



YAN OI TONG
Tin Ka Ping Secondary School

仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong

香港新界屯門山景邨

Tel : 852-2464 3731 Fax : 852-2464 3243 Website : <http://www.yottkp.edu.hk>

Email : office@yottkp.edu.hk

No.24-25/20

27th September 2024

Seasonal Influenza Vaccination Subsidy Scheme (VSS) School Outreach Campaign

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 hospitalization and the length of stay. Hong Kong Prevention of Communicable Diseases Center (HKPCDC) will arrange an outreaching seasonal influenza vaccination activity at our school. Children who join the Department of Health "Vaccination Subsidy Scheme", that can provide free influenza vaccination.

Date of Vaccination: 15th November, 2024 (Friday) 9:00am - 11:30am

Vaccines:	Influenza Vaccination (Quadrivalent)
Brand:	Influvac Tetra (HK-66197) / Country of Origin: The Netherlands
Composition:	Recommended composition of influenza virus vaccines for use in the 2024-2025 Northern Hemisphere influenza season Quadrivalent vaccine includes: - an A/Victoria/4897/2022(H1N1)pdm09-like virus; - an A/Thailand/8/2022 (H3N2)-like virus; - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus
Time & Venue	Injection in school hall during class hours
The school students can be vaccinated free of charge	
Parents need to return: 1. This notice & 2. Consent form of government	

Dr. Kai Sze Fai
Principal

-----✂-----
Reply Slip (To be returned to the form teacher by 30/9)

30th September 2024

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 DON'T agree my child to get any seasonal influenza vaccine.

Class: _____ No.: _____

Name of student: _____

Parent signature: _____

No.24-25/20