

【 Consent Form 】

Please return to School once completed

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

Please complete this form in BLOCK LETTERS with a blue or black pen and put “✓” into the appropriate box(es).

I have read and understood the appended information, including contraindications, and agree for my child (named below) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by the Department of Health (DH) in year 2020/ 21 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary.

[*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]

Has your child received SIV in the past? Yes (Last administration date: _____/_____/_____ (MM/YYYY) No

School Name: _____ Class: _____ Class no.: _____

Student's Full Name: (Surname) _____ (Given name) _____

Date of Birth: _____/_____/_____ (DD/MM/YYYY) Gender: _____

Identity Document:

Hong Kong Birth Certificate

Document no.:

							()
							()

Hong Kong Identity Card

Document no.:

							()
							()

(Date of Issue: _____/_____/_____) (DD/MM/YY)

Others (Please attach a copy of the identity document)

Signature of Parent/ Guardian : _____ Name of Parent/ Guardian : _____

Contact number (mobile) : _____ Date : _____

【 Refusal Form 】

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

I have read and understood the appended information, including contraindications, and disagree for my child (named below) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2020/ 21.

Student's Full Name: _____ Gender: _____ Class: _____ Class no.: _____

Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Date: _____

To be filled in by the healthcare worker providing the vaccination

First dose vaccination day

- Seasonal influenza vaccine was provided to the student
 Seasonal influenza vaccine was **NOT** provided to the student as the student:

- was absent from school refused vaccination
 had physical discomfort [e.g. flu symptoms/ fever (body temperature _____°C)/ others _____]
 others (please specify: _____)

The above reason(s) was informed by _____ (teacher/ staff).

Follow-up: “Notification to Parents” was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors’ clinics.

Name of Medical Organisation: _____

Name of Doctor: _____ Date: _____

Signature of Vaccination Staff: _____

Name of Vaccination Staff: _____

Remarks:

Second dose vaccination day

- Seasonal influenza vaccine was provided to the student
 Seasonal influenza vaccine was **NOT** provided to the student as the student:

- was absent from school refused vaccination
 had physical discomfort [e.g. flu symptoms/ fever (body temperature _____°C)/ others _____]
 others (please specify: _____)

The above reason(s) was informed by _____ (teacher/ staff).

Follow-up: “Notification to Parents” was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors’ clinics.

Name of Medical Organisation: _____

Name of Doctor: _____ Date: _____

Signature of Vaccination Staff: _____

Name of Vaccination Staff: _____

Remarks:

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge)

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) in the School Year 2020/ 21. The school which your child is attending has joined this outreach. DH will arrange vaccination team (by DH or through public private partnership) to provide **free seasonal influenza vaccine** at your child's school on _____ (date). **Inactivated Seasonal Influenza Vaccine (by injection) will be provided.**

DH has the following advice on SIV:

- (1) Influenza vaccination is a safe and effective mean to prevent influenza and its complications.
- (2) The "Scientific Committee on Vaccine Preventable Diseases" recommends children aged 6 months to 11 years as one of the priority groups. Vaccinating young school children can reduce school absenteeism and influenza transmission in the community.
- (3) To develop adequate immunity against seasonal influenza, 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. The vaccination team will provide 1st and 2nd doses of SIV at school.
- (4) Please consult your family doctor if you have any concerns about whether your child could receive influenza vaccine.

Please note:

- If your child is attending more than one school, please choose to receive vaccination at **only one** of the schools.
- If your child (applicable to consented students) has received the 2020/ 21 SIV before this outreach activity, please inform the school immediately.

Please read the appended information carefully and **fill in the reply slip** (either the consent or the refusal form) and **return it to the school** upon completion by _____ (date).

For enquiries, please contact the Programme Management and Vaccination Division during office hours: 2125 2128 (Programme arrangement) or 2125 2537 (Vaccination enquiry).

Programme Management and Vaccination Division
Centre for Health Protection, Department of Health
August 2020

Frequently Asked Questions on Inactivated Seasonal Influenza Vaccines (by injection)

(For further information, please visit website of Centre for Health Protection of DH: <https://www.chp.gov.hk/en/features/100764.html>)

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 for the 2020/ 21 season contains 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; and
- a B/Phuket/3073/2013-like virus.

2. What is inactivated influenza vaccine (IIV)?

The IIV contains inactivated (killed) viruses and is given by injection. Most IIVs are recommended for use among persons aged 6 months or above, including those who are healthy, pregnant women and those with chronic medical problems. Please consult the doctor for details.

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

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

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

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

Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré Syndrome (GBS) (1 to 2 cases per million vaccinees) and severe allergic reaction (anaphylaxis) (9 per 10 million doses distributed). However, influenza vaccination 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 influenza vaccination (1.03 per million vaccine recipients).

Collection of Personal Data - Statement of Purposes**Parents' Undertaking and Declaration**

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/ ward's personal data in this form and any information related to this vaccination for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to transfer and release my child's/ ward's personal data and any information related to this vaccination to the Government, its agents, or other persons authorised by the Government. I note that the vaccination team arranged by the Department of Health may contact me/ school to verify the particulars of my child/ ward and whether my child/ ward has received vaccination.
3. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region; I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose of Collection of Personal Data

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

Classes of Transferees

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

Access to Personal Data

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

Enquiries

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