



本署檔號 OUR REF.: ( ) in DH/ERPM/PMV/VS/VSS/P1-2 Pt.2  
電 話 TEL.: 2125 2299 / 3975 4806  
圖文傳真 FAX: 2713 9576

**By EMAIL**

8 June 2022

Dear VSS doctors,

(i) **Order Seasonal Influenza Vaccine (SIV) for  
2022/23 Vaccination Subsidy Scheme (VSS)**

(ii) **Last date of submission of SIV reimbursement claim and  
other Administrative Issues of VSS**

Further to our e-mail dated 18 May 2022, we would like to express our sincere gratitude for your contribution to the 2021/22 Vaccination Subsidy Scheme (VSS). As at early June 2022, a total of over 480,000 doses of seasonal influenza vaccine (SIV) were administered under VSS in 2021/22. For the coming year, your continuous support will be most important in promoting SIV to the community.

While we are preparing the implementation and launch of VSS for 2022/23 season, we would like to highlight the following for your attention and necessary action to get prepared.

**Order Seasonal Influenza Vaccine Early for 2022/23 VSS**

The Scientific Committee on Vaccine Preventable Diseases has made recommendations on Seasonal Influenza Vaccination for the 2022-23 Season in Hong Kong. There is increasing evidence suggesting that co-infection of COVID-19 and influenza increases morbidity and mortality, and influenza vaccination might reduce the likelihood of hospitalisation and length of stay. As the risk groups of COVID-19 and influenza are similar, it is important to ensure that people who are at greater risk of influenza infection (e.g. health workers, older adults and pregnant women) are prioritised to receive SIV. You may wish to refer to the details available at the Centre for Health Protection Website ([https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_seasonal\\_influenza\\_vaccination\\_for\\_the\\_2022\\_23\\_season\\_in\\_hong\\_kong\\_25\\_april.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2022_23_season_in_hong_kong_25_april.pdf)).

Eligible groups for SIV under VSS will remain the same as in 2021/22. The subsidy level for SIV administered to eligible persons under VSS would be increased to **\$260** per dose.

In order to minimize the impact of shortage in supply, we wish to remind you to estimate the amount of vaccines you would use and place order early with the supplier to secure sufficient vaccines for the coming 2022/23 season. Vaccine production takes time and supply of vaccines may not be available for late order or re-order.

### **Last date of submission of SIV reimbursement claim and other Administrative Issues**

As the last batch of SIV will be expired on 1 July 2022, the last date for submission of SIV reimbursement claim under VSS 2021/22 is **7 July 2022**. The reimbursement claim for pneumococcal vaccination is all year round and there is no submission deadline.

Please keep your security token and smart card reader if you would continue to participate the VSS 2022/23.

If there is any change of information such as change the location of your clinic, please timely submit the Change Form (<https://www.chp.gov.hk/en/features/45851.html>), as attached, for updating the List of Service Providers in the website of the Centre for Health Protection.

Thank you for your continuous support to the Vaccination Subsidy Scheme.

Regards,  
Programme Management and  
Vaccination Division  
Centre for Health Protection  
Department of Health

**For Requests Relating to HCVS ONLY**

To: Health Care Voucher Division  
 Fax: 3582 4115 or email: [hcvd@dh.gov.hk](mailto:hcvd@dh.gov.hk)

**For Requests Relating to VSS / RVP and HCVS (if any)**

To: Programme Management and Vaccination Division  
 Fax: 2713 9576 or email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

**Request to Change Particulars****Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme, Vaccination Subsidy Scheme and/or Residential Care Home Vaccination Programme**

*(Read "Notes for Attention" before completing this form)*

Legend:	HCVS: Health Care Voucher Scheme	LAIV: Live-attenuated influenza vaccine
	VSS: Vaccination Subsidy Scheme	QIV: Quadrivalent influenza vaccine
	RVP: Residential Care Home Vaccination Programme	PCV13: 13-valent pneumococcal conjugate vaccine
	PCD: Primary Care Directory	23vPPV: 23-valent pneumococcal polysaccharide vaccine
	DA: Disability Allowance	PID: Persons with Intellectual Disability
	CSSA: Comprehensive Social Security Assistance Scheme of the Social Welfare Department	

**Present Particulars of EHCP**

<b>Name of EHCP</b>	:	
<b>EHCP HKIC No.</b>	:	<b>(SPID No.:</b> _____ <b>)</b>
<b>Name of Medical Organisation</b>	:	

**Change Requests - Complete only RELEVANT parts  
 (Please put a "✓" in the appropriate box(es))**

**(A) Personal Particulars of EHCP**

<input type="checkbox"/>	Correspondence address	:	
	(in English)		
	(in Chinese)	:	
<input type="checkbox"/>	Contact email address	:	
<input type="checkbox"/>	Daytime contact tel. no.	:	
<input type="checkbox"/>	Fax no.	:	

**(B) Particulars of Medical Organisation**

<input type="checkbox"/>	Correspondence address	:	
	(in English)		
	(in Chinese)	:	
<input type="checkbox"/>	Contact email address	:	
<input type="checkbox"/>	Daytime contact tel. no.	:	
<input type="checkbox"/>	Fax no.	:	

**(C) Practice Details**

<input type="checkbox"/>	<b><u>REMOVE</u></b> an enrolled practice from EHCP's enrolment						
	Practice name (in English) : _____						
	(in Chinese) : _____						
	Practice address (in English) : _____						
	(in Chinese) : _____						
	Reasons for removal [Optional] : _____						
Scheme(s)/ Programme to which this removed practice relates:							
<input type="checkbox"/>	HCVS	<input type="checkbox"/>	VSS	<input type="checkbox"/>	RVP	<input type="checkbox"/>	PCD

**(C) Practice Details**

**ADD** a new practice under EHCP’s enrolment

*[N.B. If a new bank account is nominated, please complete an “[Authority for Payment to a Bank](#)” (Appendix B) and submit the required documentary proofs **by post.**]*

Practice name (in English) : \_\_\_\_\_

(in Chinese) : \_\_\_\_\_

Practice address (in English) : \_\_\_\_\_

(in Chinese) : \_\_\_\_\_

Practice tel. no. : \_\_\_\_\_

Please deliver the Smart IC Card Reader to the new practice via post.

Scheme(s)/ Programme to which this new practice relates:

HCVS  VSS (Clinic setting / Non-clinic setting ##)

RVP  PCD (Non-governmental Organisation / Private / University ##)

## Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

*[N.B. Service fees include **ALL** fees related to the vaccination but **EXCLUSIVE** of Government subsidy; and The service fees information for use of QIV will be displayed in the [on-line directory of the CHP website.](#)]*

<input type="checkbox"/> Pregnant Women	QIV \$ _____			
<input type="checkbox"/> Children	QIV \$ _____	LAIV	\$ _____	
<input type="checkbox"/> Persons aged 50 - 64	QIV \$ _____			
<input type="checkbox"/> Elderly aged ≥ 65	QIV \$ _____	23vPPV	\$ _____	PCV13 \$ _____
<input type="checkbox"/> Persons with intellectual disability	QIV \$ _____	LAIV	\$ _____	
<input type="checkbox"/> Recipients of Disability Allowance / standard rate of “100% disabled” or “requiring constant attendance” under CSSA	QIV \$ _____	LAIV	\$ _____	

**(D) Bank Details**

**CHANGE** in bank details of currently enrolled practices

*[N.B. To be supported by a completed “[Authority for Payment to a Bank](#)” (Appendix B) and submit the required documentary proofs **by post.**]*

**(E) Withdrawal**

WITHDRAW from :  HCVS  VSS  RVP  PCD

Reasons [Optional] :  Resignation  Retirement  Others: \_\_\_\_\_

Signature of EHCP

Official Stamp and Authorised Signature

For and on behalf of the Medical Organisation

Name in Block Letters

Name in Block Letters

Date : \_\_\_\_\_

Date: \_\_\_\_\_

## Notes for Attention

1. This change form DOES NOT apply to changes of EHCP's name, HKIC No., profession, medical organisation or Scheme(s)/ Programme enrolment. Such changes should be made in a new enrolment application. (For details, please visit Elderly Health Care Voucher Scheme website [www.hcv.gov.hk](http://www.hcv.gov.hk) or Centre for Health Protection website [www.chp.gov.hk](http://www.chp.gov.hk).)
2. Please attach documentary proofs such as public utility bill, bank statement or valid Business Registration Certificate where applicable.
3. The name of EHCP, practice address and phone number and net service fees under VSS (except the service fee of LAIV) will be displayed in the *List of Enrolled Healthcare Service Providers* at the website of the CHP and HCVS.
4. As applicable, please mail/ fax/ email the completed form together with a copy of Hong Kong Identity Card and the related supporting documents (such as documentary proof of correspondence address) to the respective office of the Department of Health:

Programme Management and Vaccination Division (for requests relating to VSS / RVP and HCVS (if any))

Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Fax: 2713 9576

Email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

Health Care Voucher Division (for requests relating to HCVS only)

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Fax: 3582 4115

Email: [hcvd@dh.gov.hk](mailto:hcvd@dh.gov.hk)

Please note that all documentary proofs will not be returned.

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## Statement of Purpose

### **Purposes of Collection**

1. The personal data provided will be used by the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) for one or more of the following purposes:
  - (a) processing of payment, and the administration and monitoring of the concerned Scheme(s)/ Programme;
  - (b) Government programmes to promote primary care;
  - (c) for statistical and research purposes; and
  - (d) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data in the change form is voluntary. If you do not provide sufficient information, the Government may not be able to update the change of your particulars in relation to your enrollment.

### **Classes of Transferees**

3. The personal data you provide are mainly for use within the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council and other organisations for the purpose stated in paragraph 1 above, if required.

### **Access to Personal Data**

4. You have a right to request access to and to request the correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

### **Enquiries**

5. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to:

Executive Officer (Vaccination Subsidy Scheme)

Programme Management and Vaccination Division, Department of Health

3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Tel. no.: 2125 2299

Fax: 2713 9576

Email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

Executive Officer, Health Care Voucher Division

Health Care Voucher Division, Department of Health

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Tel. no.: 3582 4102

Fax: 3582 4115

Email: [hcvd@dh.gov.hk](mailto:hcvd@dh.gov.hk)

Executive Officer (District Health Centre Team)A

Primary Healthcare Office, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region

Address: 11/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

Tel. no.: 2205 2491

Fax: 2556 2638

Email: [pho@fhh.gov.hk](mailto:pho@fhh.gov.hk)