致 : 家長/監護人

白喉、	破傷風	、無細胞型百日咳及	减活儿	、兒麻痺混合疫苗	(DTaP-IPV)	接種
	MAX 1991 ISAN			1) LIMPLE PET / CE LE 1 X LE	(DIM H V)	15/1年

	日帳、	做 陽風、	無細胞型日日吗	《夕阙店小兒》	顾 揮混合投的	f (DTaP-IPV)	搂 種
			E注射小組現定於 、兒麻痺混合疫苗		月	日到本校為 <u>小</u> 、	_學童接種白喉、
(一)	及小兒麻痺 接種上述加 如貴子女因	可能曾在母疫苗加強齊 強劑,是 多 健康問題:	日嬰健康院或私家 別,但讀一年級的學 次便不用再接種此 ,對是否適宜接種 「查詢,請於辦公日	學童仍需再接 混合疫苗 。 此疫苗有任何	種多一次加強 疑問,可先請	劑。 如果學童 在 對家庭醫生。	<u>E四歲或以後已經</u>
日及公眾作	段期休息) 致智	電 2615 858	85 或 2615 8563 與	學童免疫注射	小組職員聯 紹	生 。	
			<u>其中一張回條</u> (周 日本校,以便查		可意書)。 个論	问意與否,亦	<u> 須</u> 建同學 <u>革</u> 所有
				日期	1		
Dear Parent	s / Guardians,						
Comb	ined Diphth	eria. Tetai	ius, acellular Pe	rtussis & Ina	ctivated Poli	ovirus Vaccino	e (DTaP-IPV)
Colds	meu Dipiren			imary 1 Stud			(2 242 12 +)
(2) P. Teams a Sundays	he Departmen All primary dose of this poliovirus However, is required to Please consand immure lease read the st 2615 8585 of and Public H	t of Health y 1 students s vaccine, vaccine at if student 1 o receive the sult your farisation of the attached in 2615 856 olidays close		s vaccine (boost nes containing Maternal and booster(s) at c ain. have any querie	ter dose) again diphtheria and Child Health or after 4 year es concerning to tries, please confirmed friday 9am –	d tetanus compo Centres or from s of age, he / sl the health condit ontact the Scho 1pm, 2pm – 5:3	onents as well as a private clinics. he would not be a private clinics.
			<u>ply slips below</u> (e n records (origina			isal form) and re	eturn it to school
					Yours	sincerely,	
					7/ I ∑	(TT 1	TT 1 '
						(Headmaster /	Headmistress)
					Date	<u>. </u>	

Information on Combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine (dTap-IPV)

Diphtheria

It is caused by the bacteria *Corynebacterium diphtheriae*. Symptoms include fever, sore throat with patches of greyish membrane adhered to the throat and difficulty in breathing. In serious cases, it can cause airway obstruction, heart failure, nerve damage or even death. The disease is spread by contact with patients or carriers. Less commonly, a person may get infected through contact with articles soiled with discharges from the affected persons.

Tetanus

It is caused by the bacteria *Clostridium tetani*. The bacteria get into the body through a break in the skin and produce a toxin that attacks the nervous system. It can cause painful muscular contractions at the jaws and the neck. The trunk is sometimes also affected and generalized spasms of muscles may occur. When tetanus affects respiratory muscles that are used for breathing, the patient can die very quickly.

Pertussis

It is also known as "whooping cough" and is caused by the bacteria *Bordetella pertussis* through direct contact with the patient's droplets. An infected person may initially have non-specific symptoms like runny nose, sneezing, low-grade fever and mild cough. However, the cough may gradually become more severe and spells of violent coughing can interfere with eating, drinking and breathing. The bacteria can cause lung infection, and even lead to seizures and coma in severe cases.

Poliomyelitis

It is caused by one of the 3 types of Poliovirus (type 1, type 2, and type 3). The virus enters the body through oral route and eventually invades the central nervous system causing illness. It can cause fever, headache, vomiting, abdominal discomfort, muscle pain, stiffness in the neck and back, and paralysis. Most patients will recover, but in severe cases, it can lead to permanent disability and even death.

《 Can be effectively prevented by immunisation with Combined Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine (dTap-IPV) 》

(I) Who should get this immunisation?

According to the Hong Kong Childhood Immunisation Programme, the 3-dose primary series of immunisation against the above diseases should be completed in the first year of life. Three booster doses should be given at 1½ years of age, primary 1 and primary 6 in order to maintain long-lasting protection.

(II) Children with the following conditions should not receive dTap-IPV

- (1) Anaphylactic reaction to any of the vaccine components or following a previous dose of Diphtheria, Tetanus, Pertussis or Inactivated Poliovirus vaccine.
- (2) Encephalopathy not due to an identifiable cause occurring within 7 days following a previous dose of DTaP-IPV or a pertussis-containing vaccine.
- (3) Anaphylactic reaction to Glutaraldehyde, Neomycin, Streptomycin or Polymyxin B.

(III) Points to note before immunisation

- (1) Student with a mild cold or cough on the day of vaccination can receive the vaccine. However, it should be postponed until recovery if the student has a fever.
- (2) Parents should consult their family doctors beforehand if the students have the following conditions:
 - the occurrence of the following after a previous pertussis-containing vaccine:
 - within 48 hours of immunisation
- > temperature above 40.5 °C (105 °F) with no other identifiable causes
- > collapse or shock-like state (hypotonic hyporesponsive episode)
- > persistent crying lasting for 3 hours or more
- convulsions occurring within 3 days after immunisation
- history of Guillain-Barré Syndrome occurring within 6 weeks after a tetanus toxoid-containing vaccine
- known or suspected neurologic condition (e.g. progressive encephalopathy, uncontrolled epilepsy, etc.)
- under treatment that will weaken immunity, such as steroid, irradiation or cytotoxic drugs; or
- bleeding tendency.

(IV) Possible reactions after immunisation

Most children do not have serious reactions after receiving dTap-IPV. Some children may have the following adverse events after immunisation:

- (1) Mild and short lasting side effects, including irritability, tiredness, loss of appetite, vomiting.
- (2) If there is any pain, redness or swelling at the injection site, parents may apply cold compress to relieve the symptoms.
- (3) If a fever occurs, parents may provide the child with antipyretic medication (e.g. paracetamol) to relieve the symptoms.
- (4) Parents should bring their children to hospitals for treatment immediately if the following conditions occur:
 - less frequently occur conditions persistent crying lasting for 3 hours or more, febrile seizures or shock-like state (hypotonic hyporesponsive episodes)
 - rarely occur conditions transient swelling of the entire upper arm after immunisation
 - extremely rare conditions breathing difficulty or coma soon after immunisation

白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗接種資料

● 白喉

是由白喉棒狀桿菌引致。病徵包括發燒、咽喉疼痛、喉嚨出現一片片淺灰色的薄膜及呼吸困難。嚴重者會令呼吸道閉塞、心臟衰竭和神經受損,甚至死亡。白喉一般是透過與病者或帶菌者接觸而傳播。接觸曾被病者分泌物所污染的物件亦可能感染白喉,但機會較低。

● 破傷風

是由破傷風梭狀芽胞桿菌引致,桿菌會透過皮膚表面的傷口進入人體,然後產生毒素破壞神經系統。破傷 風或會令病者的上下顎和頸部因肌肉攣縮而感到疼 痛,身軀有時亦會受影響,產生普遍性的肌肉痙攣。 破傷風一旦影響幫助呼吸的肌肉組織便可令病人迅速 死亡。

● 百日咳

又名「雞咳」,是由百日咳博德氏桿菌所引致。百日咳可透過直接接觸病人的飛沫而傳播。患者初時可能沒有特別病徵,只會流鼻水、打噴嚏、輕微發燒和咳嗽。但咳嗽可能會日益嚴重和加劇,妨礙病人飲食和呼吸。細菌可令肺部受感染,嚴重者更可導致抽搐及昏迷不醒。

● 小兒麻痺症 (脊髓灰質炎)

是由三種脊髓灰質炎病毒(1型、2型和3型)其中一種所引致。病毒經口進入身體,再侵入中樞神經系統而致病。患者可能會出現發燒、頭痛、嘔吐、腹部不適、肌肉疼痛、頸背僵硬及麻痺等徵狀。大部分患者都可以痊癒,但嚴重者會有機會永久傷殘甚至死亡。

《 接種白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗是有效的預防方法 》

(一) 哪些學童應接種此疫苗?

根據香港兒童免疫接種計劃,嬰兒應於<u>出生後的一年內</u>接種共三針的基礎注射以預防上述疾病,並於 **歲半、小學一年級及六年級**再接種加強劑,以保持免疫能力。

(二) 下列情況的學童不宜接種此疫苗

- (1) 對白喉、破傷風、百日咳或小兒麻痺 (脊髓灰質炎) 疫苗或其成份曾有嚴重的過敏反應。
- (2) 曾於接種白喉、破傷風、百日咳及滅活小兒麻痺混合疫苗或含百日咳成份的疫苗後,七日內出現腦病而沒有找出其他成因。
- (3) 對戊二醛(Glutaraldehyde)、新霉素(Neomycin)、鍵霉素(Streptomycin) 或多粘菌素 B(Polymyxin B) 曾有嚴重的過敏反應。

(三)接種前應注意事項

- (1) 如學童在接種疫苗當日有輕微的傷風或咳嗽,是可以接種此疫苗的。但如果有發燒的情況,則應於痊癒後 才接種疫苗。
- (2) 如學童有以下情況,家長應先徵詢家庭醫生意見:
 - 曾在接種含百日咳成份的疫苗後,出現以下情況:
 - 接種疫苗後 48 小時內 ➤ 發燒超過 40.5°C (105°F), 但發燒的原因未能確認
 - ➤ 出現全身虛脫或休克 (低滲低反應症狀 hypotonic hyporesponsive episode) 的情況
 - ▶ 持續哭鬧 3 小時或以上
 - 接種疫苗後三天內, 出現抽搐
 - 曾於接種含破傷風類毒素疫苗後六星期內,出現吉-巴氏綜合症 (Guillain-Barré Syndrome)
 - 患有或懷疑患有神經系統疾病 (例如漸進性腦病、未受控制的癲癇等)
 - 正在接受會令免疫力降低的治療,例如:類固醇(俗稱「肥仔丸」)、放射治療(電療)、抗癌藥物治療等;或
 - 出血傾向。

(四) 接種疫苗後可能出現的反應

大多數學童在接種此疫苗後,都不會有嚴重反應;部分學童可能出現下列接種疫苗後的不良情況:

- (1) 輕微而短暫情況,包括焦燥、疲倦、食慾不振、嘔吐。
- (2) 如接種部位疼痛或紅腫,家長可用冷敷以舒緩症狀。
- (3) 如有發燒,家長可讓學童服用退燒藥(如撲熱息痛)以減輕症狀。
- (4) 若出現下述情況,應立即送學童到醫院求診:
 - 較少發生情況 持續哭鬧 3 小時或以上、高熱抽搐或休克 (低渗低反應症狀 hypotonic hyporesponsive episodes) 等
 - 相對罕見情況 接種後出現短暫的上臂腫脹
 - 極之罕見情況 接種後即時出現呼吸困難或不省人事

【Consent Form】 ☑

Combined Diphtheria, Tetanus, acellular Pertu	ssis & Inactivated Poliovirus Vaccine (DTaP-IPV)			
I have read and understood the attached Information on	•			
DTaP-IPV.	Class: Class no :			
• I agree to the student receiving the DTaP-IPV as	2.4			
arranged by the Department of Health.	School: Name of student: (Please complete the name as printed on Identity Card / Birth Certificate)			
 Please put a '✓' against the appropriate . 	In English—Surname first, then Other Names			
☐ I submit immunisation records of the student for checking.				
I cannot submit any immunisation records of the student but still agree to the student receiving the vaccine.	Surname (Chinese) Other Name (Chinese)			
g g	Surname (Chinese) Other Name (Chinese)			
*I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes.	Gender : ☐ Male ☐ Female			
Relationship: Father Mother Guardian	Type of document:			
Signature of Parent/ Guardian :	☐ Hong Kong Identity Card ☐ HK Birth Certificate ☐ Passport			
Name of Parent / Guardian:	Other identity document, please specify			
(Please complete in block letter)	Document No.:			
Date: / / (DD/MM/YYYY)	Date of Birth: / / (DD/MM/YYYY)			
Please return this reply slip to school together with all the	Day-time contact phone no. of parent/ guardian:			
immunisation records (original copy) of the student.	Home or other cell phone no:			
×				
« Refusal	Form X			
"				
Combined Diphtheria, Tetanus, acellular Per	tussis & Inactivated Poliovirus Vaccine (DTaP-IPV)			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
**************************************	Class: Class no : X			
• I have read and understood the attached Information on DTaP-IPV.	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
 I have read and understood the attached Information on DTaP-IPV. I do not agree as arranged by the Department of Health. The 	Class: Class no : School: X Name of student: (Please complete the name as printed on identity Card / Birth Certificate)			
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Class: Class no: X School: X Name of student: (Please complete the name as printed on identity Card / Birth Certificate)			
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Class: Class no: X School: X Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names			
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Class: Class no: X School: X Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names			
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names			
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Class: Class no : X School: X Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names			
 I have read and understood the attached Information on DTaP-IPV. I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student : (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. Date of vaccination : / / / / / / / / / / / / / / / / / /	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names			
 ■ I have read and understood the attached Information on DTaP-IPV. ■ I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. □ Date of vaccination: (DD/MM/YYYY) 	Class: Class no : School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names Surname (Chinese) Other Name (Chinese)			
 I have read and understood the attached Information on DTaP-IPV. I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student : (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. □ Date of vaccination : (DD/MM/YYYY) □ will receive the vaccine from private physician. 	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names Surname (Chinese) Other Name (Chinese) Gender: Male Female Type of document:			
 ■ I have read and understood the attached Information on DTaP-IPV. ■ I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. □ Date of vaccination: (DD/MM/YYYY) □ will receive the vaccine from private physician. □ has health reason(s) □ has other reason(s) 	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names Surname (Chinese) Other Name (Chinese) Gender: Male Female Type of document: Hong Kong Identity Card HK Birth Certificate Passport			
 ■ I have read and understood the attached Information on DTaP-IPV. ■ I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. □ Date of vaccination: (DD/MM/YYYY) □ will receive the vaccine from private physician. □ has health reason(s) 	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names Surname (Chinese) Other Name (Chinese) Surname (Chinese)			
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 ■ I have read and understood the attached Information on DTaP-IPV. ■ I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. □ Date of vaccination: (DD/MM/YYYY) □ will receive the vaccine from private physician. □ has history of serious adverse reaction(s) □ has health reason(s) ★I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes. 	Class: Class no:			
 I have read and understood the attached Information on DTaP-IPV. I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) □ has already received the booster dose of this vaccine or its components at or after 4 years of age. Date of vaccination: (DD/MM/YYYY) □ will receive the vaccine from private physician. □ has history of serious adverse reaction(s) □ has other reason(s) *I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes. Relationship: □ Father □ Mother □ Guardian 	Class: Class no: School: Name of student: (Please complete the name as printed on identity Card / Birth Certificate) In English—Surname first, then Other Names Surname (Chinese) Other Name (Chinese) Gender: Male Female Type of document: Hong Kong Identity Card HK Birth Certificate Passport Other identity document, please specify Document No.: Date of Birth: / / (DD/MM/YYYY)			
I have read and understood the attached Information on DTaP-IPV. I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student : (please put a '✓' against the appropriate □) has already received the booster dose of this vaccine or its components at or after 4 years of age. Date of vaccination : / / / / / / / / / / / / / / / / / /	Class: Class no:			
I have read and understood the attached Information on DTaP-IPV. I do not agree to the student receiving the DTaP-IPV as arranged by the Department of Health. The reason(s) is / are that the student: (please put a '√' against the appropriate □) has already received the booster dose of this vaccine or its components at or after 4 years of age. Date of vaccination: / / / / / / /	Class: Class no:			

【同意書】☑

白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 (DTaP-IPV)

本人已閱讀亦明白附頁疫苗接種資料的內容。	TIT III I
	班別:
● 本人 同意 學童接種衞生署安排之 DTaP-IPV 混合疫苗。	EX3 1.20
	學校:
● 請在合適的 □ 內加上 ✓ 號:	學童姓名 (請依照身份證明文件填寫)
□ 本人現附上學童免疫接種記錄,以供貴署職員查閱。	性(中文) 名(中文)
□ 本人 未能 提供學童免疫接種記錄,但 仍同意學童接種	
此疫苗 (如遺失,請盡快補領)。	英文姓名(姓氏先行,名字隨後)
*本人同意學校向衞生署提供本人及學生的個人資料,並根據用途聲明使用。	
與學童關係:□ 父 □ 母 □ 監護人	
家長/監護人簽署 :	性別:口男 口女
家長/監護人姓名 :	證件種類:
(請用正楷填寫)	
 家長/監護人日間聯絡電話:	□ 香港身份證 □ 香港出生證明書 □ 護照 □ 其他身份證明文件,請註明
	置件號碼:
	出生日期: (年/月/日)
白期: 【/ (年/月/日)	
請將此回條連同學童所有免疫接種記錄(正本),一併交回學校。	
	8
×	
	意書》区
白喉、破傷風、無細胞型百日咳及滅;	舌小兒麻痺混合疫苗 (DTaP-IPV)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	****************
X	班別: 班號:
 X ● 本人 不同意 學童接種衞生署安排之 DTaP-IPV 混合疫 X 苗,原因是:(請在合適的 □ 內加上 ✓ 號) 	學校:
x □ 學童於四歲或以後,曾接種此疫苗加強劑或含有此疫苗成分	學童姓名 (請依照身份證明文件填寫)
× 的加強劑。 ×	姓(中文) 名(中文)
x 接種日期: [] / [] / [] (年/月/日)	
X 口 將會到私家醫生接種此疫苗。	英文姓名(姓氏先行,名字隨後)
↑ □ 對此疫苗曾經有 嚴重的不良反應:	
V	
X 口 健康理由:	
X X 口 其他理由:	
x x □ 其他理由:x	性別:口男口女
X □ 其他理由: X × *本人同意學校向衞生署提供本人及學生的個人資料,並根據用途聲明使用。	性別: □ 男 □ 女 證件種類:
 	性別: □ 男 □ 女 證件種類: □ 香港身份證 □ 香港出生證明書 □ 護照
 ★ 本人同意學校向衞生署提供本人及學生的個人資料,並根據用途聲明使用。 ★ 與學童關係: □ 父 □ 母 □ 監護人 ★ 家長/監護人簽署 :	性別: □ 男 □ 女 證件種類:
□ 其他理由: *本人同意學校向衞生署提供本人及學生的個人資料,並根據用途聲明使用。 與學童關係:□ 父 □ 母 □ 監護人 家長/監護人簽署 : 家長/監護人姓名 :	性別: □ 男 □ 女 證件種類: □ 香港身份證 □ 香港出生證明書 □ 護照 □ 其他身份證明文件,請註明
 ★本人同意學校向衞生署提供本人及學生的個人資料,並根據用途聲明使用。 與學童關係: □ 父 □ 母 □ 監護人 家長/監護人簽署 : □ 家長/監護人姓名 : □ (請用正楷填寫) 	性別: □ 男 □ 女 證件種類: □ 香港身份證 □ 香港出生證明書 □ 護照 □ 其他身份證明文件,請註明 □ 謹件號碼: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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