



Get your child vaccinated Extra protection from influenza

Seasonal influenza vaccination (SIV) is one of the effective means to prevent seasonal influenza and its complications as well as reduce influenza related hospitalisation and death. Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.

In 2020 / 21, the Centre for Health Protection (CHP) of the Department of Health (DH) continues to implement the following free or subsidised SIV programmes to children of age between 6 months and less than 12 years:

- 2020 / 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) (Please consult your child's school for details.)
- Vaccination Subsidy Scheme School Outreach (Extra Charge Allowed) (Please consult your child's school for details.)
- Government Vaccination Programme - Eligible children from families receiving Comprehensive Social Security Assistance or holders of valid Certificate for Waiver of Medical Charges issued by the Social Welfare Department, may receive free SIV from Maternal and Child Health Centres (6 months to under 6 years) or the Student Health Service Centres (6 to under 12 years) of the DH
- Vaccination Subsidy Scheme

What is Vaccination Subsidy Scheme (VSS)?

To encourage SIV among eligible persons, the CHP continues to implement VSS in 2020 / 21. Starting from October 2020[#], eligible children may receive SIV from private doctors who have enrolled in VSS with subsidy of HK\$240 per dose. The fees charged by different private doctors may vary. Parents may have to pay a fee. Some private doctors do not charge any fee. Eligible children of age less than 9 years and have not received SIV before are entitled to receive 2 doses of SIV with subsidy.

Is your child eligible to receive subsidised SIV under VSS?

The following children with Hong Kong resident status are eligible to receive SIV subsidised by the Government:

- of age between 6 months and less than 12 years; or
- of age 12 years or above but studying at a primary school in Hong Kong.

When should parents bring their child to receive subsidised SIV?

VSS starts from October 2020[#]. The body takes about 2 weeks to develop antibodies for protection against influenza virus after SIV. If the child's school does not arrange outreach vaccination, parents are advised to bring their child to enrolled private doctors' clinics for vaccination as early as possible.

How do parents know which doctors have joined VSS and providing subsidised SIV?

Enrolled private doctors display a VSS logo in their clinics. Information about enrolled doctors and the extra fees they charge will be uploaded to the CHP website (<https://apps.hcv.gov.hk/public/en/SPS/Search>).



List of Participating
Doctors of VSS

If a parent is unable to accompany the child personally to the doctor's clinic, can he / she ask another person, e.g. a relative / domestic helper, to bring the child there?

Yes. The parent must complete and sign the Consent to Use Vaccination Subsidy Form (Form) before visiting the doctor's clinic. The Form is available at the enrolled doctors' clinics or can be downloaded from CHP website.

What kinds of documents are necessary?

Parents should bring along their child's identity documents showing Hong Kong resident status (e.g. Hong Kong Identity Card or Hong Kong Birth Certificate) and all vaccination record(s) of the child for doctor's reference. If the child is 12 years old or above but studying at a primary school in Hong Kong, please also bring along the child's Student Handbook / Student Card and submit a photocopy to the doctor.

[#]Please take note of the Government's announcement.

For more information about children receiving SIV, please visit the
CHP website <https://www.chp.gov.hk/en/features/18877.html>.



Vaccination Schemes
(Children)

Frequently Asked Questions on Seasonal Influenza Vaccination for the 2020-21 Season in Hong Kong

1. What is the recommended composition of the 2020-21 seasonal influenza vaccine?

The egg-based quadrivalent influenza vaccines recommended by the Scientific Committee on Vaccine Preventable Diseases (SCVPD) for the 2020-21 season contain the following:

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus
- an A/Hong Kong/2671/2019 (H3N2)-like virus
- a B/Washington/02/2019-like virus
- a B/Phuket/3073/2013-like virus

2. What types of seasonal influenza vaccines are recommended for use in Hong Kong by SCVPD?

For 2020-21, both inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV) are recommended for use in Hong Kong by SCVPD.

3. What are the differences between inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV)?

The IIV contains inactivated (killed) viruses and is given by injection, while LAIV contains weakened viruses and is given by intranasal spray. Both IIV and LAIV are effective, but there are some differences in their indications. Depending on individual product, most IIVs are recommended for use among persons of age 6 months or above, including those who are healthy, pregnant women and those with chronic medical problems. LAIV can be used for people of age 2 to 49 years except those who are pregnant, immunocompromised or with other contraindications. Please consult your doctor for details.

4. Who should not receive inactivated influenza vaccine (IIV)?

People who have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine are not suitable to have IIV. Individuals with mild egg allergy who are considering SIV can be given IIV in primary care setting. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Those with bleeding disorders or on anticoagulants should consult their doctors for advice. If an individual suffers from fever on the day of vaccination, vaccination should be deferred till recovery.

5. Who should not receive live attenuated influenza vaccine (LAIV)?

The LAIV is a live vaccine and is generally contraindicated in the following conditions, taking reference from recommendations of the United States, United Kingdom (UK) 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 the 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 high-dose inhaled glucocorticosteroids or active wheezing) or those with medically attended wheezing in the 7 days prior to vaccination should not use LAIV.*

Individuals with mild egg allergy who are considering SIV can be given LAIV in primary care setting. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult your doctor for details.

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

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

7. What are the possible side effects following live attenuated influenza vaccine (LAIV) administration?

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 of age below 5 years with recurrent wheezing / persons of any age with asthma may be at increased risk of wheezing following administration.

8. Can the child receive SIV if he / she has received / will receive other immunisation?

IIV does not interfere with the effectiveness of other vaccines. It can be given at the same time or at any time before or after other inactivated vaccine (e.g. Hepatitis B vaccine) or live vaccine (e.g. Measles, mumps and rubella vaccine). Different vaccines should be given at different injection sites if IIV and other vaccines are given at the same time. For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least 4 weeks apart.