Department of Health

To be completed by VMO:
Transaction no:_____
Void Transaction no：_____

Residential Care Home Vaccination Programme
Vaccination Consent Form

Please complete the form and send to the responsible Visiting Medical Officer(s) of the residential care home for record at least **ten working days** before vaccination.

** Please insert a "X" in the appropriate box*

RCH Code _____

Part A:

The personal details of recipient:	
Name：(English) _____ (surname) , _____ (given name)	(Chinese) _____
Date of Birth: _____ (dd) / _____ (mm) / _____ (yyyy)	Sex: ☐ Male ☐ Female *

Identity document **(Please insert a "X" in the box and fill in the information of the document used by the recipient.)**
Note: People aged 11 or above should fill in either Hong Kong Permanent Identity Card no. or Certificate of Exemption.

☐ Hong Kong Permanent Identity Card No. Date of Issue: ____ / ____ / ____ (dd/mm/yy) Chinese Code:	☐☐ ☐☐☐☐☐☐ ( ) ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
☐ Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: ____ / ____ / _____ (dd/mm/yyyy)	☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐☐ ( )
☐ Hong Kong Birth Certificate Registration No.:	☐☐ ☐☐☐☐☐☐ ( )
☐ Hong Kong Re-entry Permit No.: Date of Issue ____ / ____ / _____ (dd/mm/yyyy)	☐☐☐☐☐☐☐☐
☐ Document of Identity – Document No.: Date of Issue ____ / ____ / _____ (dd/mm/yyyy)	☐☐☐☐☐☐☐☐
☐ Permit to Remain in HKSAR (ID 235B) – Birth Entry No.: Permit to remain until: ____ / ____ / _____ (dd/mm/yyyy)	☐☐☐☐☐☐☐ ( )
☐ Non-Hong Kong Travel Documents No.: Visa / Reference No.:	☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐☐☐☐ - ☐☐ ( )
☐ Certificate issued by the Births Registry for adopted children – No. of Entry:	☐☐☐☐☐☐ / ☐☐☐☐☐

Part B: Consent of Recipient

1. I _____, * ☐ resident ☐ boarder ☐ staff of residential care home for the * ☐ elderly ☐ disabled , give consent to receive the vaccination below.

(Please insert a "X" in the appropriate box):

☐ Seasonal influenza vaccine ☐ 23-valent pneumococcal polysaccharide vaccine

2. The information provided in this consent form is correct. I agree that the Government may use the personal data in this consent form and the information provided to the healthcare professional during this visit for the purposes as set out in the Statement of Purpose.

Signature of recipient (or finger print if illiterate): _____

Date: _____

Complete this part only 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: _____

Hong Kong Identity Card No.: _____

Date: _____

Part C: Consent of Parent / Guardian (*to be given by parent/guardian if recipient is aged below 18 or mentally-incapacitated*)

1. _____, *☐ resident ☐ boarder of residential care home for the * ☐ elderly ☐ disabled, to receive the vaccination below.

(Please insert a "X" in the appropriate box):

☐ Seasonal influenza vaccine ☐ 23-valent pneumococcal polysaccharide vaccine

For person aged 9 or below and have never received seasonal influenza vaccine before:

☐ First dose of Seasonal influenza vaccine ☐ Second dose of Seasonal influenza vaccine

2. The information provided in this consent form is correct. I agree that the Government may use the personal data in this consent form and the information provided to the healthcare professional during this visit for the purposes as set out in the Statement of Purpose.

Signature of Parent/Guardian (or finger print if illiterate): _____

Name of Parent/Guardian: _____

Relationship with the recipient: _____

Hong Kong Identity Card No.: _____

Date: _____

Complete this part only if Parent/Guardian is illiterate

This document has been read and explained to the Parent/Guardian in my presence.

Signature of witness: _____

Name of witness: _____

Hong Kong Identity Card No.: _____

Date: _____

Part D: Recipient's Parent / Guardian cannot be contacted

This residential care home has attempted but could not contact the Parent / Guardian of the recipient _____.

Signature of Residential Care Home in charge: _____

Name of Residential Care Home in charge: _____

Hong Kong Identity Card No.: _____

Date: _____

However, the relative (Name _____) of the resident / boarder agreed with the provision of vaccination to the resident / boarder.

Signature of the relative: _____

Relationship with the recipient: _____

Hong Kong Identity Card No.: _____

Date: _____

Information Note on Seasonal Influenza and Pneumococcal Vaccination

Benefits of Getting Vaccinated

Respiratory infection caused by seasonal influenza or pneumococcal infection is common. It can be a serious illness for the weak and frail, such as elderly persons and may be complicated by bronchitis, pneumonia or even death in the most serious cases. During influenza pandemics, secondary bacterial pneumonia is an important cause of morbidity and mortality. Vaccination is one of the effective means to prevent seasonal influenza, pneumococcal infection and its complications. It can also lower the risk of hospitalisation and mortality among elderly people.

Seasonal Influenza and Vaccination

Influenza is an infectious disease caused by various types of influenza virus. In Hong Kong, the two subtypes of influenza A virus, H1N1 and H3N2, and influenza B virus, are most commonly seen. Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March and from July to August. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, headache, muscle aches, runny nose and general tiredness. 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 elderly persons, and may be complicated by bronchitis, pneumonia or even death in the most serious cases. Serious influenza infection can occur even in healthy individuals.

■ Seasonal Influenza Vaccine Composition

The vaccine recommended by the Scientific Committee on Vaccine Preventable Diseases in 2012/13 contains the following:

- an A/California/7/2009 (H1N1)-like virus (formerly known as Human Swine Influenza)
- an A/Victoria/361/2011 (H3N2)-like virus
- a B/Wisconsin/1/2010-like virus

■ Recommended Dose for Children

To ensure adequate immunity against seasonal influenza, children under 9 years old who have never received any seasonal influenza vaccine are recommended to be given 2 doses of seasonal influenza vaccine with a minimum interval of 4 weeks. Children below 9 years, who have received seasonal influenza vaccine in the 2011/12 season or before are recommended to receive one dose in the 2012/13 season.

■ Who should not receive inactivated seasonal influenza vaccination

People who are allergic to a previous dose of inactivated influenza vaccine or other vaccine components (e.g. neomycin, polymyxin) are not suitable to have inactivated seasonal influenza vaccination. Individuals with diagnosed or suspected egg allergy who are considering influenza vaccination should be evaluated by a specialist (allergist/immunologist) for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated. Those with bleeding disorders or on warfarin may receive the vaccine by deep subcutaneous injection. If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

■ Why should pregnant women receive seasonal influenza vaccination

Influenza vaccination in pregnant women has shown benefits for both mother and child in terms of reduced acute respiratory infections. The World Health Organization considers inactivated seasonal influenza vaccine is safe in pregnancy and there is no evidence showing such vaccine can cause abnormality in foetus even if given during the first trimester. However, pregnant women should not receive live attenuated influenza vaccine because it contains a live virus. Pregnant women should consult obstetric and gynecology doctors for any queries.

■ Side Effects

Inactivated seasonal 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 to 12 hours after vaccination and lasting up to two 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 (1 to 2 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.

Pneumococcal Infection and Vaccination

Pneumococcal infection represents a wide range of diseases caused by the bacterium Streptococcus pneumoniae (or more commonly referred as pneumococcus). While pneumococcus is a common cause of mild illnesses such as sinusitis or middle ear infections, it may also cause severe or even life-threatening diseases, including pneumonia, septicaemia, and meningitis etc.

Invasive pneumococcal diseases (IPD) are defined as when the bacterium invades body parts which are usually bacteria-free such as blood, cerebrospinal fluid and, less commonly, other body fluids like joint, pleural or pericardial fluid, etc. IPD are serious diseases of which the overall case-fatality rate ranges from about 20% in pneumococcal bacteraemia to about 30% in pneumococcal meningitis. The case fatality rate for IPD is substantially higher among elderly persons.

■ Recommended Dose of 23-valent pneumococcal polysaccharide vaccine (23vPPV)

For people aged 65 or above who have never received any 23vPPV or have received one dose of 23vPPV pneumococcal vaccine before 65 years and more than 5 years earlier, only one single dose of 23vPPV is required. For people of other age with at risk conditions, one-time revaccination may be considered 5 years after the first dose of 23vPPV.

As the safety of receiving three or more doses of 23vPPV is not known, the Scientific Committee on Vaccine Preventable Diseases does not recommend any person to receive more than two doses of 23vPPV.

■ Who should not receive 23vPPV

Severe allergic reaction following a prior dose of 23vPPV or to the vaccine component is a contraindication to further doses of vaccine. For individuals who will undergo elective splenectomy, 23vPPV should be given at least 2 weeks before the procedures if possible. 23vPPV should not be given during chemotherapy or radiation therapy for cancer.

■ Side Effects

23vPPV has been demonstrated to be safe. Slight swelling and tenderness at the injection site may occur shortly following injection. Local reactions are more severe following a second dose but nearly all reactions resolve within a few days without treatment.

Statement of Purpose

Purposes 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 injection fee, and the administration and monitoring of the Residential Care Home Vaccination Programme, 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 visit will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary healthcare 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 receive the vaccination.

Classes of Transferees

4. The personal data you provide are mainly for use within the Government but they 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 a right to request access to and to request the correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to: Executive Officer, Vaccination Office, Centre for Health Protection, 4/F 147C Argyle Street, Kowloon,Telephone No.: 21252125.