

SIVSOP Doctors' Guide

For 2025/26

Seasonal Influenza Vaccination

School Outreach

Programme

(SIVSOP)

Applicable to both

“Government Supply Vaccine Mode”

and

“Doctor Supply Vaccine Mode”

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DISCLAIMER

This Guide is for doctors whose application to enrol in the 2025/26 Seasonal Influenza Vaccination (SIV) School Outreach Programme (SIVSOP) for Secondary School Outreach, Primary School Outreach and/or Kindergarten/Child Care Centre (KG/CCC) Outreach has been accepted by the Government (Private Doctor). It serves as a supplement to the **Vaccination Subsidy Scheme (VSS) Doctors' Guide** (<https://www.chp.gov.hk/en/features/108980.html>). It highlights the roles and responsibilities of the Private Doctors and areas that he/she should note when offering outreach vaccination services to Secondary School, Primary School and KG/CCC children under the SIVSOP. Please also refer to the VSS Doctors' Guide for information about seasonal influenza vaccine (SIV), vaccine storage and cold chain maintenance, and management of adverse events following immunization, as well as the general requirement and logistics under VSS. The Private Doctors are required to read and follow **both guides** and updated guidance from Department of Health (DH) from time to time, when providing outreach vaccination activities.

This Guide serves as a living document for the Private Doctors' reference. The latest version of this Guide is available on the webpage https://www.chp.gov.hk/files/pdf/sivsop_doctorsguide.pdf. If you have any comments or questions, please send them to the Programme Management and Vaccination Division (PMVD) of the DH via email sivop@dh.gov.hk.

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Always make sure that you have the latest version by checking the CHP website (<http://www.chp.gov.hk>): https://www.chp.gov.hk/files/pdf/sivsop_doctorsguide.pdf

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1.FEATURES of SIVSOP

The Government launched the School Outreach Vaccination Pilot Programme in 2018/19 to promote SIV uptake in primary school children. In 2019/20, the DH regularised school-based SIV outreach to cover interested primary schools and expanded to KG/CCCs as a pilot programme. Primary School Outreach and KG/CCC Outreach were regularised in 2019/20 and 2020/21 respectively. In 2022/23, the Programme was expanded to also cover Secondary Schools. The responses from the Private Doctors, schools and parents are all encouraging.

In 2025/26, SIVSOP will continue to provide SIV outreach services for Secondary Schools, Primary Schools and KG/CCCs. All students in the participating schools will be eligible to receive free or subsidised SIV, irrespective of their HK resident status.

The programme is revamped in 2025/26. The Private Doctors can choose to participate in the “Government Supply Vaccine Mode”, “Doctor Supply Vaccine Mode”, or both, under SIVSOP. The preparation works and procedures for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode” will be the highly aligned.

Please note that eHealth registration is mandatory for eligible vaccine recipients aged 18 years or above in the coming season. Under SIVSOP, eligible vaccine recipients (i.e. students) aged 18 years or above on the date of vaccination shall have registered with eHealth before receiving vaccination, while eHealth registration for vaccine recipients below 18 years old will be adopting an “opt-out” approach. The consent form is modified to facilitate eHealth registration. The Private Doctors are obliged to obtain the consent from vaccine recipients for eHealth registration.

The Private Doctors will be reimbursed by the Department of Health (DH) for each dose of SIV provided. Only school children could receive free or subsidised vaccination under the “Government Supply Vaccine Mode” or the “Doctor Supply Vaccine Mode”. Furthermore, The Private Doctors are only allowed to provide SIV vaccination service to school children in school outreach setting by SIVSOP. The “VSS School Outreach (Extra Charge Allowed) Programme” for students from previous years is no longer applicable.

Reimbursement level in 2025/26

“Government Supply Vaccine Mode” means a mode under the SIVSOP where the

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SIV is provided by the government to a Private Doctor for providing vaccination service to eligible children. (Similar to the former “Seasonal Influenza Vaccination School Outreach Programme”). The Government subsidy per each dose of SIV given to school children would be HKD \$105. The Private Doctors are not allowed to charge the children Co-payment.

“Doctor Supply Vaccine Mode” means a mode under the SIVSOP where the seasonal influenza vaccine is provided by the Private Doctor for providing vaccination service to eligible children. (Similar to the former “VSS School Outreach (Extra Charge Allowed) Programme”). The Government subsidy per each dose of SIV given to school children would be HKD \$260. The Private Doctors are allowed to charge the children Co-payment.

Private Doctors are only allowed to provide free or subsidised SIV vaccination service in school outreach setting to school children under SIVSOP. Claims for reimbursement will only be accepted under the SIVSOP IT platform (i.e. by batch upload).

Outreach Arrangement

Under Government Supply Vaccine Mode, the DH will be responsible for purchasing SIV. Injectable Influenza vaccine (IIV), Live Attenuated Influenza vaccine (LAIV) or both (i.e. Hybrid mode) will be provided. **The Private Doctors should not use their own SIV under Government Supply Vaccine Mode, even if they are of the same type, brand and Lot number.** The Private Doctors will arrange the vaccination date for the 1st and 2nd dose¹ with schools, provide the vaccination and handle the clinical waste. For Government Supply Vaccine Mode, the vaccination activities must be arranged during school hours, i.e. Monday-Friday, 8 am-3 pm and Saturday 9am -11am. Concerning vaccine delivery, the first dose SIV will be delivered by the DH; while for the second dose, the Private Doctors can choose delivery by the DH or self-delivery to schools, before which the vaccines will be delivered to the Private Doctors' clinics in limited trips (by vaccine distributor to the clinics 5 working days after confirmation of the orders). Under the “Doctor Supply Vaccine Mode”, private doctors shall provide their own vaccines (IIV and/or LAIV) and arrange for delivery. The Private Doctors can communicate with schools to schedule the date of outreach activities, to provide the vaccination and handle

¹ Children under 9 years of age who have never received any SIV before are recommended to receive 2 doses of SIV. Children below 9 years of age who have received at least one dose of SIV before are recommended to receive one dose of SIV. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

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the clinical waste. Private Doctors must have sufficient capacity to store, deliver and maintain cold chain for the outreach activities. Private Doctors are required to use Purpose-Built Vaccine Refrigerator (PBVR) for vaccine storage.

The Private Doctors are required to provide the second dose of SIV at schools at least 4 weeks after the first dose for those students under 9 years of age who have never received SIV before. It is expected that the first dose should be given within two vaccination days and the second dose should be given within one vaccination day.

Starting from the 2025/26 season, provision of the Private Doctors/medical organizations' own vaccines to school staffs and students' family members during school outreach, which was only allowed under "Vaccination Subsidy Scheme (VSS) School Outreach Programme" in the past, will be allowed for both "Government Supply Vaccine Mode" and "Doctor Supply Vaccine Mode". The Government will provide subsidy to persons of Vaccination Subsidy Scheme (VSS) eligible groups. Non-eligible persons can join the activity via self-payment. For more information about eligible groups under VSS, please refer to the CHP's thematic website at <https://www.chp.gov.hk/en/features/17980.html>. Private Doctors shall complete Part C of the Students Vaccination Report (On Vaccination Day) if the service is provided, but it is not required to submit notification form/report form for VSS non-clinic setting. Excel for batch upload is also not required for such vaccine recipients.

Schedule

The programme will be launched on 25 September 2025.

Joining Criteria

For any doctors who newly apply or apply for continuous enrolment in SIVSOP, he/she is required:

- To prepare and provide vaccination service in schools according to the prevailing guideline from the DH for conducting SIV school outreach.
- To maintain in the Electronic Health Record Sharing System (eHealth) throughout the programme.
- To maintain in the Primary Care Directory (PCD) throughout the programme.
- To be enrolled in "Vaccination Subsidy Scheme" (VSS) under DH.
- To enroll in the new IT platform for VSS payment reimbursement when the platform is available.

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- To submit reimbursement claim according to the prevailing guidelines within the specified timeframe.

The performance of the doctors and/ or medical organisations will be closely monitored through feedback from schools, parents and students, inspections, post-payment check and monitoring of vaccine wastage rate. Their previous performance in VSS/School Outreach will also be considered for the enrolment in the coming year.

2. ROLES AND RESPONSIBILITIES OF PRIVATE DOCTORS

To ensure that the quality of vaccination services is upheld in non-clinic settings, the organiser and the Private Doctor-in-charge of the activities must give due consideration to safety and liability issues. The Private Doctor/healthcare provider is responsible for the overall vaccination activity.

The Private Doctor should observe the **Code of Professional Conduct** issued by the Medical Council of Hong Kong, the **General Terms and Conditions for Specified Programme**, the **Specified Terms and Conditions for Seasonal Influenza Vaccination School Outreach Programme (SIVSOP)**, the **Specific Terms and Conditions for Vaccination Subsidy Scheme (VSS)**, the **SIVSOP Doctors' Guide** (https://www.chp.gov.hk/files/pdf/sivsop_doctorsguide.pdf) and the **VSS Doctors' Guide** (<https://www.chp.gov.hk/en/features/108980.html>) as the standard to provide quality health care.

In particular, we would like to draw your attention to the Code of Professional Conduct, Part II B 5.2.5: “Doctors’ services may not be promoted by means of unsolicited visits, telephone calls, fax, e-mails or leaflets by doctors or persons acting on their behalf or with their forbearance.”

Part IID, Section 14.1: “A doctor shall not offer to, or accept from, any person or organization (including diagnostic laboratories, hospitals, nursing homes, health centres, beauty centres or similar institutions) any financial or other inducement (including free or subsidized consulting premises or secretarial support) for referral of patients for consultation, investigation or treatment.”

Organisers and the Private Doctors should stay clear of associating with **any improper financial (or advantage) transactions**, e.g. distribution of vouchers. Please also note that the use of logos of the DH, CHP and VSS without prior permission of the DH on any materials issued by the Private Doctors is **prohibited**. Sharing any Government Subsidy

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received from the Government with any person by offering advantages whether in cash, kind, coupons, bonus points, discount, or other equivalent which carries cash value is **prohibited**.

Regarding delegation of medical duties to staffs, Private Doctors should take reference to the Code of Professional Conduct, Part II E 21 “Covering or improper delegation of medical duties to non-qualified persons”.

Under “Government Supply Vaccine Mode” of the SIVSOP, vaccines provided are the property of the DH. The Private Doctor may be liable to costs related to broken or missing vaccines and the DH reserves the right to demand the doctor for payment due to vaccine breakage or missing vaccines.

The following sections will describe the roles and responsibilities of the Private Doctors when organising outreach vaccination activities, which is applicable for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”. The DH may perform a random onsite inspection of the services provided (please see **Appendix 8.2** for a checklist of items during onsite inspection).

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2.1 Timeline for Preparation by Medical Organisations

(Please note that second dose vaccination activity is not applicable to Secondary School outreach.)

Timeline(For Reference)	Tasks (applicable for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”)
July 2025	- Announcement of Self-selection and the DH-matching results
Late July 2025	- Deadline to send <i>Booking of Time Slot for Outreach Vaccination Activity</i> (Appendix 8.3, 8.4) to PMVD
August-September 2025	<ul style="list-style-type: none"> - Download and study SIVSOP Doctors' Guide (https://www.chp.gov.hk/files/pdf/sivsop_doctorsguide.pdf) for 2025/26 and VSS Doctors' Guide (https://www.chp.gov.hk/en/features/108980.html) from the CHP website for reference - Communicate with schools on the date and venue for the vaccination activity - Start preparing manpower, training for staff, equipment, etc. for vaccination activity making reference to the <i>List of Items to Bring to Venue on the Vaccination Day</i> (Appendix 8.1) - Obtain a Clinical Waste Producer Premises Code for outreach services from the Environmental Protection Department (EPD) if you do not have one.
August-September 2025	<ul style="list-style-type: none"> - Receive from PMVD the following documents to bring to vaccination activity: <ol style="list-style-type: none"> i. <i>Seasonal Influenza Vaccination Card</i> (unfilled) [Appendix 8.11] ii. <i>Information on Side Effects</i> (unfilled) [Appendix 8.12] iii. <i>Information on Side Effects and 2nd dose Arrangement</i> (unfilled) [Appendix 8.13] iv. <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (unfilled) [Appendix 8.20, 8.21] - Attend briefing about vaccine delivery logistics (if any)
Late September to Early October 2025	- Launch of the SIVSOP

Timeline (For Reference Only)	Tasks (applicable for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”)
Preferably four weeks before vaccination day	<ul style="list-style-type: none"> - Remind school to distribute <i>Consent Forms – 2025/26 Seasonal Influenza Vaccination School Outreach Programme (Appendix 8.8-8.9)</i> to parents
Preferably four weeks before vaccination day	<ul style="list-style-type: none"> - Collect signed <i>Consent Forms – 2025/26 Seasonal Influenza Vaccination School Outreach Programme (Appendix 8.8-8.9)</i> from schools and sign the <i>Consent Form Receipt Note (Appendix 8.10)</i>. Check with the school and send a copy to PMVD
Preferably three weeks before vaccination day	<ul style="list-style-type: none"> - For both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”: - Provide password-protected Excel table with names of consented students of that school (<i>Consented Student List (Appendix 8.7)</i>) to PMVD via a designated email account - Download First Report on eHealth after the upload is complete (within 1 week) - Cross check information on consent forms (including students’ SDM information if any) with results from eHealth - Rectify the uploaded <i>Consented Student List</i> directly on eHealth if there is any misinformation; contact parents if there are any discrepancies - Check whether children aged less than 9 years need a second dose - Submit documentary proof to PMVD for amendment of document type and/or document number - Double-check the date of vaccination activity on eHealth is correct - Estimate the quantity of vaccines required
Preferably two weeks before vaccination day	<ul style="list-style-type: none"> - Liaise with a licensed clinical waste collector for collection of clinical waste or assign a healthcare professional for delivery of clinical waste to the Chemical Waste Treatment Centre (CWTC); and inform schools of the arrangement - Liaise with schools to arrange temporary storage of clinical waste at the school until collection or delivery of clinical waste if the waste could not be arranged to be collected or delivered on the vaccination day. - (<i>For Government Supply Vaccine Mode only</i>) Submit the <i>Vaccine Ordering Form-DH delivery (Appendix 8.14)</i>, or <i>Vaccine Ordering Form- Clinic delivery (Appendix 8.15)</i> to PMVD to request vaccine quantity, preferred delivery time and time for unused vaccine and cold box collection. - (<i>For Doctor Supply Vaccine Mode only</i>) Preparation on vaccine transport and cold chain maintenance. Refer to <i>VSS Doctors’ Guide – VSS at Non-Clinic Settings</i>.

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Timeline (For Reference Only)	Tasks (applicable for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”)
Within three days after submission of <i>Vaccine Ordering and Unused Vaccine Collection Form</i>	<ul style="list-style-type: none"> - (For Government Supply Vaccine Mode only) PMVD will send a <i>Confirmation Notice</i> to Private Doctors confirming the arrangement of vaccine delivery, unused vaccine and cold box collection arrangement / vaccines to clinics order.
Preferably one week before vaccination day	<ul style="list-style-type: none"> - Issue a list of students requiring vaccination to teachers - (For Government Supply Vaccine Mode only) Revise the vaccine order form and send to PMVD as soon as possible if the number of students are different - Remind schools to distribute <i>Notice to Parents on Seasonal Influenza Vaccination (Appendix 8.5-8.6)</i> and for children to bring old SIV <i>Vaccination Cards</i>, if any
Three working days before vaccination activity	<ul style="list-style-type: none"> - Final Report and On-site Vaccination List will be generated on eHealth for vaccination eligibilities - Generate a list of students requiring 2nd dose vaccination to pass to schools on the day of vaccination
On the day of 1 st dose vaccination activity	<ul style="list-style-type: none"> - Bring the <i>List of Items to Bring to Venue on the Vaccination Day (Appendix 8.1)</i> to the vaccination venue - Receive vaccines at school from vaccine distributor and sign the <i>Vaccine Delivery Note</i> (submit to PMVD on the vaccination day or the following day) - Conduct vaccination activity - Issue and fill in <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21)</i> to students via teachers - Issue a list of students requiring 2nd dose vaccination to teachers - If temporary storage of clinical waste at school is required, sign two copies of the <i>Clinical Waste Temporary Storage Handover Form (Appendix 8.19)</i>; keep one copy and surrender one copy for the schools' record - (For Government Supply Vaccine Mode only) Complete and sign two copies of the <i>Vaccine Usage Form – DH delivery (Appendix 8.16)</i> and <i>Vaccine Defect Report Form (Appendix 8.24)</i> if applicable; surrender one copy to vaccine distributor on the collection and fax the other copy to PMVD on the vaccination day or the following day.

Timeline (For Reference Only)	Tasks (applicable for both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”)
Within seven days after vaccination activity	<ul style="list-style-type: none"> - Update the <i>Consented Student List</i> (Appendix 8.7) and submit claims to eHealth by batch upload. - If extra number of students of that school (students who are not included in the <i>original Consented Student List</i>) were administered with Private Doctors/medical organizations’ own vaccines, <u>another Supplementary Consented Student List</u> should be submitted to PMVD for <i>Doctor Supply Vaccine Mode</i>. - DO NOT submit an excel list for claims for school staffs/students’ family members as they are not students of that school. Claims for such vaccine recipients should be done through VSS IT platform. - Claims should be submitted within 7 CALENDAR days (the vaccination day is Day 1). Claim requests made after 7 days may not be considered.
Within two weeks after vaccination activity	<ul style="list-style-type: none"> - Temporarily stored clinical waste for first dose activity to be collected by a licensed clinical waste collector or to be delivered by a healthcare professional to CWTC.
At least four weeks before the second dose vaccination activity	<ul style="list-style-type: none"> - Start preparation for the second dose vaccination activity - Similar to the first dose vaccination and please refer to 6.4 for additional points to note for 2nd dose activities
Before the second dose vaccination day	<ul style="list-style-type: none"> - <i>(For Government Supply Vaccine Mode only)</i> Receive confirmation from PMVD on the vaccine delivery
On the day of the 2 nd dose vaccination activity	<ul style="list-style-type: none"> - Similar to the first dose vaccination - <i>(For Government Supply Vaccine Mode only)</i> Complete Vaccine Usage Form – Self delivery (Appendix 8.17); and fax the other copy to PMVD on the vaccination day or the following day -
Within two weeks after the second dose	<ul style="list-style-type: none"> - Temporarily stored clinical waste to be collected by a licensed clinical waste collector or to be delivered by a healthcare professional to CWTC.

3. PREPARATION BEFORE THE OUTREACH VACCINATION ACTIVITY

For Private Doctors matched through *School Self-selection of Doctors* should communicate early with each of the schools about the type of SIV to be used (IIV and/or LAIV).

“Hybrid mode” (providing both IIV and LAIV during outreach activities) could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively). Please refer to **Appendix 8.25 Additional Points-to-Note regarding Hybrid Mode** for details.

3.1 Liaison with schools and Date of vaccination activity

- Self-selection and the DH-matching results with the school would be announced by phase.
- Liaise early with each of the schools to **fix the date** and venue for vaccination. **Available dates are subject to the logistics arrangement of the DH for Government Supply Vaccine Mode.**
- The outreach activity should be completed before the arrival of the winter flu season, i.e. **the first dose by December 2025 and the second dose by January 2026.**
 - The first dose vaccination activity should be conducted **between October 2025 and December 2025.**
 - The second dose vaccination activity should be conducted **before the end of January 2026.**
 - Since the two doses need to be at least **four weeks apart**, it is recommended **that the vaccination dates of the first and second dose be at least six weeks apart to allow logistic preparation for the second dose (e.g. vaccine ordering).**
 - For administration of live-attenuated influenza vaccine (LAIV – nasal spray vaccine), it is recommended to be either on the same day or at least **four weeks apart** from the administration of **another live vaccine**, while the schedule should be **unaffected** by the administration of **another inactivated vaccines.**
- Fill in Forms for Booking of Time Slot:
 - i. Once confirmed the plan of vaccination activity, the Private Doctor should notify PMVD as soon as possible the dates of vaccination for **BOTH the first dose and second dose².**

² Applicable for primary schools and KG/CCCs only

- ii. Submit the respective *Booking of Time Slot for Outreach Vaccination Activity- For Doctor supply vaccine mode (Appendix 8.3)* or *Booking of Time Slot for Outreach Vaccination Activity- For Government supply vaccine mode (Appendix 8.4)* **as soon as possible** (on a first-come-first-served basis for Government supply vaccine mode) for the outreach vaccination.
 - iii. The Department of Health has the absolute discretion to approve the date of the vaccination activities suggested by the medical organization, and the type of SIV to be used (For Government Supply Vaccine Mode).
 - iv. Please send the *Booking of Time Slot for Outreach vaccination Activity* once confirmed with concerned school(s) via fax or email. *For Government Supply Vaccine Mode*, due to the limited daily vaccine delivery quota, the quota will be allocated on a first-come, first-served basis. Please indicate the **vaccine delivery time** and the **collection time of unused vaccine/equipment** on the form for the ease of scheduling.
- *For Government Supply Vaccine Mode*, please indicate which **type of vaccine (IIV and/or LAIV)** you would use on *Booking of Time Slot for Outreach Vaccination Activity* with the preferred vaccine delivery and collection time (**Monday to Friday, and Saturday morning**).

Monday to Friday

Saturday

Delivery Time	Collection Time
From 7:30 am to 3:00pm	On or before 4:00pm

Delivery Time	Collection Time
From 8:00am to 11:00am	On or before 12:00pm

- Please see the forms in the attached appendix or downloadable from the CHP website <https://www.chp.gov.hk/tc/features/100675.html>.
- **PMVD will confirm** the booking **within three working days** after submission. Please contact PMVD if you do not receive a Confirmation Notice from PMVD **after three working days**.
- If there are any changes in the date(s) for the vaccination, The Private Doctoris required to send a new booking form **via email or fax at least 14 days** before the original date(s) of vaccination to PMVD.
- If you have prepared any materials on the vaccination activity, ensure the information provided is correct.
- Remind schools one week before first and second dose vaccination activity to issue *Notice*

to Parents on Seasonal Influenza Vaccination. An example of a school notice can be found in **Appendix 8.5-8.6**.

3.2 Selection of vaccination venue

(Video on venue preparation is available at:

<https://www.youtube.com/watch?v=UecF8eGv8tQ&feature=youtu.be>)

- Considerations on outreach vaccination venue: Hygiene, safety, privacy, lighting and ventilation.
- The vaccination venue should be well lit, ventilated and clean. It should be divided into five parts with adequate and separate areas for the vaccine recipients to:
 - i. register;
 - ii. wait for vaccination;
 - iii. receive vaccination;
 - iv. stay for post-vaccination observation; and
 - v. receive first aid treatment (with mattress) if necessary.
- The vaccination venue should have enough space to allow for any emergency treatment or resuscitation.
- Liaise with the school for the temporary storage of clinical waste until collection by a licensed clinical waste collector or delivery by a healthcare professional if the clinical waste collection or delivery could not be arranged on the vaccination day. For details of clinical waste management, please refer to **Appendix G of VSS Doctors' Guide – "Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities"** (provided by the EPD) (<https://www.chp.gov.hk/en/features/45838.html>).

3.3 Provision of adequate information to vaccine recipients

- *Consent Forms* (**Appendix 8.8-8.9**) will include essential information on SIV so parents/guardians can make an informed choice.
- If requested, liaise with the school to provide students and their parents/ guardians with more information to ensure that they understand
 - i. the aims of the vaccination;
 - ii. the contraindications and precautions of the vaccine; and
 - iii. possible side-effects of vaccination
- The Private Doctors is encouraged to provide health talks to the school and their

parents/guardians on SIV before vaccination day. However, Private Doctors should not display or distribute any promotional materials, such as posters, leaflets or souvenirs, to the students/parents unless approved by the government.

- Student’s participation in the SIVSOP is **strictly voluntary**.
- The Private Doctor **cannot charge a Co-payment** from schools/ parents under the Government Supply Vaccine Mode.
- The Private Doctor is required to provide contact information to students/parents/guardians to contact them for more information on SIV or for follow up after vaccination.
- The Private Doctor/medical organization should be prepared to handle enquiries from the parents/guardians for issues related to the seasonal influenza vaccination.

3.4 Handling of Consent Forms

3.4.1 Collection of Consent Forms

- PMVD will send the *Consent Forms – 2025/26 Seasonal Influenza Vaccination School Outreach Programme (Consent Form)* (**Appendix 8.8-8.9**) to secondary schools, primary schools and KG/CCCs **starting from the end of August 2025 by phase**. Remind schools to distribute the *Consent Forms* to students for their parents/guardians to sign in around one week.
- Collect the signed *Consent Forms* from schools preferably **four to six weeks before** vaccination day. Sign the *Consent Form Receipt Note* (**Appendix 8.10**) upon collection. **Check with the school and send a copy to PMVD.**
- It is the responsibility of the Private Doctor to ensure that the *Consent Forms* are **completely filled in** and **signed by vaccine recipients/parents/guardians**. **Missing or incomplete information may result in unsuccessful claim submission and reimbursement.**
- **Registration for eHealth** is mandatory for eligible vaccine recipients aged 18 years or above in the coming season. Under SIVSOP, eligible vaccine recipients (i.e. students) aged 18 years or above on the date of vaccination shall have registered with eHealth before receiving vaccination, while eHealth registration for vaccine recipients below 18 years old will be adopting an “opt-out” approach. The consent form is modified to facilitate eHealth registration. The Private Doctors are obliged to obtain the consent from vaccine recipients for eHealth registration.

3.4.2 Create Consented Student List – a password-protected Excel file

- The Private Doctors are required to provide data entry using Microsoft Excel. Please ensure the required software is properly installed.
- The Private Doctors should send a **password-protected Excel table, in the format provided by the DH** containing the details of consented students (*Consented Student List (Appendix 8.7)*) to PMVD via a designated email account, preferably **four weeks** before vaccination day.
- The Private Doctors should make sure the information in the *Excel* table is complete. **Any missing or incorrect data will affect subsequent claim submission and reimbursement.**
- Please be reminded of the following:
 - i. For students who are holders of the Hong Kong Birth Certificate, the data of the Hong Kong Birth Certificate should be entered.
 - ii. If students are not holders of the Hong Kong Birth Certificate, they may put down their information in their Hong Kong Identity Card (HKID) or other Identity Document. It is necessary to enter the **Date of Issue if using the HKID**. It is necessary to attach a copy of the Identity Document if using an Identity Document other than the Hong Kong Birth Certificate and HKID.
 - iii. **Please ensure the status of students' eHealth and the information for eHealth registration e.g. Substitute Decision Maker (SDM) are filled.**
 - iv. Please ensure all the relevant items in the Excel table are filled in, especially the **Type of identity document, Document number, Date of Birth, Date of Issue (if using HKID), Surname, Given Name, and Gender.**
- PMVD will batch upload the *Consented Student List (Appendix 8.7)* to eHealth platform for verification of students' vaccination history and status of eHealth registration.

3.4.3 Generation of Report and Vaccination List

First Report

- The **First Report** will be available **within one week after submission** to PMVD. The Private Doctors should log on to eHealth platform and access eHS(S) preferably **three weeks before vaccination day** to verify and match the information on the collected *Consent Forms (Appendix 8.8-8.9)* with the *Consented Student List (Appendix 8.7)* on eHS(S). Rectify if there is any misinformation. For amendment of document type and document number, the Private Doctors will need to submit documentary proof to PMVD for updating.
- Issue a list of students requiring vaccination to teachers **at least one week before** the vaccination day.

Final Report and On-site Vaccination List

- **Download** and double-check the **final report and On-site Vaccination List THREE Working Days before vaccination day**. To avoid double dose, the Private Doctors must check the final report on eHealth before administering the vaccination.
- Inform PMVD immediately if there are any discrepancies in the final list of students requiring vaccination and the original vaccine order.
- After the final report becomes available, compile a **list of students requiring the 2nd dose vaccination** to bring on the 1st dose vaccination day. The list is to be **provided to teachers** upon completion of the 1st dose vaccination for their future reference. **Bring the Final Report and On-site Vaccination List** to the schools on the day of vaccination activity.
- The Department of Health reserves the right to upload the SIV information to the Electronic Health Record Sharing System (eHealth) after the vaccination if the parents/guardian of the vaccination recipient agrees to share their vaccination record to the eHealth.

****** Note on the *First and Final Report of the Consented Student List*:**

The *Reports* serve to streamline the preparation before vaccination. It is, however, ultimately **the responsibility of** the Private Doctors **to check whether the students on reports should receive the vaccination or not**, taking into consideration the information in the *Consent Forms*, past vaccination record/card, and **thorough health assessment** before providing vaccination. The Private Doctors should check the consent form for the vaccination record in addition to the record on eHealth. The Private Doctor is ultimately responsible for any error in the *Reports* and resulting health consequence of the concerned students. ****

3.5 Mode of delivery and Vaccine ordering (For Government Supply Vaccine Mode only)

3.5.1 Mode of Vaccine Delivery

- **The First dose / Only dose (for Secondary school) vaccines** will be **delivered to schools directly by the DH appointed distributor**.
- For the **second dose vaccines** (applicable only to Primary School and KG/CCC Outreach), The Private Doctors can choose delivery by either:
 - DH delivery:** vaccines will be delivered to the school directly, or
 - Self-delivery:** Distributor will deliver vaccines to the Private Doctors' clinic first, and then the Private Doctors will self-deliver vaccines to the schools on the day of vaccination under cold chain maintenance. It is recommended to combine the self-delivery vaccine orders for the 2nd dose vaccination activities to increase the flexibility of the vaccination day.

3.5.2 Vaccine ordering

- Obtain the SIV required for vaccination day using the *Consented Student List* on eHS(S).
- Fill in the *Vaccine Ordering Form-DH delivery* (please see sample in **Appendix 8.14** for vaccine delivery to schools; **or** *Vaccine Ordering Form- Clinic Delivery* (please see sample in **Appendix 8.15** for vaccine delivery to clinics (**for Self-delivery**)). Forms are also downloadable at the CHP website (<https://www.chp.gov.hk/en/features/100675.html>).
- Please complete and submit the *Vaccine Ordering Form* **at least two weeks prior to vaccination day** to confirm with PMVD:
 - i. **Type of SIV** (IIV and/or LAIV) for School Outreach;
 - ii. **Quantity** of vaccines required (it should be equivalent to the number of consented students **deduct** the number of students who have already received SIV this season and the number of students with contraindications SIV vaccination, those absent for the 1st dose vaccination (for the 2nd dose vaccine order));
 - iii. The 2nd dose vaccine order should be placed after the 1st dose vaccination completion
 - iv. Special points for DH-delivery (Appendix 8.14):
 - provide the **contact person** from the vaccination team and **contact number(s)** on the vaccination day for receiving the vaccines.
 - indicate the preferred vaccine **delivery time** and the **expected collection time** of unused vaccine/ equipment **according to the specified timeslot on the booking form** (Appendix 8.3 for Secondary School and Primary School and Appendix 8.4 for KGCCC).
 - v. Special points for Self-delivery (Appendix 8.15):
 - provide the **contact person, contact number(s)** and the **clinic address**
 - **vaccination details** of each school
 - combine the 2nd dose vaccine orders
 - deduct the number of doses remaining from the previous vaccination under cold chain management to minimize the wastage
 - ensure adequate time and storage space for the vaccine delivery that the vaccines will be sent to designated clinic within **5 working days** after the DH confirmation.
- **Ad hoc vaccination under Government Supply Vaccine Mode** for students **should not be entertained**. Please advise students to visit any VSS doctors for subsidised vaccination, or to provide Private Doctor's own vaccine on outreach day under Doctor Supply Vaccine Mode.
- Reconfirm the number of students requiring vaccination and inform PMVD asap if there are any changes to the original vaccine order **at least one week** prior to vaccination day.

- **PMVD will confirm** the exact quantity of SIV and delivery arrangement **within three working days** after submission of the *Vaccine Ordering Form* (**Appendix 8.14 or 8.15**). Please contact PMVD if you do not receive a Confirmation Notice from PMVD **after three working days**.

3.6 Vaccine Receipt and Storage (for the Private Doctors who have chosen Self-delivery of 2nd dose to schools)

- For information: All doctors enrolled in the SIVSOP have to be enrolled in VSS first. All VSS doctors must be equipped with a Purpose-built vaccine refrigerator (PBVR).
- Please make sure your enrolled practice(s) have a PBVR with adequate space for vaccine storage, proper vaccine storage fridge condition, manpower and equipment and cold chain management for self-delivery of the vaccines. For the requirement on vaccine storage and handling, please refer to Chapter 6 of the VSS Doctors' Guide . (https://www.chp.gov.hk/files/pdf/vssdg_ch6_vaccine_storage_and_handling.pdf).
- Vaccines must only be received by the designated staff. When receiving the vaccines, staff must check whether the seal is intact and whether the cold chain is maintained before signing the delivery note provided by the vaccine distributor. Reject the vaccines if temperature excursion occurred during their delivery.
- The staff should check against the order for **vaccine type, brand and quantity**. In addition, the staff should also check the lot number and **expiry date** of the vaccine delivered. Report to PMVD in case of discrepancies, leakage or damages as soon as possible.
- Designated staff are required to record the date, time, and delivered vaccine temperature on the *Vaccine Delivery Note*; sign and then chop with the company/clinic stamp after confirmation of the above..
- Provided that the cold chain is maintained, vaccines with the earlier expiry date should be used first.

3.7 Preparation for Clinical Waste Collection and Delivery

(Video on clinical waste management is available at:

<https://www.youtube.com/watch?v=gbphrC3DsG8&feature=youtu.be>)

- Regulation of clinical waste is under the purview of EPD.
- PMVD would notify EPD of the time and venue of the vaccination activity. EPD may conduct random checks on outreach activity for compliance with the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation) in regards to clinical waste management.
- The Private Doctor shall Inform the school of the arrangement of clinical waste disposal.
 - i. Secondary School Outreach: clinical waste to be collected **within 2 weeks after the vaccination activity**
 - ii. Primary School Outreach: clinical waste to be collected **within 2 weeks after each of the 1st and 2nd dose activity**
 - iii. KG/CCC Outreach: clinical waste to be collected **within 2 weeks after the 2nd dose activity.**
- For details of clinical waste management of outreach vaccination services, please refer to **Appendix G of VSS Doctors' Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** (provided by the EPD) (<https://www.chp.gov.hk/en/features/45838.html>).

3.8 Preparation of emergency situation

(Video on the preparation of emergency equipment is available at:

<https://www.youtube.com/watch?v=It3tMplmTVk&feature=youtu.be>)

- Ensure all the emergency equipment with age-appropriate parts for vaccine recipients in the emergency kit (e.g. **Bag Valve Mask, blood pressure monitor, and syringes & needles** suitable for IMI adrenaline administration) is sufficient, and vaccines and emergency drugs (e.g. **adrenaline** ampoule (1:1000) or **adrenaline auto-injector**) are registered in Hong Kong and are **not expired**. (please refer to **Appendix 8.1**)
- Keep written protocol and training material for reference.
- Arrange qualified personnel, who are **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The Private Doctors is highly preferred to be present at the venue during the vaccination activity, and should be personally and physically reachable in case of emergency. The The

Private Doctor should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis. Please refer to 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).

Photo 1: Examples of essential equipment for an emergency at outreach vaccination activity



4. ON THE DAY OF VACCINATION ACTIVITY

4.1 Professional staffing

- Vaccine administration is a medical procedure that carries risks. The DH recommends that the **Private Doctors should be present at the venue** during the vaccination activity, and he/she should be **personally and physically reachable** in case of an emergency.
- For the safety of vaccine recipients, vaccination should be administered by qualified healthcare professionals or trained personnel under personal supervision.
- The 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** qualified personnel **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The Private Doctor/ his qualified personnel should keep **training up-to-date** and under regular review.
 - 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 and they all understand their responsibilities.
- Suggested manpower for reference:

Secondary/Primary school (6 classes in a grade)	KG/CCC
Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training	Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site & at least 1 staff with first-aid training
6 injection staff for secondary/primary schools with 6 classes in a grade	Injection staff should, if necessary, ask for assistance from an assistant for proper positioning of the child

- The doctor and attending staff should study the **VSS Doctors’ Guide**

(<https://www.chp.gov.hk/en/features/45838.html>) and this supplementary guide before the vaccination activity.

4.2 List of items to bring and Vaccination equipment

- The Private Doctor is required to bring items such as the *Consented Student List* (**Appendix 8.7**), *Consent Forms* (**Appendix 8.8-8.9**), and vaccination equipment, etc. to the venue on the vaccination day. Please refer to **Appendix 8.1** *List of Items to Bring to Venue on the Vaccination Day* for reference. In addition, the Private Doctors will receive from PMVD the following documents to be brought to the venue for completion on vaccination day:
 - *Seasonal Influenza Vaccination Cards* (unfilled) [**Appendix 8.11**];
 - *Information on Side Effects* (unfilled) [**Appendix 8.12**];
 - *Information on Side Effects And 2nd dose Arrangement* (unfilled) [**Appendix 8.13**];
 - *Notification to Parents – SIV Has Not Been Given* (unfilled) [**Appendix 8.20, 8.21**].
- Vaccination equipment should be well prepared beforehand and should be checked the expiry date, including:
 - 70-80% alcohol-based hand rub for hand hygiene;
 - alcohol pads for skin disinfection before vaccination;
 - dry clean gauze/ non-woven ball for post-vaccination compression to the injection site;
 - sharps boxes (at least 1 for each vaccination station) (visit the following website to obtain more information for the specification of sharps box: <https://www.epd.gov.hk/epd/clinicalwaste/file/doc03.pdf>);
 - emergency equipment (Please see 3.8 & 4.12 for details); and
 - other accessories and stationery as indicated.



Photo 2: Examples of vaccination equipment at outreach vaccination activity

4.3 Infection control measures

4.3.1 General Principals

- The Private Doctors should take precautionary measures to prevent spreading of communicable diseases in school settings. Please refer to the Guidelines set out by the Infection Control Branch of CHP accessible at: https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf.
- Proper infection control practice must be complied with by all personnel.
- Observe infection control guideline and hand hygiene protocol.
- Consented students should be arranged in batches to receive vaccination separately.
- All attending students and staff should practice hand hygiene.
- The venue for vaccination should be kept well ventilated.
- The venue should be cleaned and disinfected with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), left for 15-30 minutes, and then rinsed with water and wipe dry. For metallic surface, disinfect with 70% alcohol is needed. The procedure should be performed after one session, i.e. in this particular setting, performed after morning and afternoon session.
- The above principles are applicable at the time of writing of this Guide and may be updated from time to time.

4.3.2 Hand Hygiene and Disinfection

- **Hand hygiene practice** should be adopted and strictly followed during vaccination procedure. Hand hygiene can be achieved by rubbing hands with 70-80% alcohol-based formulation or washing hands with soap and water before first, in between each and after the last vaccination.
- Hand rubbing with 70-80% alcohol-based handrub (ABHR), when hands are not visibly soiled:
 - Apply a palmful of ABHR (~3-5ml) and cover all surfaces of the hands including palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists (7 steps); and
 - Rub all hand surfaces for at least 20 seconds until hands are dry.
 - Ensure the alcohol-based handrub:
 - ✓ with “70-80% alcohol” indicated on the bottle;
 - ✓ should be in original packing; and
 - ✓ is not expired.
- Handwashing with soap and water when hands are visibly soiled or likely contaminated with body fluid:
 - Wet hands with water and apply enough amount of liquid soap necessary to cover all hand surfaces;
 - Rub all surfaces of the hands for at least 20 seconds before rinsing under running water; and
 - Dry hands thoroughly with a paper towel or hand dryer.
 - The whole procedure usually takes about 40-60 seconds
- Wearing surgical gloves cannot replace hand hygiene. If surgical gloves are used, they should be changed before each vaccination. Moreover, hand hygiene should also be performed before putting on and after taking off the gloves.
 - Use an alcohol pad for skin disinfection before vaccination, and use a new clean gauze/ non-woven ball for post-vaccination compression of the injection site.

4.4 Vaccination venue set-up (please also refer to Section 3.2)

Adequate and separate areas should be arranged for:

- Registration;
- Waiting area;
- Vaccination area;
- Observation after vaccination; and
- Treatment area for emergency treatment (with mattress) if necessary.

4.5 Vaccine Delivery (For Government Supply Vaccine Mode only)

4.5.1 Vaccine delivered by the DH to Schools

(Video concerning procedures for receiving vaccines is available at:

<https://www.youtube.com/watch?v=O8TIBUCUgN4&feature=youtu.be>)

- Designated staff should be arranged to receive the vaccines at the school on the indicated delivery time. (**preferably 1 hour** before starting time of vaccination activity).
- When receiving the vaccines, designated staff must check whether the seal is intact and whether the cold chain is maintained before opening the cold box(es) / cold chain shipper. Reject the vaccines if temperature excursion occurred during its delivery.
- After opening the cold box(es) / cold chain shipper, check against the order for **vaccine type, brand and quantity**. Check also the lot number and **expiry date** of the vaccine delivered; and if a steel box (with temperature data logger inside) is present in every cold box. Report to PMVD in case of discrepancies, leakage or damages.
- Designated staff are required to record the date, time, and vaccine temperature on the *Vaccine Delivery Note* provided by the vaccine distributor; sign and then chop with the company/clinic stamp after confirmation of the above.
- If the vaccines are not delivered 30 minutes after the expected time, please contact the vaccine distributor for remedial measures and inform PMVD immediately.
- Vaccines and cold chain equipment (including steel boxes with temperature data loggers inside, carton boxes, ice packs and cold chain shipper) must be properly stored and handled according to the manufacturer's and vaccine distributor's recommendations from delivery receipt until they are administered or returned.
- Please note all unused vaccines (packing box opened and not opened) should be returned to vaccine distributor.

4.5.2 Self-Delivery by the Private Doctors (for the Private Doctors who have chosen Self-delivery of 2nd dose to schools)

(Video concerning cold box packing is available at:

<https://www.youtube.com/watch?v=8k8m9Ar7fiY&feature=youtu.be>)

- Delivery of SIV to schools on the day of vaccination activity: Tested Cold box should be used to store the vaccines temporarily for self-delivery of SIV to schools for vaccination activities. Vaccine temperature should be continuously monitored using a

temperature data logger/ digital maximum-minimum thermometer during vaccine transport (to and from the venue) and temporary storage at the venue and until return the vaccines to the clinic.

- The whole setup, i.e. cold box(es) with conditioned ice packs and insulating materials, should be **tested** for storage time and temperature stability in the cold chain before it is used for outreach vaccinations.
- Please refer to Section 6.4 and 6.6 in Chapter 6 of the VSS Doctors' Guide for requirements and recommendations on vaccine delivery, receipt, storage and handling, under non-clinic settings. Available at <https://www.chp.gov.hk/en/features/45838.html>
- Only the required type, brand and quantity of vaccine procured by the Government should be transported to the event.
- Unused vaccines under continuous cold chain management should be properly returned to the PBVR in the Private Doctor's clinic/ medical organisation as soon as possible. The returned vaccines could be used for the coming school outreach vaccination activities provided the type and brand are the same and cold chain is maintained.
- Vaccines with the earlier expiry date should be used first.
- The Private Doctors will be asked to explain if the wastage rate (damaged vaccines and unused vaccines) is considered too high (usually not more than 5%).
- The vaccines are the Government Property and are provided to the Private Doctors solely for vaccination to eligible recipients (**students**). For the unused/ surplus vaccines exposed to room temperature, the vaccines should be stored in the locked cabinet in the clinic/practice after the vaccination event(s). The Private Doctors **must return all unused/ surplus vaccines (whether or not exposed to room temperature) at the end of the programme.** The Private Doctors shall not use the remaining SIV for purposes other than SIVSOP.
- The DH reserves the right to demand the Private Doctor for payment of vaccine costs due to vaccine breakage or loss.
- Any cold chain breach of vaccines, should refer to section 4.6 below.

4.6 Management of cold chain breach in clinic

- The cold chain breach may render the vaccines ineffective. In case of temperature excursion, i.e. if vaccines have been exposed to temperatures outside the recommended range (within 2-8 °C), take appropriate actions, including:
 - Immediately isolate the affected vaccines and label "Do NOT use".
 - Record the range, date and duration of temperature breach. Report the incident and consult the PMVD immediately to evaluate the stability/ effectiveness of the exposed vaccines and determine whether the vaccines are still potent. The

affected vaccines should not be used and kept in the PBVR until all queries are clarified.

- If the affected vaccines have been administered to any vaccine recipients, the Private Doctors should report it as Clinical Incident to PMVD within the same day. Follow up with the concerned vaccine recipient promptly and assess the need for revaccination.
- Points to note in case of temporary power outages:
 - Check temperature record of the refrigerator before using the vaccines.
 - When the temperature of the refrigerator is found to be outside the recommended range of +2°C to +8°C, the vaccines should remain properly stored in the refrigerator, quarantined and marked “DO NOT USE”.
 - Record the temperature range, date and duration of cold chain breach. Together with other information required, please consult the PMVD (phone number 3975 4844 / 3975 4838) immediately.
 - Vaccines involved should not be administered until notice from the DH that confirms the stability and effectiveness of the involved vaccines according to manufacturer advice.
- For guidelines on the management of cold chain breach, please refer to Section 6.5 in Chapter 6 of the **VSS Doctors’ Guide** (Available at <https://www.chp.gov.hk/en/features/45838.html>) and Section 3.3 of the **Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation** (Available at https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3).

4.7 Health Assessment

- Health care professionals should obtain vaccination history, screen for contraindications to SIV to be administered, and assess fitness for vaccination before administering SIV (e.g. any fever or feeling unwell on the vaccination day);
- Collect and check the signed *Consent Form* (**Appendix 8.8-8.9**) for each vaccine recipient and screen for contraindications;
- Double check whether there is any previous vaccination;
- Immediately before and after vaccination: check the student’s identity document (e.g.

School Hand Book/Student ID) against the signed *Consent Forms* (**Appendix 8.8-8.9**) and the *Consented Student List* (**Appendix 8.7**), particularly for those students whose accounts could not be validated in eHS(S).

4.8 Checking of vaccines

- Check the recommendation, vaccine dosage, expiry date, any damage or contamination before administration.
- As basic requirements, procedures of vaccine checking should be adopted, including:
 - **3 checks**: when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine
- The “rights of medication administration” should be applied to vaccine administration, including:
 - **7 rights**:
 1. The right patient;
 2. The right vaccine or diluent;
 3. The right time (e.g. correct age, correct interval, vaccine not expired);
 4. The right dosage;
 5. The right route, needle length (should be long enough to reach the muscle mass for IMI injection) and technique (for the route of administration of each vaccine, healthcare professionals may refer to individual package inserts);
 6. The right site; and
 7. The right documentation.

4.9 Vaccine Administration

Under no circumstances should the Private Doctors administer SIV not provided by the DH to vaccine recipients under SIVSOP (Government Supply Vaccine Mode), even if the SIV are of the same type, brand or Lot.

Vaccination precautions/ contraindications/ interval with other vaccines

(a) Inactivated Influenza Vaccine (IIV)

- (i) People who have history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine are not suitable to have SIV.
- (ii) Individuals with mild egg allergy who are considering influenza vaccination can be given IIV in primary care settings. Individuals with a history of

anaphylaxis to egg should have SIV administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions.

(iii) IIV 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.

(iv) Individuals aged below 18 with “history of anaphylaxis to egg that necessitated hospital admission” could be referred to Paediatric Immunology, Allergy and Infectious Diseases (PIAID) specialist for assessment before vaccination.

(v) PIAID specialists are available at Queen Mary Hospital (QMH), Prince of Wales Hospital (PWH), Queen Elizabeth Hospital (QEH), Hong Kong Children's Hospital (HKCH), and Princess Margaret Hospital (PMH).

(vi) Those with bleeding disorders or are on anticoagulants should consult their doctors for advice and may receive the vaccine by deep subcutaneous injection.

(vii) If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

(viii) Guillain-Barré syndrome (GBS) is an acute paralysing illness, usually provoked by a preceding infection, surgery or rarely after immunisation. It is characterised by progressive weakness of all limbs and areflexia. Overseas studies have estimated that the risk of GBS following influenza vaccination to be about one to two GBS cases per million vaccine recipients. Locally, one case of GBS was recorded in the season 2024/25 among persons who had received SIV (as of 17 March 2025) (within the period of five days and six weeks after seasonal influenza vaccination). In Hong Kong, the baseline number of GBS (all causes) admitted to public hospitals ranged from 33 to 88 cases per year between 2020 and 2024.(ix) IIV may be administered simultaneously or at any interval with other LIVE or inactivated vaccines.

(b) Live Attenuated Influenza Vaccine (LAIV)

(i) Live attenuated influenza vaccine is generally contraindicated in the following conditions, taking reference from recommendations of the United States, United Kingdom and Canada:

- History of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine;
- Concomitant aspirin or salicylate-containing therapy in children and adolescents;
- Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 months**;
- Children and adults who are immunocompromised due to any cause;

- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment;
- Pregnancy; and
- Receipt of influenza antiviral medication within previous 48 hours.

** The UK recommended the use of IIV instead of LAIV for children with increased wheezing and/or needed additional bronchodilator treatment in previous 72 hours. Also, specialist advice should be sought on giving LAIV for children who require regular oral steroid for maintenance of asthma control or who have previously required intensive care for asthmatic attack. Canada recommended that individuals with severe asthma (currently on oral or highdose inhaled glucocorticosteroids or active wheezing) or those with medically attended wheezing in the 7 days prior to vaccination should not use LAIV.

(ii) Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV in primary care setting.

(iii) 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.

(iv) 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.

(v) Individuals aged below 18 with “history of anaphylaxis to egg that necessitated hospital admission” could be referred to Paediatric Immunology, Allergy and Infectious Diseases (PIAID) specialist for assessment before vaccination.

(vi) PIAID specialists are available at Queen Mary Hospital (QMH), Prince of Wales Hospital (PWH), Queen Elizabeth Hospital (QEH), Hong Kong Children's Hospital (HKCH), and Princess Margaret Hospital (PMH).

(vii) The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults). The safety in pregnant women has not been established. Children aged below 5 years with recurrent wheezing/ persons of any age with asthma may be at increased risk of wheezing following administration.

(viii) LAIV should be administered on the same day or at least 28 days apart from other LIVE vaccine, and can be administered simultaneously or at any interval with other inactivated vaccines.

(ix) There is no requirement or recommendation for wearing full personal protective equipment when administering LAIV. Healthcare providers should follow standard precautions, wear surgical mask and gloves when administering

intranasal vaccines because of the increased likelihood of coming in contact with a patient's mucous membranes and body fluids. Healthcare providers should also change their gloves and wash their hands between patients.

(x) Given that LAIV is not considered an aerosol-generating procedure, the use of an N95 or higher-level respirator is not recommended.

Note: The Private Doctors are advised to read carefully the product insert of the vaccines they have procured, noting especially the age range registered for use, recommendations, contraindications, route of administration, dosage and expiry date, storage and handling. To avoid administering expired vaccines to Scheme Participant, the Private Doctors should check the expiry date before administration and dispose the expired vaccines properly.

4.9.1 Administration For injectable vaccine (IIV)

- School student preparation
 1. Only arrange consented students to the vaccination venue.
 2. Invite the student to sit down or invite an assistant to secure the student on his/her lap;
 3. Ask the student to state his/her name and date of birth;
 4. Inform the student of the type of vaccine to be given;
 5. Ensure the injection site (deltoid muscle) is exposed properly, and
 6. Take out the vaccine from the storage (*First Check*).
- Immediate vaccine preparation
 1. Perform hand hygiene.
 2. The injection site is swabbed with an alcohol pad (from the centre of deltoid muscle outwards in a circular motion, without going the same area) and allowed to dry before vaccine injection.
 3. Prepare the vaccine (*Second Check*) and inspect the vaccine vial for any manufacturing defect. Shake vaccines before use according to the drug insert, if necessary.
- Vaccine injection
 1. Recheck the vaccine before administering (*Third Check*);
 2. The injection staff should keep the student informed of the vaccine to be administered;
 3. Administer the vaccine by right route and injection site with aseptic technique;
 4. Withdraw the needle gently and quickly cover the injection site with a dry clean gauze/ non-woven ball after completion of injection;

5. Instruct the student to gently apply pressure for 1-2 minutes over the injection site or till bleeding stops;
6. Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box; and
7. Perform hand hygiene before documentation.

4.9.2 Administration For nasal spray vaccine (LAIV)

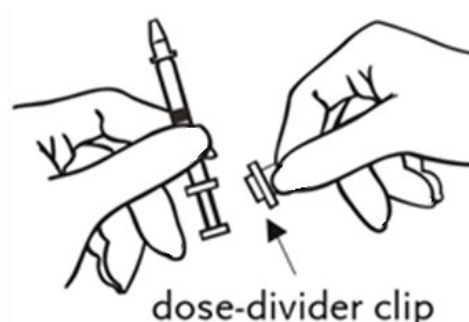
- School student preparation
 1. Only arrange consented students to the vaccination venue.
 2. Invite the student to sit down or arrange an assistant to secure the student on his/her lap;
 3. Ask the student to state his/her name and date of birth (LAIV should be used in children with age 2 years old or above);
 4. Inform the student of the type of vaccine to be given;
 5. Arrange the student to sit in an upright position and brief the student that spray of the vaccine is administered in each nostril, one after another, and
 6. Take out the vaccine from the storage (*First Check*).
- Immediate vaccine preparation
 1. **Perform hand hygiene. Put on a new pair of gloves.**
 2. Prepare the vaccine (*Second Check*) and inspect the pre-filled intranasal sprayer for any manufacturing defect.
- Vaccine administration
 1. Recheck the vaccine before administering (*Third Check*);
 2. The vaccination staff should keep the student informed of the vaccine to be administered. Ask the student to breathe normally;
 3. Remove rubber tip protector. Do not remove the dose-divider clip at the other end of the sprayer. Place the tip just inside the nostril to ensure the vaccine is delivered into the nose. With a single motion, depress the plunger as rapidly as possible until the dose-divider clip prevents it from going further.

Intranasal injection



Source: Immunization Action Coalition (IAC), U.S.A

4. Pinch and remove the dose-divider clip from the plunger. Then place the tip inside the other nostril and administer the remaining vaccine;



Source: Immunization Action Coalition (IAC), U.S.A

5. The student is advised to hold a piece of tissue for wiping any excessive vaccine without sneezing;
6. The used sprayer should be discarded directly into the sharps box; and
7. **Remove and dispose of the gloves** and then **perform hand hygiene** before documentation.

4.10 Plans for variant administration situations

Have plans of variant administration situations, including but not limited to the following, and **make records**. Inform parents as soon as possible and make the necessary arrangement.

- Failed injection attempts
- Student who refused injection on-site
- Student has contraindications
- Student is not fit for injection
- Broken needle/ wastage
- In case there are vaccination incidents (e.g. incorrect administration of vaccine or breaking of cold chain), take appropriate follow-up actions with the concerned recipients, and notify PMVD on the same day.
- Others (e.g. adverse event following immunisation)
- For reference, please refer to 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/reference_framework/pre_care_for_child.html)

4.11 Post vaccination observation

- After vaccination, the Private Doctors shall keep the vaccine recipient under observation in

the venue for at least 15 minutes (individuals at higher risk continue to be monitored for at least 30 minutes) to provide appropriate treatment in case he/she experiences an immediate adverse event. For details, please refer to **Appendix F: an extract of the Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events** **Following** **Immunisation** (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5) in the VSS Doctors' Guide. (<https://www.chp.gov.hk/en/features/45838.html>)

- Provide a telephone number to vaccinated students or their parents/ guardians for enquiries concerning the vaccination.
- Remind the vaccinated students of possible adverse reactions and advise the management of side effects.

4.12 Emergency management

- Vaccination may cause untoward reactions. Some recipients may even develop allergic reactions to the vaccine(s). Failure to give timely intervention may result in serious consequences.
- The Private Doctors should arrange qualified personnel, who are **trained in emergency management** of severe immediate reactions and equipped to do so, with qualifications such as **Basic Life Support**, to standby for emergency management and give timely intervention as indicated. The Private Doctors/ his qualified personnel should keep training up-to-date and under regular review.
- The Private Doctors is highly **preferred to be present** at the vaccination venue; he/she should be **personally and physically reachable** in case of emergency.
- Emergency kit equipment (with age-appropriate parts) should include, but is not limited to:
 - i. Appropriate size of **Bag Valve Mask**;
 - ii. **BP monitor** with appropriate size of **cuffs**; and
 - iii. **THREE** registered **adrenaline** ampoules (1:1000) with sufficient number of **1mL syringes (at least three)** and **25-32mm length needles (at least three)** for adrenaline injection/ **THREE** registered adrenaline auto-injectors. (please refer to **Appendix 8.1**)
- Ensure there is sufficient stock of all the emergency equipment and that the equipment and drugs have not reached expiry.

- Keep written protocol and training material for reference. The Private Doctors should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis.



Photo 3: Examples of essential equipment for emergency at outreach vaccination activity

- **Should anaphylaxis happen after vaccination:**
 - call ambulance;
 - inform the Private Doctor (on-site or via phone) immediately, and seek advice and approval on adrenaline administration, if appropriate;
 - use bag valve mask to assist ventilation (give oxygen if available); and
 - monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives.
 - If no improvement within 5 minutes - seek advice from the Private Doctor (on-site or via phone) for approval on repeat dose of adrenaline injection (maximum 3 doses in total) if appropriate.

For details, please refer to Appendix F of the VSS Doctors' Guide (https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_f.pdf), which is an extract of Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events Following Immunisation (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5)

- After settling down, report the incident to PMVD (phone number 2125 2128) immediately.

4.13 Documentation

4.13.1 Consented Student List

- All vaccination given should be clearly documented on the *Consented Student List* (**Appendix 8.7**). Document clearly whether the vaccine has been administered to the student; Students not vaccinated should be remarked as well.

4.13.2 Consent Forms

- Document whether the student has been vaccinated or not;
- Put down the signature of the vaccination staff;
- Write down or put down the stamp with the **name of the Private Doctors**; and
- Document the **date of the vaccination activity** on the *Consent Forms* (**Appendix 8.8-8.9**);

4.13.3 Vaccination Card

- Document information on the *Seasonal Influenza Vaccination Card* (**Appendix 8.11**) after vaccination (including the **name of vaccine recipient, name/brand and type of vaccine, date of injection and name of the Private Doctor/medical organization same as the Application Form**). If students have brought their own SIV *Vaccination Card* from the previous year, please document date of injection, name/brand and type of vaccine, and name of vaccine provider onto the old *Vaccination Card*.
- The name or chop that appears in the *Seasonal Influenza Vaccination Card* should match the name of the Private Doctor and/or the enrolled medical organization.
- The Private Doctors should **not display or distribute any promotional materials, such as posters, leaflets, souvenirs**, to the students/parents unless approved by the government.
- The Seasonal Influenza Vaccination Card should not contain any promotional information about the Private Doctor or medical organization.

4.13.4 Other Documents

- For students **requiring 2nd dose**, document date of injection, contact information and date of 2nd vaccination on *Information on Side Effects and 2nd dose Arrangement* (**Appendix 8.13**).
- For students who **do not require 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 8.12**).
- For students **completed 1st and 2nd dose**, document contact information on *Information on Side Effects* (**Appendix 8.12**).
- Pass the list of students requiring 2nd dose vaccination to teachers for their future reference.
- After vaccination, the Private Doctor needs to **pass** the following document filled in to teachers for distribution to students:
 - Filled in *Seasonal Influenza Vaccination Cards* (**Appendix 8.11**)
 - *Information on Side Effects* (**Appendix 8.12**)

- *Information on Side Effects and 2nd dose Arrangement (Appendix 8.13).*
- *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21) for students on the Student Vaccination List who are unable to receive vaccination on the vaccination day (e.g. having fever or absent from school). Please see appendix and also downloadable from the CHP website <http://www.chp.gov.hk>).*

4.14 Handling of clinical waste during vaccination

- The sharps box should be placed on a flat, firm surface and at an optimal position near the injection staff.
- Secure sharps box in an upright position or place in the rack for sharps box
- 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.

5. Upon completion of vaccination activity

5.1 Management of unused/ surplus vaccines (For Government Supply Vaccine Mode Only)

5.1.1 The DH Delivery to Schools

- Unused/ surplus vaccines should be stored properly in a cold box / cold chain shipper with ice packs and insulating materials, etc. provided by the vaccine distributor. The cold box / cold chain shipper should be closed properly to maintain the cold chain at **2-8°C**.
- Unused/ surplus vaccines are the property of the DH and should not be taken back to the Private Doctor's practice/ clinic.
- Cold chain equipment (including steel boxes with temperature data loggers inside, carton boxes and ice packs) are the property of the vaccine distributor(s) and should be returned intact to the vaccine distributor(s) upon completion of vaccination activity.
- Designated staff should be assigned from your medical organization to stay at the venue and **return all unused/ surplus vaccines** (packing box opened and not opened), cold boxes / cold chain shipper and cold chain equipment to the vaccine distributor. Vaccines or cold chain equipment must not be returned through a school representative.
- The staff should chop the clinic stamp and complete sign the **two copies** of the *Vaccine Usage Form – DH delivery (Appendix 8.16)* upon handing over the unused vaccine to the vaccine distributor (please see appendix and also downloadable from the CHP website

<https://www.chp.gov.hk/en/features/100675.html>). A copy of the Delivery Note and *Return Form* should be submitted by email or fax to PMVD **within 1 day after** the vaccination activity.

- If the vaccine distributor fails to collect the unused/surplus vaccine and cold boxes / cold chain shipper 30 minutes after the expected time, please contact vaccine distributor for remedial measures and inform PMVD immediately.

5.1.2 Self Delivery of the second dose by the Private Doctors (For Government Supply Vaccine Mode Only)

- Please refer to 6.4.1.

5.1.3 Monitor vaccine wastage rate

- The vaccine wastage rate (including damaged vaccine and unused vaccine rate) for each Private Doctor will be monitored closely.
- The Private Doctor will be asked to explain if the wastage rate is considered too high (usually not more than **5%**).
- If the vaccine wastage rate (particularly damaged vaccine rate) for an individual Private Doctor is high and no reasonable explanation can be given, the participation of the Private Doctor in the programme in the future will be affected.

5.2 Other issues related to vaccines

- Vaccines provided under the School Outreach is the property of the DH. The Private Doctor may be liable to costs related to broken or missing vaccines and the DH reserves the right to demand the Private Doctor for payment of vaccine costs due to vaccine breakage or loss that are broken or loss lost due to improper handling by individuals.

5.2.1 Broken vaccines

- If the vaccine is found to be broken upon unwrapping or by a staff of the School Outreach Teams, take a photo of the broken vaccine showing the extent of the **damaged part** as well as taking photos documenting the **lot number** and **expiry date** of the box to which the broken vaccine belongs. Send the photos to PMVD and contact PMVD (Tel: 3975 4844 / 3975 4838) for further instructions before discarding the broken vaccine. If there are more than one broken vaccine, repeat the above procedures and take photos of each broken vaccine documenting the damage part, lot number and expiry date. Remember to count the total number of broken vaccines. The staff should complete the **two copies of** the *Vaccine Defect Report Form* (**Appendix 8.24**) and the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) before the vaccine distributor's arrival. Broken vaccines should be discarded into sharps

boxes and disposed of as clinical waste after notified DH.

- If the breakage quantity is extensive, inform the PMVD immediately for any remedy actions (e.g. urgent delivery of vaccines to the venue).
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**), *Vaccine Defect Report Form* (**Appendix 8.24**), *Delivery Note* along with the photos of the broken vaccine should send to PMVD (pilotsiv@dh.gov.hk) **within 1 day after** the vaccination activity.
- Broken vaccines should never be administered to students.

5.2.2 Defective vaccines

- If the vaccine is found to be defective (e.g. presence of foreign particles, unclear lot number / expiry date), take photos of the defective vaccine lot number, expiry date on the box(es), and document the lot number, quantity, and description of the product defect and **inform PMVD** via WhatsApp 5394 3513 (Tel: 3975 4844 / 3975 4838) as soon as possible for any remedial action and handling instruction. The staff should complete the **two copies** of the *Vaccine Defect Report Form* (**Appendix 8.24**) and the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) before the vaccine distributor's arrival before the vaccine distributor's arrival.
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**), *Vaccine Defect Report Form* (**Appendix 8.24**), *Delivery Note* along with the photos of the defective vaccine should send to PMVD (pilotsiv@dh.gov.hk) **within 1 day after** the vaccination activity.
- Defective vaccines should never be administered to students.

5.2.3 Missing vaccines

- SIV will be delivered by a vaccine distributor(s) appointed by the DH in quantity requested by medical organisation and agreed by PMVD. If any discrepancy was found on delivery, remark on the *Vaccine Delivery Note* and document in the *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) and inform PMVD (phone number 3975 4844 / 3975 4838) immediately for remedial action (e.g. urgent delivery).
- The *Vaccine Usage Form* (**Appendix 8.16 or 8.17**) should be provided to PMVD **within 1 day after** the vaccination activity.
- For cases of missing vaccines, PMVD may launch an investigation or refer to the authority shall a felony is suspected.

5.3 Disposal of Clinical Waste and Record Keeping

- Upon completion of vaccination, the used sharps box(es) should be properly sealed by the proprietary closure and disposed as soon as possible. For details of disposal methods of clinical waste, please refer to **Appendix G of VSS Doctors' Guide – "Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities"** (provided by the EPD)

(<https://www.chp.gov.hk/en/features/45838.html>).

- The Private Doctors must retain the **Waste Producer Copy (pink copy)** of the Clinical Waste Trip Ticket for 12 months from the date of consignment/delivery and provide the record to EPD for inspection when so required.

5.4 Submitting reports

5.4.1 DH delivery (For Government Supply Vaccine Mode Only)

- After vaccination, the Private Doctor needs to **submit** the following documents **within 1 day of vaccination activity**:
 1. the *Vaccine Delivery Note* signed by designated staff upon receipt of vaccine;
 2. the *Vaccine Usage Form – DH delivery (Appendix 8.16)* to the DH indicating
 1. the number of vaccine administered and unused;
 2. the number of unserviceable vaccine (e.g. broken on delivery, broken needle on administration or defective vaccines); and
 3. signed by both the designated staff and vaccine distributor upon collection of unused vaccine and cold boxes.

5.4.2 Secondary and Primary School Outreach and KG/CCC Outreach-Self delivery

- Please refer to 6.4.2.

5.5 Submitting claims on eHealth platform and reimbursement

- **Claims should only be made after vaccination has been given.**
- Claims have to be submitted **WITHIN SEVEN CALENDAR DAYS** after the delivery of vaccination service (both days inclusive) for online processing for reimbursement. The Private Doctor is highly recommended to make claims immediately after the vaccination to prevent double dosing.
- The Private Doctors can click the names directly on eHealth platform to confirm recipients have received vaccinations.
- The Private Doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is accurate and consistent with the record on recipient's vaccination card and *Consent Form (Appendix 8.8-8.9)*.
- The Private Doctor should fill the Students Vaccination Report.
- The DH will verify with schools/ the Private Doctors in case of doubt.
- The DH will conduct **random post-payment check** on the vaccination services provided.

- Please refer to **Chapter 2** of the **VSS Doctors Guide** for more information on the reimbursement process.

5.6 Planning for second dose vaccination activity

- Please refer to 6.4.1.

5.7 Record keeping

- Documents including *Consent Forms*, vaccination records/ documents and photocopies, if any, collected from eligible vaccine recipients should be kept in a locked cabinet for at least **seven years**. The number of persons who can access the personal data should be limited, to protect against indiscriminate or unauthorized access, processing and use.
- The Private Doctors must keep the clinical waste trip ticket for **12 months**. Please refer to section 5.3 for details.

6. OTHER ISSUES

6.1 Vaccination incident

- Clinical incident is defined as any events or circumstances³ that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of direct care or provision of clinical service.
- Medical operators should have the plan in place to manage vaccination incidents.
- Doctor-in-charge and members of the medical vaccination team should attend all clinical incident immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of medical vaccination team.
- Explain to the teacher and parents concerned timely.
- Record the student's condition and treatment provided.
- Following all necessary immediate interventions, the medical vaccination team should inform the PMVD at the earliest possible by phone at 2125 2128, followed by the Clinical Incident Notification Form (Appendix 8.22) which will be provided upon request. The form should be returned to the PMVD via email within the same day of occurrence of the incident.
- Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.
- The medical vaccination team should conduct a full investigation of the medical incident and submit the Clinical Incident Investigation Report (Appendix 8.23) to the PMVD via email within 7 days from the occurrence of the incident.

³ Any events or circumstances refer to those with any deviation from usual medical care.

- Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the vaccination team should work closely with PMVD to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

6.2 Adverse events following immunisation

- Adverse events following immunisation (AEFIs)⁴ are any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. The early detection would decrease the negative impact of these events on the health of individuals.
- Healthcare professionals of the medical vaccination team are advised to report the following AEFIs:
 - (a) All suspected serious⁵ adverse events, even if the adverse event is well known;
 - (b) Suspected drug interactions including vaccine-drug and vaccine-herb interactions;
 - (c) Non-serious adverse events but the adverse events are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known adverse event);
 - (d) Unexpected adverse events, i.e. the adverse events are not found in the product information or labelling (e.g. an unknown side effect).
- Please conduct medical assessment and report to the Drug Office online at

⁴ Adverse events following immunization (AEFI) - WHO (<https://www.who.int/teams/regulation-prequalification/regulation-and-safety/pharmacovigilance/guidance/aefi>)

⁵ An AEFI would be considered serious, if it:

- results in death,
- is life-threatening,
- requires in-patient hospitalization or prolongation of existing hospitalization,
- results in persistent or significant disability/incapacity,
- is a congenital anomaly/birth defect,
- requires intervention to prevent one of the outcomes above (medically important).

6.3 Contingency Plan

6.3.1 Special weather arrangement

- In case of school suspension due to extreme weather conditions, please contact PMVD as soon as possible. Please be aware of the announcement by the Education Bureau (EDB).

6.3.2 School Suspension (e.g. due to URTI outbreak, etc)

- Please be aware of the announcement by Education Bureau and PMVD. In case of class suspension that may affect the scheduled vaccination activities, please contact PMVD as soon as possible. To facilitate communication and arrangement, the DH would liaise with EDB and SWD if necessary. In addition, support from EDB and SWD may be sought to convey the message via issuing letters regarding the arrangement.
- The arrangement of the outreach activity would be assessed by the DH. Depending on the situation, the scheduled vaccination activity may be:
 1. Suspended temporarily and rescheduled: please inform PMVD asap, liaise with the school and confirm the rescheduled date. Please fax the form of ***Booking of Time Slot for Outreach Vaccination Activity*** (Appendix 8.3, 8.4) to PMVD once you have confirmed the date with the school.
 2. Continue as originally scheduled: the outreach would be conducted in the schools on **the originally scheduled vaccination day(s)** but may need to be arranged in a **staggered manner** with scheduled timeslots **for different classes/grades** and **infection control measures**. Please be aware of the following:
 - (i) Liaise with the schools to check the venue capacity and work out a timetable, so that students can come back for vaccination in a staggered manner to avoid crowding.
 - (ii) Liaise with the schools on how to distribute and collect the consent forms.
 - (iii) At least one week before the activity, provide a timetable of students requiring vaccination to the school and enlist the school's assistance to remind parents/ students to attend according to the timeslots.

- (iv) For students who could not participate in outreach in schools, they are advised to receive SIV under VSS at clinic settings⁶.

6.4 Additional points to note for second dose vaccination activity (For primary schools and KGCCCs only)

6.4.1. Planning for second dose vaccination activity

- The Private Doctor is **required to provide the second dose** to consented students under age of 9 years who have not received SIV before. The second dose vaccination activity should be held within one vaccination day and at an interval of at least 4 weeks after the first dose and before the **end of January 2026**.
- It is recommended the vaccination date of the first and second dose **to be at least six weeks apart** to allow logistic preparation for the second dose (e.g. *Consent Form* collection and checking for the second dose).
- For both Primary School Outreach and KG/CCC Outreach, the Private Doctor should notify PMVD of the date of second dose vaccination on or **before 30 July 2025**. For Government Supply Vaccine Mode, Please notify PMVE by using the *Booking of Time Slot for Outreach Vaccination Activity Form* (**Appendix 8.3, 8.4**).
- The Private Doctors are required to generate and handover an updated list of students requiring 2nd dose vaccination to the teachers upon the completion of the 1st dose vaccination activity (minus those who have not turned up for 1st dose).
- The Private Doctors should check the consent form for the vaccination history provided by the parents/guardians in addition to the record on eHealth. The vaccination record on eHealth may not show all vaccination history, e.g. the vaccine recipient may have received seasonal influenza vaccination overseas / through self payment by the Private Doctors and it will not be shown on eHealth. If the vaccination history provided by parents/guardians and the eHealth records are inconsistent, please clarify with the parents/ guardians.

6.4.2. Self Delivery of the second dose by the Private Doctors

- The number of doses required for second dose activity is expected to be low. To allow flexibility in the arrangement, the Private Doctors may choose self-delivery of vaccines under Government Supply Vaccine Mode; please refer to 3.5.1.
- To transport vaccines, tested cold box(es) equipped with ice packs and insulating

⁶ Children aged 6 months to under 18 are eligible groups for SIV under VSS in influenza season 2025/26.

materials (please refer to section 4.5.2) are required.

- Vaccine temperature should be monitored continuously using a temperature data logger/ digital maximum-minimum thermometer during vaccine transport and temporary storage at the venue (**do not use the venue's domestic fridge for vaccine storage**).
- The staff should complete the signed *Vaccine Usage Form- Self delivery* (**Appendix 8.17**) upon completion of the vaccination activities. A copy of *Vaccine Usage Form- Self delivery* should be submitted to PMVD **within 1 day after** the vaccination activity.
- Unused/surplus vaccines under continuous cold chain management should be returned to the PBVR in the Private Doctors's clinic/ medical organisation as soon as possible.

7. USEFUL FORM

The updated useful forms are downloadable in the following link:

<https://www.chp.gov.hk/tc/features/100675.html>

階段	參考編號	文件
接種前	SIVSO_D_A1(KG) SIVSO_D_A1(PS)	接種時段預約表格 - 只供幼稚園 / 幼兒中心 使用 - 只供小學使用
	SIVSO_S_A4 SIVSO_S_A4(LAIV)	季節性流感疫苗接種同意書 (幼稚園/幼兒中心及小學適用) - 注射式 - 噴鼻式
	SIVSO_S_A4_Sec	季節性流感疫苗接種同意書 (中學適用)
	SIVSO_D_A2	同意書交收記錄
	SIVSO_D_A3	疫苗申請表格 - 送學校 (第一劑及第二劑適用) - 送診所(第二劑適用)
接種當日	SIVSO_D_B1	家長通知書 - 未有接種季節性流感疫苗
	SIVSO_D_B2	醫療廢物暫存轉交記錄
完成接種後	SIVSO_D_C1	疫苗使用記錄 - 送學校 (第一劑及第二劑適用) - 自行攜帶(第二劑適用)
	SIVSO_D_C2 SIVSO_D_C2(LAIV)	疫苗副作用資料頁 - 注射式 - 噴鼻式
	SIVSO_D_C2(2nd) SIVSO_D_C2(LAIV) (2nd)	疫苗副作用資料頁及第二劑的安排 - 注射式 - 噴鼻式
	SIVSO_S_C1	學生接種記錄報告 (接種日)
	SIVSO_D_C4	季節性流感疫苗接種卡

Samples are included in Appendix for easy reference.

8. APPENDIX

Appendix 8.1

8.1 List of Items to Bring to Venue on the Vaccination Day

Items	First Dose	Second Dose
FOR INJECTION AND COLD CHAIN MAINTENANCE		
Sharps boxes (at least 1 for each vaccination station)	✓	✓
Dry clean gauzes / non-woven balls	✓	✓
Alcohol pads / swabs	✓	✓
70-80% Alcohol-based hand rub solution (1 for each vaccination station)	✓	✓
Kidney dishes / containers	✓	✓
Cold boxes	✓ if self delivery	✓ if self delivery
Maximum and minimum thermometers (1 for each cold box)	✓ if self delivery	✓ if self delivery
Additional ice packs with adequate insulating materials for cold chain maintenance	✓ if self delivery	✓ if self delivery
FOR EMERGENCY		
Bag Valve -Mask, including both child and adult size masks	✓	✓
At least THREE Registered Adrenaline auto-injector; OR	✓	✓
At least THREE Registered Adrenaline ampoules 1:1000; with:	✓	✓
At least THREE 1mL syringes	✓	✓
At least THREE 25-32mm needles	✓	✓
Blood Pressure monitor, with appropriate size of cuffs	✓	✓
Protocol for emergency management	✓	✓
STATIONERY		
Date chops	✓	✓
Chops with the Private Doctor's name (For consent forms)	✓	✓
Stamps with the enrolled medical organization/ clinic (For vaccines delivery note, clinical waste collection and vaccination cards)	✓	✓
Pens	✓	✓
FORMS AND DOCUMENTS		
Signed Students' Consent Form – Seasonal Influenza Vaccination 〔同意書 – 2025/ 26 季節性流感疫苗學校外展 (免費)〕 (已簽署)	✓	✓
Seasonal Influenza Vaccination Cards (Appendix 8.11) 〔季節性流感疫苗接種卡〕	✓	✓
Information on Side Effects (Appendix 8.12)	✓	✓

Items	First Dose	Second Dose
(副作用資料頁)		
Information on Side Effects and 2 nd dose Arrangement (Appendix 8.13) (副作用資料頁及第二劑的安排)	✓	✘
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21) 〔家長通知書 – 未有接種季節性流感疫苗〕(待填)	✓	✓
Updated Consented Student List (1st dose & 2nd dose) (Appendix 8.7, i.e. Final Report, On-site Vaccination List, and List of Students Requiring 2nd Dose vaccination, printed out on or 3 days before vaccination day)	✓	✓
Vaccine Usage Form – DH delivery (2 unfilled copies) (Appendix 8.16) (For Government Supply Vaccine Mode only) 〔疫苗使用報告- 送學校〕(一式兩份待填)	✓	✓ if DH delivery
Vaccine Usage Form – Self Delivery (one unfilled copy) (Appendix 8.17) (For Government Supply Vaccine Mode only) 〔疫苗使用報告-自行攜帶 (第二劑適用)〕(一份待填)	✘	✓ if self delivery
Clinical Waste Temporary Storage Handover Form (Appendix 8.19) (醫療廢物暫存轉交記錄)	✓ (if require temporary storage)	✓ (if require temporary storage)
OTHERS		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags (for domestic rubbish)	✓	✓

8.2 Checklist of inspection on PPP outreach vaccination activities

A) Venue setting and staff support

- 1) Waiting and registration area
- 2) Vaccination area
- 3) Post vaccination observation area
- 4) Area for emergency treatment (with mattress)
- 5) Number and Qualification of the on-site staff(s) handling vaccination
- 6) Whether the on-site doctor is present at the venue of the activity
- 7) Who is the Basic Life Support provider with a **valid license**

B) Vaccine and vaccination procedures

- 1) Receiving vaccine (designated staff, checking of vaccine intactness) (*For Government Supply Vaccine Mode only*)
- 2) Vaccine arrangement (if chosen self-delivery of second dose vaccines to schools, including cold box(es), equipped with conditioned ice packs, maximum-minimum thermometers, & insulating materials, etc.) (*For Government Supply Vaccine Mode only*)
- 3) Cold chain handling (packing, temperature, thermometer)
- 4) Name of vaccine(s) and expiry date with caution on recommendation for appropriate age-range recipients
- 5) Vaccination equipment (Alcohol pads/ swabs and gauzes/ non-woven balls)
- 6) Sharps handling (sharps boxes, 1 for each vaccination station)
- 7) Health assessment before vaccination (vaccination history and allergic history) (verbal or using a form)
- 8) 3 Checks – Procedures for vaccine checking
- 9) 7 Rights – Vaccine administration
- 10) Infection control practice (hand hygiene, disinfection and care of injection site, etc)
- 11) Advice after vaccination (on-site post vaccination observation, advice on adverse reactions)
- 12) Emergency preparation (Bag Valve Mask of age-appropriate size, AT LEAST THREE Registered Adrenaline auto-injector/ Adrenaline (1:1000 dilution) (with appropriate syringes, i.e. at least **Three** 1 mL syringe with **Three** 25-32mm needles), Blood Pressure monitor with age-appropriate cuffs and Protocol for emergency management)

C) Documentation

- 1) *Consent Form – 2025/26 Seasonal Influenza Vaccination School Outreach Programme (Appendix 8.8-8.9)*
- 2) Seasonal Influenza Vaccination Card (**Appendix 8.11**)
- 3) Vaccination record

- 4) *Information on Side Effects (Appendix 8.12).*
- 5) *Information on Side Effects and 2nd dose Arrangement (Appendix 8.13).*
- 6) *Updated Consented Student List (Appendix 8.7)*

D) Others

- 1) *Handling of unused vaccine (For Government Supply Vaccine Mode only)*
- 2) *Disposal of clinical waste*
- 3) *Handling of medical incidents (report and follow up)*
- 4) *Filling the Vaccine Usage Form (Appendix 8.16, 8.17) (For Government Supply Vaccine Mode only)*
- 5) *Filling the Students Vaccination Report (Appendix 8.18)*
- 6) *Issuing Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 8.20, 8.21)*

The above notes are by no means exhaustive. Please refer to CHP website for more information regarding outreach vaccination activities, including the VSS Doctors' Guide. You are required to follow all necessary steps in using the schemes, failing which release of injection fee may be affected.

8.3 Booking of Time Slot for Outreach Vaccination Activity – Doctor Supply Vaccine Mode

由衛生署職員填寫		
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致：衛生防護中心項目管理及疫苗計劃科

傳真：2544 3927

電郵地址：pilotsiv@dh.gov.hk

電話：3975 4844 / 3975 4843

2025/26 年度季節性流感疫苗學校外展 預約時間表格 (適用於 醫生 提供疫苗模式) *備註 2-4

我們已與以下的學校確認並希望預約以下時間作季節性流感疫苗學校外展活動： 請在適當方格內填上✓號

<input type="checkbox"/> 中學		<input type="checkbox"/> 小學		<input type="checkbox"/> 幼稚園及幼兒中心	
學校名稱					
學校地址					
學校地區		<input type="checkbox"/> 香港及離島 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界東 <input type="checkbox"/> 新界西			
負責老師		姓名：		聯絡電話：	
醫生提供疫苗模式		<input type="checkbox"/> 注射式流感疫苗 (IV) <input type="checkbox"/> 噴鼻式流感疫苗 (LAIV) <input type="checkbox"/> 混合模式 (Hybrid) <input type="checkbox"/> 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種 *備註 5			
接種日期		第一劑：_____年_____月_____日(星期_____) 第二劑：_____年_____月_____日(星期_____) *備註 6-7			
收費資料：		疫苗種類	收費 (受資助人士)	收費 (非受資助人士)	
		注射式流感疫苗 (IV)	\$	\$	
		噴鼻式流感疫苗 (LAIV)	\$	\$	
疫苗儲存設備： (請在適當方格內填上✓號)		<input type="checkbox"/> 由疫苗供應商直接送到活動場地 <input type="checkbox"/> 疫苗專用雪櫃 (PBVR) <input type="checkbox"/> 其他方式，請註明：_____			
疫苗溫度監控： (請在適當方格內填上✓號)		<input type="checkbox"/> (i) 定時檢查疫苗溫度並作人手記錄 <input type="checkbox"/> 有 / <input type="checkbox"/> 無 <input type="checkbox"/> (ii) 用作持續監測疫苗溫度的裝置 <input type="checkbox"/> 溫度持續記錄器 (雪櫃內置或獨立放置) <input type="checkbox"/> 最高/最低溫度計 <input type="checkbox"/> 其他方式，請註明：_____			
疫苗運送方式： (請在適當方格內填上✓號)		<input type="checkbox"/> 由疫苗供應商直接送到活動場地 <input type="checkbox"/> 由參與計劃醫生/醫療機構運送：儲存於已經測試的手提冰箱內，同時配備合適的冰種、隔熱物料等，並會使用「溫度持續記錄器」或「最高/最低溫度計」持續監測疫苗溫度 <input type="checkbox"/> 其他方式，請註明：_____			
醫療廢物管理： (請在適當方格內填上✓號)		疫苗接種活動結束後，醫療廢物將會： <input type="checkbox"/> 由持牌收集商即日收集 <input type="checkbox"/> 由醫護專業人士於活動結束後立即直接送交至青衣化學廢物處理中心 <input type="checkbox"/> 於接種地點以有鎖的儲物櫃暫存，稍後經由醫護專業人士直接送交至青衣化學廢物處理中心 <input type="checkbox"/> 於接種地點以有鎖的儲物櫃暫存，稍後經由持牌醫療廢物收集商收集及處置			
負責醫生及醫療機構					
診所或醫療機構蓋章：		註冊醫生姓名：			
		服務提供者號碼SPID：		聯絡電話：	
		日期：		傳真號碼：	

8.4 Booking of Time Slot for Outreach Vaccination Activity – GovernmentSupply Vaccine Mode

由衛生署職員填寫		
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致：衛生防護中心項目管理及疫苗計劃科

傳真：2544 3927

電郵地址：pilotsiv@dh.gov.hk

電話：3975 4844 / 3975 4843

**2025/26 年度季節性流感疫苗學校外展
預約時間表格 (適用於 政府 提供疫苗模式) *備註 2-4**

我們已與以下的學校確認並希望預約以下時間作季節性流感疫苗學校外展活動： 請在適當方格內填上✓號

<input type="checkbox"/> 中學	<input type="checkbox"/> 小學	<input type="checkbox"/> 幼稚園及幼兒中心
學校名稱		
學校地址		
學校地區	<input type="checkbox"/> 香港及離島 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界東 <input type="checkbox"/> 新界西	
負責老師	姓名：	聯絡電話：
政府提供疫苗模式	<input type="checkbox"/> 注射式流感疫苗 (IIV) <input type="checkbox"/> 噴鼻式流感疫苗 (LAIV) <input type="checkbox"/> 混合模式 (Hybrid)	
	<input type="checkbox"/> 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種 *備註 5	

甲、預約送疫苗日期 (適用於政府提供疫苗模式)

接種場次	預約日期 *備註 1 ____年____月____日 (星期)	送疫苗到校時間	收剩針時間	星期一至五 送針 07:30 – 15:00 收剩針 16:00 或 之前	預計醫療廢物處置方法 ※
		請依照右列時段填寫實際送 / 收針時間			
第一劑	____年____月____日 (星期)				
第二劑 *備註 6-7	____年____月____日 (星期) <input type="checkbox"/> 送學校 <input type="checkbox"/> 送診所 (送診所無需填寫送針收針時間)			星期六 送針 08:00 – 11:00 收剩針 12:00 或 之前	

乙、負責醫生及醫療機構

診所或醫療機構蓋章：	註冊醫生姓名：	
	服務提供者號碼SPID：	聯絡電話：
	日期：	傳真號碼：

8.5 Notice to Parents on Seasonal Influenza Vaccination – First Dose

Notice

2025/26 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents consenting to their children for vaccination.

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

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

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

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

Principal/Teacher in charge: _____

SIVSO_S_A2
Last updated: May 2025

SAMPLE

Notice

2025/26 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents NOT Consenting to their children for vaccination.

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

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

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

Principal/Teacher in charge: _____

SIVSO_S_A2
Last updated: May 2025

通告

2025/26 季節性流感疫苗學校外展計劃

接種事宜

致 各位同意接種疫苗學生的家長

衛生署已收到你的同意為 貴子女在上述計劃下接種疫苗。衛生署將於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女提供第一劑季節性流感疫苗接種服務。請於接種當日提醒 貴子女：

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

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

(請在學校規定的時間準時接種疫苗，恕不候時。)

校長/負責老師：_____ 謹啟

_____年_____月_____日

SIVSO_S_A2
最後更新: 2025 年 5 月

通告

2025/26 季節性流感疫苗學校外展計劃

接種事宜

致 各位不同意接種疫苗學生的家長：

衛生署將於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校提供第一劑季節性流感疫苗接種服務。

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

如果你對上述安排有任何疑問，請盡快與學校聯繫。

校長/負責老師：_____ 謹啟

_____年_____月_____日

SIVSO_S_A2
最後更新: 2025 年 5 月

8.6 Notice to Parents on Seasonal Influenza Vaccination – Second Dose (Applicable for primary schools and KG/CCCs only)

Notice
2025/26 Seasonal Influenza Vaccination School Outreach Programme
2nd dose Seasonal Influenza Vaccination Outreach Activity
(For PS and KG/CCC)

(Date of issue)

To Parents/ Guardians of _____ (Name of Student/ Class),

Department of Health will arrange vaccination team (by DH or through public-private partnership) to provide 2nd dose seasonal influenza outreach vaccination* at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received 2nd dose 2025/26 seasonal influenza vaccine (SIV) after **1 September 2025** or you disagree for your child to receive the above vaccination
2. Bring Seasonal Influenza Vaccination Card on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: _____

*Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.

SIVSO_S_A3
Last updated: May 2025

通告

2025/26 季節性流感疫苗學校外展計劃
有關（第二劑）季節性流感疫苗到校接種事宜
(小學、幼稚園、幼稚園暨幼兒中心及幼兒中心適用)

_____ (學生姓名/班別) 的家長/監護人：

衛生署將於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為本校學生提供第二劑季節性流感疫苗接種服務*。請貴家長細閱以下注意事項：

1. 如 貴子女在 **2025 年 9 月 1 日** 後已接種第二劑 2025/26 年度流感疫苗，或你不同意 貴子女於上述安排中接種疫苗，請立即通知學校
2. 請於接種當日攜帶季節性流感疫苗接種卡 (如有)
3. 請提醒 貴子女接種當天早上要進食早餐
4. 請安排 貴子女穿著方便外露手臂的衣服，以便接種 (如接種透明式疫苗)

校長/負責老師：_____ 謹啟

_____ 年 _____ 月 _____ 日

*9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。

SIVSO_S_A3
最後更新: 2025 年 5 月

8.8 Consent Form – 2025/26 Seasonal Influenza Vaccination School Outreach Programme- Injectable Vaccine (Inactivated)

季節性流感疫苗學校外展計劃 – 同意書 注射式疫苗			
<p>填寫注意事項：</p> <ul style="list-style-type: none"> • 請仔細閱讀附頁的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 <input type="checkbox"/> 內加上「✓」號及在「*」號刪去不適用者。 • 如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士，第一部分（疫苗接種者資料）及第二部分（同意書／不同意書 - 注射式疫苗）須由父母或監護人填寫及簽署。在簽署本同意書前，請先在網頁 https://www.chp.gov.hk/tc/features/17980.html 及閱讀附頁有關「季節性流感疫苗」的資料。 • 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須由代決人填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。 • 如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。 • 註釋 「政府」指中華人民共和國香港特別行政區政府。 「私家醫生」指就季節性流感疫苗學校外展計劃，其申請參加該計劃並獲政府接受的註冊醫生。 「註冊醫生」的意思與《醫生註冊條例》（香港法例第 161 章）中賦予它的意思相同。 「代決人」的意思與《電子健康紀錄互通系統條例》（香港法例第 625 章）中賦予它的意義相同。 「疫苗接種」指就以下第二部分的疫苗，在疫苗接種期間向疫苗接種者接種該疫苗。 			
第一部分【疫苗接種者資料】			
<p>(一) 疫苗接種者資料</p> <p>學生姓名[中文] (請依照身份證明文件填寫) 學生姓名[英文] (姓氏先行，名字隨後)</p> <p>姓： _____ 姓 _____</p> <p>名： _____ 名 _____</p> <p>出生日期： <input type="text"/> <input type="text"/> 日 / <input type="text"/> <input type="text"/> 月 / <input type="text"/> <input type="text"/> 年 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女</p> <p>學生之香港出生證明書號碼： <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="checkbox"/>)</p> <p>如沒有，請填寫以下 (i) 或 (ii)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> (i) 香港身份證號碼 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="checkbox"/>) 及 簽發日期： <input type="text"/> <input type="text"/> 日 / <input type="text"/> <input type="text"/> 月 / <input type="text"/> <input type="text"/> 年 </td> <td style="width: 50%; padding: 5px;"> (ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本 </td> </tr> </table> <p>疫苗接種者就讀的學校： _____</p> <p>班別： _____ 班號： _____</p>		(i) 香港身份證號碼 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="checkbox"/>) 及 簽發日期： <input type="text"/> <input type="text"/> 日 / <input type="text"/> <input type="text"/> 月 / <input type="text"/> <input type="text"/> 年	(ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本
(i) 香港身份證號碼 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="checkbox"/>) 及 簽發日期： <input type="text"/> <input type="text"/> 日 / <input type="text"/> <input type="text"/> 月 / <input type="text"/> <input type="text"/> 年	(ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本		
<p>(二) 疫苗接種記錄</p> <p>你本人／你的子女／受監護者是否曾經接種流感疫苗？</p> <p><input type="checkbox"/> 是，最近一次接種日期： <input type="text"/> <input type="text"/> 月 / <input type="text"/> <input type="text"/> 年</p> <p><input type="checkbox"/> 否</p>			

<p>(甲) 十八歲或以上疫苗接種者</p> <p>所有十八歲或以上的疫苗接種者必須登記醫健通</p> <p>由十八歲或以上疫苗接種者填寫及簽署</p> <p><input type="checkbox"/> 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。</p>			
疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：	
<p>(乙) 介乎十六歲至未滿十八歲的疫苗接種者</p> <p>由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。</p> <p><input type="checkbox"/> 同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。</p> <p><input type="checkbox"/> 不同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 不同意 本人登記參加醫健通。</p>			
疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：	
<p>(丙) 十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者</p> <p>由代決人(例如家長或監護人)填寫及簽署(只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有十八歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。)</p> <p><input type="checkbox"/> 同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 <input type="checkbox"/> 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。</p> <p><input type="checkbox"/> 不同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 <input type="checkbox"/> 不同意 登記參加醫健通。</p>			
代決人英文姓氏：	代決人英文名：	代決人手提電話號碼(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	
代決人香港身份證號碼：	如非香港身份證持有人，請填寫其他身份證明文件資料		
	證明文件類別：	證件號碼：	
與疫苗接種者關係：			
<input type="checkbox"/> 疫苗接種者為十六歲以下兒童 家長 / 家人 / 同住人士 / 根據《未成年人監護條例》委任的監護人 / 獲法院委任的人*			
<input type="checkbox"/> 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 家人 / 同住人士 / 根據《精神健康條例》委任的監護人 / 社會福利署署長或根據《精神健康條例》委任的監護人 / 獲法院委任的人*			
代決人簽署：	簽署日期：		
<p>第四部分 以下資料只由提供疫苗接種的接種職員填寫</p>			
第一劑 接種日		第二劑 接種日 (只適用於九歲以下，從未接種季節性流感疫苗學童)	
<input type="checkbox"/> 有為學生接種流感疫苗		<input type="checkbox"/> 有為學生接種流感疫苗	
<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他(請註明：_____)		<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他(請註明：_____)	
接種職員簽署：		接種職員簽署：	
私家醫生姓名：	醫生	私家醫生姓名：	醫生
外展日期：		外展日期：	

第二部分【同意書／不同意書 - 噴鼻式疫苗】

同意

本人已閱讀及明白附頁的內容，包括噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 本人／本人子女／受監護者（上附資料）接種政府安排之 2025/26 年度流感疫苗第一劑及第二劑^A，並聲明本人／本人子女／受監護者（上附資料）沒有附頁所述的任何禁忌症，以及同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用（如有需要）。（^A9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。）

不同意

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

疫苗接種者／父母／監護人*姓名:	與疫苗接種者關係（如適用） <input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 監護人
父母／監護人身份證明文件及號碼： <input type="checkbox"/> 香港身份證號碼：□□□□□□□□□□□□□□□□ <input type="checkbox"/> 其他身份證明文件，請註明類別：_____	父母／監護人聯絡電話：（號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭）： 疫苗接種者／父母／監護人*簽署：（如不會讀寫#，請印上指模） 簽署日期：□□日/□□月/□□□□年
號碼：□□□□□□□□□□□□□□□□	

#如疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料：

本人見證此同意書已在疫苗接種者面前朗讀及解釋。

見證人簽署：	見證人姓名：
見證人身份證明文件及號碼： （只需要英文字母及首三個數字）	□□□□□□□□□□□□□□□□ X X X (X)
見證人聯絡電話：（號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭）：	簽署日期： □□日/□□月/□□□□年

請注意：

- 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2025/26 年度流感疫苗，請立即通知學校。
- 如你本人／你的子女／受監護者錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。
- 懷孕人士不宜接種減活季節性流感疫苗（噴鼻式）。請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助減活季節性流感疫苗（注射式）。

第三部分【登記醫健通同意書】

疫苗接種者已經登記醫健通。

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

未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分

(甲) 十八歲或以上疫苗接種者

所有十八歲或以上的疫苗接種者必須登記醫健通

由十八歲或以上疫苗接種者填寫及簽署

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

疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
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(乙) 介乎十六歲至未滿十八歲的疫苗接種者

由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。

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

- 不同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 不同意 本人登記參加醫健通。

疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
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(丙) 十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者

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

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

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

代決人英文姓氏：	代決人英文名：	代決人手提電話號碼(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：
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代決人香港身份證號碼：	如非香港身份證持有人，請填寫其他身份證明文件資料	
	證明文件類別：	證件號碼：

- 與疫苗接種者關係：
- 疫苗接種者為十六歲以下兒童
家長 / 家人 / 同住人士 / 根據《未成年人監護條例》委任的監護人 / 獲法院委任的人*
- 疫苗接種者為年滿十六歲但無能力自行給予同意的人士
家人 / 同住人士 / 根據《精神健康條例》委任的監護人 / 社會福利署署長或根據《精神健康條例》委任的監護人 / 獲法院委任的人*

代決人簽署：	簽署日期：
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第四部分 以下資料只由提供疫苗接種的接種職員填寫

第一劑 接種日	第二劑 接種日 (只適用於九歲以下，從未接種季節性流感疫苗學童)
<input type="checkbox"/> 有為學生接種流感疫苗	<input type="checkbox"/> 有為學生接種流感疫苗
<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他(請註明：_____)	<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他(請註明：_____)
接種職員簽署：	接種職員簽署：
私家醫生姓名：	醫生 私家醫生姓名：
外展日期：	外展日期：

8.9 Consent Form – 2025/26 Seasonal Influenza Vaccination School Outreach Programme – Injectable or Nasal Spray Vaccine (Hybrid)

季節性流感疫苗學校外展計劃 – 同意書 注射式疫苗 或 噴鼻式疫苗			
<p>填寫注意事項：</p> <ul style="list-style-type: none"> 請仔細閱讀附頁的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 <input type="checkbox"/> 內加上「✓」號及在「*」號刪去不適用者。 如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士，第一部分（疫苗接種者資料）及第二部分（同意書／不同意書 - 注射式疫苗 或 噴鼻式疫苗）須由父母或監護人填寫及簽署。在簽署本同意書前，請先在網頁 https://www.chp.gov.hk/tc/features/17980.html 及閱讀附頁有關「季節性流感疫苗」的資料。 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須由代決人填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。 如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。 註釋 <ul style="list-style-type: none"> 「政府」指中華人民共和國香港特別行政區政府。 「私家醫生」指就季節性流感疫苗學校外展計劃，其申請參加該計劃並獲政府接受的註冊醫生。 「註冊醫生」的意思與《醫生註冊條例》（香港法例第 161 章）中賦予它的意思相同。 「代決人」的意思與《電子健康紀錄互通系統條例》（香港法例第 625 章）中賦予它的意義相同。 「疫苗接種」指就以下第二部分的疫苗，在疫苗接種期間向疫苗接種者接種該疫苗。 			
第一部分【疫苗接種者資料】			
<p>(一) 疫苗接種者資料</p> <p>學生姓名[中文] (請依照身份證明文件填寫) 學生姓名[英文] (姓氏先行，名字隨後)</p> <p>姓： _____ 姓： _____</p> <p>名： _____ 名： _____</p> <p>出生日期： <input type="text"/> / <input type="text"/> / <input type="text"/> 年 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女</p> <p>學生之香港出生證明書號碼： <input type="text"/> ()</p> <p>如沒有，請填寫以下 (i) 或 (ii)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> (i) 香港身份證號碼： <input type="text"/> () 及 簽發日期： <input type="text"/> / <input type="text"/> / <input type="text"/> 年 </td> <td style="width: 50%; padding: 5px;"> (ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本 </td> </tr> </table> <p>疫苗接種者就讀的學校： _____ 班別： _____ 班號： _____</p>		(i) 香港身份證號碼： <input type="text"/> () 及 簽發日期： <input type="text"/> / <input type="text"/> / <input type="text"/> 年	(ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本
(i) 香港身份證號碼： <input type="text"/> () 及 簽發日期： <input type="text"/> / <input type="text"/> / <input type="text"/> 年	(ii) 其他身份證明文件，請註明 類別： _____ 號碼： _____ 並必須隨同意書附上該身份證明文件的副本		
<p>(二) 疫苗接種記錄</p> <p>你本人／你的子女／受監護者是否曾經接種流感疫苗？ <input type="checkbox"/> 是，最近一次接種日期： <input type="text"/> 月 / <input type="text"/> 年 <input type="checkbox"/> 否</p>			
第二部分【同意書／不同意書 - 注射式疫苗 或 噴鼻式疫苗】			
<p><input type="checkbox"/> 同意</p> <p>本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 <input checked="" type="checkbox"/> 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2025/26 年度流感疫苗第一劑及第二劑，並聲明本人／本人子女／受監護者（上附資料）沒有所選疫苗於附頁所述的任何禁忌症，以及同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用（如有需要）。（<i>19 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。</i>）</p> <p>選用疫苗種類（請只選一項）： <input type="checkbox"/> 注射式疫苗 <input checked="" type="checkbox"/> 噴鼻式疫苗</p> <p><input type="checkbox"/> 不同意</p> <p>本人已閱讀及明白附頁的內容，包括流感疫苗接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明，及 <input checked="" type="checkbox"/> 不同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2025/26 年度流感疫苗。</p>			

疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
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(乙) 介乎十六歲至未滿十八歲的疫苗接種者

由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。

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

疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
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(丙) 十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者

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

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

代決人英文姓氏：	代決人英文名：	代決人手提電話號碼（號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭）：
----------	---------	--

代決人香港身份證號碼：	如非香港身份證持有人，請填寫其他身份證明文件資料 證明文件類別：	證件號碼：
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與疫苗接種者關係：
<input type="checkbox"/> 疫苗接種者為十六歲以下兒童 家長 / 家人 / 同住人士 / 根據《未成年人監護條例》委任的監護人 / 獲法院委任的人*
<input type="checkbox"/> 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 家人 / 同住人士 / 根據《精神健康條例》委任的監護人 / 社會福利署署長或根據《精神健康條例》委任的監護人 / 獲法院委任的人*

代決人簽署：	簽署日期：
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第四部分 以下資料只由提供疫苗接種的接種職員填寫

第一劑 接種日		第二劑 接種日 <i>(只適用於九歲以下，從未接種季節性流感疫苗學童)</i>	
<input type="checkbox"/> 有為學生接種流感疫苗		<input type="checkbox"/> 有為學生接種流感疫苗	
<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他（請註明：_____）		<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他（請註明：_____）	
接種職員簽署：		接種職員簽署：	
私家醫生姓名：	醫生	私家醫生姓名：	醫生
外展日期：		外展日期：	

Appendix 8.10

8.10 Consent Form Receipt Note

To: PMVD, CHP
Fax: 2320 8505

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

Please check with school, complete the form below and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after collection of consent forms.

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

Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach Team under
Dr. _____ (Name of Doctor) of
_____ (Organisation)
has collected _____ (Quantity) Consent Forms from
_____ (Name of School) on
_____ (Date).

**Signature of Collector and
Organisation Chop of
the PPP Outreach Team**

**Signature of School Representative
and School Chop**

**Name of Collector of
the PPP Outreach Team**

Name of School Representative

致: 衛生署項目管理及疫苗計劃科
Fax: 2320 8505

由 : _____ (醫療機構名稱)

(機構職員姓名)
聯絡電話 : _____
日期 : _____

請 醫療機構與學校核對資料, 填寫此表格並於同意書交收後一個工作天內 傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)

2025/26 季節性流感疫苗學校外展計劃
公私營合作外展隊

同意書交收記錄

_____ (醫療機構名稱) _____ 醫生
的公私營合作外展隊已在 _____ 年 _____ 月 _____ 日, 收取
_____ (學校名稱) _____ 張同意書。

公私營合作外展隊同意書收取人
簽署及醫療機構蓋印

學校職員簽署及學校蓋印

公私營合作外展隊同意書收取人
姓名

學校職員姓名

8.12 Information on Side Effects (副作用資料頁)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2
Last updated: May 2025

季節性流感疫苗 副作用資料頁 (注射式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種減活季節性流感疫苗 (注射式)。請留意以下資訊：

1. 減活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。
2. 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。
3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2
最後更新: 2025 年 5 月

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(LAIV)
Last updated: May 2025

季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)

衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種減活季節性流感疫苗 (噴鼻式)。請留意以下資訊：

1. 接種減活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。
2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 _____

接種隊: _____
(已配對醫生姓名/ 醫療機構名稱)

SIVSO_D_C2(LAIV)
最後更新: 2025 年 5 月

8.13 Information on Side Effects and 2nd dose Arrangement (副作用資料頁及第二劑的安排)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) and 2nd dose Arrangement	季節性流感疫苗 副作用資料頁 (注射式疫苗)及第二劑的安排
<p>The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:</p> <ol style="list-style-type: none"> 1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site. 2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days. 3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation. <p>The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)</p> <p>If you have any queries regarding SIV, please call _____</p> <p>Vaccination Team from: _____ (Name of Enrolled doctor/ Medical Organisation)</p>	<p>衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女 _____ (學生姓名) 接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：</p> <ol style="list-style-type: none"> 1. 滅活流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。 2. 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。 3. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手脚麻痺、無力，患者必須立即求醫。 <p>接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)</p> <p>如有任何關於季節性流感疫苗的疑問，請致電 _____</p> <p>接種隊: _____ (已配對醫生姓名/ 醫療機構名稱)</p>
<p>SIVSO_D_C2(2nd) Last updated: May 2025</p>	<p>SIVSO_D_C2(2nd) 最後更新: 2025 年 5 月</p>

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine) and 2nd dose Arrangement	季節性流感疫苗 副作用資料頁 (噴鼻式疫苗)及第二劑的安排
<p>The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:</p> <ol style="list-style-type: none"> 1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose. 2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation. <p>The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)</p> <p>If you have any queries regarding SIV, please call _____</p> <p>Vaccination Team from: _____ (Name of Enrolled doctor/ Medical Organisation)</p>	<p>衛生署已於 _____ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女 _____ (學生姓名) 接種滅活季節性流感疫苗 (噴鼻式)。請留意以下資訊：</p> <ol style="list-style-type: none"> 1. 接種滅活流感疫苗最常見的副作用包括：發燒、鼻塞或流鼻水。 2. 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹及呼吸困難等嚴重過敏反應，患者必須立即求醫。 <p>接種隊將於 _____ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑流感疫苗，而兩劑疫苗的接種時間必須最少相隔 4 星期。)</p> <p>如有任何關於季節性流感疫苗的疑問，請致電 _____</p> <p>接種隊: _____ (已配對醫生姓名/ 醫療機構名稱)</p>
<p>SIVSO_D_C2(LAIV)(2nd) Last updated: May 2025</p>	<p>SIVSO_D_C2(LAIV)(2nd) 最後更新: 2025 年 5 月</p>

8.14 Vaccine Ordering Form- DH delivery (For Government Supply Vaccine Mode Only)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">訂單編號</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="text-align: center;">由衛生署職員填寫</td></tr> </table>	訂單編號		由衛生署職員填寫	<h2 style="margin: 0;">衛生署</h2> <h3 style="margin: 0;">2025 / 26 年度季節性流感疫苗學校外展計劃</h3> <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="border: 1px solid black; padding: 2px 5px;">送學校</div> <div style="border: 1px solid black; padding: 2px 5px;">疫苗申請表格</div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/> 新增訂單</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 更改訂單</td></tr> <tr><td style="text-align: center;">由醫療機構填寫</td></tr> </table>	<input type="checkbox"/> 新增訂單	<input type="checkbox"/> 更改訂單	由醫療機構填寫
訂單編號								
由衛生署職員填寫								
<input type="checkbox"/> 新增訂單								
<input type="checkbox"/> 更改訂單								
由醫療機構填寫								

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

若發送本表格後三個工作天後，仍未收到衛生署的訂單確認通知，請與負責確認訂單職員聯絡。交表後，有任何改動，應儘快通知衛生署項目管理及疫苗計劃科。另外，請於疫苗接種活動當日帶同訂單確認通知到校，以便核對疫苗數目。

甲部 疫苗申請款式及數量

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

※ 請完成第一劑接種後才申請第二劑 ※

<input type="checkbox"/> 第一劑	<input type="checkbox"/> 第二劑	疫苗款式	
		可同時選擇注射式及噴鼻式(請填在同一張表格內)	
		注射式	噴鼻式
由醫健通(資助)系統得出今季可接種人數		劑	劑
減去 不適合接種人數： (例如：有禁忌症、最後決定不接種或缺席接種第一劑等)		劑	劑
總共申請疫苗數量：		劑	劑

乙部 送貨資料

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

丙部 聯絡資料

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

8.15 Vaccine Ordering Form- Clinic Delivery (For Government Supply) Vaccine Mode Only

訂單編號
由衛生署職員填寫

衛生署
2025 / 26 年度季節性流感疫苗學校外展計劃
疫苗申請表格

新增訂單
 更改訂單

送診所 (第二劑適用)

備註：由於訂購疫苗及安排運送需時，請於 接種日期最少兩星期前 填妥本表格並 傳真或電郵 至 衛生署項目管理及疫苗計劃科 (傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk)。醫療機構如於發送本表格後三個工作天內仍未收到衛生署的訂單確認通知，請與負責確認訂單職員聯絡。

甲部 聯絡資料 (中文/英文)

※請完成 第一劑 接種後才申請 第二劑 疫苗※

1. 醫療機構名稱：_____	
2. 負責醫生姓名：_____	醫生註冊編號： <u> M </u>
3. 診所地址：_____ 升降機： <input type="checkbox"/> 有 <input type="checkbox"/> 無	

乙部 疫苗申請數量 *可同時選擇 注射式 及 噴鼻式 (請填在同一張表格內)*

學校名稱	接種日期 (年 / 月 / 日)	(a) 注射式	(b) 噴鼻式	申請數量 = (a) + (b)
1. 學校編號：()	/ /			劑
2. 學校編號：()	/ /			(+) 劑
3. 學校編號：()	/ /			(+) 劑
4. 學校編號：()	/ /			(+) 劑
5. 學校編號：()	/ /			(+) 劑
6. 學校編號：()	/ /			(+) 劑
7. 學校編號：()	/ /			(+) 劑
(c) 合計申請數量 (乙1 至 乙7 總和)：		劑	(+) 劑	= 劑
(d) 診所內 該款 政府疫苗剩餘數量：		劑	(+) 劑	= 劑
是次申請總數量 (c 減 d)：		劑	(+) 劑	= 劑

填寫申請表格 的日期： _____ 年 _____ 月 _____ 日	註：疫苗將於貴 機構收到確認通知書的 五個工作天後 送貨 疫苗派送時間為： 當日 上午十時至下午一時 或 下午二時至下午五時
負責職員：	聯絡電話：
負責醫生簽署及蓋章：	

**8.16 Vaccine Usage Form – DH delivery
(For Government Supply Vaccine Mode Only)**

衛生署

2025 / 26 年度季節性流感疫苗學校外展計劃

送學校 疫苗使用報告及冰箱收集記錄

注意事項：

1. 請醫療機構與衛生署指定的物流商核對剩餘疫苗及冰箱數量後，於此表格上簽署及蓋印作實。
2. 醫療機構及物流商均應填妥兩份此表格，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格、※照片及收貨發票傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927 ; 電郵地址：pilotsiv@dh.gov.hk)

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱：	
2. 負責醫生姓名：	3. 醫生註冊編號：M
4. 學校名稱：	
5. 學校編號：	6. 接種日期：

乙部 收集詳情及疫苗使用記錄 (收貨發票號碼：_____)

<input type="checkbox"/> 中學 / <input type="checkbox"/> 小學 / <input type="checkbox"/> 幼稚園及幼兒中心	
<input type="checkbox"/> 注射式 流感疫苗	<input type="checkbox"/> 噴鼻式 流感疫苗
十劑裝疫苗批號：_____	十劑裝疫苗批號：_____
單劑裝疫苗批號：_____	

剩餘未開盒疫苗數量 (a) (綠色貼紙)		(a) = (b) - (c) - (d) - (e) - (f)	
十劑裝：_____ 劑	單劑裝：_____ 劑		
冰箱連鐵盒 (內附溫度持續記錄器)		_____ 個	

	已接收 (b)	已使用 (c)	需棄置 (d) (有裂痕/破裂/ 針頭彎等)	被污染 (損壞) (黑色貼紙) (e)	已開盒未使用 (紅色貼紙) (f)
十劑裝：					
單劑裝：					

※ 如有發現任何需棄置(d)或被污染(e)的疫苗，
請立即透過 Whatsapp 5394 3513 聯絡我們，並附上原因及照片。

※ 上述疫苗須經由衛生署職員指示處理，請勿自行棄置

丙部 簽署及蓋章

由外展隊職員填寫

由衛生署指定物流商職員填寫

簽署：	蓋印	簽署：	蓋印
姓名：		姓名：	
職位：		職位：	
電話：		電話：	

8.17 Vaccine Usage Form – Self Delivery (For Government Supply Vaccine Mode Only)

衛生署 2025 / 26 年度季節性流感疫苗學校外展計劃

送診所 (第二劑適用) 疫苗使用報告(政府提供疫苗模式)

注意事項：

請醫療機構填寫後與學校核對資料並於此使用報告上簽署及蓋印作實，於疫苗接種活動後一個工作天內將此表格傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927；電郵地址:pilotsiv@dh.govhk)

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱：	
2. 負責醫生姓名：	3. 醫生註冊編號：M
4. 學校名稱：	
5. 學校編號：	6. 接種日期：

乙部 疫苗使用記錄 (收貨發票號碼：_____)

※ 請將已開盒 / 未開盒但曾放置於室溫的疫苗列為已失效，並帶回診所存放，以便本署日後安排回收。※

<input type="checkbox"/> 小學 / <input type="checkbox"/> 幼稚園及幼兒中心		
<input type="checkbox"/> 注射式 流感疫苗		<input type="checkbox"/> 噴鼻式 流感疫苗
十劑裝疫苗批號：_____		十劑裝疫苗批號：_____
單劑裝疫苗批號：_____		單劑裝疫苗批號：_____
疫苗款式	注射式 流感疫苗	噴鼻式 流感疫苗
(a) 此校申請疫苗數量* <small>*(須與疫苗申請確認通知書一致)</small>	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(b) 已使用疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(c) ※曾放置於室溫的 已失效疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(d) 被污染/損壞 須棄置的疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
剩餘疫苗數量 = (a) - (b) - (c) - (d)	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
如有任何因被污染/損壞(d)而須棄置的疫苗，請於下方列出原因，並於電郵內附上照片。		

丙部 簽署及蓋章 (由外展隊職員填寫)

簽署：_____

姓名：_____

職位：_____ 電話：_____

醫療機構蓋印

8.18 Students Vaccination Report(學生接種紀錄報告)

2025/26 季節性流感疫苗學校外展計劃 學生接種記錄報告 (接種日)

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內 傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)。

甲部：學校及醫療機構資料

學校名稱:	
學校編號:	全校總學生人數:
醫療機構名稱:	
負責醫生姓名:	服務提供者碼 (SPID):
接種日期:	

乙部：學生接種疫苗資料

提供疫苗模式	政府提供疫苗模式	醫生提供疫苗模式
接種場次	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)
疫苗種類及學生同意接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生
疫苗種類及學生實際接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生

丙部：非學生接種疫苗資料 (只須填寫合資格獲資助接種季節性流感疫苗的人士*)

提供疫苗模式	<input type="checkbox"/> 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種
疫苗種類及實際接種人數	<input type="checkbox"/> 注射式: _____ 名合資格獲資助人士 <input type="checkbox"/> 噴鼻式: _____ 名合資格獲資助人士

*有關獲資助接種季節性流感疫苗的資格，請參閱 <https://www.chp.gov.hk/tc/features/107880.html>

由醫療機構職員填寫			由學校職員填寫		
簽署	:		簽署	:	
姓名	:		姓名	:	
職位	:		職位	:	
電話	:	醫療機構蓋印	電話	:	學校蓋印

8.19 Clinical Waste Temporary Storage Handover Form (醫療廢物暫存轉交記錄)

衛生署
2025/26 季節性流感疫苗學校外展計劃
公私營合作外展隊
醫療廢物暫存轉交記錄

注意事項：

1. 此表格只適用於持牌醫療廢物收集商未能於到校疫苗接種活動後即時收集醫療廢物的情況下使用，醫療機構外展隊應保留此表格的正本及學校應保留此表格的副本。
2. 醫療廢棄物須妥善貯存於臨時貯存區，直到收集為止。詳情，請參閱學校指引第4部分。
3. 請學校職員與收集商核對利器收集箱數量及重量後，於醫療廢物運載記錄上簽署及蓋印作實。

甲、聯絡資料

1. 參與計劃醫生姓名：(中文/英文) _____
2. 服務提供者號碼： _____
3. 所屬醫療機構名稱：(中文/英文) _____
4. 學校名稱：(中文/英文) _____
5. 學校編號： _____
6. 轉交日期： _____
7. 預計利器收集箱收集日期： _____

乙、醫療廢物轉交詳情：

疫苗接種場次 <i>(只適用於小學及幼稚園幼兒中心 For Primary Schools and KG/CCC only)</i> (請在適當的位置加上“✓”號)	利器收集箱 數量
<input type="checkbox"/> 接種第一劑(第一天) <input type="checkbox"/> 接種第一劑(第二天) (小學適用) <input type="checkbox"/> 接種第二劑	_____個

丙、醫療機構及學校簽署及蓋印

由醫療機構職員填寫

簽署： _____

姓名： _____

職位： _____

電話： _____

醫療機構蓋印

由學校代表填寫

簽署： _____

姓名： _____

職位： _____

電話： _____

學校蓋印

8.20 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (English)

Date _____

Dear Parents/ Guardians of _____ (Name of Student/ Class),

2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) **Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given**

The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Seasonal Influenza Vaccination (SIV) to students at your child's school today.

After the assessment, the vaccination team did not vaccinate your child because* your child:

- was absent from school
- had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C) others _____]
- refused vaccination
- may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- others (please specify: _____)

The vaccination team will not rearrange SIV for your child at his/ her school. Please arrange vaccination for your child at your family doctor's clinic or any private clinics.

Under the Vaccination Subsidy Scheme (VSS) of DH, children who are Hong Kong residents are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "*List of Participating Doctors*" to see whether the individual doctor charges service fee, the amount they charge and their address (<https://apps.hcv.gov.hk/SDIR/EN/index.aspx>).



"List of Vaccination Subsidy Scheme Participating Doctors"

Name of Medical Organisation : _____

Telephone Number : _____

*Vaccination team please tick the appropriate

8.21 Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Chinese)

_____ (學生姓名/班別) 的家長/監護人：

2025/26 季節性流感疫苗學校外展計劃 家長通知書 - 未有接種季節性流感疫苗

衛生署已安排由指定的醫療機構提供的疫苗接種隊於今天到 貴子女就讀的學校為學生接種季節性流感疫苗。

經評估後，接種隊沒有為 貴子女接種流感疫苗，原因*是 貴子女：

- 缺課
- 身體不適 (例如：感冒徵狀/發燒 (體溫 _____ °C) /其他 _____)
- 拒絕接種
- 可能需要在較詳盡的評估後，由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。
- 其他 (請註明：_____)

疫苗接種隊將不會再次到校為 貴子女接種季節性流感疫苗。請 貴家長自行安排 貴子女到你們的家庭醫生的診所或任何一間私家醫生診所接種。

衛生署的「疫苗資助計劃」下，有香港居民身份的兒童，可前往參與計劃的私家醫生診所接種獲政府資助的流感疫苗。參與計劃醫生可能收取或不收取服務費。家長可從「參與計劃醫生名單」(<https://apps.hc.gov.hk/SDIR/Zh/index.aspx>) 中，參閱個別醫生會否收取服務費，收費水平及其診所地址。



「參與「疫苗資助計劃」醫生名單」

醫療機構名稱：_____

電話：_____

日期：_____

* 接種隊請在合適的 內加上「✓」號

8.22 Clinical Incident Notification Form

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP

Fax: 2984 9608

Email: sivon@dh.gov.hk

From: _____ (Name of Medical Organization)

Name: _____ (Name of Enrolled Doctor)

Tel: _____

Date: _____

Case Number (assigned by PMVD): _____

Receiving time (To be filled by PMVD): _____

Notification Form for Suspected Clinical Incident

(To be completed by organisation / service provider)

- Points to Note**
(for Medical operator):
- Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service
 - Clinical incident could be notified by PPP vaccination team
 - Notification should be made as soon as possible (by phone to the PMVD at 2125 2128) And followed by this written Clinical Incident Notification Form
 - The completed form should be returned to the PMVD by email (sivon@dh.gov.hk) as soon as possible and within the same day of the incident.
 - A follow up full investigation report by the enrolled doctor of the PPP vaccination team should be submitted to the PMVD by email within 1 week upon discovery of (suspected) incident.

I. Brief Facts

Name of School: _____

Date of incident (dd/mm/yyyy): _____ Time (24 hr format): _____

Place of occurrence: In the School
 Others, please specify: _____

Stage of care when incident occur Pre-vaccination
 During vaccination
 Post-vaccination

Number of vaccine recipient(s) affected: _____

Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

**SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME
CLINICAL INCIDENT NOTIFICATION FORM**

(RESTRICTED)

Summary of the incident: <i>(including what happened, how it happened, and what actions were taken etc.)</i>	
Any property damage?	<input type="checkbox"/> Yes, details: _____ <input type="checkbox"/> No
II. Reporter's Information	
Name (in Full) : Mr / Ms/ Dr _____	Post: Please tick the appropriate box below: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Other healthcare professionals, please specify: _____
Phone: _____	
Email: _____	
Name of organisation/ service provider: _____	
Name of enrolled doctor: _____	
Date: _____ (dd/mm/yyyy)	Time (24 hr format): _____

Classification of level of Injury

Level of Injury	<p>The level of injury is defined as follows,</p> <p>Level M -- Near miss OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).</p> <p>Level 1 -- No or minor injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 2 -- Significant injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 3 -- Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.</p>
------------------------	---

8.23 Clinical Incident Investigation Report

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP
 Fax: 2984 9608
 Email: sivon@dh.gov.hk

From: _____ (Name of Medical Organization)
 Name: _____ (Name of Enrolled Doctor)
 Tel: _____
 Date: _____

Case Number (assigned by PMVD): _____

Clinical Incident Investigation Report	
(To be completed by the enrolled doctor of the PPP vaccination team)	
Points to Note:	- Report should be made within 1 week upon discovery of the incident

I. Brief Facts						
Name of School involved: _____						
Date of incident (dd/mm/yyyy): _____				Time (24 hr format): _____		
Place of occurrence:		<input type="checkbox"/> In the School <input type="checkbox"/> Others, please specify: _____				
Stage of care when incident occur		<input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> Post-vaccination				
Number of vaccine recipient(s) affected: _____						
Demographics of clients affected:						
Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved
Summary of the incident: <i>(including what happened, how it happened)</i>						

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

Actions taken for this incident:
Remedial measures to prevent future similar occurrences:
SAMPLE
Other recommendations and comments:
Reporter's Information
Name (in Full) : Dr _____
Phone: _____
Email: _____
Date: _____

8.24 Defective Vaccine Form

衛生署

2025 / 26 季節性流感疫苗學校外展計劃
被污染 / 損壞的疫苗 詳細紀錄報告

注意事項：

醫療機構及物流商均應填妥兩份此報告，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此報告傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。

(傳真號碼：2544 3927 ; 電郵地址：pilotsiv@dh.gov.hk)

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱：	
2. 負責醫生姓名：	3. 醫生註冊編號：M
4. 學校名稱：	
5. 學校編號：	6. 接種日期：

乙部 詳細紀錄

疫苗款式	<input type="checkbox"/> 注射式	<input type="checkbox"/> 噴鼻式
批號		
有效期限 (年/月/日)	/ /	/ /
被污染 / 損壞的疫苗的總劑量		
展示被污染 / 損壞的疫苗的照片	有 / 否	有 / 否
醫療服務提供者曾否為接受者注射過有關疫苗？	有 / 否	有 / 否
如發生注射器洩漏或疫苗容器破裂，醫療服務提供者的皮膚曾否直接接觸到溶液？	有 / 否	
如曾直接接觸溶液，醫療服務提供者是否同意藥廠進一步接觸以報告藥物警戒情況？ 如同意，請留下聯絡資料以便進一步聯繫。	是 / 否 姓名: _____ 電話: _____ 電郵: _____	

丙部 簽署及蓋章

由外展隊職員填寫		由衛生署指定物流商職員填寫	
簽署：	蓋印	簽署：	蓋印
姓名：		姓名：	
職位：		職位：	
電話：		電話：	

SIVSO_D_C1(Defect) last updated May 2025

8.25 Additional Points-to-Note regarding Hybrid Mode

For schools opting for Hybrid Mode (i.e. providing both IIV and LAIV)

1. Overall arrangement

- The overall arrangement is similar to previous arrangement. Please refer to the Doctors' Guide for details.
- Additional points-to-note regarding hybrid mode are described below.

2. Liaison with schools on date of vaccination activity

- Recommended date: follow the usual schedule of first dose by December 2025 and the second dose by January 2026
- Vaccination activity could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively).

3. Selection of vaccination venue

- If the outreach activity is arranged in the same vaccination session with segregation (i.e. different locations in school), please collaborate with school to ensure that the students could reach the correct vaccination venue and avoid mixing up students receiving different vaccine.
- The vaccination venue should have enough space to allow for any emergency treatment or resuscitation.

4. Provision of adequate information to vaccine recipients

- Specifically designed hybrid mode *Consent Forms* (blue consent form) will include essential information on IIV and LAIV, so parents/guardians can make an informed choice.

5. Handling of consent forms

- Please note that specifically designed hybrid mode *Consent Forms* (blue consent form) for IIV and LAIV is to be used.
- It is the responsibility of the Private Doctor to ensure that the Consent Forms are completely filled in and signed by parents/guardians. Please clarify with the parents/ guardians for the improperly filled Consent Forms **especially for the choice of vaccine**.
- Provide two separate **password-protected Excel table** (for IIV and LAIV respectively) with names of consented students (*Consented Student List*) to PMVD.

6. Generation of report and vaccination list

- **Two First Report** (for IIV and LAIV respectively) will be generated. The Private Doctors should log on to eHealth platform and access eHS(S) at least three weeks before vaccination day to verify and match the information on the collected *Consent Forms* with the *Consented Student List* on eHS(S).

- Issue *two* lists of students (for IIV and LAIV respectively) requiring vaccination to teachers at least one week before the vaccination day.
- Download and double-check the *two* **final report** and *two* **On-site Vaccination List** (for IIV and LAIV respectively) THREE Working Days before vaccination day.

7. Vaccine ordering (For Government Supply Vaccine Mode Only)

- a. Your organisation may order both IIV and LAIV by submitting **one** Vaccine Ordering Form only if both IIV and LAIV would be provided in the same vaccination session (i.e. same day, same session and different locations in school).
- b. If vaccination activities will be separated by two different sessions or two different days, please order IIV and LAIV by separate Vaccine Ordering Forms.

8. Vaccine administration and post vaccination

- Pay extra attention (e.g. to strictly apply the **3 checks 7 rights**) to ensure the right student will receive the right vaccine.
- The injection staff should keep the student informed of the vaccine to be administered.
- The injection staff should be familiar with the procedure of administrating the corresponding vaccine (IIV or/and LAIV).
- Ensure to document the right information (e.g. type of vaccine) on the vaccination card.
- Ensure the corresponding *Information on Side Effects* is distributed to students