccination) Part IV [Consent Form – Injectable Vaccine] (To return to school)

1. STUDENT INFORMATION

School Name: **Hong Kong School**

Class: **2A** Class No.: **9** Gender: ☒ Male
☐ Female

Student's Full Name (as indicated in identity document)

Surname **C H A N**

First Name **S I U H O**

Date of Birth: **13** DD/ **09** MM/ **2011** YYYY

2. IDENTITY DOCUMENT

Please fill in information on (i) or (ii) below:

(i) Hong Kong Identity Card No.: **A** **123456** (**7**)

AND Date of Issue: **15** DD/ **09** MM/ **18** YY

(ii) Other Identity Document, please specify:

Document Type: _____

Document No.: _____

AND attach a copy of the document to this consent form

3. VACCINATION RECORD

Has your child received seasonal influenza vaccination in the past?

☒ Yes (Last administration date: **10** MM/ **2023** YYYY)
☐ No

4. CONSENT TO ADMINISTRATION OF SIV VACCINATION

• I have read and understood the information in Part I to III, including contraindications, and **AGREE** for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary.

☒ I declare that my child (named left) does **NOT** have **ANY of the contraindications** as stated in Part II.

Signature of Parent/ Guardian: **Tai Ming**

Name of Parent/ Guardian: **Chan Tai Man**

Identity Document of Parent/ Guardian:

☒ Hong Kong Identity Card No.: **B** **123456** (**7**)

☐ Other Identity Document, please specify:

Document Type: _____

Document No.: _____

Relationship with Student : ☒ Father ☐ Mother ☐ Guardian

Contact number : **61234567** _____

Date of Signature: **07** DD/ **09** MM/ **2024** YYYY

Please Note:

- (1) If your child (applicable to consented students) has received the 2024/ 25 SIV before this outreach activity, please inform the school immediately.
(2) If your child misses the vaccination at school, **no mop-up** dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.

(If refusing vaccination) Part V [Refusal Form – Injectable Vaccine] (To return to school)

Student's Full Name :

Surname _____

First Name _____

Class: _____ Class No.: _____ Gender: ☐ Male
☐ Female

• I have read and understood the information in Part I to Part III, including contraindications, and **DISAGREE** for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2024/ 25.

Signature of Parent/ Guardian:

Name of Parent/ Guardian:

Relationship with Student : ☐ Father ☐ Mother ☐ Guardian

Date of Signature: _____ DD/ _____ MM/ _____ YYYY

Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination

Vaccination Day

☐ Seasonal influenza vaccination(SIV) was provided to the student

☐ SIV was **NOT** provided to the student as the student:

☐ absent from school ☐ refused vaccination ☐ had discomfort ☐ others (please specify: _____)

Signature of Vaccination Staff:

Name of Enrolled Doctor:

Dr. _____

Date of Activity:



Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2024/ 25. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on **18/10/2024** (date).

Quadrivalent Inactivated Seasonal Influenza Vaccine will be provided **by injection** to the consented students.

Please read the information in Part II and III carefully and **fill in the reply slip** (either Part IV or Part V) and **return it to the school** by **14/09/2024** (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health

Part II: Information About Inactivated Seasonal Influenza Vaccines (by injection)

Please read the information carefully. If you have any concerns about the suitability of your child for the vaccination, please consult your family doctor.

1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

2. Why are children and adolescents aged 6 months to less than 18 years (or secondary school students) recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children and adolescents aged 6 months to less than 18 years (or secondary school students) for reducing influenza related complications such as excess hospitalisations or deaths.
- Vaccinating children and adolescents aged 6 months to less than 18 years (or secondary school students) can prevent possible school outbreaks and community transmission.

3. How many doses of seasonal influenza vaccine (SIV) will my child need?

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

4. What is Inactivated Influenza Vaccine (IIV)?

- The IIV contains inactivated (killed) viruses. IIV is given by injection.
- The IIV provided for this season is a quadrivalent vaccine, which is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

5. Who should not receive inactivated influenza vaccine (IIV)/ What are the contraindications?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

6. What are the possible side effects following inactivated influenza vaccine (IIV) administration?

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to 2 days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.



For more detailed information, please visit website of Centre for Health Protection of DH:

<https://www.chp.gov.hk/en/features/100764.html>

Part III: Collection of Personal Data - Statement of Purposes

Statement of Purpose of Collection of Personal Data

- The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) confirm students' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
 - (iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.
- The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
- The provision of personal data is voluntary. If you do not provide sufficient information, your child/ ward may not be able to receive vaccination.

Classes of Transferees

- The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

- You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

- Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)