



衛生防護中心
Centre for Health Protection

本署檔號 Our Ref. : (2) in DH/VO/P14-3/1
電話 Tel : 2125 2128
圖文傳真 Fax : 2760 0563

14 March 2019

Dear Supervisors / Principals of all Kindergartens, Kindergartens cum Child Care Centres, Child Care Centres and Special Child Care Centres,

Invitation to join the

2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

Further to the Briefing Sessions held on 12 & 14 March 2019, we cordially invite all pre-primary institutions, including kindergartens, kindergarten-cum-child care centres, child care centres and special child care centres (KG/CCCs) to join the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge) (the Programme) in the 2019/20 school year. Please refer to **Annex** for details of the Programme.

Please fill in the **Form A** for application. For KG/CCCs which have chosen a doctor/medical organisation, please also fill in **Form B**.

Please return the completed forms to Vaccination Office of the Centre for Health Protection by email to pilotsiv@dh.gov.hk or by fax to 2760 0563 on or before 29 March 2019.

We will inform the KG/CCCs of the application results in May 2019. For any enquiries, please call our hotline at 2125 2128.

Yours faithfully,

(Dr Ada LIN)

for Controller, Centre for Health Protection



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衛生署轄下執行
疾病預防及
控制的專業架構
The Centre for
Health Protection is
a professional arm of
the Department of
Health for disease
prevention and
control

Information Sheet

2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)
KG/CCCs

Objectives of the programme: The aim of the Programme is to facilitate pre-primary institutions, including kindergartens, kindergarten-cum-child care centres, child care centres and special child care centres in arranging outreach vaccination, so as to increase seasonal influenza vaccination coverage for school children, to reduce school absenteeism, influenza related complications, hospitalisations and deaths, and influenza transmission in the community. **A recent local study showed that the risk of influenza-like illness outbreak in kindergartens, kindergarten-cum-child care centres, and child care centres with outreach vaccination is 37% lower than that of schools without outreach vaccination.**

Implementation: The Department of Health (DH) will arrange free influenza vaccination to all participating KG/CCC students, through Public-Private-Partnership (PPP) vaccination teams, either by KG/CCCs' own choice or via matching by DH.

All pre-primary institutions, including kindergartens, kindergarten-cum-child care centres, child care centres and special child care centres, can join the Programme.

- ✧ Schools with prior outreach vaccination activities may choose the previous doctors/medical organisations.
- ✧ Schools can choose a private doctor / medical organisation from the list posted on the Centre for Health Protection website: <https://www.chp.gov.hk/tc/features/101413.html>.
- ✧ For schools which do not choose a doctor/medical organisation, DH may facilitate matching. Matching priority will be given to schools of larger size.
- ✧ After confirmation of the PPP team, schools can mutually arrange date and time of the 1st and 2nd dose vaccination activities with the doctor/medical organisations.

On or before 29 March 2019

KG/CCCs can indicate on the application form the private doctor/medical organisation of their choice, for example, those who provided last year's outreach vaccination. DH will arrange according to schools' preference.

After 29 March 2019

- If schools do not choose a private doctor/medical organisation, DH will offer matching for schools with a vaccination team as far as possible.
- Schools may choose a doctor/medical organisation and inform DH at least 8 weeks before the outreach vaccination activity.
- DH will arrange DH vaccination team to provide outreach vaccination to schools which require matching and are located in remote areas, e.g. out-lying islands.

Roles and responsibilities of schools: Since the vaccination services is free of charge, KG/CCCs do not need to conduct tendering or quotation exercise when choosing a doctor, but are responsible for distributing and collecting consent forms; arranging vaccination venue; preparing the flow for vaccination day(s) and assisting the operation of the vaccination team.

Temporary storage of clinical waste: The vaccination team will arrange disposal of the clinical waste on the same day as far as possible. If same day collection of clinical waste could not be arranged, schools **must** provide locked cabinet(s) for temporary storage of about 2-3 (the number depend on the number of students consented) sharp boxes (size 26 x 25 x 17 cm each). The vaccination team will arrange collection of clinical waste as soon as possible.

Remarks

For schools that are not interested to join the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge), they can invite private doctors of the Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed) (website: <http://www.chp.gov.hk/tc/features/101454.html>) to provide outreach vaccination at schools. All school children of the participating schools can receive seasonal influenza vaccination with subsidy from the Government. Private doctors under the Scheme may impose **extra charges**. Schools can discuss with the private doctors for the type of vaccine to be used. School staff and students' family members can join the outreach vaccination activity, but the Government only provides subsidy to persons of VSS eligible groups. Persons ineligible under VSS can join the activity with self-payment.

Application Form A
2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

*Please return this application form to Vaccination Office of the Centre for Health Protection **by email or fax (Email Address: pilotsiv@dh.gov.hk / Fax Number: 2760 0563) on or before 29 March 2019.***

Please put “✓” into the appropriate box(es).

1. Is your school interested in the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)?

☐ Yes (Please fill in Question 2)

☐ No ^{Note 1} (Application form ends. Please provide school information and sign below.)

2. Has your school chosen a doctor/medical organisation?

☐ Yes (Please provide school information and sign below and proceed to **Form B**)

☐ Not yet ^{Note 2} (Please email or fax completed **Form A** to Vaccination Office. Please complete and return **Form B** once your school has selected a doctor/medical organisation.)

Note 1: For schools that are not interested to join the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge), they can consider to join the Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed).

Note 2: After 29 March 2019, schools may still choose a doctor/medical organisation and inform DH at least 8 weeks before the outreach vaccination activity. Meanwhile, the Department of Health (DH) will send invitation letters for matching to schools which have not chosen a doctor/medical organisation yet. Matching priority will be given to schools with more students.

Name of School:			
School Address:			
Number of Students:	AM:	PM:	Whole day:

Signature of School Representative	:	
Name of School Representative/		_____
Rank	:	_____
Telephone Number	:	_____
Date	:	_____
School Chop	:	_____

Application Form B

2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge)

Information of Selected Doctor/Medical Organisation

*Once your school has selected a doctor/medical organisation, please complete this **Form B** and return to Vaccination Office of the Centre for Health Protection **by email or fax (Email Address: pilotsiv@dh.gov.hk / Fax Number: 2760 0563)** at least 8 weeks before the **outreach vaccination activity**.*

Our school agrees to join the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge) and has contacted the following doctor/medical organisation to provide free influenza vaccination.

Name of doctor: _____

Name of medical organisation: _____

Telephone number of doctor/medical organisation: _____

Address of doctor/medical organisation: _____

Name & rank of contact person: _____

Signature of Doctor: _____

Clinic Chop: _____

Name of School:	
School Address:	

Signature of School Representative	:	
Name of School Representative/		
Rank	:	
Telephone Number	:	
Date	:	
School Chop	:	