

Vaccination Subsidy Scheme (VSS) 2016/17

Information about Seasonal Influenza Vaccination and Pneumococcal Vaccination

(I) Vaccination Subsidy Scheme (VSS)

To encourage seasonal influenza vaccination (influenza vaccination) to prevent the influenza and its complications, the Government will continue to launch the VSS. Starting in October / November 2016 (Please take note of the government's announcement), eligible Hong Kong residents can get a subsidy of HK\$190 per dose for influenza vaccination received from private doctors enrolled in the Scheme. Eligible children aged less than 9 years and have not received influenza vaccination before, are entitled for receiving subsidies for 2 doses.



Elders aged 65 or above, who have never received pneumococcal vaccination before, can also get a subsidy of HK\$190 for pneumococcal vaccination (available throughout the year) received from private doctors enrolled in the Scheme.

1. Who are eligible to join the VSS?

The following Hong Kong residents are eligible to join VSS:

- Pregnant women;
- Elders aged 65 or above in this year;
- Children aged between 6 months and below 12 years, or children aged 12 years or above who are studying at a primary school in Hong Kong;
- Persons with intellectual disability (PID) holding Registration Card for People with Disabilities (with indication of intellectual disability), or a certificate certifying the person is a PID or eligible for VSS 2016/17 issued by a registered doctor or the person in-charge from the designated institutions serving the PID;
- Persons receiving Disability Allowance

(Some eligible persons may also choose to receive free vaccination at public clinics under the Government Vaccination Programme. Please visit the CHP website www.chp.gov.hk for details)

2. Where can eligible persons receive subsidised vaccination(s)?

Eligible persons can visit the clinics of enrolled private doctors to receive subsidised vaccination. Enrolled doctors will display a VSS logo in their clinics. In addition, information about doctors who have joined the VSS and their charges will be uploaded onto the CHP website www.chp.gov.hk.

3. Who should sign the Consent to Use Vaccination Subsidy?

For persons aged below 18 years / persons with mental incapacitation, the Consent form should be signed by parents / guardians. Otherwise, the Consent form can be signed by the vaccine recipients.

4. If the parent / guardian is unable to accompany the eligible children / wards personally to the doctor's clinic, can he / she ask a relative / domestic helper to bring the eligible person there?

Yes, but the parent / guardian will have to fill in and sign the Consent to Use Vaccination Subsidy form prior to visiting the doctor's clinic. The form is available at participating doctors' clinics or for downloading from the CHP website.

(II) Information about Seasonal Influenza Vaccination

Both trivalent and quadrivalent inactivated influenza vaccines are recommended by the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection to be used in Hong Kong. Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B. Please consult your family doctor for more details.

As it usually takes about 2 weeks for antibodies to develop and provide protection against influenza virus, members of public should receive the influenza vaccination as early as possible.

1. Why is seasonal influenza vaccination important? And who should receive the vaccination?

Seasonal influenza vaccination is one of the effective means to prevent seasonal influenza and its complications together with reduction in influenza related hospitalisation and death.

Given influenza vaccines are safe and effective and severe cases can occur even in healthy persons, all members of the public aged 6 months or above, except those with known contraindications, should receive seasonal influenza vaccine for personal protection.

2. What is the recommended 2016/17 influenza vaccine composition?

The vaccine recommended by SCVPD in 2016/7 contains the following:

- an A/California/7/2009 (H1N1) pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus

- a B/Brisbane/60/2008-like virus

If quadrivalent influenza vaccine is being used, it shall contain the above three viruses and a B/Phuket/3073/2013-like virus

3. Is seasonal influenza vaccine safe? What are the possible side effects?

Inactivated influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 – 12 hours after vaccination and lasting up to 2 days. If fever or symptoms persist, please consult your doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency medical attention.

Influenza vaccination may be rarely followed by serious adverse events such as Guillain-Barré syndrome (about 1 case per million vaccinees), meningitis or encephalopathy (1 in 3 million doses distributed) and severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. Studies have shown that the risk of Guillain-Barré Syndrome after influenza infection (17.20 per million) is much higher than after influenza vaccination (1.03 per million).

4. Who should not receive inactivated seasonal influenza vaccine?

People who are allergic to a previous dose of inactivated influenza vaccine or other vaccine components are not suitable to have inactivated influenza vaccination. Individuals with mild egg allergy can be given the vaccination in primary care. Individuals with diagnosed or suspected severe egg allergy who are considering an influenza vaccination should be seen by an allergist or immunologist for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated. Those with bleeding disorders or on anticoagulants should consult their doctors for advice. If an individual has fever on the day of vaccination, the vaccination should be deferred till recovery.

5. How many doses of influenza vaccination are needed every year?

Persons aged 9 years old or above, they are recommended to receive 1 dose in the 2016/17 season.

To ensure adequate immunity against influenza, children under 9 years old who have never received any influenza vaccine are recommended to have 2 doses influenza vaccine in 2016/17 season, with a minimum interval of 4 weeks. Children who have received influenza vaccine in the 2015/16 season or before are recommended to receive 1 dose in the 2016/17 season.

6. If a child under the age of 9 years is getting seasonal influenza vaccine for the first time and requires 2 doses, does the same type of vaccine have to be used for both doses?

No, the first and second doses do not have to match; trivalent or quadrivalent inactivated influenza vaccine can be used for either dose. The doses should be separated by at least 4 weeks.

(III) Information about Pneumococcal Vaccination for elders

Elderly persons are at risk of developing severe invasive pneumococcal diseases such as infection of blood, lung and membrane of brain. Getting vaccinated can effectively prevent pneumococcal infection, as well as their complications.

For elders aged 65 or above who have never received pneumococcal vaccination before can receive subsidy for one dose of pneumococcal vaccination.

[Note: Under VSS, the subsidised pneumococcal vaccination for elders is 23-valent pneumococcal polysaccharide vaccine]

1. Is pneumococcal vaccine safe? What are the possible side effects?

Pneumococcal vaccines have been demonstrated to be safe. Common adverse reactions include slight swelling and tenderness at the injection site shortly following injection. Local reactions are more severe following a second dose but most resolve within a few days without treatment.

2. Who should not receive pneumococcal vaccine?

Severe allergic reaction following a previous dose of pneumococcal vaccine or to the vaccine component; or those receiving chemotherapy or radiotherapy are contraindications to pneumococcal vaccination.

For prevention against influenza and pneumococcal infection, vaccinated individuals should continue to maintain good personal and environmental hygiene practices, keep a balanced diet, exercise regularly, take adequate rest, do not smoke (second hand smoke) and avoid alcohol consumption.

For more information about VSS, please visit the CHP website www.chp.gov.hk or call 2125 2125

**「疫苗資助計劃 2016/17」
接種季節性流感疫苗和肺炎球菌疫苗的資料**

(I) 「疫苗資助計劃」

為鼓勵季節性流感疫苗(流感疫苗)接種以預防流感及其併發症,政府會繼續推行「疫苗資助計劃」。由2016年10月 / 11月起(請留意政府的公布),合資格人士到已登記參與計劃的私家醫生診所接種流感疫苗,可獲每劑疫苗港幣190元的資助。九歲以下從未接種過流感疫苗的合資格兒童,可獲資助接種兩劑。



65歲或以上長者亦可獲港幣190元的資助到已登記參與計劃的私家醫生診所接種肺炎球菌疫苗(全年適用)。

1. 誰符合資格參加「疫苗資助計劃」?

以下香港居民,均符合資格參加「疫苗資助計劃」:

- 孕婦;
- 65歲或以上長者;
- 年齡介乎6個月至未滿12歲,或12歲或以上但仍就讀於香港小學的兒童;
- 合資格的智障人士:持有勞工及福利局(康復服務中央檔案室)簽發的殘疾人士登記證(註明智障)、或註冊醫生/指定服務智障人士機構負責人簽發的證明書(證明該人士為智障人士或符合「2016/17疫苗資助計劃」的資助資格);
- 領取傷殘津貼的人士

(部分符合資格人士亦可選擇到「政府防疫計劃」的公營診所免費接種疫苗。詳細請瀏覽衛生防護中心網站 www.chp.gov.hk。)

2. 合資格人士可到哪些醫生診所接種獲資助的疫苗?

合資格人士到已登記參與計劃的私家醫生診所接種疫苗,便可獲得資助。已登記參與計劃的私家醫生,會在其診所張貼計劃標記。此外,衛生防護中心網站 www.chp.gov.hk亦會上載已登記參與計劃的醫生資料和他們的收費。

3. 誰人可簽署「使用疫苗資助同意書」?

18歲以下人士 / 精神上無認知能力的人士,應由父母或監護人簽署「使用疫苗資助同意書」。其他接受疫苗接種人士可自行簽署「使用疫苗資助同意書」。

4. 若家長 / 監護人未能親身陪同合資格兒童 / 受監護人前往診所接種疫苗,他 / 她可否委託他人(例如:親友 / 家庭傭工)攜同合資格人士前往診所?

可以,但家長 / 監護人須預先填妥並簽署「使用疫苗資助同意書」才可獲得資助。家長 / 監護人可向參與計劃的私家醫生診所索取,或在衛生防護中心網站下載該同意書。

(II) 接種流感疫苗的資料

三價和四價滅活流感疫苗均獲衛生防護中心「疫苗可預防疾病科學委員會」建議在本港使用。三價疫苗預期可以預防大多數的流感個案,而四價疫苗則可能提供對抗乙型流感的額外保護。詳情請向你的家庭醫生查詢。

在接種疫苗後,由於身體須約兩星期才能產生抗體預防流感病毒,因此應盡早接種疫苗。

1. 為什麼要接種季節性流感疫苗? 誰該接種疫苗?

接種季節性流感疫苗是其中一種預防季節性流感及其併發症的有效方法,亦可減低因流感而入院留醫和死亡的個案。基於流感疫苗是安全和有效的,而健康人士亦有可能患上嚴重流感,因此,除個別有已知禁忌症的人士外,所有年滿6個月或以上人士都適宜接種季節性流感疫苗,以保障個人健康。

2. 建議接種的 2016/17 年度季節性流感疫苗的組合有甚麼成分?

「疫苗可預防疾病科學委員會」建議在 2016/17 年度使用的疫苗包括以下成分:

- 類甲型/加利福利亞/ 7/ 2009 (H1N1)pdm-09 病毒
- 類甲型/香港/4801/2014 (H3N2) 病毒

- 類乙型/布里斯本/60/2008 病毒

如果四價流感疫苗被採用，它應包括以上三種病毒及類乙型/布吉/3073/2013 病毒。

3. 滅活季節性流感疫苗是否安全?可能有甚麼副作用?

滅活流感疫苗十分安全，除了可能在注射部位出現痛楚、紅腫外，一般並無其他副作用。部分人士在接種後6至12小時內可能出現發燒、肌肉和關節疼痛，以及疲倦等症狀，但這些症狀通常會在兩天內減退。若持續發燒或不適，請諮詢醫生。如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求醫。

一些罕見但嚴重的不良情況也可能在接種流感疫苗後出現，如吉-巴氏綜合症(每100萬個接種疫苗的人士中約有一宗個案)、腦膜炎或腦病變(每分發300萬劑疫苗中有一宗個案)，以及嚴重過敏反應(每分發1000萬劑疫苗中有9宗個案)。不過，接種流感疫苗與這些不良情況未必一定有因果關係。有研究顯示在感染流感後出現吉-巴氏綜合症的風險(每100萬個感染者有17.20宗個案)遠比接種流感疫苗後(每100萬個接種疫苗的人士中有1.03宗個案)為高。

4. 誰不宜接種滅活季節性流感疫苗?

對曾接種的滅活流感疫苗或其他疫苗成分有過敏反應的人士，都不宜接種滅活季節性流感疫苗。對雞蛋有輕度過敏的人士如欲接種流感疫苗，可於基層醫療接種滅活流感疫苗。而確診或懷疑對雞蛋有嚴重過敏反應的人士，應先由過敏學或免疫學專科醫生進行評估，並因應臨牀需要，由這些專家接種滅活流感疫苗。至於出血病症患者或服用抗凝血劑的人士，應請教醫生。如接種當日因病發燒，可延遲至病癒後才接種疫苗。

5. 每年須要接種多少劑流感疫苗?

9歲或以上人士只須接種一劑2016/17年度流感疫苗。

為確保對流感產生足夠的免疫力，凡9歲以下從未接種過流感疫苗的兒童均須於2016/17年度接種兩劑流感疫苗，而兩劑疫苗接種時間須相隔至少四星期。在2015/16年度或以前接種過流感疫苗的兒童，在2016/17年度只須接種一劑疫苗。

6. 如首次接種季節性流感疫苗的9歲以下兒童需要接種兩劑疫苗，這兩劑疫苗是否需要屬同一種類?

第一和第二劑疫苗並不需要相同。第一或第二劑疫苗都可以選擇三價或四價滅活流感疫苗。兩劑疫苗的接種時間需要相隔至少4個星期。

(III) 長者接種肺炎球菌疫苗的資料

長者有較高機會出現嚴重侵入性肺炎球菌感染，例如敗血病、肺炎和腦膜炎等。接種疫苗能有效預防這些感染和其併發症。

若年屆65歲或以上的長者，從未接種過肺炎球菌疫苗，可獲資助接種一劑肺炎球菌疫苗。

[註：「疫苗資助計劃」資助長者肺炎球菌疫苗接種的疫苗為23價肺炎球菌多醣疫苗。]

1. 肺炎球菌疫苗是否安全?可能有甚麼副作用?

肺炎球菌疫苗已獲證實安全。常見不良反應包括接種疫苗部位可能在接種後短時間內出現輕微腫脹及疼痛。接種第二劑後出現局部反應的機會較高，但大部分反應在幾天內不須要治療而會自然消退。

2. 誰不宜接種肺炎球菌疫苗?

如曾在接種肺炎球菌疫苗後或對該疫苗的成分出現嚴重過敏反應，或正接受癌症化療或電療，則不應接種。

為預防流感和肺炎球菌感染，已接種疫苗的人士仍須維持良好的個人和環境衛生習慣、注意飲食均衡、恆常運動、休息充足、不吸煙(二手煙)和避免飲酒。

如欲獲取更多有關「疫苗資助計劃」資訊，請瀏覽衛生防護中心網站 www.chp.gov.hk 或致電 2125 2125 查詢。

給孩子多一點保護

✘ 流感不是嚴重的疾病。

✔ 雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。

✘ 接種流感疫苗會令兒童感染流感。

✔ 流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。

✘ 接種流感疫苗會削弱兒童的免疫系統。

✔ 相反才是正確的。每年接種流感疫苗可增強你孩子的免疫力，以預防感染流感。

✔ 流感疫苗不可能預防所有類型的流感，但它仍是預防流感最有效的方法。

✔ 流感疫苗大至上預防 70 至 90% 的流感感染。

邊個？

- ✦ 健康專家建議所有年齡介乎六個月至未滿十二歲的兒童接種流感疫苗
- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到基督教聯合那打素佐敦健康中心
(基督教聯合那打素社康服務)

地址：九龍佐敦道 23 號
新寶廣場 13 樓 (全層)
聯絡電話：2770 8365

幾時？

星期一及五：9:00am – 1:00pm, 2:00pm – 7:00pm
星期二至四：9:00am – 1:00pm, 2:00pm – 6:00pm
星期六：9:00am – 1:00pm, 2:00pm – 5:00pm
(提供預約服務)

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用 (免費)



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邊度？

帶你的孩子到白普理廣田社區健康中心
(基督教聯合那打素社康服務)

地址：九龍藍田廣田邨
廣田商場 203 室
聯絡電話：2340 3022

幾時？

星期一至五：9:00am – 1:00pm, 2:00pm – 5:00pm
星期六：9:00am – 1:00pm, 2:00pm – 4:00pm

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用 (免費)



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❌ 流感不是嚴重的疾病。

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邊度？

帶你的孩子到賽馬會和樂社區健康中心
(基督教聯合那打素社康服務)

地址：九龍觀塘協和街
和樂邨居安樓 26 - 33 號地下
聯絡電話：2344 3444



幾時？

星期一、三、五：8:30am – 1:00pm, 2:00pm – 5:30pm

星期二及四：8:30am – 1:00pm, 2:00pm – 7:00pm

星期六：8:30am – 1:00pm, 2:00pm – 5:00pm

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用（免費）

給孩子多一點保護

✘ 流感不是嚴重的疾病。

✔ 雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。

✘ 接種流感疫苗會令兒童感染流感。

✔ 流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。

✘ 接種流感疫苗會削弱兒童的免疫系統。

✔ 相反才是正確的。每年接種流感疫苗可增強你孩子的免疫力，以預防感染流感。

✔ 流感疫苗不可能預防所有類型的流感，但它仍是預防流感最有效的方法。

✔ 流感疫苗大至上預防 70 至 90% 的流感感染。

邊個？

- ✦ 健康專家建議所有年齡介乎六個月至未滿十二歲的兒童接種流感疫苗
- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到廣福社區健康中心
(基督教聯合那打素社康服務)

地址：新界大埔廣福邨
廣仁樓地下 19 號
聯絡電話：2638 3846



幾時？

星期一至五：9:00am – 12:00nn, 2:30pm – 5:00pm
星期六：9:00am – 12:00nn

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

第二劑將於接種第一劑後一個月後接種

幾多錢？

此健康中心將不收取任何費用（免費）

給孩子多一點保護

❌ 流感不是嚴重的疾病。

雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。

❌ 接種流感疫苗會令兒童感染流感。

流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。

❌ 接種流感疫苗會削弱兒童的免疫系統。

相反才是正確的。每年接種流感疫苗可增強你孩子的免疫力，以預防感染流感。

流感疫苗不可能預防所有類型的流感，但它仍是預防流感最有效的方法。

流感疫苗大至上預防 70 至 90% 的流感感染。

邊個？

- ✦ 健康專家建議所有年齡介乎六個月至未滿十二歲的兒童接種流感疫苗
- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到基督教聯合那打素彩頤健康中心
(基督教聯合那打素社康服務)

地址：九龍牛頭角彩霞道55號彩頤居一樓

聯絡電話：2230 0200

幾時？

星期一至五：8:30am – 1:00pm, 2:00pm – 5:30pm
星期六：8:30am – 1:00pm
(提供預約服務)

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用(免費)



Consent to Use Vaccination Subsidy

Vaccination Subsidy Scheme Department of Health

(For Doctor's Use)

Transaction No.	Seasonal Influenza Vaccine Used TIV <input type="checkbox"/> QIV <input type="checkbox"/>
-----------------	---

Note : Please complete this form in BLOCK letters using black or blue pen and use a new form each time you use the vaccination subsidy.
Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

Put a "✓" in the most appropriate box

* delete as appropriate

I consent to use the Government subsidy for myself/ my child/my ward* to receive seasonal influenza / pneumococcal* vaccination under the Vaccination Subsidy Scheme with details as follows:

Name of Doctor		Date of Vaccination	
Place of Vaccination	(please specify the name of the venue where the vaccination is provided)		
Types of vaccination			
i) Seasonal Influenza vaccination	For ALL persons aged 9 or above; or children under the age of 9 but have received seasonal influenza vaccination in previous seasons: <input type="checkbox"/> The only dose of seasonal influenza vaccination this season For children under the age of 9 but have NEVER had seasonal influenza vaccination in previous seasons (vaccine naïve children): <input type="checkbox"/> The first dose of seasonal influenza vaccination this season <input type="checkbox"/> The second dose of seasonal influenza vaccination this season		
ii) Pneumococcal vaccination	<input type="checkbox"/> For those aged 65 or above who have never received pneumococcal vaccination before		

Eligibility statement

1. I confirm that I am/my child is/ my ward* is a Hong Kong resident and that:

I am pregnant:

For Doctor's Use: Confirmation by attending enrolled doctor:

(Attending Enrolled Doctor's Signature)

My child/ward* is:

(i) between the age of 6 months and less than 12 years*

(ii) 12 years or above but attending a primary school in Hong Kong* (*please provide a copy of the student handbook/ student card to the enrolled doctor*)

I am 65 or above this year

My child/ward* is a person with intellectual disability holding :

(i) the Registration Card for People with Disability specifying "Intellectual Disability"*

(ii) A medical certificate issued by a Registered Medical Practitioner that my child/ward is entitled for subsidised vaccination*

(iii) A certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child/ward is a service user of the institution*

(Please provide a copy of the aforesaid document)

I am/my child is/my ward* is a person receiving the Social Welfare Department's Disability Allowance

(Please provide a copy of the disability allowance approval letter to the enrolled doctor)

The personal details of recipient (as indicated on identity document):	
Name: (English) _____, _____ <small>(surname) (given name)</small>	(Chinese) _____ <small>(surname) (given name)</small>
Date of Birth: ____/____/____ <small>(dd) (mm) (yyyy)</small>	Sex: *Male / Female
Identity document (Please tick the box and fill in the document number as appropriate) Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	□□□ □□□□□□□□ ()
<input type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: ____/____/____ (dd/mm/yyyy)	□□□ □□□□□□□□ ()
<input type="checkbox"/> Hong Kong Re-entry Permit No.: Date of Issue: ____/____/____ (dd/mm/yyyy)	□□□□□□□□□□
<input type="checkbox"/> Document of Identity issued by HKSAR - Document No.: Date of Issue: ____/____/____ (dd/mm/yyyy)	□□□□□□□□□□
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: ____/____/____ (dd/mm/yyyy)	□□□□□□□□ ()
<input type="checkbox"/> Non-Hong Kong Travel Documents No.: Visa / Reference No.:	_____ □□□□□ - □□□□□□□□□□ - □□□ ()
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	□□□□□□□□□□ / □□□□□□□□
<input type="checkbox"/> Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: _____	_____ _____ □□□ □□□□□□□□ ()

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data

Signature of recipient (or finger print if illiterate) # : _____
 Contact Telephone No.: _____
 Date: _____

Complete only if recipient is aged below 18 / mentally incapacitated

Signature of parent/guardian: _____
 Relationship: Father Mother Guardian
 Name of parent/guardian (in English): _____
 Contact Telephone No.: _____
 Date: _____

#Also complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of witness: _____
 Name of witness (in English): _____
 Hong Kong Identity Card No. _____
(only the alphabet and the first three digits are required)
 Date: _____

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my/my child's/ward's personal data in this form and any information related to this consultation 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 the doctor to transfer and release my/my child's/ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether myself/my child/ward has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my/my child's/ward's personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in my/my child's/ward's Smart Identity Card for the use by Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".
4. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorised or permitted by law.
2. 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.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

4. 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

5. 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

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:

Executive Officer, Vaccination Office,
Centre for Health Protection,
Block A, 2/F, 147C Argyle Street, Kowloon
Telephone No.: 2125 2125

ADULT

Consent Form

 Quadrivalent influenza vaccine will be offered:
 GlaxoSmithKline (GSK) : FLUARIX -TETRA



2016-17

 INFLUENZA VACCINATION SERVICE

A) RECIPIENT'S PERSONAL DETAILS

*For persons 18 years of age or over

*Each participant should fill in his/her own consent

Name :

Organisation Name (if applicable):

Age :

Sex: M F
 For Hong Kong residents: To use **Government Vaccination Subsidy (must complete)**

 ① aged 65 years old or above ② Pregnant women ③ DA Recipients

Please fill in the box information based on the details stated on your valid HK Identity card.

HK Identity Card Issue Date

 HKID No: ()

All digits stated on the Left Bottom Corner

Date of Birth:

B) RECIPIENT'S HEALTH RECORD

Please select the most suitable answer and mark a in the appropriate boxes below:

- Are you pregnant? / receiving Disability Allowance now? Yes No
- Is this your first ever influenza vaccination? Not sure Yes No
- Are you allergic to egg/ egg white? If yes, please specify: Yes No
 Rash Facial swelling Others: _____
- Have you ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify the name of vaccine(s)/ drug(s) and reaction(s): _____ Yes No
- Are you suffering from any bleeding disorders or on anticoagulants? Yes No
- Vaccine recipient has fever or flu symptoms on the vaccination day? Yes No

I declare that the information given above is correct and I consent to receiving the 2016-17 influenza (Quadrivalent) vaccination.

(or finger print if illiterate)

Signature of recipient :

Personal Telephone Number (must fill-in) :

Date:

STAFF USE ONLY

Prescription : Fluarix Tetra (Quadrivalent) 2016-17 strains 0.5ml x 1 dose

UCN: OR WL BKT JD KF TSW CC Medical No. : _____

Doctor: _____ Signature: _____

Batch No.: _____ Given by: _____ Date: _____

Guidelines for Influenza Vaccination



2016-17

INFLUENZA VACCINATION SERVICE

 Quadrivalent influenza vaccine will be offered
 Sanofi Pasteur: FLUQUADRI- PAED
 GlaxoSmithKline (GSK) : FLUARIX -TETRA

What is Influenza?

Influenza is a highly infectious viral illness. It is spread by airborne droplets among crowded population in enclosed spaces. It may also be spread from person to person by direct contact with infected secretions. The disease is characterized by fever, cough, headache, runny nose and malaise. It is usually self-limiting with recovery in two to seven days. However, it can be a serious illness to the weak and frail, such as young children, elderly persons. Therefore, prevention of influenza is extremely important.

How can I prevent?

- Strengthen body resistance by regular exercise, balanced diet, and adequate rest
- Avoid going to overcrowded areas in influenza peak season
- Maintain good personal & environmental hygiene, wash hands after contacting with infectious person/ body fluids
- Receive an annual Influenza Vaccination

Who should have the Influenza vaccination (Intramuscular Injection)?

- People aged 6 months or above, especially for :
- People with lower body resistance toward illness including: pregnant women, elderly, people with chronic disease, young children aged between 6 months to less than 12 years old, and, people with mental/ physical disabilities
- Working people who are susceptible to influenza: Caregivers of sick person or children, persons providing personal services, e.g. Sales, Healthcare Professionals, Hotel staffs, Teachers, etc.
- People who have frequent influenza infections & illnesses
- Obese individual with BMI ≥ 30

Do not use Influenza vaccine (Intramuscular Injection) in the event of:

- Children aged <6months
- Having severe allergic reactions to egg/ egg proteins or any other components of the influenza vaccine
- Fever or acute infection found on vaccination day (please delay the vaccination)
- For people having past history of Guillian-Barre Syndrome (Please consult their personal family doctor first before receiving the vaccination).

2016-17

Influenza Vaccine helps protecting one against the following flu strains

Protection lasts maximum for 1 YEAR
Annual vaccination is recommended.

1. A/California/7/2009 (H1N1) -like virus
2. A/Hong Kong/4801/ 2014 (H3N2) -like virus
3. B/Brisbane/60/2008-like virus
4. B/Phuket/3073/2013-like virus

Possible side effect:

- Local reactions may include redness/ tenderness and swelling of injection site. Systemic reactions may include mild fever, influenza-like symptoms, malaise and fatigue beginning 6 to 12 hours after vaccination and lasting up to two days.
- Serious adverse events may include:
 - Guillain-Barre Syndrome (~1 case per million vaccinees).
 - Meningitis or encephalopathy (~1 in 3 million doses distributed).
 - Severe allergic reaction (anaphylaxis) (~9 in 10 million doses distributed).

Can people below age 18 years get vaccinated?

- Parent or Guardian's consent are required for children <18 years.
- Children <9 years who have never received influenza vaccination before should ideally have 2 doses given 4 weeks apart. Please indicate the child's date of birth and whether this is the child's first influenza vaccination clearly in the consent form.
- For a child who needs the 2nd dose, we will arrange accordingly while stocks available. (For Outreach vaccination programmes: parents may need to bring their child to clinic for vaccination by own if only one outreach vaccination event is arranged). Vaccine stock supplies are limited, please make reservation in advance.

Contact us

www.ucn.org.hk  [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

Kwun Tong Jockey Club Wo Lok CHC Unit 26-33, G/F, Kui On Hse, Wo Lok Estate, Hip Wo Street ☎2344-3444	Lam Tin Bradbury Kwong Tin CHC Unit 203, Kwong Tin Shopping Ctr, Kwong Tin Estate ☎2340-3022	Ngau Tau Kok UCN Cheerful Health Centre 1/F, Cheerful Court, 55 Choi Ha Road, Ngau Tau Kok ☎2230-0200	Jordan UCN Jordan CHC 13/F, Sino Cheer Plaza, No 23 Jordan Road ☎2770-8365	Tai Po Kwong Fuk CHC No 19, G/F, Kwong Yan House, Kwong Fuk Estate ☎2638-3846	Tin Shui Wai Jockey Club Tin Shui Wai CHC Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate ☎3156-9000
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Medical Outreach Team Service
(No vaccination service provided)

☎ : 2357-4008

2016-17

STAFF USE ONLY

- Regular CIVSS PIDVSS
 Disability Allowance Recipients

Quadrivalent influenza vaccine will be offered:
Sanofi Pasteur: FLUQUADRI- PAED
GlaxoSmithKline (GSK) : FLUARIX -TETRA



Parent's Consent Form

A) RECIPIENT'S PERSONAL DETAILS

* For persons under 18 years of age/ mentally handicapped
* Each participant should fill in his/her own consent

Name :	Organisation Name (if applicable):		
Age :	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Date of Birth :	D M Y	Class:	Class No.:
For Hong Kong residents: To use Government Vaccination Subsidy (must complete)			
<input type="checkbox"/> For children aged 6 months to under 12 years/ attending a primary school in HK at the time of vaccination		<input type="checkbox"/> Persons with intellectual disabilities	
		<input checked="" type="checkbox"/> DA Recipients	
*For Persons <u>aged 11 or above</u> must use Hong Kong Identity Card		HK Identity Card Issue Date	
HKID No.:	()	D M Y	All digits stated on the Left Bottom Corner
HK Birth Certificate Registration Number:	()		

B) RECIPIENT'S HEALTH RECORD

Please select the most suitable answer and mark a in the appropriate boxes below:

1. Is the vaccine recipient pregnant/ receiving Disability Allowance now? Yes No
2. Is this the first ever influenza vaccination for the recipient? Not sure Yes No
3. Is the vaccine recipient allergic to egg/ egg white? If yes, please specify: Yes No
 Rash Facial swelling Others: _____
4. Has the vaccine recipient ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify the name of vaccine(s)/ drug(s) and reaction(s) : _____ Yes No
5. Is the recipient suffering from bleeding disorders or on anticoagulants? Yes No
6. Vaccine recipient has fever or flu symptoms on the vaccination day? Yes No

I _____, the parent/ guardian of the above named person, declare the information given above is correct and I consent for him/ her to receive 2016-17 (Quadrivalent) influenza vaccination.

(or finger print if illiterate)

Signature of the parent/ guardian of recipient: _____

Personal Telephone Number (must fill-in) : _____

Date: _____

STAFF USE ONLY

Prescription: <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses	
<input type="checkbox"/> FluQuadri-Paed (Quadrivalent) 2016-17 0.25ml (for age 6 to 35 months ONLY)	
<input type="checkbox"/> Fluarix Tetra (Quadrivalent) 2016-17 0.5ml (for age 36 months or above)	
UCN: <input type="checkbox"/> OR <input type="checkbox"/> WL <input type="checkbox"/> BKT <input type="checkbox"/> JD <input type="checkbox"/> KF <input type="checkbox"/> TSW <input type="checkbox"/> CC	Medical No.: _____
Doctor: _____	Signature: _____
<input type="checkbox"/> 1 st dose-Injection Record	<input type="checkbox"/> 2 nd dose-Injection Record
Batch No.: _____	Batch No.: _____
Given by: _____	Given by: _____
Date: _____	Date: _____



衛生署
疫苗資助計劃
使用疫苗資助同意書

(由醫生填寫)	
醫健通交易號碼	所使用流感疫苗 三價 <input type="checkbox"/> 四價 <input type="checkbox"/>

注意：請用黑色或藍色筆以正楷填寫本同意書。每次使用疫苗資助，均須重新填寫此同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

請在適當的位置加上“✓”號及*請刪去不適用者

本人同意使用政府在疫苗資助計劃下提供的資助，為本人/本人的子女/受監護者*接種本年度的季節性流感/肺炎球菌疫苗*，詳情如下：

醫生姓名		接種日期	
接種疫苗的地點	(請列明接種疫苗地點的名稱)		
疫苗種類			
i) 季節性流感疫苗	適用於任何 9 歲或以上人士；或 9 歲以下兒童但在以往季度已接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一一劑季節性流感疫苗 適用於 9 歲以下兒童並在以往季度從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑季節性流感疫苗 <input type="checkbox"/> 本季度第二劑季節性流感疫苗		
(ii) 肺炎球菌疫苗	<input type="checkbox"/> 年屆 65 歲或以上並從未接種過肺炎球菌疫苗		

資格聲明

本人確認本人/本人子女/受監護者*為香港居民及：

本人正在懷孕:

由登記參與計劃的主診醫生確認

(登記參與計劃的主診醫生簽署)

本人子女/受監護者*：

(i) 年齡介乎6個月至未滿12歲*

(ii) 已年滿12歲或以上，現於香港的小學就讀* (請提供學生證或學生手冊副本)

本人年屆65歲或以上

本人子女/受監護者*乃智障人士並持有：

(i) 殘疾人士登記證(註明智障)*

(ii) 醫生證明書*

(iii) 指定的智障人士服務機構負責人所簽發的證明書*

(請提供上述證明文件副本)

本人/本人子女/受監護者*乃領取社會福利署傷殘津貼人士 (請提供傷殘津貼批准信副本)

服務使用者個人資料 (以身分證明文件所載者為準)	
姓名：(英文) _____ (姓氏) (名字)	(中文) _____ (姓氏) (名字)
出生日期： ____/____/____ (日日) (月月) (年年年年)	性別 *男/女
身分證明文件 (請選擇下列其中一項身分證明文件，並在適當的位置加上“✓”號及填寫所需資料)	
註：年滿 12 歲或以上人士只可使用香港居民身份證或豁免登記證明書	
<input type="checkbox"/> 香港出生證明書登記號碼：	□□□ □□□□□□□□ ()
<input type="checkbox"/> 香港居民身份證號碼： 簽發日期： ____/____/____ (日日/月月/年年)	□□□ □□□□□□□□ ()
<input type="checkbox"/> 香港特別行政區回港證號碼： 簽發日期： ____/____/____ (日日/月月/年年年年)	□□□□□□□□□□
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼： 簽發日期： ____/____/____ (日日/月月/年年年年)	□□□□□□□□□□
<input type="checkbox"/> 香港居留期許可證(ID 235B)出生記項編號： 獲准逗留至： ____/____/____ (日日/月月/年年年年)	□□□□□□□□□ ()
<input type="checkbox"/> 非香港旅遊證件號碼簽證/參考編號： 簽證/參考編號：	_____ □□□□□ - □□□□□□□□□□ - □□□ ()
<input type="checkbox"/> 生死登記處發出被領養兒童的領養證明書記項編號：	□□□□□□□□□ / □□□□□□□□
<input type="checkbox"/> 豁免登記證明書編號： 檔案編號： 豁免登記證明書編號上的香港身份證號碼： 簽發日期： _____	_____ _____ □□□ □□□□□□□□ ()

我已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的。

服務使用者簽署(如不會讀寫[#]，請印上指模)： _____
聯絡電話號碼： _____
日期： _____

如服務使用者未滿 18 歲或無行為能力人士，才須填寫以下資料：

父母/監護人簽署： _____
與接種疫苗者的關係： 父 母 監護人
父母/監護人姓名： _____
聯絡電話號碼： _____
日期： _____

***如服務使用者精神上有行為能力但不會讀寫，才須填寫以下資料**

本人見證此同意書已在服務使用者面前朗讀及解釋。

見證人簽署： _____
見證人姓名： _____
香港居民身份證號碼： _____ XXX (X)
(只要英文字母及頭 3 個數字)
日期： _____

承諾及聲明

1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
2. 本人同意把此同意書中本人/本人子女/受監護者的個人資料及有關是次會診的任何資料供政府用於“收集個人資料目的”所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人/本人子女或受監護者使用政府資助以接種疫苗事宜。
3. 適用於香港特別行政區智能身份證持有者：本人同意授權醫生讀取儲存在本人/本人子女/受監護者香港特別行政區智能身份證晶片內的個人資料(只限香港身份證號碼，中英文姓名，出生日期和香港身份證簽發日期)，以供政府於“收集個人資料目的”所述的用途。
4. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
5. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的聲明

收集個人資料目的

1. 所提供的個人資料，會供政府作下列一項或多項用途：
 - (a) 開設、處理及管理醫健通戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與入境事務處的數據核對；
 - (b) 作統計和研究用途；以及
 - (c) 作法例規定、授權或准許的任何其他合法用途。
2. 就是次會診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

接受轉介人的類別

4. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1、2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

5. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

6. 如欲查閱或修改有關提供的個人資料，請聯絡：

九龍亞皆老街 147C 二樓 A 座
衛生防護中心
疫苗計劃辦事處
行政主任
電話號碼：2125 2125

參加者同意書

成人

 採用：四價預防流感疫苗
 GlaxoSmithKline (GSK) : FLUARIX -TETRA

2016-17 流行性感冒疫苗預防注射服務

甲) 參加者個人資料

 *適用於 18 歲或以上人士填寫
 *每位參加者須各自填寫一份同意書

 姓名(中文)： _____ 團體名稱： _____
 年齡： _____ 性別： 男 女 (如適用)

香港居民：使用「政府流感疫苗資助計劃」人士，請填寫以下所需資料

 ① 65 歲或以上長者 ② 孕婦 ③ 居於社區的傷殘津貼受助人

 必須根據有效(晶片)香港智能身份證填寫 身份證簽發日期
 香港身份證號碼： _____ () _____ 日 _____ 月 _____ 年
香港智能身份證在下角所有數字(必須包括:日-月-年)
 出生日期： _____ 日 _____ 月 _____ 年

乙) 參加者個人健康記錄 (請回答下列問題，在適當的空格加上)

- 您現在是否懷孕?/接受社署傷殘津貼?(須持有有效證明才能使用資助) 是 否
- 您是否第一次接受預防流感疫苗注射? 不清楚 是 否
- 您是否對雞蛋/ 蛋白敏感? 是 否
 如答「是」請註明： 出疹 面腫 其他：_____
- 您是否對任何疫苗注射或藥物有敏感或不良反應? 如：疹/面腫 是 否
 如答「是」，請註明疫苗/ 藥物名稱及反應：_____
- 您是否出血病患者或正服用抗凝血劑(薄血丸)? 是 否
- 於注射當日，接種者是否有發燒/嚴重不適徵狀? 是 否

本人聲明以上所提供之資料全屬正確，並同意接受 2016-17 預防流感疫苗(四價)注射。

 如不會讀寫，請印上手指模，並註明所屬之手指 參加者簽署： _____
 聯絡電話 (必須填寫)： _____ 日期： _____

職員專用欄

 Prescription : Fluarix Tetra (Quadrivalent) 2016-17 strains 0.5ml x 1 dose
 UCN: OR WL BKT JD KF TSW CC Medical No. : _____
 Doctor: _____ Signature: _____
 Batch No.: _____ Given by: _____ Date: _____

2016-17 注射流感疫苗須知



流行性感冒疫苗預防注射服務

 採用：四價預防流感疫苗
 Sanofi Pasteur: FLUQUADRI- PAED
 GlaxoSmithKline (GSK) : FLUARIX -TETRA

什麼是流行性感冒?

流行性感冒(流感)是一種由病毒感染所引起的急性呼吸道疾病，主要是經空氣或飛沫傳播，亦可因直接接觸患者的分泌物或已被病毒污染的物件而被感染，傳染率極高。

患者通常出現發燒、咳嗽、肌肉痠痛等不適現象，情況可持續約 1 星期。高危人士如幼童/長者/慢性疾病患者，感染流感時出現併發症的風險更大。

預防方法

- 增強個人抵抗力：多做運動、均衡營養、保持心境開朗、適當休息
- 流感高峰期時避免在人多擠迫及空氣不流通地方聚集
- 注意個人及公眾衛生，接觸污染物後儘快清潔雙手
- 注射「預防流感疫苗」

建議注射疫苗人士

滿 6 個月以上人士已經可以接受流感疫苗，而疫苗尤其適合：

- 年齡介乎 6 個月至 未滿 12 歲的兒童
- 抵抗力較弱人士：
 - 孕婦、長者、任何患上慢性疾病的人士、殘障人士
- 工作上，容易傳播或感染流感的人士：
 - 長期照顧幼兒
 - 從事服務性行業：包括營業員、醫護人員、飲食業、旅遊或酒店從業員、教師等
- 經常患上流感，影響工作、學業及健康的人士
- 肥胖人士 (身高體重比例 BMI \geq 30)

不適合注射疫苗人士

- 6 個月以下嬰兒
- 對雞蛋、蛋白或流感疫苗成份有過敏反應的人士
- 在注射當日身體嚴重不適或有發熱症狀的人士 (請延後注射時間)
- 曾經患有格林-巴利氏綜合癥(Guillian-Barre Syndrome) 的人士，請先向家庭醫生查詢，然後再接受注射

2016-17

四價預防流感疫苗 (北半球適用) 可防禦的四種流感病毒, 包括:

1. 類甲型/ 加利福利亞/ 7/ 2009 (H1N1)-pdm09 病毒 (人類豬型流感病毒)
2. 類甲型/ 香港/ 4801/ 2014 (H3N2) 病毒
3. 類乙型/ 布里斯本/ 60/ 2008 病毒
4. 類乙型/ 布吉/ 3073/2013 病毒

疫苗有效期約 **1 年**
建議 **每年** 需接受疫苗 **一次**

接種後反應

- 一般而言, 接受預防流感疫苗是非常安全的。
常見的注射副作用包括接種疫苗後 6-12 小時內出現發熱、肌肉痠痛、針口週邊位置出現紅/ 腫/ 疼痛以及疲倦等症狀的局部現象, 症狀多數會在注射後兩天內自動減退。
- 其他副作用:
 - 患上格林-巴利氏綜合癥 (一種神經根病變的疾病) (約100萬分之1的機會)
 - 腦膜炎或腦病變 (300萬分之1的機會)
 - 嚴重過敏反應 (1,000萬分之9的機會)

18 歲以下, 也可參加?

- 18 歲以下的兒童或青少年需備有由家長/監護人簽署的同意書, 確定過往的病歷及/或敏感歷史, 方可申請參加。
- 若 9 歲以下的小童過往從未接受過預防流感疫苗, 建議在完成第一針後的四星期後, 注射第二針, 加強效用。所有家長/ 監護人必須清楚於疫苗接種同意書上填寫小童的『出生日期』及『疫苗注射記錄』, 以便醫生處方。
- 所有需要注射第二針的兒童, 本機構會按疫苗之供應情況, 盡量安排。疫苗數量有限, 敬請提前預約。

聯絡我們

www.ucn.org.hk [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

觀塘 賽馬會和樂社區健康中心 協和街和樂邨居安樓 26-33號地下 ☎2344-3444	藍田 白普理廣田社區健康中心 廣田邨廣田商場 203室 ☎2340-3022	牛頭角 聯合那打素彩頤健康中心 牛頭角彩霞道55號彩頤居一樓 ☎2230-0200	佐敦 基督教聯合那打素佐敦健康中心 佐敦道23號新寶廣場13樓全層 ☎2770-8365	大埔 廣福社區健康中心 廣福邨廣仁樓地下19號 ☎2638-3846	天水圍 賽馬會天水圍社區健康中心 天晴邨天晴社區綜合服務大樓1樓103室 ☎3156-9000
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社區醫療外展部 (不設注射服務)

☎: 2357-4008

版權所有 翻印必究

基督教聯合那打素社康服務
UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE
流行性感冒疫苗預防注射服務

2016-17

社康職員專用

Regular CIVSS PIDVSS
 Disability Allowance Recipients



家長/監護人同意書

採用: 四價預防流感疫苗
Sanofi Pasteur: FLUQUADRI- PAED
GlaxoSmithKline (GSK): FLUARIX -TETRA

* 18 歲以下或智障人士須由家長/監護人填寫
* 每位參加者須各自填寫一份同意書

甲) 參加者個人資料

姓名(中文): _____ 團體名稱: _____
 年齡: _____ 性別: 男 女 (如適用)
 出生日期: | | | | 日 | | | | 月 | | | | 年 班別: _____ 學號: _____

香港居民: 使用「政府流感疫苗資助計劃」人士, 請填寫以下所需資料

① 兒童: 注射日, 年齡介乎 6 個月至未滿 12 歲/正就讀於香港小學
 ② 智障人士
 ③ 居於社區的傷殘津貼受助人

11 歲或以上人士 (只可填寫香港身份證資料) 身份證簽發日期
 香港身份證號碼*: | | | | | | | | () | | | | 日 | | | | 月 | | | | 年
香港智能身份證左下角所有數字(必須包括:日-月-年)
 香港出生證明書登記號碼: | | | | | | | | ()

乙) 參加者個人健康記錄 (請回答下列問題, 在適當的空格加上)

1. 參加者現在是否懷孕? /接受社署傷殘津貼?(須持有有效證明才能使用資助) 是 否
2. 參加者是否第一次接受預防流感疫苗注射? 不清楚 是 否
3. 參加者是否對雞蛋/ 蛋白敏感? 是 否
如答「是」請註明: 出疹 面腫 其他: _____
4. 參加者是否對任何疫苗注射或藥物有敏感或不良反應? 如:出疹/面腫 是 否
如答「是」, 請註明疫苗/ 藥物名稱及反應: _____
5. 參加者是否出血病患者或正服用抗凝血劑(薄血丸)? 是 否
6. 於注射當日, 接種者是否有發燒/嚴重不適徵狀? 是 否

本人 _____ 乃上列參加者之 家長/ 監護人 (請刪去不適用), 本人聲明以上資料全屬正確, 並同意本人的 兒/ 女/ 受監護人接受 2016-17 預防流感疫苗(四價)注射。

如不會讀寫, 請印上手指模, 並註明所屬之手指 | 家長/監護人簽署: _____ 日期: _____
 聯絡電話 (必須填寫): _____

職員專用欄

Prescription: 1 dose 2 doses
 FluQuadri-Paed (Quadrivalent) 2016-17 0.25ml (for age 6 to 35 months ONLY)
 Fluarix Tetra (Quadrivalent) 2016-17 0.5ml (for age 36 months or above)
 UCN: OR WL BKT JD KF TSW CC Medical No.: _____
 Doctor: _____ Signature: _____
 1st dose-Injection Record 2nd dose-Injection Record
 Batch No.: _____ Batch No.: _____
 Given by: _____ Date: _____ Given by: _____ Date: _____

