



北角協同中學 Concordia Lutheran School - North Point

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Notice to Parents No: 2526/022 **Prevention of Influenza Vaccination Campaign**

9th September 2025

Dear Parents/Guardians,

Every year from fall winter till March is the peak season of influenza, the number of infected cases will rise. To strengthen the children's protection on preventing the influenza and reduce the chances of complications, injecting the prevention vaccine is effective way. Health Department suggests everyone should get seasonal influenza vaccination. Students getting influenza and COVID-19 at the same time may be more seriously ill and have a higher death rate. Influenza vaccination may reduce hospitalisation and the length of stay. The vaccination team - HKPCDC will arrange an outreaching seasonal influenza vaccination activity at our school. Children who join the scheme of Department of Health and fill out the consent form, that can provide FREE influenza vaccination.

Details of the event:

Date of vaccination:	24/10 (Fri)
Time:	2:00pm-3:30pm
Venue:	Room 512
Vaccines:	Influenza Vaccination (Quadrivalent)
Brand Injectable Vaccine:	Abbott /Influvac Tetra (HK-66197) / Country of Origin: The Netherlands
Composition:	Recommended composition of influenza virus vaccines for use in the 2025-2026 Northern Hemisphere influenza season Quadrivalent vaccine includes: • an A/Victoria/4897/2022(H1N1)pdm09-like virus; • an A/Croatia/10136RV/2023 (H3N2)-like virus; • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
Fee:	Free of Charge Parents need to return: [1. This notice / 2. Consent form of government / 3. Copy of Identity document]

Please kindly note that late submission will not be entertained.

Thank you for your kind attention.

Yours faithfully,

Mr. Lee Kin Lim Larry
Principal

<Reply Slip>
Notice to Parents No: 2526/022
Prevention of Influenza Vaccination Campaign
(Please sign and return on or before 16th Sep 2025 (Tue))

Dear Principal

I have read and understood the content of influenza vaccination and possible response after injection,

☐ **I AGREE** my child to get vaccination on Influenza Vaccination (Quadrivalent), I will complete and submit :

1. The Consent to Use Vaccination Subsidy
2. Health Assessment and Vaccination Record

☐ **I DON'T AGREE** my child to get any seasonal influenza vaccine

Reasons:

- ☐ Completed the influenza vaccination for the 2025-2026 season
- ☐ Had a severe allergic reaction to the vaccine
- ☐ Severe allergic reaction to eggs
- ☐ Concerned about adverse reactions
- ☐ Others: _____

(Please tick the appropriate box)

Name of student: _____ Class: ____ ()

Name of parent / guardian: _____

Signature of parent / guardian: _____

Contact number of parent / guardian: _____

Contact number of student: _____

Date: _____

# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:		
This document has been read and explained to the vaccine recipient in my presence.		
Signature of Witness:	Name of Witness:	
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)	X X X (X)	
Contact Telephone No.:	Date of Signature:	
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 SIV before this outreach activity, please inform the school immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination. (iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine.		
Part III 【Consent to Register eHealth】		
☐ Vaccine recipient has already registered eHealth. ☐ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)		
The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status		
(a) Vaccine recipient <u>aged 18 or above</u> eHealth registration is a prerequisite for all vaccine recipients aged 18 or above To be completed and signed by vaccine recipient <u>aged 18 or above</u> ☐ I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.		
Signature of Vaccine Recipient:	Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):	Date of Signature:
(b) Vaccine recipient <u>between the age of 16 and less than 18 years</u> To be completed and signed by vaccine recipient <u>between the age of 16 and less than 18 years</u> ☐ I agree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes. ☐ I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I DISAGREE to register with eHealth.		
Signature of Vaccine Recipient:	Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):	Date of Signature:
(c) Vaccine recipient <u>aged under 16, or aged 16 or above but incapable of giving consent</u> To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.) ☐ I agree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR's eHealth records for healthcare purposes. ☐ I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) DISAGREE to register with eHealth.		

Substitute Decision Maker's Surname in English:	Substitute Decision Maker's First Name in English:	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):
Substitute Decision Maker's HK Identity Card No.:	For non HK Identity Card holder, please fill in information of other identity document	
	Document Type:	Document No.:
Relationship with vaccine recipient: ☐ Vaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * ☐ Vaccine recipient aged 16 or above but incapable of giving consent Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *		
Signature of Substitute Decision Maker:		Date of Signature:

Part IV To Be Filled In By The Vaccination Staff

<u>First Dose</u> Vaccination Day		<u>Second Dose</u> Vaccination Day <i>(Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)</i>	
☐ Seasonal influenza vaccination (SIV) was provided to the student		☐ Seasonal influenza vaccination (SIV) was provided to the student	
☐ SIV was NOT provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ had discomfort ☐ others (please specify: _____)		☐ SIV was NOT provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ had discomfort ☐ others (please specify: _____)	
Signature of Vaccination Staff:		Signature of Vaccination Staff:	
Name of Private Doctor:	Dr.	Name of Private Doctor:	Dr.
Date of Activity:		Date of Activity:	

Part V 【Undertakings and Declarations】

- I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision.
- I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.
- For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/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) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".
- This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.
- I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Part VI 【Statement of Purposes of Collection of Personal Data】

Purposes of Collection of Personal Data

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) eHealth or eHealth System (Subsidies) (as the case may be) registration, payment of subsidy, and the administration, monitoring, auditing and evaluation of the Seasonal Influenza Vaccination School Outreach Programme, including but not limited to a verification procedure by electronic means with the data kept by the Government, processing of subsidy payment, providing necessary health care services to vaccine recipients and investigation of incidents and complaints;
 - (b) enhancing or facilitating the implementation of Government programmes which promote primary care, including but not limited to direct contact by the Government or its agents for engagement of healthcare activities and education;
 - (c) statistical, scheme monitoring, evaluation and research purposes;
 - (d) receiving vaccination information provided by the Government; and
 - (e) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Government may disclose personal data and records of you / your child / your ward to other Government bureaux / departments concerned, or obtain such personal data or records from Government bureau / departments concerned, for the purpose of verifying your eligibility under the Seasonal Influenza Vaccination School Outreach Programme.
4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you/ your child/ your ward may not be able to receive the subsidised vaccination.

Classes of Transferees

5. The personal data will be transferred to and used by the authorised user(s) or professional parties in the health field which are directly involved in the Vaccination Subsidy Scheme including but not limited to:
 - (a) Private Doctors and individuals authorised by the Private Doctors, as a clinic administrator, to access and use the IT platform;
 - (b) Primary Healthcare Commission (“PHCC”) and the operators appointed by PHCC;
 - (c) the Medical Council of Hong Kong, Dental Council of Hong Kong, Nursing Council of Hong Kong, Midwives Council of Hong Kong, Supplementary Medical Professional Council and five Boards set up under the Council (i.e. Medical Laboratory Technologists Board, Occupational Therapists Board, Physiotherapists Board, Radiographers Board and Optometrists Board), Chiropractors Council, Council on Human Reproductive Technology, Human Organ Transplant Board, Pharmacy and Poisons Board and Radiation Board and its agents;
 - (d) the Hospital Authority and its agents; and
 - (e) the Government’s agents;

for the purpose set out in Clause 1 above.

Access to Personal Data

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

Enquiries

7. Enquiries concerning the personal data provided, including making data access and correction, request, should be addressed to: Programme Management and Vaccination Division, Centre for Health Protection, 3/F, Two Harbourfront, Hung Hom, Kowloon (Telephone No.: 2125 2125)



【Information About INJECTABLE VACCINE】

Please read the information carefully. If you have any concerns about the suitability of yourself, your child or your ward for the vaccination, please consult your family doctor.

1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

2. Which type of influenza vaccines are recommended to be use in children?

- The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health recommended inactivated influenza vaccines and live attenuated influenza vaccine (i.e. nasal vaccine) for use in children. Both quadrivalent and trivalent seasonal influenza vaccines could be used in the 2025-26 season.

3. Why children aged 6 months to 18 years are recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children six months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
- Local data have shown that seasonal influenza vaccination could effectively reduce the risk of severe influenza infection among children below 18 years of age.
- Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.
- Taking reference from overseas practice and local experience, seasonal influenza vaccination continues to be recommended to secondary school students or adolescents 12 to under 18 years of age for the 2025-26 season.

4. How many doses of seasonal influenza vaccine (SIV) will my child need?

- One dose per year, except those under nine years of age who have never received any seasonal influenza vaccination before are recommended to receive two doses of SIV with a minimum interval of four weeks.

5. What is Inactivated Influenza Vaccine (IIV)?

- The IIV contains inactivated (killed) viruses. IIV is given by injection.

6. Who should not receive inactivated influenza vaccine (IIV)?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

7. What are the possible side effects following inactivated influenza vaccine (IIV) administration?

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning six to 12 hours after vaccination and lasting up to two days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of

Centre for Health Protection of DH: <https://www.chp.gov.hk/en/features/100764.html>



Electronic Health Record Sharing System (eHealth) - Annex

The Electronic Health Record Sharing System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime. **Citizens who registered with eHealth can check their vaccination record via the eHealth App.**

Please scan the QR code below to read and understand "Participant Information Notice" and "Personal Information Collection Statement".

Participant Information Notice



**Personal Information Collection
Statement**



For enquiries about registration or other issues about eHealth, please contact Electronic Health Record Registration Office at 3467 6300. For more information about eHealth, please visit the website at www.ehealth.gov.hk.