Doctors’ Guide
for the Coronavirus Disease 2019 (COVID-19)
Vaccination Programme at the Residential Care
Homes under the Residential Care Home
Vaccination Programme (RVP)

Produced and Published by
Programme Management and Vaccination Division
Centre for Health Protection
Department of Health
The Government of Hong Kong Special Administrative Region

September 2022

Always make sure that you have the latest version by checking the
designated COVID-19 vaccine website

Version 15

Date of Revision
23 September 2022
Disclaimer

This Doctors’ Guide provides guidance for Coronavirus Disease 2019 (COVID-19) Vaccination Programme at Residential Care Homes (RCHs) under the Residential Care Home Vaccination Programme (RVP). We welcome doctors’ questions, comments or feedback on this Guide so that we can improve on it. The contents of the Guide will be updated on the designated COVID-19 vaccine website https://www.covidvaccine.gov.hk/en/

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1. Introduction

1.1 To protect members of public against COVID-19, a territory-wide COVID-19 Vaccination Programme is implemented by the Government to provide COVID-19 vaccination free of charge and on a voluntary basis to all Hong Kong residents.

1.2 This Doctors’ Guide provides guidance for COVID-19 vaccination at residential care home setting. Always make sure that you have the latest version by checking the designated website https://www.covidvaccine.gov.hk/en/.

1.3 The Residential Care Home Vaccination Programme (RVP), administered by the Department of Health (DH), is a programme that provides free COVID-19 vaccination for eligible persons at Residential Care Homes (RCHs). The eligibility of the vaccination recipients shall be determined by the Government, and is being updated from time to time. Enrolled doctors, i.e. Visiting Medical Officers (VMOs), would administer vaccinations to the eligible persons. The Government would reimburse injection fees to VMOs for each dose of vaccination administered to eligible persons.

1.4 For residents/staff who wish to receive vaccination, they can choose to receive either CoronaVac via RVP or BioNTech via outreach team from Hospital Authority (HA) in RCH setting. They can also arrange their own appointments to receive COVID-19 vaccine in Community Vaccination Centres, private hospitals or clinics etc.

1.5 Resources

(a) Designated website: https://www.covidvaccine.gov.hk/zh-HK/
(b) Agreement: https://www.covidvaccine.gov.hk/en/professional
(d) User Manual of eHealth System (Subsidies) [eHS(S)] for COVID-19 Vaccination: https://www.ehealth.gov.hk/en/covidvaccine/ehs.html
(e) The link to login the eHS(S) to record the COVID-19 vaccination: https://apps.hcv.gov.hk/HCSP/login.aspx?lang=en
2. Vaccine covered, eligible groups and reimbursement level

2.1 Vaccine covered

2.1.1 COVID-19 vaccines would be provided and delivered to RCHs by the Government. Type of COVID-19 vaccine to be used for the COVID-19 Vaccination Programme under the RVP is introduced in clause 2.1.3.

2.1.2 The COVID-19 vaccine is authorized for use under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for the specific purpose of preventing COVID-19 infection. The COVID-19 vaccine has not been registered in Hong Kong under the Pharmacy and Poisons Ordinance (Cap. 138).

2.1.3 The COVID-19 Vaccine (Vero cell), Inactivated; is developed by Sinovac Biotech (Brand name: CoronaVac). The fact sheet is attached in Annex I. As the fact sheet might be updated from time to time as necessary, please visit the below link for the latest information:


(a) Dosage and interval

- CoronaVac is available in single-dose (0.5mL) vial.
- Please refer to the following infographic (https://www.covidvaccine.gov.hk/pdf/rch_sinovac_ENG.pdf) for the latest arrangements on COVID-19 vaccination for adult residents of residential care homes. Please note that these do not apply to staff nor residents under 18 years of age, who should follow the arrangements for vaccination of the general public.
• Please refer to section 6.11 for the vaccination arrangement for the third and fourth dose.

(b) Route of administration

• The vaccine is administered intramuscularly in the deltoid muscle of upper arm, preferably on non-dominant arm, after withdrawal from the vial.
(c) Contraindications

i) People with history of allergic reaction to CoronaVac, or other inactivated vaccine, or any component of CoronaVac (active, inactive ingredients, or any material used in manufacturing process) (Please refer to the component as listed in the package insert (Annex II)).

ii) People with previous severe allergic reactions to vaccine (e.g. acute anaphylaxis, angioedema, dyspnea, etc.).

iii) People with severe neurological conditions (e.g. transverse myelitis, Guillain-Barré syndrome, demyelinating diseases, etc.).

iv) Patients with uncontrolled severe chronic diseases.

(d) Precautions

i) Due to the insufficient data of persistence of protection induced by this vaccine, necessary protective measures should be taken in line with prevention and control of the COVID-19 epidemic.

ii) This vaccine is strictly prohibited for intravenous injection. There is no safety and efficacy data of subcutaneous or intradermal injection.

iii) Treatment for emergency, e.g. epinephrine injection, should be available for use when required. Individuals should be observed for at least 15 minutes on site after vaccination.

iv) Vaccine should be used with caution in patients with acute diseases, acute exacerbation of chronic diseases, severe chronic diseases, atopy and fever. If necessary, delay vaccination after doctor’s evaluation.

v) Vaccine should be used with caution in patients with diabetes or history of convulsions, epilepsy, encephalopathy or mental illness, or family history of those diseases.

vi) Intramuscular injection of this vaccine may cause bleeding, it should
be used with caution in patients with thrombocytopenia or haemorrhagic diseases.

vii) The safety and efficacy data of this vaccine on people with impaired immune function (such as malignant tumour, nephrotic syndrome, AIDS patients) have not been obtained, and vaccination should be based on individual considerations.

viii) The injection of human immunoglobulin should be given at least one month before or after the vaccination to avoid affecting the immune effect.

ix) No clinical study has been carried out on the evaluation of immunogenicity when the vaccine product is given before, after or at the same time as other vaccines. Professionals should be consulted when concomitant use.

x) Do not use the vaccine product again if there was any adverse reaction of nervous system after vaccination.

xi) Like other vaccines, the protective effect may not reach 100% for all recipients.

xii) Women of childbearing age: the data collected of women with unexpected pregnancy after vaccination from clinical trials are very limited, which is insufficient to decide the risk of adverse pregnancy outcomes after vaccination.

xiii) Pregnant or lactating women: the clinical data of pregnant and lactating women are not available at present.

xiv) People aged 60 and above: The benefit of using CoronaVac generally exceeds the risk of not using any vaccines in persons aged 60 and above. Phase I and II data on individuals aged 60 and above showed that the vaccine is safe and immunogenic. There is limited phase III efficacy data for individuals aged 60 and above because of small sample size.
xv) Concomitant use with other drugs: immunosuppressive drugs, such as chemotherapy drugs, antimetabolic drugs, alkylating agents, cytotoxic drugs, corticosteroid drugs, etc., may reduce the immune response to this vaccine.

xvi) Patients undergoing treatment could consult medical professional before use of CoronaVac to avoid possible drug interactions.

(e) To expedite the availability of CoronaVac to Hong Kong, some of the textual information (including but not limited to English name; dosing interval and expiry date of year 2024) in the sales pack/label and the drug insert of the initial shipment of CoronaVac are different from the version provided by the vaccine supplier upon its authorization for emergency use under Cap 599K. In particular, the expiry date of the vaccine is in the year of 2022 instead of 2024. Nevertheless, all the information provided in the information factsheet of CoronaVac are matched with the authorized one. As there might be a chance of the product information updated from time to time, please visit the below link for latest information: https://www.fhb.gov.hk/download/our_work/health/201200/e_evaluation_report_CoronaVac.pdf. The following lot no. and expiry date of the CoronaVac would be printed on the delivery note provided by the distributor:

<table>
<thead>
<tr>
<th>Lot no.</th>
<th>Expiry date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2021010022</td>
<td>13.01.2022</td>
</tr>
<tr>
<td>A2021010034</td>
<td>19.01.2022</td>
</tr>
<tr>
<td>A2021010037</td>
<td>21.01.2022</td>
</tr>
</tbody>
</table>

2.1.4 The Scientific Committee on Emerging and Zoonotic Disease and Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health, joined by the Chief Executive’s expert advisory panel (JAC-EAP) jointly provides recommendations on the use of COVID-19 vaccines in Hong Kong VMOs should always refer to latest recommendations of the COVID-19 vaccines at https://www.chp.gov.hk/en/static/24008.html. Some key recommendations on COVID-19 vaccination regime are highlighted below:
(a) Individuals (except for persons recovered from COVID-19 infection, please refer to section 6.6) are advised to complete first and second doses of the series with the same product when possible.

(b) In exceptional situations where the vaccine recipient is unable to complete the series with the same type of vaccine (e.g. due to anaphylaxis after the first dose, or if the vaccine is no longer available / accessible), vaccination with another COVID-19 vaccine may be considered, on a case-by-case basis.

(c) VMOs may exercise clinical judgement and provide a different brand of COVID-19 vaccine to vaccine recipients if deemed clinically appropriate. Clients attending Community Vaccination Centres would be required to present a doctor’s letter from his/ her attending doctor/ family doctor stating the medical reason for recommending a different brand of COVID-19 vaccine.

(d) CoronaVac is indicated for susceptible persons aged three years and above. Starting from 21 January 2022, eligible age group to receive the CoronaVac vaccine would be lowered to children of 5 years old. Please see section 6.10.

(e) For those who have previous COVID-19 infection, unvaccinated adult residents can receive the first dose of Coronavac vaccine 28 days after recovery and the second dose of Coronavac vaccine at least 30 days after the first dose. Adult residents previously vaccinated with 1 dose of Coronavac vaccine can receive another dose of Coronavac vaccine at least 28 days after recovery, and then another dose at 90 days after. Residents previously vaccinated with 2 doses of Coronavac vaccine can receive one additional dose of vaccine at least 28 days after recovery. Residents previously vaccinated with three or more doses of Coronavac vaccine do not need further doses. (Please refer to section 6.6 for the vaccination arrangement).

(f) It is reiterated that elderly is the group with the highest risk of complication and health that any elderlies who have received influenza vaccines before can safely receive COVID-19 vaccines. For the frailest elderly, the benefit versus risk may have to be carefully weighed.

2.1.5 The Department of Health has published an Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings (https://www.covidvaccine.gov.hk/pdf/Guidance_Notes.pdf). VMOs could refer to the interim guidance notes in making clinical judgement on the suitability for COVID-19 vaccination. The interim guidance notes is a
living document which will be updated from time to time.

(i) Subject to clinical judgement, patients with (a) severe chronic
disease not under satisfactory control, especially those with
symptoms, (b) acute/ unstable disease requiring treatment/ medical
attention, and (c) undergoing treatment adjustment to better control
the disease would generally have to defer vaccination. This applies
to, for example, diabetes mellitus (control reflected by clinical and
relevant blood monitoring) and hypertension (control reflected by
repeated blood pressure monitoring, evidence of end organ damage
etc.). Achieving better/ stable control of the disease(s) with
appropriate therapy is recommended before considering vaccination.
Evidence of clinical disease should be taken into account for
assessment when dyslipidaemia alone is encountered.
Notwithstanding individual assessment, patients with recent acute
myocardial infarction can receive COVID-19 vaccination after one
month if they are stable after the acute illnesses, or as soon as they
are stabilized at a later time. Patients with recent stroke should defer
vaccination for generally 1 month with good recovery and stable
control.

(ii) When patients’ chronic diseases are in better control, the suitability
for COVID-19 vaccination should be revisited and, where
appropriate, patients should be advised for vaccination for personal
protection.

2.2 Eligible persons

2.2.1. The eligibility of the vaccination recipients shall be determined by the
Government, and is being updated from time to time. The following groups
are eligible to receive free COVID-19 vaccination under this programme:

(a) Residents and staff of Residential Care Homes for the Elderly
(RCHEs), Residential Care Homes for Persons with Disabilities
(RCHDs), nursing homes and users of day care units attached to
the Residential Care Homes
(b) All children aged 6 months to under 12 years and staff of
Residential Child Care Centres (RCCC)
(c) a Person with Intellectual Disability (PID) studying in a school
for children with intellectual disability, a school for children with physical disability, a school for children with visual impairment or a school for children with hearing impairment, as listed in the list of aided special schools published in the website of the Education Bureau with the link as follows (https://www.edb.gov.hk/tc/edu-system/special/support-subsidy/special-school/index.html); and
(d) a PID receiving services in a subvented Day Activity Centre, subvented Sheltered Workshop, a subvented Integration Vocational Rehabilitation Services Centre, a subvented Integration Vocational Training Centre, a subvented District Support Centre, as listed in following website (https://www.chp.gov.hk/en/features/41360.html)

The above-mentioned institutions listed in (c) and (d) above are collectively referred to as “Designated Institutions (DIs) serving the PIDs”

2.3 Reimbursement level

2.3.1 The Government will reimburse HK$130 per dose of COVID-19 vaccine given to an Eligible Person under the RVP, regardless of dose sequence of COVID-19 Vaccination. No extra payment shall be payable just for the 2nd dose. An extra Vaccination Fee of HK$50 per dose shall be paid for COVID-19 vaccination to an elderly who has reached or will reach the age of 60 years or above in the calendar year when the vaccination is administered, regardless of dose sequence.

2.3.2 No extra charge of any service fees is allowed. The VMOs and the Associated Organization should not require the recipient to pay any service fee for the vaccination under the COVID-19 Vaccination Programme.

2.3.3 On 25 Oct 2021, the Government announced the payment of an additional allowance of HK$800 per hour and HK$400 for every complete half hour of dedicated one-on-one consultation or health talk at an RCH or a Designated Institution serving the PIDs before the vaccination. The maximum reimbursement allowance to be claimed is determined by the number of residents in the RCH.
<table>
<thead>
<tr>
<th>Number of residents in the RCH</th>
<th>Maximum total hours to be claimed</th>
<th>Maximum allowance* (HK$800/hr, or HK$400/half-an-hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 or below</td>
<td>4 hours</td>
<td>HK$ 3,200</td>
</tr>
<tr>
<td>51-100</td>
<td>8 hours</td>
<td>HK$ 6,400</td>
</tr>
<tr>
<td>101-150</td>
<td>12 hours</td>
<td>HK$ 9,600</td>
</tr>
<tr>
<td>151-200</td>
<td>16 hours</td>
<td>HK$ 12,800</td>
</tr>
<tr>
<td>201-300</td>
<td>20 hours</td>
<td>HK$ 16,000</td>
</tr>
<tr>
<td>301 or above</td>
<td>28 hours</td>
<td>HK$ 22,400</td>
</tr>
</tbody>
</table>

VMO should submit the claim form (Annex XIII) to the Department of Health within two weeks.

3. Responsibilities of VMOs

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, VMOs should give due consideration to safety and liability issues when providing vaccination service in RCH setting. The following notes aim to highlight areas that VMOs should note when providing vaccination services.

3.1. Requirement for doctors

3.1.1. VMOs should comply with all the requirements mentioned in this Doctors’ Guide including:
(a) Vaccine ordering, delivery and storage (Section 4)
(b) Infection control practice, hand hygiene and sharps handling (Section 5)
(c) Workflow for COVID-19 vaccination in RCH setting (Section 6)
(d) Clinical waste management (Section 7)
(e) Reporting of adverse event following immunisation (Section 8)
(f) Management of clinical incident (Section 9)

3.1.2 Staff of Programme Management and Vaccination Division (PMVD) may conduct random on-site quality assurance activities without prior notice. Please see Annex III for a checklist of items during onsite inspection.

3.1.3 VMOs are required to complete Part I of the online training for the COVID-19 Vaccination Programme offered by the Hong Kong Academy of Medicine before providing vaccination service. Relevant qualified/trained health care personnel who may accompany the VMO in a visit to an RCH are also encouraged to complete the online training before performing vaccination duties. Please find details in the website https://elearn.hkam.org.hk/en. Upon completion of Part I of the online training, an electronic certificate will be issued and should be kept for checking by PMVD on request.

3.1.4 From 4 March 2022, the health team administering Sinovac (CoronaVac) vaccination at RCHs can be comprised of at least one Registered Nurse with emergency training, such as basic life support, who is supported by an adequate number of trained personnel for vaccination, on condition that the pre-vaccination assessment had been duly completed in advance by VMO and the VMO is readily accessible in case of queries from the vaccination team on pre-vaccination assessment.
3.2. Administrative Procedures

3.2.1. As the computer system for capturing vaccination record, the eHealth System (Subsidies) (eHS(S)), forms an integrated part of the RVP programme, VMOs are advised to familiarise themselves with the eHS(S). For details on using the eHS(S), please refer to the User Manual of using eHS(S) on COVID-19 Vaccination Programme (https://www.ehealth.gov.hk/en/covidvaccine/ehs.html). For quick guide of using eHS(S) for COVID-19 Vaccination Programme in RCHs, please refer to: https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-residential-care-home.pdf.

3.2.2. The Smart ID Card Reader should be used as far as practicable to uphold the accuracy of the vaccine recipients’ personal particulars captured by the eHS(S). Please note that VMOs should download and install the Smart ID Card Reader Software provided by eHS(S) as shown below (Figure 1) before using the Smart ID Card Readers at RCHs.

Figure 1 - Guidelines for Smart HKID Card Reader Setup
Then, this popup page will show for doctors to download the guide and software:

Guide to install new software for reading Smart ID Card

Steps:
1. Please click the link to download the installation guide and software. Please follow the guide to install.
2. After installation, please login the eHealth System (Subsidies) again to run the new software.
3.3. Medical consumables and equipment

3.3.1 The VMOs should ensure all medical consumables and equipment are sufficient and emergency drugs are registered in Hong Kong and not expired.

3.3.2 VMOs should ensure the following medical consumables and equipment required for COVID-19 vaccination are available at RCH on vaccination day:
   (i) 70%-80% alcohol-based hand rub;
   (ii) Kidney dishes/ containers;
   (iii) Alcohol preps/ alcohol swab for skin disinfection before vaccination;
   (iv) Dry sterile gauze/ cotton wool balls for post-injection compression to injection site;
   (v) Sharps boxes.

3.3.3 VMOs should prepare emergency equipment and medication that must be ready in vaccination venue, including:
   (i) Bag valve mask set (with appropriate mask size);
   (ii) Adrenaline auto-injector or 1:1000 adrenaline ampoule for IM injection with 1mL syringes (at least three) and 25-32mm length needles (at least three), should be immediately available for managing anaphylaxis (to be supplied by DH);*
   (iii) Blood pressure monitor (with appropriate cuff size);
   (iv) Protocol for emergency management.

3.3.4 VMO should liaise with RCH ahead of time to ensure the following IT equipment are ready for use on vaccination day:
   (i) Smart HKID Card Reader;
   (ii) Computer installed with the Smart ID Card Reader Software and access to eHS(S), and the latest version of Internet Explorer for the respective Windows operating system (Internet Explorer 11 in Microsoft Windows 8.1 or later versions)
*In general, VMOs also need to enable the following software items in the browser:
   - Javascript
   - Cookies
   - TLS
   (iii) Internet connection;
   (iv) Printer
Adrenaline, if needed, can be given in form of adrenaline autoinjector 300 microgram IMI or with reference to the body weight (according to the drug insert, Jext (300microgram) per dose is for adults and children over 30kg). If body weight is not available; dosage of adrenaline can be adjusted according to age.
4. Vaccine ordering, delivery and storage

4.1 Vaccine ordering and delivery

4.1.1. VMOs are responsible for ordering the vaccines with DH for delivery to RCH. VMOs should ensure sufficient vaccines for consented persons and the vaccines ordered are properly stored at RCH.

4.1.2. VMO should liaise with RCH to confirm the following before placing vaccine order:

(i) Vaccination date for the 1st, 2nd, 3rd and 4th dose
(ii) Number of vaccines required
*Please note each pack of CoronaVac contains 40 vials of vaccines. To minimize the wastage, CoronaVac is also repackaged into 5's pack by the distributor. Please arrange multiples of 5 people to get vaccinated each time as far as possible. Any remaining vaccines are advised to be kept and stored at refrigerator with temperature (2 °C to 8 °C) for the 2nd dose, given 28 days after the first dose.
(iii) Adequate storage capacity including but not limited to adequate storage space and refrigerators with temperature (2 °C to 8 °C) and cold chain maintained
(iv) Vaccine delivery arrangement (i.e. delivery date, time and designated RCH staff to receive vaccines)

4.1.3. VMOs would order vaccine using the web-based ordering system at least 5 calendar days before the vaccination day. Upon confirmation of vaccine order by the RCH, an acknowledgment email would be sent to the VMO and RCH to inform them about the confirmation.

4.1.4. Vaccines, adrenaline and syringes would be delivered to the RCH and should be received by the designated staff of RCHs.

4.2 Vaccine storage and cold chain management

4.2.1. Purpose-built vaccine refrigerators (PBVR) are the preferred means of storage for vaccines.

4.2.2. Domestic frost-free refrigerators (with or without freezer compartment) can be used if PBVR is not available with the following precautions being made:
(a) Use only the refrigerator compartment for storing vaccines if a domestic combination refrigerator/freezer unit is used.
(b) Modify and stabilize the refrigerator temperature before stocking with vaccine.
(c) Do not store vaccines directly under cooling vents, in drawers, on the floor or door shelves of the refrigerator. The instability of temperatures and air flow in these areas may expose vaccines to inappropriate storage temperatures.
(d) Fill the empty shelves, floor, drawers and the door with plastic bottles or other containers filled with water to maintain temperature stability. Leave a small space between the bottles/containers.
(e) Ensure doors of the refrigerator are closed properly.
(f) The temperature of the vaccine fridge should be monitored by a data logger or maximum-minimum thermometer. The temperatures (min/max if applicable) of the refrigerator would be checked manually 3 times daily each day, probably in the morning, at noon and in the afternoon, and record in the “Daily Fridge Temperature Chart” (Annex IV).

4.2.3. VMOs should follow the requirements and recommendations mentioned in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation. Revised Edition 2019 (https://www.fhb.gov.hk/pho/rfs/tc_chi/pdf_viewer.html?file=download85&title=string105&titletext=string84&htmltext=string84&resources=03_Module_on_Immunisation_Children_chapter3).

4.2.4. The cold chain temperature range during storage should be +2°C to +8°C and it is a good practice to aim for +5°C, the midpoint of +2°C to +8°C.

4.2.5. The manufacturers’ recommendation on storage temperature of the vaccine, referencing to the package insert should be strictly followed.

4.2.6. Good air circulation around the refrigerator is essential for proper cooling functions. The refrigerator should be placed away from heat sources and according to the manufacturer’s user guide allowing sufficient ventilation around the refrigerator. Do not block the ventilation grid.
4.2.7. The refrigerator door should be opened as little as possible and closed as quickly as possible in order to maintain a constant temperature and prevent unnecessary temperature fluctuation. It is desirable to store the vaccines in their original packaging. Allow sufficient space between stocks for good air circulation.

4.2.8. When the temperature of the refrigerator is found to be out of the +2°C to +8°C range, the vaccines that are suspected to have been exposed to temperatures outside the recommended range should remain properly stored in the refrigerator, quarantine them and mark “DO NOT USE” to avoid accidental administration of the possibly compromised vaccines.

4.2.9. In case of temperature excursion (i.e. if the vaccines have been exposed to temperature outside the recommended range), check whether the in-charge of RCH has informed and consulted the PMVD immediately and not later than one working day. The affected vaccines should not be administered until notice from PMVD that advice from vaccine manufacturer confirms the stability and effectiveness of the affected vaccines.

4.3 Management of surplus/ expired vaccines

4.3.1 The vaccines are Government Property and are provided to the doctors solely for the purpose of providing vaccination to eligible recipients. Unused/surplus vaccines should be properly stored in the vaccine-storing refrigerator in the RCH. RCH must return all unused/surplus vaccines at the end of the programme.

4.3.2 VMOs may be liable to costs related to broken or missing vaccines and the Government reserves the right to demand VMOs for payment due to vaccine breakage or missing vaccines.

4.3.3 Regarding the expired vaccines, please note that the expired vaccines should be removed from the refrigerator and labelled "DO NOT USE". The RCH should consider keeping the expired vaccines in a lockable cabinet and wait for the collection by the PMVD at a later time.

4.4 Broken vaccines

4.4.1 If vaccines are found to be broken upon unwrapping or by RCH staff or VMO, take photos of all the broken vaccines and document the lot number and
quantity and inform the PMVD as soon as possible and within one working
day. Broken vaccines should be discarded into sharps boxes immediately and
disposed of as clinical waste.

4.4.2. Broken vaccines should never be administered.

4.5 Defective vaccines
4.5.1 If vaccine is found to be defective, take photos of the defective vaccine and
document the lot number, quantity, and reason of these defective vaccines (e.g.
drug label misprinting, presence of foreign particles).

4.5.2 The defective vaccines should be removed from the refrigerator and mark
“DO NOT USE” on the outer wrapper of these vaccines. The RCH should
keep the defective vaccines in a lockable cabinet.

4.6 Reporting of defective / voided vaccines
4.6.1 The information of defective / voided vaccine should be recorded and
provided to PMVD (phone number 2125 2125 during office hour) within one
day after the vaccination activity.

4.6.2 Defective or broken vaccines should never be administered.
5. Infection control practice

5.1 Infection Control Practice in RCH setting


5.1.2 VMO and RCH staff are advised to follow the PPE recommendation under Serious Response Level. Please refer to the Recommended Personal Protective Equipment (PPE) in hospitals/clinics under Serious/Emergency Response Level Coronavirus disease (COVID-19) (Interim) at CHP website (https://www.chp.gov.hk/files/pdf/recommended_ppe_for_nid_eng.pdf).


5.1.4 Surgical masks should be worn at all times during the vaccination activity, and appropriate distancing (i.e. at least 1 metre when surgical masks are worn) shall be kept. In exceptional cases where mask cannot be worn, the participants should be attended separately and kept social distancing of at least 1.5 metres.

5.1.5 Where needed, eye protection (e.g. goggle, face shield) should be used when approaching client who have not worn mask properly within the distance of 1 metre. Eye protection (full face shield or goggles or eye-visors) should be worn at all times during vaccination activity under Serious/Emergency Response Level.
5.1.6 Wear gloves if in contact with blood, body fluids, secretions, excretions, mucous membrane and non-intact skin, or items that are contaminated by these materials.

5.1.7 If gloves have been worn, it should be removed immediately after use for each client, followed by proper hand hygiene.

5.1.8 Gloves should be discarded immediately after removal. Gloves should not be washed, decontaminated, or reprocessed for any reuse purpose. Disinfection of gloved hands with alcohol-based handrub is not recommended. The use of gloves does not replace the need for hand hygiene.

5.1.9 Cardiopulmonary resuscitation (CPR) is an aerosol-generating procedures with documented increased in risk of respiratory infection transmission, the recommend PPE for CPR included N95 respiratory, eye protection, gown, gloves and cap (optional). (Please refer to the CHP website for details https://www.chp.gov.hk/files/pdf/recommended_ppe_for_nid_eng.pdf).

5.1.10 Clean and disinfect all areas including, but not limited to, the working area inside vaccination areas, with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water), especially high-touch areas, at least twice daily or whenever visibly soiled. Leave for 15-30 minutes, and then rinse with water and keep dry.

5.1.11 For metallic surface, disinfect with 70% alcohol.

5.2 Hand hygiene

5.2.1 Hand hygiene practice should be adopted and strictly followed during vaccination procedure. Staff should perform hand hygiene for the following 5 moments (Refer to Figure 2 – CHP poster of “Hand Hygiene 5 Moments in Hospital or Clinic Settings”):

(a) Before touching a patient
(b) Before clean / aseptic procedure
(c) After body fluid exposure risk
(d) After touching a patient
(e) After touching patient surroundings
Figure 2 – CHP poster of “Hand Hygiene 5 Moments in Hospital or Clinic Settings”

5.2.2 Hand hygiene with proper hand rubbing by using soap and water or alcohol-based handrub for at least 20 seconds and 7 steps of hand hygiene techniques should be performed in between each and after last vaccination. (Refer to Figure 3 - CHP poster of “7 steps on hand hygiene”)

5.2.3 Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.

5.2.4 When hands are not visibly soiled, cleaning them with 70-80% alcohol-based handrub is also effective.

5.2.5 Apply a palmful of alcohol-based handrub to cover all surfaces of the hands.
Rub hands according to the 7 steps of hand hygiene technique for at least 20 seconds until the hands are dry.


5.3 Safe injection practices and sharps handling


5.3.2 Avoid work practices that pose sharps injury hazards, for example: recap, bend, break or hand-manipulate used needles.

5.3.3 Identify the location of the clinical waste container, if moveable, place it as near the point-of-use as appropriate for immediate disposal of the sharps.

5.3.4 Inform a patient of what the procedure involves and explain the importance of avoiding any sudden movements that might dislodge the sharps, for successful completion of the procedure as well as prevention of injury to healthcare personnel.

5.3.5 Discard used needles or sharps promptly in appropriate clinical waste containers.

5.3.6 Dispose any sharps with caution. Never throw the sharps into the clinical waste container.

5.3.7 Avoid overfilling a clinical waste container. The container should be disposed when it is 3/4 full or having its content reached the demarcated level.

5.3.8 Report all mucosal contacts of blood and body fluids, needle stick and other sharps-related injuries promptly to ensure that appropriate follow-up is
received.

5.3.9 Keep clinical waste containers securely in safe and upright position so as to prevent them from being toppled over.

5.3.10 For post-exposure management, please refer to the CHP guideline “Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV” at https://www.chp.gov.hk/files/pdf/recommendations_on_postexposure_management_and_prophylaxis_of_needlestick_injury_or_mucosal_contact_to_hbv_hcv_and_hiv_en_r.pdf

5.4 Preventing COVID-19 Vaccine-strain Environmental Contamination

5.4.1 The CoronaVac vaccine contains high concentration of inactivated COVID-19 virus which is not infectious and will not cause COVID-19 infection. Despite its non-infectious nature, the process of vaccine administration and handling may result in environmental contamination which may impact on COVID-19 PCR test.

5.4.2 All healthcare personnel should observe relevant infection control advice for COVID-19 vaccination in all settings. To minimize vaccine-strain environmental contamination, it should be noted that the RNA component of the vaccine, despite being non-infectious, can only be destroyed using diluted bleach but not alcohol. As such, additional measures including but not limited to the following should be taken:

(a) proper environmental cleaning with diluted bleach to areas of vaccine administration and handling,
(b) technique on vaccination preparation procedure,
(c) wash hands thoroughly with liquid detergent and water after handling of vaccines such as after each session of inoculation or whenever changing from inoculation to other tasks,
(d) where applicable and feasible, arrange separate session and/or different staff for vaccine handling and PCR testing with proper infection control measures.
5.4.3 Please refer to the Guideline on Preventing COVID-19 Vaccine-strain Environmental Contamination for details:


6. Workflow for COVID-19 vaccination in RCH / DI setting

6.1 Preparation before the day of vaccination

- **RCH/ DI to provide factsheet to encourage COVID-19 vaccine to residents/PID who have NOT been vaccinated**

- **RCH to collect written refusal form from residents/legal guardians/legal guardianship applicants within specific time.**

- **RCH/ DI to fill in Annex V & VI, providing details of the unvaccinated residents, e.g. name, ID number, any history of seasonal influenza vaccination, submitted written refusal form**

- **With the help of RCH, collect signed consent forms from parent or legal guardian should the Vaccination recipient be (a) under the age of 18, or (b) mentally incapacitated.**

- **VMO to conduct assessment and provide dedicated one-on-one consultation/health talk.**

**Verify vaccination history**

**Confirm with RCH/ DI**

- Number of residents and staff eligible for vaccination
- Vaccination schedule for 1st / 2nd / 3rd / 4th doses
- Adequate fridge capacity for storing the vaccines

**Order vaccines** using the web-based ordering system

**Liaise with RCH/ DI on clinical waste management**

**Prepare emergency equipment**, and ensure medical consumables are available at RCH/ DI for use on the vaccination day
6.2 Vaccination at RCH/ DI and Post-vaccination follow up

1. Cross-check the list of consented residents

2. Conduct **assessment**

3. **Verify identity** of vaccine recipients
   - Confirm/Obtain informed consent from residents/staff/ PID

4. Insert HKID card to draw up eHS(S),
   - Check for COVID-19 Vaccination Record, if any,
   - and document electronic consent in the eHS(S) on the same day

5. Prepare and administer vaccine

6. Provide **vaccination card printed from eHS(S)** to vaccine recipients

7. With the support of RCH/ DI, keep the recipients under observation for at least 15 minutes and provide emergency management when necessary

8. Report AEFIs and clinical incidents, if any

9. Update with RCH/ DI for the subsequent vaccination schedule e.g. rescheduling for those excluded due to acute illnesses
6.3 Workflow for vaccination of residents

6.3.1 Information provision, conducting assessment and obtaining informed consent

6.3.1.1 Before vaccination, RCH/ DI staff would assist in providing vaccine recipients, guardians and/or relatives with the fact sheet (Annex I) (as the fact sheet would be updated from time to time as necessary, VMO and RCH staff should use the latest version available at https://www.covidvaccine.gov.hk/pdf/COVID19VaccinationFactSheet_CoronaVac_CHI.pdf) of the relevant COVID-19 vaccine with information about potential side effect, authorised and not registered status of the vaccines, and vaccine-related adverse events following immunisation (AEFI). Starting from 11 November 2021, VMO/ RCH staff should also provide a supplementary sheet (Annex XIV) (as the supplementary sheet would be updated from time to time as necessary, VMO should use the latest version available at https://www.covidvaccine.gov.hk/pdf/Third_dose_supplementary_sheet_CHI.pdf) to every resident/staff together with the fact sheet, irrespective of whether the resident/staff is having the first, second or third dose. Please make sure you/ RCH staff have distributed the latest version of the supplementary sheet to vaccine recipients.

6.3.1.2 RCHs would compile lists of those who have not been vaccinated (Annex V & VI), with resident’s names, ID number, information on whether they have received seasonal influenza vaccine before, and submitted written refusal form from residents/ legal guardians/ legal guardianship applicants, to be handed over to VMOs.

6.3.1.3 Based on the above information, VMOs would conduct assessment to ascertain unvaccinated residents’ fitness to receive both CoronaVac and Comirnaty. Dedicated one-on-one consultation or health talk at the RCH or DI will be provided for these residents and/or their relatives.

6.3.1.4 VMOs could refer to the “An Interim Guidance Notes on Common Medical Diseases and COVID-19 Vaccination in Primary Care Settings” in making clinical judgement on the suitability for COVID-19 vaccination. The Guidance notes will be updated from time to time. Latest version is available at the designated website https://www.covidvaccine.gov.hk/en/professional.

6.3.1.5 VMOs may refer the following cases to the Vaccine Allergy Safety Clinic of Hospital Authority for medical consultation/investigation as deemed
appropriate:

(i) persons with immediate (within an hour) severe allergic reaction to prior COVID-19 vaccination or to more than one class of drugs;

(ii) persons with allergic reaction to prior COVID-19 vaccination which is not self-limiting or did not resolve by oral anti-allergy medications

Clients with allergic rhinitis, asthma, atopic dermatitis, chronic urticaria, drug and food allergies, and anaphylaxis unrelated to COVID-19 vaccines (without other precautions) do not need to see an Allergist for evaluation of COVID-19 vaccine allergy risk.

Clients with the following reactions to prior COVID-19 vaccines can proceed to receive the next dose with post-vaccination observation for at least 30 minutes after vaccination:

(i) superficial symptoms like rash, itchiness, urticaria, etc. that appear within an hour, but without other systemic allergic symptoms such as shortness of breath, wheezing, low blood pressure, etc.;

(ii) symptoms that appear later than an hour that are self-limiting or resolve by an oral anti-allergy drug.


(a) To make the referral, VMOs are required to issue a referral letter to these cases and ask them to bring along the following documents for making appointment:

i. referral letter issued by a local registered medical practitioner within three months;

ii. the original or copy of valid identification document (e.g. HKID); AND

iii. address information

(b) The methods of making appointment and details of the clinics areas follow:

i. in person / by authorized representative;

ii. by facsimile to Vaccine Allergy Safety Clinic;

iii. telephone booking by the referral doctor/ nurse; or

iv. through smartphone mobile application “BookHA”
6.3.1.6 VMOs may also refer adolescents aged 12 to 17 with the following medical history to the Paediatric Allergy Clinics for further allergy assessment:

(i) Immediate and severe allergic reaction to drugs or vaccines containing polyethylene glycol (PEG); or

(ii) History of immediate allergic reaction to the 1st dose of Comirnaty vaccine

(a) VMOs may use the referral form accessible on the website of the Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID) (https://www.hkspiaid.org/download/COVID19_vaccination_referral_letter_20210804.pdf). It is required to specify the referral reason on the form and to submit it to the respective hospitals / clinics by fax. Paediatric Allergy Clinic staff would perform risk stratification on individual recipients, followed by a reply either to the referrers or via direct contact with recipients regarding the fitness for vaccination or for further arrangement of vaccine allergy safety assessment. More information could be found at HKSPIAID’s website at https://www.hkspiaid.org/covid19/.

(b) Doctors, vaccine recipients and recipients’ family are free to decide which hospital / clinic to be referred to and are not bound by geographical regions. The contact and fax numbers of the clinics are as follow:

<table>
<thead>
<tr>
<th>Name of hospital / clinic</th>
<th>Contact number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince of Wales Hospital Paediatric Specialist Out-</td>
<td>3505 4440</td>
<td>3505 4633</td>
</tr>
<tr>
<td>patient Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Queen Elizabeth Hospital Paediatric Specialist Out-patient Clinic</td>
<td>3506 6226</td>
<td>3506 6140</td>
</tr>
<tr>
<td>Queen Mary Hospital Paediatric &amp; Adolescent Medicine Specialist Out-patient Clinic</td>
<td>2255 3237</td>
<td>2819 3655</td>
</tr>
<tr>
<td>Yan Chai Hospital Paediatrics and Adolescent Ambulatory Centre</td>
<td>2417 5817</td>
<td>2149 6039</td>
</tr>
</tbody>
</table>

6.3.1.7 For those residents who are contraindicated to CoronaVac, VMOs should assess their suitability to receive Comirnaty and issue a “Fast Track Service Form” (Annex XIV) for residents who are fit for and wish to receive Comirnaty. Details of Community Vaccination Centres and Hospital COVID-19 Vaccination Stations where they can receive Comirnaty is listed on the second page of the form.

6.3.1.8 With the help of RCH staff, informed consent should be obtained from the residents / legal guardians/legal guardianship applicants. If the residents/ legal guardians/legal guardianship applicants refuse vaccination, written objection should be submitted to RCHs within a given period of time as stated by the Social Welfare Department (SWD) and this should be documented in either Annex V or Annex VI.

6.3.1.9 The informed consent to be obtained shall allow the access and use of the Vaccination recipient’s personal data for the purpose of (i) creation of eHS(S) account (if it has not been already created), (ii) administration and monitoring of the COVID-19 Vaccination Programme at RCHs and for the purpose of continuously monitoring of the safety and vaccination activities related to the COVID-19 Vaccination; and (iii) all those purposes as set out in the “Statement of Purpose for the collection of Personal Data” at the end of the Consent Form. For any of the aforesaid purposes as mentioned in (i) or (ii) or (iii), transfer of the Vaccination recipient’s personal data (including injection data) may be made to the Government (including the Director of Health and the Immigration Department), the Hospital Authority, the organizations collaborating with the Government for collection and research of data in the manner mentioned in Clauses 36 and 38 of the Agreement (including the University of Hong Kong), relevant private healthcare facilities and healthcare professionals and consultants, advisers and contractors of the Government appointed for any of the aforesaid purposes.
6.3.1.10 RCH/ DI staff would collect written consent forms (Annex VIII) from parent or legal guardian should the Vaccination recipient be (a) under the age of 18, or (b) mentally incapacitated. A consent form is required for each dose of vaccination.

6.3.1.11 Starting from 4 April 2022, the Government would only accept opt-out from the programme only if the written objection is signed by the residents/ legal guardians/legal guardianship applicants of a mentally incapacitated residents. The written objection form, duly signed by appropriate personnel, should be submitted to RCHs within a given period of time as stated by the Social Welfare Department (SWD).

6.3.1.12 For mentally incapacitated residents who have no legal guardians, decision of vaccination is to be made by the VMO in accordance with section 59ZF(3) of Cap 136 considering the vaccination is necessary and in the best interest of the vaccine recipient. “Best interests” go far wider than “best medical interests”, and include factors such as the resident’s wishes and beliefs when competent, his/ her current wishes and general well-being.

6.3.2 Verify vaccination history
Vaccination history of recipients and their eligibility status should be verified.

6.3.2.1 Check the vaccine recipient’s vaccination records in the eHS(S) for vaccination history and the type of COVID-19 vaccine that has been given before, if any;

6.3.2.2 As residents/ PID are given the option of receiving BioNTech vaccine, it is important that the eHS(S) be checked for vaccination records created by other medical service providers;

6.3.2.3 Inspect the vaccination records on vaccination cards (if any);

6.3.2.4 Ask recipients and/ or their relatives for vaccination history

6.3.2.5 Should the vaccine recipient already received the first dose of COVID-19 vaccine outside Hong Kong, a second or third dose can be offered after the recommended time interval. Vaccine recipient should provide a proof of the first dose vaccination record with date, venue of vaccination and type of vaccine for checking by VMO/ trained personnel under the VMO’s supervision. Upon checking the first dose vaccination record, the VMO/
trained personnel under the VMO’s supervision may consider case-by-case, according to the JSC recommendation as stated in Clause 2.1.4, and assess on the interval between the two doses, the contraindications, and provide second dose vaccination using the COVID-19 vaccines available in HK, as appropriate. For example:

i. if the first dose is an mRNA vaccine (e.g. Moderna) / viral vector vaccine (e.g. Vaxzevria by AstraZeneca), a dose of Comirnaty (BioNTech) may be given at least 28 days apart as the second dose; or

ii. if the first dose is an inactivated vaccine (e.g. SinoPharm), a dose of CoronaVac (Sinovac) may be given at least 28 days apart as the second dose (From 4 March 2022, the interval between first and second dose of CoronaVac in residents without previous COVID-19 infection is shortened to 21 days.); or

iii. please refer to section 6.11.5 for the updated list of non-local COVID-19 vaccines allowed for mixing with a third dose/ additional dose of local COVID-19 vaccine.

For such cases, VMO should record the details of the first dose received outside Hong Kong including the date, place and type of vaccination under “Remarks” in the eHS(S) while the vaccine provided by the vaccinator should be entered as the second dose in eHS(S).

You may wish to refer to the following List of COVID-19 Vaccines Recognised for Specified Purposes (https://www.coronavirus.gov.hk/pdf/list_of_recognised_covid19_vaccines.pdf). Please note that the number of required doses for different types of vaccines may be different, e.g. Janssen COVID-19 Vaccine requires only one dose.

6.3.2.6 VMO may exercise one's clinical judgement and provide a different brand of COVID-19 vaccine to vaccine recipients if deemed clinically appropriate.

Please find the following recommendation from the Scientific Committee on Emerging and Zoonotic Disease and Scientific Committee on Vaccine Preventable Diseases and the Chief Executive’s expert advisory panel (JSC-EAP) regarding the use of different brands of COVID-19 vaccine for the 1st and 2nd dose:

(a) Individuals (except for persons recovered from COVID-19 infection) are
advised to complete first and second dose of the series with the same product when possible.

(b) In exceptional situations where the vaccine recipient is unable to complete the series with the same type of vaccine (e.g. due to anaphylaxis after the first dose, or if the vaccine is no longer available / accessible), vaccination with another COVID-19 vaccine may be considered, on a case-by-case basis.


6.3.3 Confirmation with RCH/ DI and vaccine ordering

6.3.3.1 After receiving the summary return and verifying vaccination records, confirm with RCH/ DI for the residents eligible for receiving COVID-19 vaccine, vaccination schedule for the 1st, 2nd, 3rd and 4th dose, and adequate fridge capacity for storing the vaccines before placing the order.

6.3.3.2 VMO are encouraged to proactively contact those who choose to opt-out from the program and arrange for those who later decide to receive vaccination when planning to order.

6.3.3.3 Liaise with RCH/ DI ahead of time to make proper management of clinical waste generated in vaccination activity.

6.3.3.4 VMO would use the web-based ordering system to order COVID-19 vaccines as described in Section 4.

6.3.4 Medical consumables and emergency equipment

6.3.4.1 Prepare emergency equipment and ensure medical consumables and IT equipment are available for use in RCH/ DI on vaccination day. For details, please refer to Section 3.4.

On the day of vaccination

6.3.5 Before vaccination

6.3.5.1 Cross-check the list of consented recipients to ensure the recipients’ name and the choice of COVID-19 vaccine match with the list of consented recipients received earlier.
6.3.5.2 The VMO should conduct assessment to confirm the eligibility of recipients, with special attention paid to contraindications and precautions including those residents/ PIDs presented with acute illness on the day of vaccination with assistance from RCH/ DI.

6.3.5.3 Verify identity of vaccine recipients and confirm informed consent obtained.

6.3.5.4 If the residents are assessed fit for vaccination and no written objections have been received from residents/legal guardians/ legal guardianship applicants in progress within a specific time frame, for the best interest of the residents, VMOs could decide whether to administer vaccine to these residents based on their professional judgment. For residents to be vaccinated by the principle of ‘best interest’, VMO should enter “vaccinated by best interest” in the “Remarks” field in eHS(S).

6.3.5.5 Insert HKID card to retrieve the vaccine recipient’s personal particulars in the COVID-19 vaccination programme page on eHS(S).

6.3.5.6 To ensure patient safety and assist assessment of vaccine recipient’s suitability for COVID-19 vaccination, VMO should check the vaccine recipient’s vaccination history BOTH with the vaccine recipient in-person AND against the eHS(S) BEFORE the administration of COVID-19 vaccine. The doctor cannot make claim for vaccination subsidy if the recipient has already completed the vaccination course. Electronic consent should be documented in eHS(S).

6.3.5.7 For other identity document holder, personal information of the vaccine recipient would be keyed-in manually. To upload the accuracy of personal data entered to the system, use the Smart ID Card Reader as far as practicable.

6.3.5.8 The following information would be prefilled or required to be input into the vaccine recipient’s page (Refer to Figure 4):
(a) Practice
(b) Name of vaccination scheme (Chosen from pull down menu)
(c) Injection date
(d) Category of recipient (Choose Residents)
(e) RCH/ DI code
The COVID-19 vaccine is authorized for use under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for the specific purpose of preventing COVID-19 infection. The requirement related to informed consent is depicted under Section 8 of the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K):

(1) Each person who is responsible for administering an authorized vaccine to a recipient for a specified purpose must ensure that, before the vaccine is so administered—

(a) the following person has been informed that the vaccine is authorized under this Regulation instead of registered and of any other
information as may be specified by the Secretary—

(i) the recipient; or

(ii) if the recipient is not legally capable of giving consent to the administration of the vaccine (relevant consent)—a person who is legally capable of giving the relevant consent on the recipient’s behalf; and

(2) For the purposes of this section, a person is responsible for administering an authorized vaccine to a recipient if—

(a) the person administers the vaccine to the recipient; or

(b) the person is a registered medical practitioner who supervises the administration of the vaccine to the recipient.

(3) Subsection (1) does not affect any other duty imposed by law or otherwise on a person who is responsible for administering an authorized vaccine.

6.3.5.10 The VMO/ trained personnel under VMO’s supervision should check the recipient’s personal particulars, vaccine name, type, and duration since last dose to ensure the type and interval of vaccination to be given are correct.

6.3.5.11 The batches of COVID-19 vaccines delivered may have different lot numbers, VMO/ trained personnel under the VMO’s supervision should check the lot number of vaccines for each vaccine recipient and select a correct lot number from the pull-down menu in the field “Lot No.” in the eHS(S) to ensure accuracy of the vaccination record.

6.3.5.12 The VMO/ trained personnel under VMO’s supervision should verify the following as shown on eHS(S) and after verification tick the check box on eHS(S) for record:

(a) The identity of the vaccine recipient has been verified;

(b) The vaccine recipient has read and understood the information in the Vaccination Fact Sheet for COVID-19 vaccine as documented above, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for
specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap.138), and agree to receive the documented COVID-19 vaccine. The vaccine recipient have had the opportunity to ask questions and all of his/her questions were answered to his/her satisfaction. The vaccine recipient also fully understood his/her obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data;

(c) Suitability for vaccination has been confirmed with reference to previous COVID-19 vaccination record (if any);

(d) The vaccine recipient consent to the administration of COVID-19 Vaccination under the COVID-19 Vaccination Programme; and the access and use by Department of Health and the relevant organizations collaborated with the Government (including the University of Hong Kong) of his/ her clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals, for the purpose of continuously monitoring the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose; and

(e) If the recipient is not legally capable of giving consent to the administration of the vaccine, either a person who is legally capable of giving the relevant consent on the recipient’s behalf or decision of vaccination is made considering the vaccination is necessary and in the best interest of the vaccine recipient by registered medical practitioner.

6.3.5.13 Should the vaccine recipient consent for joining eHealth, the VMO/ trained personnel under the VMO’s supervision should tick the check box for enrolment. Recipient’s consent to enrol in eHealth is optional.

6.3.6 During vaccination

6.3.6.1 Before administering the vaccine, check the vaccine identification label and ensure the integrity of vaccine for irregularity, e.g. damage, contamination, expiry date and time.

6.3.6.2 Exposing the vaccines to disinfectant should be avoided.
6.3.6.3 The vaccine should not be mixed with other vaccines in the same syringe.

6.3.6.4 Shake well before use. It should be administered immediately after opening.

6.3.6.5 CoronaVac should be administered by intramuscular injection only, preferably into non-dominant deltoid region of the upper arm.

6.3.6.6 Checking of vaccines and rights of medication administration should be adopted, including:
(a) 3 checks:
   - when taking out the vaccine from storage;
   - before preparing the vaccine and;
   - before administering the vaccine
(b) 7 rights
   - The right patient;
   - The right vaccine or diluent;
   - The right time (e.g. correct age, correct interval, vaccine not expired);
   - The right dosage (Confirm appropriateness of dose by using current drug insert as reference);
   - The right route, needle length and technique;
   - The right site; and
   - The right documentation (e.g. Document the name of recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card)

6.3.7 Administration by the Intramuscular (IM) Route

6.3.7.1 The VMO/ trained personnel under the VMO’s supervision should use a new alcohol prep/ alcohol swab for skin disinfection and allow the site to DRY completely before vaccination, and use a new dry clean gauze/cotton wool ball for post vaccination compression of injection site.

6.3.7.2 The VMO/ trained personnel under the VMO’s supervision should wipe the vaccination area from centre outwards, without touching the same area repeatedly.

6.3.7.3 Precautions should be taken to prevent sharps injury. Please refer to section
6.3.7.4 The VMO/ trained personnel under the VMO’s supervision should refer to the drug insert for complete vaccine administration information.

6.3.7.5 To avoid inadvertent intravascular administration, please aspirate before injection of COVID-19 vaccine by pulling back on the syringe plunger after needle insertion but before injection. If blood is noticed in the hub of the syringe, the needle should be withdrawn immediately. Please explain to the vaccine recipient before discarding the needle and syringe including vaccine contents into the sharp box. A new needle and syringe with vaccine will need to be prepared and used.

The information of the voided vaccine should be recorded and provided to PMVD at 2125 2125 during office hour, within one day from the vaccination activity, as stated in Section 4.6.

6.3.7.6 The injection site is swabbed with an alcohol pad (from the centre of deltoid muscle outwards in a circular motion, without going the same area) and allowed to dry before vaccine injection.

6.3.7.7 The skin should be spread between the thumb and forefinger to avoid injection into subcutaneous tissue.

6.3.7.8 Prepare the vaccine and inspect the vaccine vial for any manufacturing defect. Shake vaccines before use according to the drug insert, if necessary.

6.3.7.9 To minimize spillage of CoronaVac vaccine component to environment, the needle should remain inside the vial throughout the whole withdrawal procedure, including during expel of air bubbles from the syringe.

6.3.7.10 The needle at 90-degree angle should be fully inserted into the muscle and inject the vaccine into the muscle.
6.3.7.11 Withdraw the needle gently and quickly cover the injection site with a dry clean gauze/cotton wool ball after completion of injection;

6.3.7.12 Instruct the client to gently apply pressure for 1-2 minutes over the injection site or till bleeding stops;

6.3.7.13 Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box; and

6.3.7.14 Perform hand hygiene.

6.3.7.15 The amount of vaccine administered should be made to ascertain at the best estimation. For conditions of incomplete dose during injection of CoronaVac to your clients due to various reasons such as leakage of vaccine from the syringe, please handle according to the following information:

<table>
<thead>
<tr>
<th>Action*</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than half of the recommended dose or uncertain amount of vaccine given</td>
<td>To give a concomitant dose at the opposite arm on the same day of vaccination</td>
</tr>
<tr>
<td>More than half of the recommended dose given</td>
<td>No need concomitant dose</td>
</tr>
</tbody>
</table>

*With reference to information provided by CoronaVac Vaccine Manufacturer

Please submit the “Clinical incident notification form” (Annex XI) within the same working day upon discovery of incident AND submit the “Clinical incident
investigation report” (Annex XII) within 1 week upon discovery of the "incomplete dose" incident.

6.3.8 After vaccination
6.3.8.1 The vaccination record in eHS(S) and vaccination information for reimbursement claim should be input on the same day of the vaccination to ensure proper record and prevent duplicated dose. Date back entry is NOT allowed by the computer system.

6.3.8.2 Upon saving the vaccination record, vaccination card containing personal information, date, venue, brand and lot number of vaccines should be printed directly from eHS(S) (Annex IX) and provided to the resident/ PID. If the vaccination card has to be reprinted, please refer to quick guide for reprinting vaccination record at https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-reprint-vaccination-record.pdf.

6.3.8.3 VMO should complete relevant parts of the consent form from those still required written consent forms (please refer to 6.3.1.10) (highlighted with red box in Annex VIII), including Part 3, eHS(S) transaction number, Lot number of the vaccine, vaccination date, time and place, and names of the VMO and vaccinator.

6.3.8.4 The vaccination record should be kept in a database for record in case record tracing or inspection in the future is needed.

6.3.9 Observation
6.3.9.1 All persons should be observed for at least 15 minutes after vaccination (for CoronaVac).

6.3.9.2 If vaccine recipient experiences discomfort, VMO should give timely intervention and provide emergency management as indicated.

6.3.9.3 For adverse events following immunisation (AEFI), VMO should conduct medical assessment and report to the Drug Office online at https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html (Please see Section 8).
6.4 Workflow for vaccination of RCH staff

6.4.1 Preparation before the day of vaccination

6.4.1.1 RCH would compile a list of staff consented to receive CoronaVac (Annex VII) and provide the list to VMO.

6.4.1.2 Written consent is NOT required for RCH staff receiving COVID-19 vaccine as electronic consent will be used.

6.4.1.3 Check the vaccine recipient’s vaccination record in the eHS(S) for vaccination history and the type of COVID-19 vaccine that has been given before, if any.

6.4.1.4 Confirm with RCH the number of consented staff (in addition to consented residents) eligible for vaccination for vaccination scheduling and vaccine ordering.

On the day of vaccination

6.4.2 Before vaccination

6.4.2.1 Before vaccination, VMO should ensure the vaccine recipient has read and understood the content of the factsheet of the relevant COVID-19 vaccine with information about potential side effect, authorized and not registered status of the vaccines, and vaccine-related adverse events following immunisation (AEFI).

6.4.2.2 The VMO should go through with the vaccine recipients on the content of the factsheet, allow questions and answer enquiries, conduct health assessment, check for any contraindications, special precautions, assess suitability of the recipient to receive the COVID-19 vaccine and handle enquiries. Please see Sections 2.1.3(c) and 2.1.3(d) on the contraindications and precautions of the COVID-19 vaccine.

6.4.2.3 The VMO should check the identity of vaccine recipient, check vaccination history both with the vaccine recipient in-person and against the eHS(S), obtain and document informed consent via eHS(S).

6.4.2.4 The vaccine recipient should insert his/ her Hong Kong Identity Card into the card reader to retrieve the vaccine recipient’s page on eHS(S) and for creating the vaccination record and acting as an electronic consent to receive COVID-19 vaccination. For Acknowledgement of Application for an Identity Card and Certificate of Exemption, the document number and other personal information as required should be entered into the eHS(S) manually.
6.4.2.5 For recipients without prior account opened under eHS(S), the VMO has to obtain verbal consent from the recipient and open an eHS(S) account for him/her through insertion of HKID card by the recipient into the card reader.

6.4.2.6 The following information would be prefilled or required to be input into the vaccine recipient’s page (Refer to Figure 5- A Sample of eHS(S) Vaccine Recipient’s Page):

(a) Practice
(b) Name of vaccination scheme
(c) Injection date
(d) Type of recipient (Choose Staff of residential care homes OR Staff of community care service unit)
(e) RCH code
(f) RCH name
(g) Vaccine (name and brand)
(h) Lot number
(i) Dose sequence
(j) Contact No.

(k) Remarks
- If the client has received the first dose of COVID-19 vaccination outside Hong Kong, and after VMO’s assessment as stated in Section 6.3.2.1(e), the client can be offered the second dose under RVP, please put down the Date, Brand, Location of 1st dose, etc in the “Remarks” and choose 2nd dose, after checking the proof of vaccination provided by the client.
- If the client recovered from previous COVID-19 infection but the “COVID-19 Discharge Records” are not shown in eHS(S), please refer to Section 6.7.5

Figure 5- A Sample of eHS(S) Vaccine Recipient’s Page
6.4.2.7 Should the vaccine recipient consent for joining eHealth, the VMO should tick the check box for enrolment. Recipient’s consent to enrol in eHealth is optional.

6.4.2.8 The subsequent workflow is the same as that of vaccinating residents. Please refer to Section 6.3.6.7 to Section 6.3.9.

6.5 Emergency management

6.5.1 VMO should ensure the presence of qualified personnel, who is trained in emergency management of severe immediate reactions, with qualification such as Basic Life Support, to standby for emergency management and give timely intervention as indicated.

6.5.2 VMO should keep training of personnel responsible for emergency management up-to-date and under regular review.

6.5.3 Emergency equipment (with age-appropriate parts) is highly recommended and should include, but is not limited to:
(a) Age-appropriate sized Bag Valve Mask
(b) BP monitor with Age-appropriate size cuff.
(c) Registered adrenaline ampoule (1:1000) with 1mL syringes (at least three) and 25-32mm length needles (at least three) for adrenaline injection; or registered adrenaline auto-injector (150 micrograms and 300 micrograms); (d) AED Defibrillation Pads

6.5.4 Ensure there is sufficient stock of all the emergency equipment, and that the equipment and drugs have not reached expiry.

6.5.5 Keep written protocol and training material in place for quick and convenient reference.

6.5.6 Dosage of Adrenaline required will depend on body weight (BW). The recommended dose for adrenaline is 0.01mg/kg body weight. Please refer to the following Reference Framework is taken from Chapter 5 Monitoring and Management of Adverse Events Following Immunization, Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings1. Dosage of Jext: Jext (300 microgram) for persons over 30kg and Jext (150 microgram) for persons with BW 15-30kg.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Range of weight (kg)*</th>
<th>Range of weight (lb)</th>
<th>Adrenaline dose 1mg/ml injectable (1:1000 dilution) IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children</td>
<td>1-6 months</td>
<td>4-8.5 kg</td>
<td>9-19 lb</td>
</tr>
<tr>
<td></td>
<td>7-36 months</td>
<td>9-14.5 kg</td>
<td>20-32 lb</td>
</tr>
<tr>
<td></td>
<td>37-59 months</td>
<td>15-17.5 kg</td>
<td>33-39 lb</td>
</tr>
<tr>
<td></td>
<td>5-7 years</td>
<td>18-25.5 kg</td>
<td>40-56 lb</td>
</tr>
<tr>
<td></td>
<td>8-10 years</td>
<td>26-34.5 kg</td>
<td>57-76 lb</td>
</tr>
<tr>
<td></td>
<td>≥10 years</td>
<td>≥35 kg</td>
<td>≥77-99 lb</td>
</tr>
<tr>
<td>Teens</td>
<td>11-12 years</td>
<td>35-45 kg</td>
<td>77-99 lb</td>
</tr>
<tr>
<td></td>
<td>≥13 years</td>
<td>≥46 kg</td>
<td>≥100 lb</td>
</tr>
</tbody>
</table>

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range
† Maximum dose for children
‡ Maximum 20 or teens

6.5.7 Should anaphylaxis happen after vaccination, RCH staff should take the following actions:
   a. Call ambulance
   b. Inform the VMO immediately, and provide emergency management, e.g. adrenaline injection and airway management as appropriate
   c. Use bag valve mask to assist ventilation (give oxygen if available); and
   d. Monitor blood pressure and pulse every 5 minutes and stay with patient
until ambulance arrives; and

e. If no improvement within 5 minutes, repeat dose(s) of adrenaline injection if appropriate.

6.5.8 For details of management of anaphylaxis, please refer to Section 9 of the Online Training for COVID-19 Vaccination Programme provided by HKAM

6.5.9 Should there be cases with anaphylaxis or severe adverse reaction during the 15 minutes observation period after vaccination requiring on-site transferral to hospital via ambulance, VMO should report these cases to the Central Medical Team of the Department of Health, after immediate management, by phone (Tel: 2104 5233); followed by submitting the Report on Cases Referred to Hospitals (Annex X) to the Central Medical Team by email (email addresses listed in the form) with password protection of the file, or fax (Fax: 2217 3078) within the same day of occurrence of the incident.
6.6 Vaccination arrangement for persons recovered from previous COVID-19 infection


Please note that these arrangements do not apply to staff or residents below 18 years of age, who should follow the arrangements for the general public.

*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to the Government’s thematic webpage for the latest updates (https://www.covidvaccine.gov.hk/en/).

6.6.3 Upon discharge from hospitals under the Hospital Authority, persons recovered from previous COVID-19 infection would be given a fact sheet (https://www.covidvaccine.gov.hk/pdf/factsheet_priorCOVID19infection_ENG.pdf).

6.6.4 To facilitate the checking of previous COVID-19 history and the relevant interval between discharge and vaccination BEFORE vaccination, the eHS(S) has been enhanced with the following new features:

(a) For persons who have used HKID as the identity document for admission to hospitals under the Hospital Authority and on the day of vaccination, previous COVID-19 discharge record, if any, would also be displayed when HKID is used to retrieve the vaccine recipient’s page on eHS(S).

(b) If the recommended interval between discharge date and vaccination appointment date has not been reached, a pop-up alert would be displayed when healthcare personnel try to save the vaccination record.
Please refer to the following User Manual and Quick Guide for more information:

User Manual on COVID-19 Vaccination Programme:

Quick Guide for RCH:
6.7 Documentary proof for assessing clients with prior COVID-19 infection

6.7.1 The Green box of “COVID-19 Discharge Record” will be displayed only for locally infected clients using HK Identify Card (HKIC) as identity document and was admitted to a HA hospital. The Green box will not be shown for recovered patients who:

(a) did not use HKIC as identity document during HA’s hospital admission, e.g. foreign passports, two-way permits, etc
(b) had COVID-19 infection outside HK

6.7.2 The eHealth System (Subsidies) is enhanced to capture the “prior COVID-19 infection status” by adding a tick-box. For details, please refer to “Quick Guide for Residential Care Home (under CVCs and Private Clinics)” on https://www.ehealth.gov.hk/en/covidvaccine/ehs.html

6.7.3 The new tick-box have to be ticked by the vaccinators whenever the proof of past COVID-19 infection has been shown by the client to the vaccinator and the recommended interval is fulfilled. If the Green box of “COVID-19 Discharge Record” is already displayed, there is no need to tick the new tick-box.

6.7.4 The proof of past COVID-19 infection in paper or electronic format are equally acceptable. If the proof is not in English or Chinese, it should be presented together with a written confirmation in English or Chinese, bearing all the relevant information with the client’s identity particulars matched.

6.7.5 For recovered patient, please enter the following information in the "Remark" field:
(a) Recovered from COVID-19 infection
(b) Date of discharge (or infection)
(c) Place of discharge (or infection) (e.g. HK, mainland China, country name, etc)
Example: "Recovered from COVID-19 infection, 1 May 2021, UK"

6.7.6 If documentary proof cannot be provided, the provision of second dose (CoronaVac or Comirnaty) as in general public can be acceded to.
6.7.7 The name on the documentary proof (if any), if not an exact match with HKID/ travel document presented for vaccination, should be identical to that in the client's relevant valid identity document or travel document. Any valid identity document or travel document that the client presented with name identical to the one shown on the documentary proof will be regarded acceptable.
6.8 Co-administration of COVID-19 vaccines with other vaccines

6.8.1 Please refer to the latest recommendation by the JSC-EAP

*The latest updates and implementation schedule will also be communicated to RVP doctors by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to the Government’s thematic webpage for the latest updates https://www.covidvaccine.gov.hk/en/.

COVID-19 vaccines can be co-administered with, or at any time before or after, any other vaccines including live attenuated vaccines under informed consent. If clients/ parents of children wish to space out COVID-19 vaccine with live attenuated vaccines (e.g. Measles, Mumps, Rubella & Varicella (MMRV), Live Attenuated Influenza Vaccine (LAIV), an interval of 14 days is sufficient.

6.9 Non-local Vaccination Declaration

6.9.1 Individuals can register the non-local vaccination records with the Government by voluntary declaration for obtaining a local vaccination record QR code (https://www.info.gov.hk/gia/general/202109/14/P2021091400572.htm?font Size= 1). The arrangement will facilitate these persons to carry and view the records in electronic format in fulfilling relevant requirements under the local vaccine bubble.

6.9.2 This QR code generated for vaccine bubble CANNOT replace the original non-local vaccination record as a proof of vaccination. Thus, for arrangement of 2nd dose, recipients have to show the original non-local vaccination record, instead of this QR code, to the doctors for assessment.

6.9.3 Also, recipients' self-declaration via this declaration channel would NOT be reflected in eHS(S). Doctors should check with the recipients their COVID-19 vaccination history, including those given outside Hong Kong before vaccination.
6.10 Vaccination arrangement for adolescents and children

6.10.1 Starting from 1 Jan 2022, the eligible age group to receive the CoronaVac vaccine is lowered to 5 years old, lowered to 3 years old on 15 Feb 2022 and lowered to 6 months old on 4 Aug 2022.

6.10.2 The dosage of Sinovac vaccine for children aged 6 months to 17 years old is the same as adult, i.e. 0.5mL per dose.


*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to the Government’s thematic webpage for the latest updates (https://www.covidvaccine.gov.hk/en/).


VMO should enter “Doctor’s letter for additional dose seen” in the “Remarks” field in eHS(S).

6.10.5 Children aged below 12 years must be accompanied by an adult (e.g. parent, grandparent, adult relative or helper).

6.10.6 Children aged below 3 must be accompanied by their parents or guardians (e.g. grandparent, adult relative, helper)

6.10.7 For minors below 18 years old, parental / guardian accompany is required for those adolescents aged 12 to 17 years with immunocompromised conditions going for the 4th dose or those children aged 6 months to 11 years with immunocompromised conditions going for the 3rd dose.
6.10.8 For minors below age of 18 years, paper consent (Annex VIII) should be completed and signed by parent/guardian before the vaccination date. Otherwise, clinic staff should provide a blank consent form for parent/guardian to sign before vaccination. For children below 3 years old, the parent / guardian should provide the original copy of the identity document (e.g. birth certificate) of the child, the signed consent form and accompany the child for vaccination. If the vaccination is arranged by the school / centre in group, the accompanying teacher or staff should bring the aforementioned required documents and be responsible in clearly indicating the identity of each child. The updated consent form (version as at 2 August 2022) specifying the off-label use of Sinovac vaccine in this age group MUST be used.

ENG:

CHI:

The supplementary notes for use of Sinovac vaccine in this age group should be distributed to accompanying parent/ guardian for informed consent.
Supplementary notes on use of CoronaVac vaccine for children aged 6 months to less than 3 years old*

From 4 August 2022 onwards, children aged 6 months to less than 3 years old can receive CoronaVac (Sinovac) vaccine.

With the global pandemic of COVID-19 infection, vaccination is crucial to protect children against COVID-19 disease to effectively decrease the rates of serious illness and death.

The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (JSC) under the Centre for Health Protection (CHP) of the Department of Health, joined by the Chief Executive's expert advisory panel (EAP), noted the early clinical trial data from two doses of CoronaVac (Sinovac) vaccine in children down to six months of age showed that the vaccine was immunogenic and had no new safety concerns. The experts considered the vaccination arrangement for children aged six months to less than 3 years as follows:

Number of doses: three doses can be used*

Dosage: dosage of each vaccination is the same as in older children and adults

Interval: The interval between the first two doses should be at least 28 days apart and the third dose to be given at least 90 days after the second dose.

For immunocompromised children, the interval between the first two doses is at least 28 days, and the third dose to be given 28 days after the second dose.

Healthcare professionals will arrange the vaccination at arm or thigh for the children as appropriate.

* The use of CoronaVac (Sinovac) Vaccine on children aged between 6 months and less than 3 years old is not listed in the approved package insert of the CoronaVac authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). This is an off-label use allowed in the Government programme under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap.599K), having regard to the advice from panel(s) / committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety data available. The person who prescribes, dispenses or is responsible for the administering of the vaccine to the children vaccine recipients acts in accordance with the Government’s direction in the Government programme.

* For children with prior COVID-19 infection, please refer to the “Factsheet on COVID-19 Vaccination For Persons with Prior COVID-19 infection”.

Version date: 4 August 2022
(a) VMO should check if the signed consent form has been filled in completely and correctly: including identity document type (when the client has no HKID, then other identity document type should be used), and contact no. of parent/guardian.

(b) Please check the validity period of the identity document, if applicable.

(c) Please check that the right person will be vaccinated before giving the
vaccination. For example, if the identity document has no photo, e.g. birth certificate, crosscheck the client’s identity with documents with photos (e.g. student handbook/student card).

(d) Please note that another consent form for School Outreach to Kindergartens, Child Care Centres and Primary Schools is also acceptable if encountered. The form is available in the website (https://www.edb.gov.hk/tc/sch-admin/admin/about-sch/diseases-prevention/early-vaccination.html)

(e) Please be reminded to check if the client has any non-local recovery or vaccination history, as usual.

(f) In order to ensure the unique identifier to be used in different COVID-19 vaccination systems, please remind the recipient/parent/guardian to use the same identity document for vaccination.

6.10.9 Similar to the vaccination arrangement for adults, a smart card reader should be used to capture the personal identifiers for HKID holders.

6.10.10 Input 6 additional types of identity documents for children under age 11 in eHS(S):
- HK Birth Certificate
- HKSAR Re-entry Permit
- HKSAR Document of Identity
- Permit to Remain in HKSAR (ID 235B)
- Non-HK Travel Document (e.g, Foreign passports)
- Certificate issued by the Births Registry for adopted children

6.10.11 For children aged 6 months to 11 years with non-HK Travel Document (e.g, Foreign passports), they are eligible to receive COVID-19 vaccine if there is an Endorsement or relevant Landing Slip (if applicable) showing any one of (i) to (vii) in the Appendix A5 of (https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_a.pdf); with Visa/Reference No. and within the validity period. Please check before vaccination. Please be reminded to input the Visa/Reference No. in eHS(S) when handling children with non-HK Travel Document.

For information on the input of these document types in eHS(S), please refer to the Quick Guide: https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-using-manual-input-of-other-document.pdf (Slides 16 to 26)

6.10.13 Please check if the child has any non-local recovery or recent local and overseas vaccination history, as in adults.

6.10.14 Please also see the Points to Note and FAQs on COVID-19 vaccination for Children and Adolescents:

6.10.15 For parents to register eHealth for their children (of age below 16 years old) via COVID-19 Vaccination Programme, please find the details in the leaflet:

Children should bring the following for vaccinators to check before ticking the box of enrol eHealth
(a) Printout of the online submission confirmation
(b) Identity document of the child
(c) Consent to administration of COVID-19 vaccination

6.10.16 Client preparation (if needed) and injection preparation
(a) Invite the client to sit down;
(b) For young child, invite the accompanying adult to secure the student on his/her lap;

Injection site: thigh
(c) Confirm the identity by asking the client to state his/her name and if find necessary, cross check document with photo e.g. school booklet, to confirm identity
(d) Inform the client, and the accompanying adult if available, of the type of vaccine to be given;
(e) Ensure the injection site (deltoid muscle or anterolateral thigh) is exposed properly; and
(f) Take out the vaccine from the storage.
(g) The standard 1ml syringes with 25G 1” needles currently used for older children can be used for Children aged 6 months to below 3 years old.
(h) Commonly recommended injection sites for IMI: - anterolateral aspect of thigh (for children 18 months)

6.10.17 Please see section 6.3.7 for administration by the Intramuscular (IM) Route.

6.10.18 Emergency management

Vaccination may cause untoward reactions. Some recipients may even develop allergic reactions to the vaccine(s). Failure to give timely intervention may result in serious consequences. Please refer to section 6.5 for management of emergency conditions.

6.11 Vaccination arrangement for additional doses of COVID-19 vaccine


*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to the Government’s thematic webpage for the latest updates (https://www.covidvaccine.gov.hk/en/).

6.11.2 The poster on the recommendation of third dose vaccination (Figure 6) (https://www.covidvaccine.gov.hk/pdf/Poster_recommend_third_dose.pdf) has been updated.

6.11.3 For immunocompromised persons, a medical proof of immunocompromised status (or doctor’s letters in other formats with valid contents) signed by a registered medical practitioner, must be presented for inspection by the vaccinator before administrating of the third dose of COVID-19 vaccine. The proof or doctor’s letter should be returned to the client after inspection. A sample template of the medical certificate could be found at https://www.covidvaccine.gov.hk/pdf/Medical_Certificate_of_Third_Dose_Eligibility_for_Immunocompromised_Persons.pdf.
Please enter the following standard wordings in the “Remark” field in eHS(S): “Doctor’s letter for additional dose seen”

6.11.4 Completing three doses of Comirnaty vaccine can elicit an immune response equivalent to three doses of CoronaVac vaccine. Both Comirnaty vaccine and CoronaVac vaccine offer equal protection to recipients but personal preference for the brand of the third dose should be respected.

6.11.5 The table below shows the list of non-local COVID-19 vaccines that are allowed for mixing with a 3rd dose/ additional dose of local COVID-19 vaccine. Please note that the combinations are allowed only if the client is a Hong Kong resident.

<table>
<thead>
<tr>
<th>Vaccine platform</th>
<th>Primary series</th>
<th>3rd dose / additional dose</th>
<th>Medical eligibility (No history of COVID-19 infection)</th>
<th>Interval of 3rd dose / additional dose from preceding dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivated</td>
<td>Sinopharm</td>
<td>Sinovac OR BioNTech</td>
<td>All persons ≥ 18 Years old*</td>
<td>For immunocompromised persons = at least 28 days</td>
</tr>
<tr>
<td>mRNA</td>
<td>Moderna</td>
<td>BioNTech</td>
<td>*≥ 12 Years Old for immunocompromised persons</td>
<td>For other eligible</td>
</tr>
<tr>
<td>Viral vector</td>
<td>AstraZeneca / Covishield</td>
<td>BioNTech</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Janssen</td>
<td>BioNTech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Effective from 1 Jan 2022 onwards

6.11.6 The eHS(S) has been enhanced to allow capturing information of the additional dose(s) of vaccination. Different prompt messages would be shown as reminders for clinic staff to re-check or confirm.
7. Clinical waste management

7.1 Regulation of clinical waste handling is under the purview of Environmental Protection Department (EPD). Please find details in the website: (https://www.epd.gov.hk/epd/clinicalwaste/en/information.html). All clinical waste generated should be properly handled and disposed (including proper package, storage and disposal) in accordance with the Waste Disposal (Clinical Waste) (General) Regulation. For details, please refer to the EPD’s Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers) (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).

7.2 Clinical waste generated (mainly needles, syringes, ampoules and cotton wool balls fully soaked with blood) should be disposed of directly into sharps box with cover. Clinical waste must not be collected or disposed of as municipal solid waste or other types of wastes.

7.3 Alcohol swabs and cotton wool balls slightly stained with blood, which are not clinical waste by definition, should also be properly handled and disposed of as general refuse. For details, please refer to the CoP published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).

7.4 Discard the used vials in the sharp boxes and be handled as clinical waste, or to discard as chemical waste and handled in accordance with EPD guidelines.

7.5 The used vaccine package boxes and package inserts should not be given to recipients and should be kept at the RCH for arrangement of collection by the Department of Health.

7.6 Unused/surplus vaccines should be properly stored in the vaccine-storing refrigerator in the RCH. RCH must return all unused/surplus vaccines at the end of the programme.

7.7 Regarding the expired vaccines, please note that the expired vaccines should be removed from the refrigerator and labelled "DO NOT USE". The RCH should consider keeping the expired vaccines in a lockable cabinet and wait for the collection by the PMVD at a later time.
8. Reporting of adverse events following immunization

8.1 Adverse events following immunisation (AEFIs)

8.1.1 Adverse events following immunisation (AEFIs)\(^1\) are any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. The early detection will decrease the negative impact of these events on the health of individuals.

8.1.2 According to the grading standard of adverse reaction incidence from Council for International Organizations of Medical Sciences (CIOMS), i.e. very common (≥10%), common (1%-10%, 1% was inclusive), uncommon (0.1%-1%, 0.1% was inclusive), rare (0.01%-0.1%, 0.01% was inclusive) and very rare (<0.01%), all adverse reactions revealed in clinical trials were summarized and described as follows.

8.1.3 Adverse reactions at injection site:
(a) Very common: pain
(b) Common: swelling, pruritus, erythema, induration
(c) Uncommon: burn at injection site

8.1.4 Systemic adverse reactions:
(a) Very common: headache, fatigue
(b) Common: myalgia, nausea, diarrhea, arthralgia, cough, chills, pruritus, loss of appetite, rhinorrhea, sore throat, nasal congestion, abdominal pain
(c) Uncommon: vomit, hypersensitivity, abnormal skin and mucosa, fever, tremor, flushing, edema, dizziness, drowsiness
(d) Rare: muscle spasms, eyelid edema, nosebleeds, abdominal distension, constipation, hyposmia, ocular congestion, hot flashes, hiccup, conjunctival congestion

8.1.5 Severity of adverse reactions:
(a) The severity of adverse reactions observed in these clinical trials is mainly

\(^1\) Vaccine Safety Basics by WHO (https://vaccine-safety-training.org/classification-of-aefis.html)
Grade 1 (mild), the incidence rate of adverse reactions for Grade 3 and the above was 1.31%. Grade 3 and above adverse reactions includes pain at injection site, cough, fever, headache, sore throat, abdominal pain, dizziness and drowsiness.

8.1.6 Serious adverse event (SAE):
(a) No serious adverse event related to vaccination was identified up to February 3, 2021.

8.1.7 For more information on the possible side effects of COVID-19 vaccines, please refer to the website at https://www.covidvaccine.gov.hk/.

8.2 Reporting of AEFIs
8.2.1 VMO should inform the vaccine recipients and RCH staff on what to expect after receiving the vaccine (common side effects) and advise them to read the fact sheet in Annex I for the relevant information. VMO should also encourage vaccine recipients to tell healthcare professionals such as doctors and pharmacists of the suspected adverse event occurred after immunisation so that they can report to DH the suspected adverse event after vaccination. Informed consent should also be obtained from the recipient that the DH would continue to access the relevant information and medical records for continue monitoring of the medical outcome of the vaccination.

8.2.2 VMOs are encouraged to report the following AEFIs:
(a) All suspected serious adverse events, even if the adverse event is well known;
(b) Suspected drug interactions including vaccine-drug and vaccine-herb interactions;
(c) Non-serious adverse events but the adverse events are deemed medically

---

2 An AEFI will be considered serious, if it:
● results in death,
● is life-threatening,
● requires in-patient hospitalization or prolongation of existing hospitalization,
● results in persistent or significant disability/incapacity,
● is a congenital anomaly/birth defect,
● requires intervention to prevent one of the outcomes above (medically important)
significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known adverse event);

(d) Unexpected adverse events, i.e. the adverse events are not found in the product information or labelling (e.g. an unknown side effect).

9. Management of Clinical Incident

9.1 Clinical incident is defined as any events or circumstances\textsuperscript{3} that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of provision of clinical service.

9.2 VMO should have plans to handle clinical incidents (e.g. incorrect vaccine administered). Appropriate actions should be taken, including inform the recipients/parents/guardians as appropriate, attend to the concerned vaccine recipient as soon as possible and make necessary arrangements.

9.3 VMO should attend all clinical incident immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of VMO.

9.4 Following all necessary immediate interventions, the VMO should inform the PMVD at the earliest possible by phone, followed by the Clinical Incident Notification Form (Annex XI). The form should be returned to the PMVD by fax or email with password protection of the file within the same day of occurrence of the incident.

9.5 Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.

9.6 The VMO should conduct a full investigation of the medical incident and submit the Clinical Incident Investigation Report (Annex XII) to the PMVD within 7 days from the occurrence of the incident.

9.7 Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the VMO should work closely with the Central Medical Team to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

\textsuperscript{3} Any events or circumstances refer to those with any deviation from usual medical care.
10. List of Annexes

Annex I  Fact Sheet on COVID-19 Vaccination (To Vaccine recipients)
Annex II Package Insert of CoronaVac
Annex III Checklist of Items during Onsite Inspection
Annex IV Daily Fridge Temperature Chart
Annex V List of Residents/ Mentally Incapacitated Persons (MIPs) with Legal Guardians Consented to Receive CoronaVac
Annex VI List of MIPs without Legal Guardians who are unable to give consent
Annex VII List of Staff Consented to Receive CoronaVac
Annex VIII Consent Form
Annex IX Sample of a COVID-19 Vaccination Card
Annex X Report on Cases Referred to Hospital
Annex XI Clinical Incident Notification Form
Annex XII Clinical Incident Investigation Report
Annex XIII Claim form for additional allowance
Annex XIV Supplementary sheet on the recommendation for third dose COVID-19 vaccination
Annex XV Fast Track Service Form
Annex I  Fact Sheet on COVID-19 Vaccination (To vaccine recipient)
As the fact sheet would be updated from time to time as necessary, VMO should refer to the latest version available at the following links:

**CoronaVac**
Chinese:  
English:  

**Comirnaty**
Chinese:  
English:  
Annex II  Package Insert of CoronaVac
As the Package insert would be updated from time to time as necessary, VMO should refer to the latest version available at the following links:

Package Insert of CoronaVac (detailed edition)

Package Insert of CoronaVac (brief edition)
Annex III  Checklist of Items during Onsite Inspection

A) Sufficient number and qualification of on-site staff throughout vaccination activity
   - Presence of Visiting Medical Officer (VMO) (completed Part I of online training for COVID-19 Vaccination Programme by the HK Academy of Medicine) for overall supervision of the whole vaccination process
   - VMO or qualified /trained health care personnel to perform vaccine administration
   - Presence of qualified personnel who is trained in emergency management of severe immediate reactions

B) Infection Control Measures
   - Social distancing if applicable
   - Hand hygiene
   - Use of PPE if applicable
   - Environmental disinfection

C) Liaison with RCH
   - Preliminary assessment to screen for contraindications
   - Cold chain management of vaccine storage
   - Preparation of emergency equipment, vaccination equipment and medical consumables and IT equipment (e.g. printer, computer with internet access, Smart ID Card Reader)

D) Vaccines and Vaccination procedures
   1. Administrative procedure
      - Cross-check list of consented recipients with vaccination consent forms
      - Conduct pre-vaccination assessment
      - eHS(S) record (Identity verification)
      - Checking of previous vaccination record
      - Record informed consent
      - Issue Vaccination Record
   2. Safe vaccine handling and administration practice (Three checks and seven rights)
   3. Sharps Management
   4. Infection Control Practice
   5. Keep recipients under observation for 15 minutes
   6. Update RCH for subsequent vaccination schedule
   7. Proper documentation
   8. Proper storage of used vaccine package boxes and package inserts for collection by DH

E) Others
   1. Management of voided/defective vaccines
   2. Clinical Waste Management
   3. Chemical Waste Management (if applicable)
4. Clinical Incident Management
5. Management and report of AEFI
6. Summary Reports to Central Command Centre of COVID-19 Vaccination Programme

The above checklists are by no means exhaustive. Please refer to the Doctor’s Guide for more information.
Annex IV  Daily Fridge Temperature Chart

2019 冠狀病毒病疫苗接種計劃 - 院舍外展接種安排

貯存疫苗的雪櫃溫度檢查表

1. 请注意接收疫苗前连续七天（每天上午、中午和下午各一次）检查及记录雪柜温度。
2. 所有疫苗须保存于摄氏-2 至+8 度雪柜内备用（请参考运送疫苗及贮存须知）。
3. 请记录雪柜最高及最低温度，留意最高/最低温度计。
4. 请保留此记录至少一年，以便必要时作参考。
5. 所有疫苗属政府公物，即使逾期亦必须妥善保存及交回财政署处理。

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*請注意不接受寒 | (如不敷應用，請自行影印)
## Annex V  List of Residents/ MIPs with Legal Guardian Consented to Receive CoronaVac

致：已聯繫的院舍防疫注射計劃到訪註冊醫生
（傳真號碼：_____________）
院舍名稱：__________________________________________
院舍地址：__________________________________________

「2019冠狀病毒病疫苗接種計劃」— 院舍外展接種安排

院友接種「新冠疫苗」名單
（第__頁 / 共__頁）

**根據聯合科學委員會 coconut專家顧問團建議，所有曾接種流感疫苗的長者均可安全地接種2019冠狀病毒病疫苗**

甲部：同意接種「新冠疫苗」院友資料

<table>
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<tr>
<th>院友資料 (由院方填寫)</th>
<th>列冊註冊醫生評為</th>
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| 姓名 | 身份證明文件號碼 (如 A1234560X) | 是否接種或 | 有否接種適應症「新冠疫苗」
（如是，請填“√”；否則，請填“×”） |
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| | | |
| 科興疫苗 | 華為疫苗 | 華為疫苗 |
| 第一劑 | 第二劑 | 第三劑 | 第四劑 |
| (日期) | (日期) | (日期) | (日期) |

1. 包括所有18歲或以上有精神上有行為能力或有法定監護人的院友。
2. 院舍可向香港科學會會開設的社區疫苗接種計劃諮詢中心（香港科學會）聯同行政長官專家顧問團（專家顧問團）
3. 對於需要的院友，可能需仔細考慮相關的風險與利益，詳情請向香港科學會會開設的社區疫苗接種計劃諮詢中心（香港科學會）聯同行政長官專家顧問團（專家顧問團）。
4. 包括所有院友或已由其法定監護人答應接受接種預約安排的院友（包括需急診室、藥廢人士院舍及護養院院友）及附設於院舍的其他服務單位的人員（如院舍護士、設備專家及醫護人員）。詳情請向香港科學會會開設的社區疫苗接種計劃諮詢中心（香港科學會）聯同行政長官專家顧問團（專家顧問團）。
5. 請院舍於接種當日填写此欄並保存有關記錄，以便於事後參考有關資料。
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<th>合格接種「科興疫苗」</th>
<th>合格接種「復必泰疫苗」</th>
<th>有否接種診治「新冠疫苗」 [如有，請填疫苗名稱及日期；如無，請填 &quot;×&quot;]</th>
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# 未表達同意接種「新冠疫苗」院友資料

### 資料欄

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(2022年04月22日更新版)

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<th>合適接種科興疫苗</th>
<th>合適接種復必泰疫苗</th>
<th>院友自己反對接種</th>
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院舍營業者／營辦人／主管簽署：__________________
院舍營業者／營辦人／主管姓名：__________________
院舍營業者／營辦人／主管職位：__________________  __________________
日期：__________________  （院舍印章）
Annex VI  List of MIPs without Legal Guardians who are unable to give consent

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1. 指未能明白疫苗接種事宜的一般性質及效果。
2. 疫苗可預防受病科學家會和研究人員對新發現及動物傳染病科學家會（聯合科學家會）聯合行政長官顧問團（專家顧問團）。
3. 對於最設弱的長者，應仔細考慮相關的效益與風險，詳情請參見聯合科學家會於2022年6月9日發出的建議。
4. 請院方於接種前取得相關院友及有關護士於電子資料庫中央存入及陳列護士／相關到診醫護人員／社區護理單位，以確保院友及護士 Childhood vaccination
5. 請院方於接種前及接種後保留有關記錄，以便衛生署日後若需有關資料。
### 附件六
(2022年04月22日更新版)

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<th>年齡</th>
<th>是否曾接種或將會接種季節性流感疫苗？（有，請填“✓”；如否，請填“×”)</th>
<th>合適接種「COVID-19疫苗」</th>
<th>合適接種「復必泰疫苗」</th>
<th>有否接種其他「新冠疫苗」 [如有，請注明疫苗名稱及日期]</th>
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<th>第二劑 (日期)</th>
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(如不敷應用，請自行剪印)

院舍經營者／營辦人／主管簽署：

院舍經營者／營辦人／主管姓名：

院舍經營者／營辦人／主管職位：

日期：

（院舍印章）
## Annex VII  List of Staff Consented to Receive CoronaVac

致：已聯繫的院舍防疫注射計劃到診註冊醫生（傳真號碼：__________）
院舍名稱：______________________________________________
院舍地址 ：______________________________________________

「2019冠狀病毒病疫苗接種計劃」— 院舍員工外展接種安排

| 員工姓名 | 身份證明文件號碼 [例如 A1123456(K)] | 此欄於接種當日填寫※
|----------|----------------------------------|-----------------
| 1        |                                  |                 
| 2        |                                  |                 
| 3        |                                  |                 
| 4        |                                  |                 
| 5        |                                  |                 
| 6        |                                  |                 
| 7        |                                  |                 
| 8        |                                  |                 
| 9        |                                  |                 
| 10       |                                  |                 |

※例如：「科興疫苗」（如無，請註明原因，）

（如不敷應用，請自行影印）

院舍經營者／營辦人／主管簽署：_______________________
院舍經營者／營辦人／主管姓名：_______________________
院舍經營者／營辦人／主管職位：_______________________ （院舍印章）

1. 包括安老院、殘疾人士院舍及護養院及附設於院舍的日間服務單位的員工。
2. 請院舍先行聯繫院舍同意將其個人資料按需要交予相關到診註冊醫生，以安排有關員工接種新冠疫苗事宜。
3. 請院舍於接種當日填寫此欄以保存有關記錄，以便衛生署日後索取有關資料。
Annex VIII Consent Form

版本：2022年8月2日

2019冠狀病毒病疫苗接種同意書

注意：

2019冠狀病毒病疫苗接種同意書

- 李同實宜適用於接種克隆抗體（科興）的人士和接種復必泰（復星藥業／輝瑞製藥）的12
  歲或以上人士
- 另一版本的同意書適用於接種部分劑量復必泰（復星藥業／輝瑞製藥）的兒童，包括5至
  11歲的兒童和12歲及以上11歲首次接種的兒童。請參閱：

請列印並用黑色或藍色筆以正楷填寫同意書並在適當位置加上“√”號及*剔去不適用者。

第一部分：疫苗接種者個人資料(以身份證明文件所載者為準)

<table>
<thead>
<tr>
<th>英文</th>
<th>漢文</th>
<th>(姓名)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(英文)</td>
<td>(姓氏)</td>
<td>(名字)</td>
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<tr>
<td>(中文)</td>
<td>(姓氏)</td>
<td>(名字)</td>
</tr>
</tbody>
</table>

出生日期：

(日/月/年)

(日/月/年)

性別：

聯繫電話號碼：

(流動電話)

香港居民身份證號碼：

簽發日期：

(日/月/年)

第二部分：接種2019冠狀病毒病疫苗同意書

[□] 本人同意(a)政府為本人／本人的子女／受監護者*接種在2019冠狀病毒病疫苗接種計劃下提供的2019
冠狀病毒病疫苗（詳情於第三部分）；及(b)限於生產及製造政府合作的相關機構(包括香港大學)查閱及使用
由政府管理，相關醫療機構及醫護人員持有關於本人／本人的子女／受監護者的相關資料，以便衞生署
根據監測及接種2019冠狀病毒病疫苗有關的風險及臨牀事件，而該等資料只可在為此目的而必須查閱及
使用的情況下才能查閱及使用。

注意：每一劑疫苗需填寫一份同意書。

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第1頁 共5頁
第三部：2019 冠状病毒病疫苗選擇

<table>
<thead>
<tr>
<th>2019 冠状病毒病疫苗種類及剎子</th>
<th>(請在適當位置加上“✓”號)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 復必泰—信使核糖核酸疫苗（BNT 162b2）</td>
<td>☐ 克羅埃西—滅活疫苗（Vero 細胞）</td>
</tr>
<tr>
<td>(復星藥業－德國輝碧 BioNTech)</td>
<td>(科興)</td>
</tr>
<tr>
<td>☐ 第一剎</td>
<td>☐ 第二剎</td>
</tr>
<tr>
<td>☐ 其他，請註明：---------</td>
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</tr>
</tbody>
</table>

第四部：聲明及答覆

甲．供年滿18歲或以上的疫苗接種者填寫

本人已閱讀及明白有關詳列於第三部的 2019 冠状病毒病疫苗的接種須知，當中包括接種 2019 冠状病毒病疫苗的禁忌症(及可能的副作用)。上述疫苗是根據《預防及控制疾病 (使用疫苗) 規例》(第 599 章) 指定目的為預防 2019 冠状病毒病接種可使用，它並未根據《藥劑學及毒 藥規例》(第 138 章) 在香港註冊及使用。在接種前及接種後 2019 冠状病毒病疫苗，本人有提出問題的機會，所有問題難得及本人認為滿意的答覆。本人也完全理解不同意接種和收集個人資料目的的聲明中的義務和責任。

本人在下方签署確認，本人同意 (a) 政府為本人接種在 2019 冠状病毒病疫苗接種計劃下提供的 2019 冠状病毒病疫苗 (詳情載於第三部)；及 (b) 本人亦同意衛生署及與政府合作的相關機構 (包括香港大學) 查閱及使用由衛生署和相關機構及護理人員持有者於本人的臨床資料，以便衛生署持續監測和接種 2019 冠状病毒病疫苗的安全及臨床事件，而該等資料只可在為此目的而必須查閱及使用的情況下查閱及使用。

本人特此聲明，本人在本同意書中所提供之一切資料，全屬真實。

本人同意把此同意書中本人的個人資料供政府用於「收集個人資料目的之聲明」所述的用途。本人同意政府或會與我聯絡，以核實有關資料及有關接種疫苗的安排。

適用於香港特別行政區居民身份維持者：本人同意授權香港政府及有關人員讀取及存放本人香港特別行政區居民身份維持的個人資料(只限香港身份證號碼、中英文姓名、出生日期及香港身份證簽發日期)以供政府作「收集個人資料目的之聲明」所述的用途。

此同意書會根據香港特別行政區法律實施，並需按香港特別行政區法律解釋；本人須不可撤銷地接受香港特別行政區政府的專屬司法管轄權管理。

疫苗接種者簽署(如不會識字，請印章指模)：


日期：

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乙. 如疫苗接種者未滿 18 歲或精神上無行為能力，只須父母／監護人填寫以下資料

本人已閱讀及明白有關於接種於第三類的 2019 冠狀病毒病疫苗的接種須知，當中包括接種 2019 冠狀病毒病疫苗的禁忌症及可能的副作用。接種疫苗是根據《預防及控制疾病（使用疫苗）規例》（第 599 章）指定目的為預防 2019 冠狀病毒病接種可使用，它並未根據《藥物及 nuova 規例》（第 138 章）在護士註冊及代表本人的子／受監護者／同意接種上達 2019 冠狀病毒病疫苗。本人有提出疑問的機會，所有問題都得到本人認為滿意的答覆。本人更完全理解本同意書和收集個人資料目的聲明中的義務和責任。

適用於年滿 6 個月至未滿 3 歲兒童接種者的額外資料：本人明白於 6 個月至未滿 3 歲兒童使用「克爾來福」疫苗並非列入《預防及控制疾病（使用疫苗）規例》（第 599 章）授權而獲批准的「克爾來福」疫苗會上。在參考了由政府委任的專家委員會／顧問團就目前的及未來可預見的疫苗狀況提供之意見，和已知的疫苗有效性和安全性數據後，根據《預防及控制疾病（使用疫苗）規例》（第 599 章）而獲准於政府疫苗接種計劃中作「顯示使用」。負責為法律上的子／受監護者／處方、配發和使用疫苗的員是在政府疫苗接種計劃下按照政府的指示而行事。

本人在下方簽署確認，本人同意 (a) 證實為本人的子／受監護者／接種在 2019 冠狀病毒病疫苗接種計劃下提供的 2019 冠狀病毒病疫苗（詳情載於第三部）；及 (b) 本人亦同意衛生署及與政府合作的相關機構（包括香港大學）查詢及使用由醫管局、社區醫療機構及護理人員持有關於本人的子／受監護者／的臨牀資料，以繼衛生署指揮與接種 2019 冠狀病毒病疫苗有關的安及臨牀事件，而該等資料只可在為此目的而必須查閱及使用的情況下才能查閱及使用。

本人特此聲明，本人在此同意書中所提供的一切資料，屬全真實。

本人同意把此同意書中本人／本人子女／受監護者／的個人資料供政府用於「收集個人資料目的的聲明」所述的用途，本人承諾會尊重及保障個人資料的安排。

適用於香港特別行政區法律身份權持有者：本人同意授權接種者／護人／僱員或存戶本人／本人子女／受監護者／香港特別行政區居民身份護照內的個人資料（只限香港身份護照第、中英文姓名／出生日期）在香港特別行政區法律安排下，以供政府作「收集個人資料目的的聲明」所述的用途。

此同意書受香港特別行政區法律管限，並按下香港特別行政區法律律解釋：本人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理。

父母／監護人*簽署：
父母／監護人*姓名（中文）：
關係：
父母／監護人的香港居民身份證成
其他身份證明文件、證件類別、證件號碼：
聯絡電話號碼：

日期：

Rev. 8/2022
丙. 如疫苗接種者不會書寫，見證人須填寫以下資料（如已填寫第四乙部，則無需填寫此部）

本人見證此同意書已在本人面前向疫苗接種者讀出及解釋，疫苗接種者有提出問題的機會。

見證人簽署：
見證人姓名（中文）：
香港居民身份證號碼：
(只要英文字母及首3個數字)
或 其他身份證明文件：
證件類別：
證件號碼：

聯絡電話號碼：
日期：

以下資料只由醫護人員填寫（如接種地點是社區疫苗接種中心，則無需填寫此部）

醫護通 (資助) 交易號碼：
只可設置一個交易號碼（如適用）：

接種日期：
責任護士姓名：

收集個人資料的聲明

提供個人資料乃屬自願性質，如果俗不提供充分的資料，可能無法接種疫苗。

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) 與有關政府部門和組織核對接受2019冠狀病毒病疫苗的狀況；
   (b) 通知有關政策局或政府部門及組織安排疫苗接種事宜以及接種後的跟進事宜；
   (c) 開設、處理及管理醫護通 (資助) 戶口，以及執行和監察2019冠狀病毒病疫苗接種計劃，包括但不限於通過電子程序與入境事務處的資料核對；
   (d) 轉交衛生署及與政府合作的相關機構（包括香港大學）作持續監測與2019冠狀病毒病疫苗接種計劃下接種2019冠狀病毒病疫苗有關的安全及臨牀事件；
   (e) 作統計和研究用途；
   (f) 預防、抵禦、阻延或以其他方式控制2019冠狀病毒病的傳播或擴播，包括個案追蹤；以及
   (g) 作法律規定、授權或准許的任何其他合法用途。

接受轉介人的類別

2. 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 段所列收集資料的目的而向其他機構和第三者人士披露。

Rev. 8/2022

第四頁，共五頁
查閱個人資料

3. 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 條和第 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。衛生署應查閱資料要求而提供資料時，可能會徵收費用。

查詢

4. 如欲查閱或修改有關提供的個人資料，請聯絡:

行政主任(項目管理及支援計劃科)

地址：九龍亞皆老街 147C 衛生防護中心二樓 A 座

電話: 2125 2045

Rev. 8/2022
Consent Form for COVID-19 Vaccination

Version: 2 August 2022

Note:
Consent Form for COVID-19 Vaccination:
- This consent form is applicable to persons receiving CoronaVac (Sinovac) and persons aged 12 or above receiving Comirnaty (BioNTech).
- A different consent form is applicable to children receiving FRACTIONAL dose of Comirnaty (BioNTech), including children aged between 5 and 11 years old and children who just turn 12 years with first dose given at 11 years; please refer to: https://www.covidvaccine.gov.hk/pdf/Consent_Form_for_Fractional_BioNTech_Vaccination_ENG.pdf

Please print and complete the form in BLOCK letters using black or blue pen and put a “✓” in appropriate boxes and *delete as appropriate.

************

Part 1. Personal Details of Vaccine Recipient (as indicated on identity document)

Name: ________________________________
(English) (surname) (given name)
(Cantonese) (surname) (given name)
Date of Birth: ______/______/______ (DD/MM/YYYY) Gender: ______
Contact number: ________________________ (mobile)
Hong Kong Identity Card No.: ____________ (HKID)
HKID Symbol: □ A □ B □ C □ D □ E □ F □ G □ H □ I □ J □ K □ L □ M □ N □ O □ P □ Q □ R □ S □ T □ U
Date of Issue: ______/______/______ (dd/mm/yyyy)
OR Other identity document:
Document type: ______________
Document number: ______________

Part 2. Consent to Administration of COVID-19 Vaccination

☐ I consent to (a) the administration of COVID-19 Vaccination to me / my child / my ward * under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my / my child / my ward’s * clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

Note: A consent form is required for each dose of vaccination.

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### Part 3: Particulars of COVID-19 Vaccination

#### Type and Dose Sequence of COVID-19 vaccination

- [ ] Comirnaty – mRNA Vaccine (BNT162b2) (Fosun Pharma/ BioNTech)
- [ ] CoronaVac – Inactivated Vaccine (Vero Cell) (Sinovac)
- [ ] 1st dose
- [ ] 2nd dose
- [ ] 3rd dose
- [ ] 4th dose
- [ ] Others, please specify: _______ dose

### Part 4 Declaration and Signature

#### A. To be completed by vaccine recipient who is aged 18 years or above

I have read and I understood the information in the Vaccination Fact Sheet for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and agree to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my personal data in this form for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”. I understand that the Government may contact me to verify the information and the arrangement of the vaccination.

For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my 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] saved in the chip embodied in my Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”.

---

Rev. 08/2022 Page 2 of 6
This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

Signature of vaccine recipient (or finger print if illiterate): ____________________________
Date: ____________________________

B. To be completed by parent / guardian only if vaccine recipient is aged below 18 years / mentally incapacitated

I have read and I understood the information in the Vaccination Fact Sheet for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 128), and [agree] on behalf of my child / ward* to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

Additional information if the vaccine recipient is aged between 6 months and less than 3 years: I understand that the use of CoronaVac (Sinovac) Vaccine on children aged between 6 months and less than 3 years old is not listed in the approved package insert of the CoronaVac authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). This is an off-label use allowed in the Government programme under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap.599K) , having regard to the advice from panel(s) / committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety data available. The person who prescribes, dispenses or is responsible for the administering of the vaccine to my child / ward* acts in accordance with the Government’s direction in the Government programme.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination to my child / my ward* under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child / my ward’s* clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my/ my child / my ward’s* personal data in this form for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”. I understand that the Government may contact me to verify the information and the arrangement of the vaccination.
For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my/ my child / my 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] saved in the chip embodied in my/ my child / my ward’s* Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”.

This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

Signature of Parent / Guardian*: ____________________________________________

Name of Parent / Guardian* (in English): ______________________________________

Relationship: ____________________________________________________________

HKID/ Other Identity Document
- Document Type and Document No. of Parent/ Guardian*: ______________________

Contact Telephone No.: ____________________________________________________

Date: ___________________________________________________________________

# C. Witness should complete the following if the vaccine recipient is illiterate

(Omit this Part if Part 4(B) has been completed.)

This document has been read and explained to the vaccine recipient in my presence. The vaccine recipient has been given an opportunity to ask questions.

Signature of Witness: ______________________________________________________

Name of Witness (in English): ______________________________________________

Hong Kong Identity Card No.: [only the alphabet and the first three digits are required]

OR Other Identity Document
Document type: __________________________________________________________

Document number: ________________________________________________________

Contact Telephone No.: ___________________________ Date: ____________________

Rev. 08/2022
**To be completed by Healthcare Provider** (Not required for Community Vaccination Centre)

<table>
<thead>
<tr>
<th>eHS(S) Transaction No.</th>
<th>T _ _ _ _ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Vaccination</td>
<td></td>
</tr>
<tr>
<td>Name of Doctor</td>
<td></td>
</tr>
</tbody>
</table>

**Statement of Purpose of Collection of Personal Data**

The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive vaccination.

**Purpose of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
   (a) checking with relevant government departments and organisations on the status of receiving COVID-19 vaccine;
   (b) informing relevant government bureaux or departments and organisations for arranging vaccination and follow up after the vaccination;
   (c) for creation, processing and maintenance of an eHealth (Subsidies) account, and the administration and monitoring of the COVID-19 vaccination programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
   (d) transferring to the Department of Health and relevant organisations collaborated with the Government (including the University of Hong Kong) for continuous monitoring of the safety and clinical events associated with COVID-19 Vaccination under the COVID-19 Vaccination Programme;
   (e) for statistical and research purposes;
   (f) preventing, protecting against, delaying or otherwise controlling the incidence or transmission of the COVID-19 disease, including contact tracing; and
   (g) any other legitimate purposes as may be required, authorised or permitted by law.

**Classes of Transferees**

2. The personal data you provided will be transferred to the Government and may also be disclosed by the Government to its agents, other organisations, and third parties for the purposes stated in paragraph 1 above, if required.

**Access to Personal Data**

Rev. 08/2022  Page 5 of 6
3. 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**

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

Executive Officer (Programme Management and Vaccination Division)

Address: Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon

Telephone No.: 2125 2045
Annex IX  Sample of a COVID-19 Vaccination Record

First Dose

<table>
<thead>
<tr>
<th>Name</th>
<th>CHAN, TAI MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Type &amp; No.</td>
<td>Hong Kong Identity Card H673068(B)</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>1970年1月1日 / 01-Jan-1970</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
</tbody>
</table>

**First Dose**

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer / Lot No.</td>
<td>SinoVac / A20210100022</td>
</tr>
<tr>
<td>Date</td>
<td>2021年10月13日 / 13-Oct-2021</td>
</tr>
</tbody>
</table>

**Vaccination Centre**

Community Vaccination Center, Hong Kong Central Library (Exhibition Gallery)

---

**Second Dose**

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>2021年10月13日 / 13-Oct-2021</td>
</tr>
</tbody>
</table>

**Vaccination Centre**

Community Vaccination Center, Hong Kong Central Library (Exhibition Gallery)
<table>
<thead>
<tr>
<th>第一針 1st Dose</th>
<th>第二針 2nd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine Name</td>
<td>Vaccine Name</td>
</tr>
<tr>
<td>CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated</td>
<td>CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated</td>
</tr>
<tr>
<td>Manufacturer / Lot No.</td>
<td>Manufacturer / Lot No.</td>
</tr>
<tr>
<td>Sinovac / A20210100022</td>
<td>Sinovac / A20210100022</td>
</tr>
<tr>
<td>Vaccination Date</td>
<td>Vaccination Date</td>
</tr>
<tr>
<td>Vaccination Premises</td>
<td>Vaccination Premises</td>
</tr>
<tr>
<td>Community Vaccination Centre, Hong Kong Central Library (Exhibition Gallery)</td>
<td>Community Vaccination Centre, Hong Kong Central Library (Exhibition Gallery)</td>
</tr>
</tbody>
</table>

Second Dose
## COVID-19 Vaccination Record

<table>
<thead>
<tr>
<th>Name</th>
<th>CHAN, TAI MAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Type &amp; No.</td>
<td>Hong Kong Identity Card H632068(R)</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>1970年1月1日 / 01-Jan-1970</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
</tbody>
</table>

### 1st Dose
- **Vaccine Name**: CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated
- **Manufacturer / Lot No.**: Sinovac / A2021010022
- **Vaccination Date**: 2021年10月13日 / 13-Oct-2021
- **Vaccination Premises**: Community Vaccination Centre, Hong Kong Central Library (Exhibition Gallery)

### 2nd Dose
- **Vaccine Name**: CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated
- **Manufacturer / Lot No.**: Sinovac / A2021010022
- **Vaccination Date**: 2021年10月13日 / 13-Oct-2021
- **Vaccination Premises**: Community Vaccination Centre, Hong Kong Central Library (Exhibition Gallery)

### 3rd Dose
- **Vaccine Name**: Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection
- **Manufacturer / Lot No.**: BioNTech / BNT202100001
- **Vaccination Date**: 2021年10月13日 / 13-Oct-2021
- **Vaccination Premises**: Community Vaccination Centre, Hong Kong Central Library (Exhibition Gallery)

Ref: TC21A13-1767-3 請妥善保存 Keep this record properly  Printed on 13-Oct-2021 14:23
Annex X  Report on Cases Referred to Hospital

NOTIFICATION TO CENTRAL MEDICAL TEAM
REPORT ON CASES REFERRED TO HOSPITAL
(RESTRICTED)

To: Central Medical Team
   From: ____________________________ (RCH)
   Email: duty_smo_cnt@csb.gov.hk
   duty_nurse_cnt@csb.gov.hk
   CVP_CC_Deputy_Controller@csb.gov.hk
   Date: ____________________________

Report on Cases Referred to Hospital  (To be completed by Visiting Medical Officer)

Points to Note:
- For all cases which required medical attention and referral to hospital, VMO should inform
  the Central Medical Team after immediate management by phone (2104 5233); followed by
this written Report on Cases Referred to Hospital.
- The completed form should be returned to the Central Medical Team by email
  (duty_smo_cnt@csb.gov.hk and duty_nurse_cnt@csb.gov.hk and
  CVP_CC_Deputy_Controller@csb.gov.hk) or fax (2217 3079) as soon as possible and within
  the same day after the incident.

I.  Particulars of the person who was referred to hospital

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex:</th>
<th>Age:</th>
<th>ID number:</th>
</tr>
</thead>
</table>

Date sent to hospital (dd/mm/yyyy): ________________  Time (24 hr format): ________________

Hospital (if known): ________________

Reason(s) / Preliminary Diagnosis:

II.  COVID-19 vaccine given to the person on the day

☐ Vaccine Not given
☐ Vaccine given
  • Name of COVID-19 vaccine: ________________ (☐ First dose  ☐ Second dose)
  • Time given: ________________ am / pm

III.  Details

Details of event:

Symptoms & Time of onset:
### IV. Management provided at Residential Care Home


### V. Condition of the patient on leaving Residential Care Home

<table>
<thead>
<tr>
<th>Awake / Verbal / Pain / Unresponsive *</th>
<th>Vital Signs: BP</th>
<th>Pulse</th>
<th>SpO2</th>
</tr>
</thead>
</table>

### VI. Information given to relatives (if applicable)

### VII. Other information if applicable

### VIII. Reporter’s Information

<table>
<thead>
<tr>
<th>Name (in Full): Mr / Ms:</th>
<th>Role: Please tick the appropriate box below:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doctor</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
</tr>
<tr>
<td></td>
<td>Pharmacist / dispenser</td>
</tr>
<tr>
<td></td>
<td>Clerk</td>
</tr>
<tr>
<td></td>
<td>Other healthcare professionals, please specify:</td>
</tr>
</tbody>
</table>

Name of Residential Care Home: ___________________________________________

Name of Visiting Medical Officer: ________________________________________

Date: ____________________ (dd/mm/yyyy) Time (24 hr format): _______ : _______
Annex XI  Clinical Incident Notification Form

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Case Number (assigned by PMVD):________

<table>
<thead>
<tr>
<th>Points to Note:</th>
<th>Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical incident could be notified by any staff</td>
</tr>
<tr>
<td></td>
<td>It is not required to get all details confirmed to make a notification.</td>
</tr>
<tr>
<td></td>
<td>Notification should be made as soon as possible (by phone to PMVD at 21252123) And followed by fax (Fax Number: 27136916) or email in form of with password encrypted file (Email: <a href="mailto:covid10_rvp@dh.gov.hk">covid10_rvp@dh.gov.hk</a>) after completion of this form, within the same working day upon discovery of (suspected) incident</td>
</tr>
<tr>
<td></td>
<td>A follow up full investigation report by the Visiting Medical Officer should be submitted within 1 week upon discovery of (suspected) incident</td>
</tr>
</tbody>
</table>

I. Brief Facts:

Name of RCH involved:_____________________________________________________________________________________

Date of discovery (dd/mm/yyyy):______________ Time (24 hr format):________________________

Date of occurrence (dd/mm/yyyy):______________ Time (24 hr format):________________________

Place of occurrence:  
[ ] At the residential care home  
[ ] Others, please specify: __________________________

Stage of care when incident occur:  
[ ] Pre-vaccination  
[ ] During vaccination  
[ ] Post-vaccination

Number of vaccine recipient(s) affected: ______________

Demographics of clients affected:

<table>
<thead>
<tr>
<th>Person (1, 2, 3 …)</th>
<th>Gender (M/F)</th>
<th>Age</th>
<th>Type of harm/injury</th>
<th>Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)</th>
<th>Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)</th>
<th>Name and batch of vaccine involved</th>
</tr>
</thead>
</table>
COVID-19 Vaccination at Residential Care Home under KVP
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Summary of the incident: (including what happened, how it happened, and what actions were taken etc. Do not put in any personal information of the persons affected in the incident. And Do not put in any name, post or rank of staff involved in the incident.)

Any property damage? □ Yes, details: ____________________________
□ No

II. Reporter’s Information

Post: Please tick the appropriate box below:
□ Doctor
□ Nurse
□ Pharmacist/ dispenser
□ Clerk
□ Other healthcare professionals, please specify: ____________________________

Name of organisation/service provider: ____________________________

Name of VMO: __________________________________________

Date: ____________________________ (dd/mm/yyyy) Time (24 hr format): ____________

Classification of level of injury

<table>
<thead>
<tr>
<th>Level of Injury</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level M</td>
<td>Near miss OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).</td>
</tr>
<tr>
<td>Level 1</td>
<td>No or minor injury was resulted AND additional investigation or referral to other speciality (including AED) was required for the client.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Significant injury was resulted AND additional investigation or referral to other speciality (including AED) was required for the client.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.</td>
</tr>
</tbody>
</table>
Annex XII  Clinical Incident Investigation Report

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT INVESTIGATION REPORT
(RESTRICTED)

Case Number (assigned by PMVD)

<table>
<thead>
<tr>
<th>Points to Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report should be made within 1 week upon discovery of the incident</td>
</tr>
<tr>
<td>Do not put in any personal information of the persons affected/staff involved in the incident</td>
</tr>
</tbody>
</table>

I. Brief Facts:

Name of RCH involved: ________________________________

Date of discovery (dd/mm/yyyy): ________________ Time (24 hr format): ________________

Date of occurrence (dd/mm/yyyy): ________________ Time (24 hr format): ________________

Place of occurrence:  
☐ At the residential care home  
☐ Others, please specify: ________________________________

Stage of care when incident occur:  
☐ Pre-vaccination  
☐ During vaccination  
☐ Post-vaccination

Number of vaccine recipient(s) affected: ________________

Demographics of clients affected:

<table>
<thead>
<tr>
<th>Person (1, 2, 3 …)</th>
<th>Gender (MF)</th>
<th>Age</th>
<th>Type of harm/ injury</th>
<th>Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)</th>
<th>Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)</th>
<th>Name and batch of vaccine involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of the incident: (including what happened, how it happened)
COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

Actions taken for this incident:


Remedial measures to prevent future similar occurrences:


Other recommendations and comments:


Reporter’s Information

Name (in Full): Dr ______________________
Phone: ______________________________
Email: ______________________________
Date: ______________________________
Annex XIII Claim form for additional allowance

<table>
<thead>
<tr>
<th>摘要</th>
<th>数目</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) 院舍於最後完成講座／諮詢當日的入住人數：</td>
<td>(人)</td>
</tr>
<tr>
<td>(ii) 提供健康講座／諮詢服務 1 的詳情如下：</td>
<td></td>
</tr>
<tr>
<td>提供服務日期</td>
<td>服務形式</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) 為院友及／或其家屬提供服務總時數 2</td>
<td>小時</td>
</tr>
<tr>
<td>(iv) 應領津貼總額(每小時港幣$800元) 7 合共港幣元</td>
<td>无</td>
</tr>
</tbody>
</table>

致診治時醫生聲明：
本人在此申領表所填報的所有資料均屬真實及正確，並明白及同意此文件會交予衛生署批閱及發放津貼。

醫生姓名：
醫生註冊編號：
電話號碼：

院舍經辦者／主管聲明：
本人已檢視上述資料均屬正確，並明白及同意此文件會交予衛生署批閱及發放津貼。

姓名：
職位：
電話號碼：
查核日期：

1 院舍為院友及／或其家屬免費提供有關治療新型冠狀的健康講座／諮詢服務，講座／諮詢可以小組或一對一形式由護理員及／或醫生負責，護理員及／或醫生會根據護理員的建議作適當的個案管理。
2 每月津貼以實際提供講座／諮詢服務的時間計算，並以每一小時為單位，未達30分則以港幣400元計算。

105
Annex XIV Supplementary sheet on the recommendation for third dose COVID-19 Vaccination


<table>
<thead>
<tr>
<th>年齡組別</th>
<th>第一劑</th>
<th>間隔</th>
<th>第二劑</th>
<th>間隔</th>
<th>第三劑</th>
<th>間隔</th>
<th>第四劑</th>
</tr>
</thead>
<tbody>
<tr>
<td>6個月-11歲</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17歲</td>
<td>28日</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-49歲</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50歲及以上</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>年齡組別</th>
<th>第一劑</th>
<th>間隔</th>
<th>第二劑</th>
<th>間隔</th>
<th>第三劑</th>
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<tbody>
<tr>
<td>5-11歲</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17歲</td>
<td>55日</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-49歲</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50歲及以上</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

注意事項：

接種首兩劑疫苗後，如建議接種額外劑數，可選擇同款或不同款疫苗。

如果你在香港以外地區接種新冠疫苗，如不願克爾來福疫苗或復必泰疫苗，請諮詢疫苗接種地點的護理人員。

另有關香港第三劑或第四劑新冠疫苗的接種地點和相關安排的最新資訊，請留意政府新聞公告。

*免疫力弱人士包括：
1. 長期接觸或接觸過12個月內曾接觸癌症或血液病免疫抑制治療
2. 接受免疫抑制藥治療或血液病移植
3. 接受免疫抑制藥治療或長期接觸未接種治療
4. 長期接觸或接觸過的動物或病菌
5. 接受免疫抑制藥治療或過去6個月內曾接觸過免疫抑制性治療或放射治療

* 18-49歲成人若高暴露風險或個人需要，經考慮對自身的風險和益處後，可以選擇接種。

最新資訊請參閱網上版本

版本日期：
2022年8月4日
Annex XV Fast Track Service Form

COVID-19 Vaccination Programme
2021/22 Residential Care Home Vaccination Programme -
Fast-Track Service

為鼓勵市民接種季節性流感疫苗與 2019 冠狀病毒病疫苗，任何持有有效香港身份證的合資格人士可攜同此單張到下列任何一間社區疫苗中心或公立醫院新冠疫苗接種站接種復必泰疫苗，無需另行預約*。

To encourage fellow citizens to receive COVID-19 vaccination, eligible persons with valid Hong Kong identity cards may bring along this leaflet to one of the listed Community Vaccination Centres or Hospital COVID-19 Vaccination Stations for BioNTech vaccination. No prior booking is required*.

This is to certify the following resident is considered suitable to receive BioNTech vaccination.

姓名 Name : __________________________
出生日期 Date of Birth : __________________________
性別 Sex : __________________________

*接種復必泰疫苗與其他疫苗之間應最少相隔14天。
*It is recommended to have a minimal interval of at least 14 days between administration of BioNTech vaccine and any other vaccine.

到診註冊醫生簽署
Signature of Visiting Medical Officer

到診註冊醫生姓名
Name of Visiting Medical Officer

日期 Date