

Our Ref.: (1) in DH/ERPMB/PMVD/VS/SIVOP/P1-4/8

Tel.: (852) 2125 2128

Fax: (852) 2320 8505

5 June 2026

Dear Supervisors/ Principals,

2026/27 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP)
& Hong Kong Childhood Immunisation Programme (HKCIP)

The Department of Health (DH) continues to organise the Seasonal Influenza Vaccination (SIV) School Outreach Programme (SIVSOP) in 2026/27 while the School Immunisation Teams (SIT) will also continue to visit Hong Kong Primary Schools for the two immunisation campaigns. This letter serves to inform all schools of the arrangement of the SIVSOP and the immunization campaigns in 2026/27 school year.

Seasonal Influenza Vaccination School Outreach Programme (SIVSOP)

SIV is one of the most effective ways to prevent seasonal influenza and its complications. According to local study, vaccination reduces the risk of influenza-like illness (ILI) in school children by half. Scientific data and research showed that the majority of paediatric cases of influenza-associated severe complication/ death did not receive influenza vaccination. School outreach could offer a convenient option for parents and allow students to receive outreach vaccination service in a familiar and relaxed environment at school. According to local experience, school outreach can double vaccination coverage rates, which effectively strengthen the immunity barrier of school children. SIV can reduce school absenteeism, and also lower influenza transmission in the community.

We would like to express our gratitude for the tremendous support you have provided in the previous academic year for the SIV School Outreach Programme. With your keen support, more than 2,300 schools, including kindergartens/ child-care centres, primary schools, and secondary schools have conducted outreach in 2025/26, with 474,000 doses of SIV delivered.



In 2026/27 season, we will continue to provide live-attenuated influenza vaccine (LAIV) (i.e., nasal spray vaccines) to all schools. Schools are allowed to choose both injectable inactivated influenza vaccines (IIV) and LAIV for the same or different outreach vaccination activities (Hybrid mode). Besides, SIVSOP will maintain the 'opt-out' approach. Schools are required to indicate their preferred arrangement on the SIVSOP in 2026/27. To assist schools and doctors in collecting and processing student consent forms thus to arrange outreach activities as early as possible, the DH will implement the **“Electronic Consent Form for SIVSOP”** in the 2026/27 season. For details, please refer to the **Annex I**.

To encourage students to receive SIV, under the “SIV School Outreach Commendation Scheme”, schools participated in the 2025/26 SIVSOP with outstanding vaccination rate will be awarded a certificate of commendation. The certificate of the 2025/26 season will be delivered to all awardees in due course, and the list of awardees will be uploaded onto the Center for Health Protection (CHP) website as an encouragement.

Moreover, the DH will continue to upload “List of schools/child care centres not arranging SIV school outreach” on the Center for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.

Hong Kong Childhood Immunisation Programme (HKCIP)

Each year, SIT visits Hong Kong Primary Schools for two immunisation campaigns, namely "Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccination Campaign" and "Measles, Mumps, Rubella and Varicella/ Human Papillomavirus (HPV Vaccine also known as cervical cancer vaccine, only for female students) Vaccination Campaign". During the two campaigns, Hepatitis B Vaccine mop-up will be also provided to Primary Six students who have not received 3 doses of Hepatitis B Vaccine on schedule. For details, please refer to **Annex II**.

Online briefing session

To provide more details on the arrangement for the 2026/27 SIVSOP and to address different concerns, we will organize two online briefing sessions and contents of both sessions are the same. You are cordially invited to attend either one of them:

Date:	9 June 2026 (Tuesday)	12 June 2026 (Friday)
Time:	15:45-16:45	
Mode:	Via ZOOM Webinar	
ZOOM Link:	https://us02web.zoom.us/j/85773928994?pwd=sBgckRw6aPrByQihJr9XIajgLfSxZ.1	https://us02web.zoom.us/j/82510511730?pwd=bXDa7AKmAmGbKVI7JFlhb2RbangUnW.1
Meeting ID:	857 7392 8994	825 1051 1730
Passcode:	845511	356232

Arrangement of the SIVSOP and HKCIP

To simplify administrative work of schools, the applications for SIVSOP and HKCIP will still be combined into a single procedure in 2026/27 school year. Please fill in the attached **Reply Form**. For schools choosing ‘School Self-Selection of Doctors, please also submit the **supplementary form**. If schools decided not to participate in the SIVSOP, we request for your serious reconsideration and **state the reason of not participating in the Reply Form**. Please kindly return the filled form(s) to Programme Management and Vaccination Division by fax (Fax Number: 2320 8505) or email (sivop@dh.gov.hk) **on or before 30 June 2026**.

We hereby remind schools to stay clear of associating with any improper financial (or advantage) transactions with the doctor/ medical organisation and participants of the activity when choosing doctor/ medical organization under School Self-selection of Doctors.

Thank you again for your support to the SIVSOP and the HKCIP. For enquiries, please contact us at 2125 2128.

Yours faithfully,



(Dr. FUNG King-lun, Sheldon)
for Controller, Centre for Health Protection
Department of Health

Information Sheet
2026/27 Seasonal Influenza Vaccination (SIV) School Outreach
Programme (SIVSOP)

OBJECTIVE

The Programme aims to facilitate all secondary schools, primary schools, kindergartens/child care centres (including special school) in arranging outreach vaccination, so as to increase the seasonal influenza vaccination coverage for school children, to reduce school absenteeism, influenza related complications, hospitalisations and deaths, and to reduce influenza transmission in the community.

OVERALL ARRANGEMENT

The “opt-out” approach will be continued for the SIVSOP in 2026/27. Schools are required to indicate their preferred arrangement for the SIV school outreach activities to the Department of Health (DH). All school children of the participating schools can receive free or subsidized seasonal influenza vaccination, through Public-Private-Partnership vaccination teams. There are two modes under SIVSOP, namely the “Government Supply Vaccine Mode” (*formerly called the “SIV School Outreach (Free of Charge) Programme”*) and “Doctor Supply Vaccine Mode” (*formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”*). Participating schools are required to indicate their preferred mode in the Reply Form. Further elaborations on these two modes are mentioned in this document.

If schools provide SIV for their schoolchildren by other outreach mode (e.g. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity which is not under DH by cooperating with doctors / medical organisation), please provide details in the Reply Form. Schools joining other outreach programme are also required to submit the students’ vaccination rate to the Department of Health (DH) near the end of season.

If schools decided not to participate in any SIV school outreach activity, please state the reason of not participating in the Reply Form, and pay attention to the following:

- ✧ The DH will continue to upload “List of schools/child care centres not arranging SIV school outreach” on the Center for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.
- ✧ Schools are required to issue a parent letter to appeal parents for the self-arrangement of SIV for their children. Nevertheless, issuing the parent letter cannot replace conducting the school outreach activity.

- ✧ Schools are required to complete a survey on collecting their students' vaccination rate near the end of the season.

To encourage students to receive SIV, the DH will continue to launch the “SIV School Outreach Commendation Scheme” in 2026/27. Participating schools with outstanding student vaccination rate will be awarded a certificate of commendation. The list of awardees will be uploaded to the CHP' website as an encouragement.

FEATURES OF “GOVERNMENT SUPPLY VACCINE MODE”

(Formerly called the “SIV School Outreach (Free of Charge) Programme”)

Introduction: DH will arrange Public-Private-Partnership vaccination teams or DH Vaccination Team to provide free SIV for participating school children.

- ✧ DH will provide vaccines for school outreach, and the Government subsidy for doctors per each dose of SIV given to school children would be HKD\$105;
- ✧ Doctors are not allowed to charge the children extra service fees;
- ✧ On the date of school outreach, doctors can provide their own vaccines for school staff and students' family members, on self-payment basis.

Selecting a doctor: School Self-selection of Doctors OR DH-matching of Doctors

- ✧ School Self-selection of Doctors
 - i. Schools can choose a private doctor/ medical organisation from the list posted on the Centre for Health Protection website:
<https://www.chp.gov.hk/en/features/101413.html> .
 - ii. Schools with prior outreach vaccination activities may continue the partnership with the previous doctors/ medical organisations.
- ✧ DH-matching
 - i. For schools which have not selected a private doctor/ medical organisation, DH would match a service doctor* with the school.

*For schools in remote areas (e.g. outlying islands) or areas requiring Closed Road Permit or Closed Area Permit (e.g. Lantau Island, Sha Tau Kok), DH may arrange DH Vaccination Team to provide the outreach vaccination service.

Schedule of the vaccination activities: The school should fix the dates of vaccination activities for the 1st and 2nd dose with the service doctor. The outreach vaccination activity should be conducted from 9AM to 3PM on Monday to Friday, or 9AM to 11AM on Saturday.

- ✧ The 1st dose should be administered **between late September and November 2026;**
- ✧ The 1st dose should be administered within one day;
- ✧ The 2nd dose should be completed in another day, with at least 4 weeks apart from 1st dose. To ensure adequate immunity against seasonal influenza, children under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV.

If schools choose to join through DH-matching, please provide 3 available dates for the 1st dose vaccination activity to facilitate DH matching procedure.

Type of Vaccine: Two types of the seasonal influenza vaccines, injectable type (inactivated seasonal influenza vaccines, IIV) and nasal spray type (live attenuated seasonal influenza vaccines, LAIV) will be available, depending on the availability of the stock and the preference of the school. Schools are allowed to choose both IIV and LAIV for the same or different outreach vaccination activities (hybrid mode).

- ✧ For schools participating in *School Self-selection of Doctors*, they should discuss with service doctor and **mutually agree** on **the type of vaccine** being used, and inform the DH about the choice of the type of vaccine in **Supplementary Form**.
- ✧ For schools which have not self-selected their doctor, please indicate your preference of type of vaccine in **Reply Form**.
- ✧ If primary schools opt for LAIV, MMR vaccine under Hong Kong Childhood Immunisation Programme arranged by School Immunisation Teams should be administered at least 28 days apart. For Frequently Asked Questions about the type of seasonal influenza vaccines, please refer to the following website:
<https://www.chp.gov.hk/en/features/100764.html>

Vaccine delivery: For the 1st dose activity, DH will arrange the delivery of the vaccines; while for the 2nd dose, DH will deliver the vaccines directly or via the service doctors to the schools.

School obligations: Since schools are provided with vaccination services free of charge, they do not need to conduct tendering or quotation exercise when choosing a doctor. Schools are reminded to stay clear of associating with any improper financial (or advantage) transactions when choosing your service doctor through School Self-selection of Doctor.

Schools need to:

- 1) Distributing and collecting consent forms;
- 2) Verifying the particulars of the students provided in the consent forms;
- 3) Arranging vaccination venue;
- 4) Preparing the flow for vaccination day(s) (complete the 1st dose within 1 day; and completing 2nd dose on another day, with at least 4 weeks apart from 1st dose);
- 5) Assisting in the operation of the vaccination team during the vaccination activities; and
- 6) Providing locked cabinet(s) for temporary storage of clinical waste in case same day collection of clinical waste cannot be arranged.

Matching result: DH will announce the matching result in July 2026.

FEATURES OF “DOCTOR SUPPLY VACCINE MODE”

(Formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”)

Introduction: Upon self-selection of doctors, schools should discuss the arrangement of school outreach, including the type of vaccine.

- ✧ Private doctors will provide vaccines for outreach vaccination. The Government subsidy per each dose of SIV given to school children would be HKD\$260. Subsidy will be given to doctors directly.
- ✧ Some doctors may impose extra fee, while some doctors may not charge extra fee
- ✧ On the date of school outreach, doctors can provide their own vaccines for school staffs and students’ family members, on self-payment basis.

Selecting a doctor: School Self-selection of private doctors / medical organisations

- ✧ School Self-selection of Doctors
 1. Schools can choose a private doctor/ medical organisation from the list posted on the Centre for Health Protection website:
<https://www.chp.gov.hk/en/features/101413.html> .
 2. Schools with prior outreach vaccination activities may continue the partnership with the previous doctors/ medical organisations.

Vaccination Schedule: Schools need to decide the date for the 1st and 2nd dose with their collaborating doctors.

- ✧ The 1st dose should be administered **between late September and November 2026;**

- ✧ The 1st dose should be administered within one day;
- ✧ The 2nd dose should be completed in another day, with at least 4 weeks apart from 1st dose. To ensure adequate immunity against seasonal influenza, children under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV.

Type of Vaccine: Upon self-selection of doctors, schools should discuss the arrangement of school outreach, including the types of vaccine: Injectable Influenza Vaccines (IIV) and/or Live Attenuated Influenza Vaccines (LAIV). Schools are allowed to choose both IIV and LAIV for the same or different outreach vaccination activities (hybrid mode).

- ✧ For schools participating in *School Self-selection of Doctors*, they should discuss with service doctor and **mutually agree** on **the type of vaccine** being used, and inform the DH about the choice of the type of vaccine in **Supplementary Form**.
- ✧ If primary schools opt for LAIV, MMR vaccine under Hong Kong Childhood Immunisation Programme arranged by School Immunisation Teams should be administered at least 28 days apart. For Frequently Asked Questions about the type of seasonal influenza vaccines, please refer to the following website: <https://www.chp.gov.hk/en/features/100764.html>

Vaccine delivery: Delivered by the service doctors to schools.

School obligations: Schools should note that vaccination is a medical procedure. Schools and the doctor in-charge of the arrangement must give due consideration to safety and liability issues. Schools are reminded to stay clear of associating with any improper financial (or advantage) transactions with the doctor/ medical organisation and participants of the activity.

Schools need to:

- 1) Distributing and collecting consent forms;
- 2) Verifying the particulars of the students provided in the consent forms;
- 3) Arranging vaccination venue;
- 4) Preparing the flow for vaccination day(s) (complete the 1st dose within 1 day; and completing 2nd dose on another day, with at least 4 weeks apart from 1st dose);
- 5) Assisting in the operation of the vaccination team during the vaccination activities; and
- 6) Providing locked cabinet(s) for temporary storage of clinical waste in case same day collection of clinical waste cannot be arranged.

ELECTRONIC CONSENT FORM

To facilitate schools and doctors in collecting and processing student consent forms thus to arrange outreach activities as early as possible, the DH will implement the “Electronic Consent Form for SIVSOP” in the 2026/27 season.

Under this initiative, the DH will provide a QR code to all schools for distribution to parents. Parents/guardians could scan the QR code via eHealth app to submit SIVSOP e-consent for their children/wards. Schools need to open and maintain an account in the SIVSOP Student Information Platform (SIVSOPSIP). This platform allows schools to retrieve information of those e-consented student after the deadline for submitting e-consent.

Electronic consent by eHealth app

Both parents/guardians and their children/wards are required to possess an eHealth account in order to submit consent for SIVSOP via eHealth app by scanning the QR code. Only minimal information (e.g. class and class number) is required to fill in to submit e-consent, as other information such as personal particulars are already captured in the eHealth system. User manuals will be provided to schools (and parents) for easy reference.

Features of the QR code:

- ✧ **Unique to each school;**
- ✧ Specified to the **vaccine type** chosen by school (IIV, LAIV, hybrid);
- ✧ Specified to **one of the following deadlines subject to school’s choice** (QR code will become invalid after the deadline thus parents could not submit e-consent afterwards);
 - 30 Aug 2026
 - 6 Sept 2026
 - 13 Sept 2026 (default deadline)
 - 4 Oct 2026

SIVSOP Student Information Platform (SIVSOPSIP)

- ✧ This platform enables schools to download e-consented student list, information including the student's name, ID number, self-provided class and class number.
- ✧ Subject to the deadline chosen, after the deadline for submitting e-consent, schools can download the e-consented student list from the SIVSOPSIP.
- ✧ The platform also provides a function for organising and grouping the e-consented

students by class to facilitate handling students' information. If schools would like to use this function, a full student list of whole school (with information of class, class number and ID document number) would be required.

- ✧ Schools need to provide an email address to open and maintain an account for SIVSOPSIP, and to handle account related issues (e.g. change password). Schools will also receive the activation code and password by mail.
- ✧ Further details including user manual will be provided by DH to school for easy reference.

Workflow for e-consent

To utilize the e-consent function, schools please provide the **type of vaccine** and the **desired deadline** for e-consent in the **Reply Form**. Otherwise, the default deadline of **13 Sept 2026** will be used for schools. Failing to provide such information may hinder the schools utilizing this new function.

Schools can choose **one of the four deadlines** by considering the outreach schedule and the suggested workflow in the table below. Please be reminded that schools might still need to spare enough time to handle paper consent form (e.g. 4-5 weeks by past experience) after handling the e-consented students.

Suggested workflow for e-consent is tabulated below. Schools may also implement their own workflow if deemed appropriate (e.g. considering the administrative convenience, effectiveness, parents' will, etc).

Date	Event
Jun 2026	<ul style="list-style-type: none"> • Provide essential information in <u>reply form</u> for e-consent platform
Jun - Jul 2026	<ul style="list-style-type: none"> • To encourages parents and their children for eHealth registration. (Relevant materials will be provided by DH in due course)
Aug 2026	<ul style="list-style-type: none"> • DH to provide the QR code, information for school account, user manual and relevant materials during early to mid Aug. Online briefing sessions will be provided by DH. • Schools may begin distributing the following to all parents (time depends on school schedule): <ul style="list-style-type: none"> • QR codes

	<ul style="list-style-type: none"> • Information of outreach activity (e.g. date, vaccine type) • Promote electronic consent forms and remind parents to submit before the specified deadline
Late Aug onward	<ul style="list-style-type: none"> • Parents are allowed to submit e-consent via eHealth app in mid Aug (tentative date 17 Aug). <ul style="list-style-type: none"> • Subject to the deadline chosen, after the deadline for submitting e-consent, schools can download the e-consented student list from the SIVSOPSIP. • Schools can distribute the paper consent form to those students who did not have an e-consent record, then collect and handle the forms as usual. <p>Student List Compilation (Pre-Vaccination)</p> <ul style="list-style-type: none"> • Schools provide the "e-consented student list" and paper consent forms to the matched medical team (or assist in compiling the list). • The medical team compiles a list of students who have consented to vaccination (including electronic and paper consent forms) and submits it to the DH. • Subsequent procedures are the same as for the 2025/26 academic year

Further details will be discussed in the online briefing session for participating schools in August. Please also refer to the “School’s Guide for SIVSOP” (Website: <https://www.chp.gov.hk/en/features/100634.html>) (Will be updated in due coursew)

**Comparison between “Government Supply Vaccine Mode” and
“Doctor Supply Vaccine Mode”**

	Government Supply Vaccine Mode <i>(Formerly called the “SIV School Outreach (Free of Charge) Programme”)</i>	Doctor Supply Vaccine Mode <i>(Formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”)</i>
Eligible Schools	All SSs, PSs, KGs/CCCs (including special school)	
Vaccine available	IIV, LAIV or hybrid mode (by Gov)	IIV, LAIV or hybrid mode (by doctor)
Fee	Free	May impose extra service charge
Selecting a doctor by schools	<ul style="list-style-type: none"> DH-matching Self- selection of doctors (according to doctor list) 	<ul style="list-style-type: none"> Self- selection of doctors (according to doctor list)
Vaccination schedule (date, time)	<ul style="list-style-type: none"> Facilitated during DH matching or discuss with doctors 	<ul style="list-style-type: none"> Discuss with doctors
Vaccine recipients	<ul style="list-style-type: none"> School children (free) School staff and students’ family members (self-payment) 	<ul style="list-style-type: none"> School children (subsidised) School staff and students’ family members (self-payment)

Brief Timeline for Overall 2026/27 SIVSOP

Date	Event
May – Jun 2026	<ul style="list-style-type: none"> Invitation to Schools and Doctors/HMO for SIVSOP enrollment
	<ul style="list-style-type: none"> Stakeholder engagement (introduction for the coming season) with schools, SSBs, major school councils, PTAs, etc.
Jul 2026	<ul style="list-style-type: none"> Announcement of doctor matching result
	<ul style="list-style-type: none"> Follow up enrollment status of non-participating / non-responsive schools with EDB
Aug 2026	<ul style="list-style-type: none"> Online briefing sessions for participating schools (details of preparation work, on/after vaccination days, related guideline, e-consent)
	<ul style="list-style-type: none"> Upload the list of schools that do not participate in SIV school outreach activities to the CHP’s website
Late Sept – Nov 2026	<ul style="list-style-type: none"> Conducting SIV school outreach activity by schools
Apr – Jun 2027	<ul style="list-style-type: none"> Vaccination coverage survey for non-participating schools / schools that join other vaccination programme*
	<ul style="list-style-type: none"> Send out Certificate of Commendation for awardees in the “SIV School Outreach Commendation Scheme”

*e.g. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity which is not under DH by cooperating with doctors / medical organisation

School Name: _____ (School Code: **SIT/**_____)

School Address: _____

Vaccination arrangement by School Immunisation Teams in 2026/2027

Each year, School Immunisation Teams (SIT) visit Hong Kong Primary Schools for two immunisation campaigns, namely "Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccination Campaign" and " Human Papillomavirus (HPV) Vaccine / Mop-up for Hepatitis B Vaccine / Measles, Mumps, Rubella and Varicella Vaccination Campaign". Please reserve these dates for vaccination when preparing the school calendar.

	1 st Semester		2 nd Semester	
Vaccination campaign	Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine		Human Papillomavirus (HPV) Vaccine / Mop-up for Hepatitis B Vaccine / Measles, Mumps, Rubella and Varicella Vaccine	
Date of Visit	<u>DD,MM,YYYY AM</u>		<u>DD,MM,YYYY AM</u>	
Eligible students	Primary 1	Combined Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine (DTaP-IPV)	Primary 1 (if applicable)	Measles, Mumps, Rubella & Varicella (MMRV)
	Primary 6	Combined Diphtheria (reduced dose), Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine (dTAp-IPV)	P.5 and P.6 female students	Human Papillomavirus (HPV)
			Primary 6 (if applicable)	Measles, Mumps, Rubella & Varicella (MMRV) / Hepatitis B (HBV)
	Our staff would also check the immunisation records of the students for history of BCG vaccination. Students aged under 15 years without history of BCG vaccination would be referred to Chest Clinic of the Department of Health for management.			
Period for collecting consent / refusal forms	Consent forms may be obtained from any of the sub-offices commencing two months prior to our visiting date. Please note that the opening hours of each sub-office vary			
	<u>For enquiry, please contact us at 2615 8575 and state the school code.</u>			

Point to note for school:

1. Assign a responsible school personnel to coordinate the vaccination programme
2. Arrange staff to collect consent / refusal forms with reply slip
3. Upload student information (Important reminder: Students' personal data input on the "electronic Immunisation Record System")
4. Distribute the consent/refusal forms to the relevant parents/guardians
5. Collect all signed consent/refusal forms
6. Collect ALL ORIGINAL COPIES of students' immunisation records or immunisation records reissued by Maternal and Child Health Centres.

Since immunisation records are important documents, please ensure they are kept safe. Enclosed, please find the "Note for Responsible School Personnel"

Note for Responsible School Personnel

The School Immunisation Teams will visit your school as scheduled. Please arrange the following to facilitate the smooth running of the immunisation campaign at your school.

Before the Date of Immunisation

I. Arrange staff to collect consent /refusal form in one of SIT's sub-offices with reply slip

II. Use the electronic Immunisation Record System to input students' data

Before our school visits in both semesters (not less than 10 working days), please login the School Portal of Immunisation Record System (IRS) of Department of Health (<https://www.dhsisp.gov.hk/IRS/>) and upload the students' information, including English and Chinese names, gender, date of birth and the Hong Kong Identity Card (HKIC) / Hong Kong Birth Certificate (HKBC) / other identification document number. For technical support, please contact School Immunisation Teams, Department of Health at 2615 8563 or via e-mail to: sit@dh.gov.hk.

III. Before the date of immunisation, all immunisation records (original copies) or copies re-issued by Maternal and Child Health Centres (As immunisation records are important documents, please keep them properly) should be collected. The signed consent / refusal forms (please remind the parents to sign either one of them, but not both).

IV. Unless parents have signed refusal form, they should indicate the immunisation records availability on the consent form (please refer to the arrow shown in Picture A). If neither box is filled, please return the consent form to parents for updating and collect it again upon completion.

(Picture A) Consent Form of Combined Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine

【Consent Form】

Combined Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine (DTaP-IPV)

<p><input checked="" type="checkbox"/> I have read and understood the attached Information on DTaP-IPV.</p> <p><input checked="" type="checkbox"/> I agree to the student receiving the DTaP-IPV as arranged by the Department of Health.</p> <p><input checked="" type="checkbox"/> Please put a '✓' against the appropriate <input type="checkbox"/>.</p> <p><input type="checkbox"/> I submit immunisation records of the student for checking.</p> <p><input type="checkbox"/> I cannot submit any immunisation records of the student but still agree to the student receiving the vaccine.</p> <p>*I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes.</p> <p>Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p> <p>Signature of Parent/ Guardian : _____</p> <p>Name of Parent / Guardian : _____</p> <p>(Please complete in block letter)</p> <p>Date : ____ / ____ / ____ (DD/MM/YYYY)</p> <p><u>Please return this reply slip to school together with all the immunisation records (original copy) of the student.</u></p>	<p>Class : _____ Class no : _____</p> <p>School : _____</p> <p>Name of student : (Please complete the name as printed on Identity Card / Birth Certificate) (In English—Surname first, then Other Names)</p> <p>_____</p> <p>_____</p> <p>Surname (Chinese) _____ Other Name (Chinese) _____</p> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Type of document:</p> <p><input type="checkbox"/> Hong Kong Identity Card <input type="checkbox"/> HK Birth Certificate <input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Other identity document, please specify _____</p> <p>Document No. : _____</p> <p>Date of Birth : ____ / ____ / ____ (DD/MM/YYYY)</p> <p>Day-time contact phone no. of parent/ guardian: _____</p> <p>Home or other cell phone no: _____</p>
--	---

(Picture B) Consent Form of Human Papillomavirus Vaccine

《Consent Form》
Human Papillomavirus (HPV) Vaccine

(Please put a '✓' in the appropriate)

- I have read and understood the attached **Information on Human Papillomavirus (HPV) vaccine.**
- I **agree** to let the student to receive HPV vaccine offered by the Department of Health.

- I submit immunisation records of the student for checking.
- I **cannot submit** any immunisation records of the student but **still agree** to the student receiving the vaccine. (Please arrange reissue of immunisation record if lost.)

Class: _____ Class No.:

School: _____
 Name of student: _____
(Please complete the name as printed on Identity Card / Birth Certificate)
 In English – Surname first, then Other Names

Surname (Chinese) (if applicable) | Other Name (Chinese) (if applicable)

Gender: Male Female

(Picture C) Consent Form of Measles, Mumps, Rubella & Varicella Immunisation

【Consent Form】

(Please put a '✓' against the appropriate)

- I **agree** the student receiving MMRV/ MMR.
- I have read and understood the attached **Information on MMRV/MMR vaccine.**
- Student's **influenza** vaccination history **within the past 4 weeks:**
 - did not receive any influenza vaccine
 - received live attenuated influenza vaccine (nasal spray)
 - received inactivated influenza vaccine (injection)

Last influenza vaccination date: / /
(DD/MM/YYYY)

- Immunisation records of the student:
 - I submit immunisation records of the student for checking.
 - I **cannot submit** any immunisation records of the student but **still agree** to the student receiving the vaccine. (Please arrange reissue of immunisation record if lost.)

Please return this reply slip to the school together with all original copies of immunisation records (including influenza vaccine records).

Class: _____ Class no.:

School: _____
 Name of student : _____
(Please complete the name as printed on Identity Card / Birth Certificate)
 In English – Surname first, then Other Names

Surname (Chinese) | Other Name (Chinese)

V. Please arrange students to wear loose sleeve clothing (such as sportswear) to facilitate immunisation.

On the Day of Immunisation

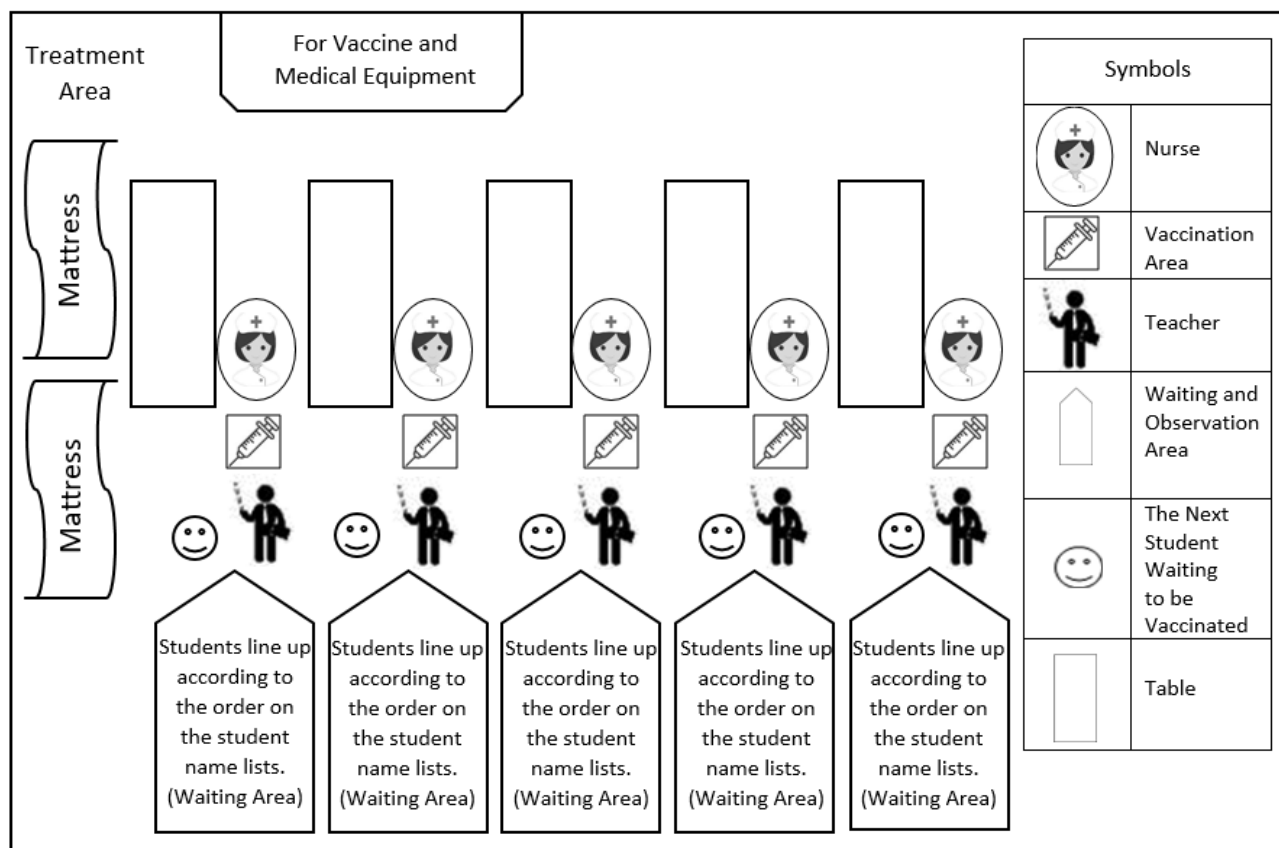
I. Preparation of documents

1. Please put the consent / refusal form of each student inside his / her immunisation record, and arrange all the students' documents according to the sequence in the student name list, then secure the documents of each class with rubber bands.
2. If students have the following conditions, please fill in "Appendix" and provide it to our staff **before immunisation:**
 - i. those who have parental consent for immunisation but withhold immunisation on the day of school visit because they are sick, absent or have changed to refusal
 - ii. twins
 - iii. repeaters

II. Preparation of venue

1. Please provide a spacious, well-ventilated and well-lit venue with adequate tables, chairs, dust bins and stationery, e.g., staplers, adhesive tapes, rubber bands (Regarding the venue setting, please refer to Picture B). Please also provide a stamp of school name to stamp on the referral letters.
2. Except for human papillomavirus (HPV) vaccine, School Immunisation Teams would bring required vaccines to school. Vaccine providers would deliver HPV vaccines to school on the day of immunisation. Staff of School Immunisation Teams would receive the delivery.
3. To comply with the environmental legislation, our staff will arrange the licensed contractor to collect clinical waste directly at the school after completion of immunisation. Our staff will stay behind until the collection procedure is completed.

(Picture C) Reference Floor Plan for School Vaccination



III. Immunisation arrangement for students

1. Staff of the School Immunisation Teams will check the immunisation records and consent forms of the students. After checking, please only bring eligible students to the immunisation venue according to the order on the student name lists. Students who do not need the vaccination should not be brought to the venue in order to avoid confusion.
2. Please arrange students to **bring along their identity documents such as student handbooks or student cards with photo** to the immunisation venue for identification.
3. Please arrange class teachers or staff who are familiar with the students at the immunisation venue to accompany and identify students
4. Please stay in the immunisation venue to facilitate smooth running of the process. Staff assistance is required for proper positioning of P.1 students during injection.
5. Please reserve enough time (depending on the class size, it may take around 30-45 minutes for each class) for staff to provide immunisation. If there is a large number of students, the duration of immunisation procedure may be extended to the afternoon if necessary.

After Immunisation

We have encountered students who experienced discomfort after immunisation. These included fainting and falls which required hospital treatment. In order to prevent such incidents, we would like to seek your assistance in arranging adequate staff to accompany the students, and to provide adequate space for students to sit down for our observation for 20 minutes before returning to their classrooms. Please also provide gymnasium mats in the venue for students who feel unwell to lie down.

Your kind assistance is much appreciated for the smooth running of the immunisation campaign. For enquiries, please contact our staff at 2615 8585. Please specify school code.

Important reminder: Students' personal data input on the "electronic Immunisation Record System"

To ensure the completeness and accuracy of students' immunisation records, the School Immunisation Teams have been relying on your school to provide accurate students' information for record.

The Hong Kong Government has launched the Electronic Health Record Sharing System (eHealth) since 2016 to provide members of the public with electronic accounts that can store personal health records (including immunisation records), with an aim to build up free and lifelong electronic health records for all members of the public, which is now commonly used by the public and parents.

To facilitate parents' access to their children's immunisation records in eHealth following the immunisation visit by SIT, please make sure that your school uploads the English name, Chinese name, gender, date of birth for each student, and most importantly, the accurate **identity document type and number** to allow the smooth transfer of immunisation records to the eHealth. **If the uploaded student information is incomplete or inaccurate, the scheduling of the date of school visit for immunisation could be affected.**

Thank you for your assistance.

Reply Slip - 1st Semester

Please assign a staff to bring the **completed reply slip** to any of the listed sub-offices to collect the required documents **two months before our visiting date**. Please note that the opening hours of each sub-office may **vary**. For enquiries, please contact our staff at 2615 8574 and state the school code.

School Name : _____ (Code : SIT/____)

School Tel. : _____ Fax No. : _____ E-mail _____

Date of Immunisation : DD,MM,YYYY AM (1st Semester Campaign)

Name of Responsible Staff (School Immunisation) : _____

Contact Tel. : _____

Please provide the **accurate** number of classes and students:

P.1 (Total no. of students) : _____ P.6 (Total no. of students) : _____

P.1 (No. of classes) : _____ P.6 (No. of classes) : _____

Please provide the **accurate** number of **female** students for HPV vaccination in the next semester (not vaccinate in this semester):

P.5 (Total no. of **female** students) : _____ P.6 (Total no. of **female** students) : _____

P.5 (No. of classes) : _____ P.6 (No. of classes) : _____

Hong Kong Region

School Immunisation Teams
Room 12, 5/F
Sai Ying Pun Jockey Club Polyclinic
134 Queen's Road West, Sai Ying Pun
Hong Kong
Tel : 2859 8236
Wed : 9:00am – 12:45pm
2:00pm – 5:15pm

Kowloon Region

School Immunisation Teams
Room 215, 2/F
Centre for Health Protection
147C Argyle Street
Kowloon
Tel : 2753 8095
Tue, Thur : 9:00am – 12:45pm
2:00pm – 5:15pm

New Territories East Region

School Immunisation Teams
Room 120, 1/F Lek Yuen Health Centre
9 Lek Yuen Street
Shatin, N.T.
Tel : 3583 2945
Tue : 9:00am – 12:45pm
2:00pm – 5:15pm

New Territories West Region

School Immunisation Teams
2/F, 115 Castle Peak Road, Tsuen Wan N.T.
Tel : 2615 8585 / 2615 8563
Mon : 9:00am – 12:45pm
2:00pm – 5:30pm
Tue to Fri : 9:00am – 12:45pm
2:00pm – 5:15pm

School Immunisation Teams
9/F North District Community Health
Centre Building, No.3 Wai Wo Street,
Sheung Shui
Tel : 2675 1682
Fri : 9:00am – 12:45pm
2:00pm – 5:15pm

School Immunisation Teams
Room 316, 3/F
Yuen Long District Office Building
269 Castle Peak Road, Yuen Long, N.T.
Tel : 2475 2630
Thur : 9:00am – 12:45pm
2:00pm – 5:15pm

Reply Slip – 2nd Semester

Please assign a staff to bring the **completed reply slip** to any of the listed sub-offices to collect the required documents **two months before our visiting date**. Please note that the opening hours of each sub-office may **vary**. For enquiries, please contact our staff at 2615 8574 and state the school code.

School Name : _____ (Code : SIT/_____)
 School Tel. : _____ Fax No. : _____ E-mail : _____
 Date of Immunisation : DD,MM,YYYY (2nd Semester Campaign)
 Name of Responsible Staff (School Immunisation) : _____
 Contact Tel. : _____

Please provide the accurate number of classes and students:

P.1 (total no. of students) :	P.6 (catch-up dose of MMRV) :
No. of P.1 classes :	P.6 (catch-up dose of mVV) :
P.5 (total no. of female students) :	P.6 (catch-up dose of HBV) :
No. of P.5 classes :	
P.6 (total no. of female students) :	
No. of P.6 classes :	

MMRV: Measles, Mumps, Rubella and Varicella Vaccine
 mVV: Varicella Vaccine
 HBV: Hepatitis B Vaccine

***Remark: Please refer to the list of students requiring catch-up vaccinations, as provided by the School Immunization Team during their school visit last semester*

Hong Kong Region	Kowloon Region	New Territories East Region	New Territories West Region
School Immunisation Teams Room 12, 5/F Sai Ying Pun Jockey Club Polyclinic 134 Queen's Road West, Sai Ying Pun Hong Kong Tel : 2859 8236 Wed : 9:00am – 12:45pm 2:00pm – 5:15pm	School Immunisation Teams Room 215, 2/F Centre for Health Protection 147C Argyle Street Kowloon Tel : 2753 8095 Tue, Thur : 9:00am – 12:45pm 2:00pm – 5:15pm	School Immunisation Teams Room 120, 1/F Lek Yuen Health Centre 9 Lek Yuen Street Shatin, N.T. Tel : 3583 2945 Tue : 9:00am – 12:45pm 2:00pm – 5:15pm School Immunisation Teams 9/F North District Community Health Centre Building, No.3 Wai Wo Street, Sheung Shui Tel : 2675 1682 Fri : 9:00am – 12:45pm 2:00pm – 5:15pm	School Immunisation Teams 2/F, 115 Castle Peak Road, Tsuen Wan N.T. Tel : 2615 8585 / 2615 8563 Mon : 9:00am – 12:45pm 2:00pm – 5:30pm Tue to Fri : 9:00am – 12:45pm 2:00pm – 5:15pm School Immunisation Teams Room 316, 3/F Yuen Long District Office Building 269 Castle Peak Road, Yuen Long, N.T. Tel : 2475 2630 Thur : 9:00am – 12:45pm 2:00pm – 5:15pm

註 : 請在適當的空格內加上「✓」號
Note : Please 「✓」 the appropriate boxes

Sample

REPLY FORM

2026/27 Seasonal Influenza Vaccination School Outreach Programme

(SIVSOP, applicable to All School) &

Hong Kong Childhood Immunisation Programme (HKCIP, applicable to Primary School)

Please kindly return this **Reply Form** to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: sivop@dh.gov.hk) on or before 30 June 2026.**

Put “√” into the appropriate box(es). *Delete if inappropriate.

PART I – School Information

School Level:

*KG/CCC / Primary School/ Secondary School

School Name:

6-digits School No.

School Address:

Region of the School:

*Hong Kong/ Kowloon/
New Territories East/ New Territories West

Total number of students:

Contact number:

Email address:

Fax number:

PART II – Arrangement of SIVSOP (applicable to All School) & HKCIP (applicable to Primary School)

1. Arrangement of HKCIP (applicable to Primary Schools)

I have read **Annex II** and **AGREE** to join HKCIP

2. Please indicate which mode of SIV School Outreach Programme your school will arrange. (applicable to All School)

2026/27 SIVSOP “GOVERNMENT SUPPLY VACCINE MODE” (Formerly called the “SIV School Outreach (Free of Charge) Programme”) (Please refer to **Annex I**, and proceed to **PART III to VIII**)

2026/27 SIVSOP “DOCTOR SUPPLY VACCINE MODE” (Formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”) (Please refer to **Annex I**, and proceed to **PART IV to VIII, and complete the SUPPLEMENTARY FORM**)

Adopt other outreach mode to provide SIV (i.e. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity not under DH by cooperating with doctors / medical organisations) (Please provide details of activity, and proceed to **PART VII to VIII**)

Details of outreach / vaccination programme: _____

Healthcare facilities/doctors providing service: _____

Outreach date: _____

Not joining any of the above programmes (*Please provide the reason(s), read the following details and proceed to **PART VII to VIII***)

- The DH will continue to upload “List of schools/child care centres not arranging SIV school outreach” on the Centre for Health Protection for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.
- Schools are required to issue a parent letter to appeal parents for the self-arrangement of SIV for their children. Nevertheless, issuing the parent letter cannot replace conducting the school outreach activity.
- Schools are required to complete a survey on collecting their students’ vaccination rate near the end of the season.

Reason(s) of not participating in SIVSOP (*can select more than 1 options*):

- Insufficient resources (e.g. manpower, venue) to support the vaccination outreach activities
- Tight term schedule and is unable to arrange vaccination outreach activities
- Will encourage parents to arrange students to receive SIV in private doctors’ clinic
- Already arranged all students to receive SIV, mode of arrangement: _____
- Others: _____

PART III – Selecting a Doctor

3. Please confirm the mode to select a doctor under the “GOVERNMENT SUPPLY VACCINE MODE”

- School Self-selection of Doctors (Please **also** fill in the **SUPPLEMENTARY FORM**)
- DH-matching of doctors

PART IV – Type of Vaccine

4. Please indicate your preferred type of vaccine to be used in the vaccination outreach service

- Injectable vaccine (Inactivated influenza vaccines IIV)
- Nasal vaccine (Live-attenuated influenza vaccine LAIV)
- Hybrid mode (to choose both IIV and LAIV for the same or different outreach vaccination activities)

PART V – Outreach Schedule Arrangement (*The 1st dose should be given between late Sept and Nov 2026*)

5. Please choose one of the following choices :

- To opt for “School Self-selection of Doctors”, with the outreach date on: _____
- To opt for “DH-matching of Doctors”, the following 3 available dates are provided for DH to facilitate matching

(1) _____ (2) _____ (3) _____

If primary schools opt for LAIV, MMR vaccine under HKCIP arranged by School Immunisation Teams should be administered at least 28 days apart. For details, please refer to the thematic webpage at: <https://www.chp.gov.hk/en/features/100764.html>

PART VI – Electronic Consent and Paper Consent Form Arrangement

6. Please provide the email address for creation of school account for the SIVSOP Student Information Platform (SIVSOPSIP, please refer to Annex I):

Default same as stated in PART I

Email address if different from PART I: _____

7. Please choose one of the following deadlines for your school specific QR code (QR code will become invalid after the deadline thus parents could not submit e-consent afterwards):

- 30 Aug 2026
- 6 Sept 2026
- 13 Sept 2026 (default deadline)
- 4 Oct 2026

8. Please select the preferred language of paper consent form to receive:

- Chinese
- English

PART VII – Collection of information – Statement of Purpose

The information furnished in this form will be used by the Government to process your application and for implementing and monitoring of the School Vaccination Programmes. The information are mainly for use within the Government for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law. The information may also be disclosed by the Government to other organisations and third parties for the purposes mentioned above, if required.

PART VIII – Declaration

I declare that the information contained in the Reply Form to the Department of health is true and accurate.

Signature of School Representative:	_____	School chop:
Name of School Representative:	_____	
Post of School Representative	_____	
Contact number:	_____	
Date:	_____	

SUPPLEMENTARY FORM

Seasonal Influenza Vaccination (SIV) School Outreach Programme in 2026/27

Information of the Selected Service Doctors / Medical Organisations

Please kindly return this **Supplementary Form** to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: sivop@dh.gov.hk) on or before 30 June 2026.**

School Level: _____ *KG/CCC / Primary School/ Secondary School

Name of School: _____

PART I – To be Filled by School

1. Our school **AGREE** to participate in SIVSOP in 2026/27 school year, and we have contacted the following doctor and the corresponding medical organisation for provision of vaccination outreach services.

Name of Doctor: _____

Name of Medical Organisation: _____

2. Our school and the service doctor agree to use the following type of vaccine:

Injectable vaccine (Inactivated influenza vaccines IIV)

Nasal vaccine (Live-attenuated influenza vaccine LAIV)

Hybrid mode (to choose both IIV and LAIV for the same or different outreach vaccination activities)

3. Will the medical organization charge an extra fee on the SIV?

Yes, each dose of IIV for \$ _____ each dose of LAIV for \$ _____

No

PART II – To be Filled by the Service Doctor

I / my affiliated medical organisation **AGREE** to provide outreach vaccination services to the above school under School Self-selection of Doctors

Signature of Enrolled Doctor: _____

Contact Person: _____

Rank of Contact Person: _____

Contact number of Doctor /

Medical Organisation: _____

Clinic / Medical
Organisation Chop:

To be submitted by school representative after completing Part I and Part II

Signature of School Representative: _____

Name of School Representative: _____

Rank of School Representative: _____

Contact number: _____

Date: _____

School Chop: