

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Study Protocol****1. General information**

<b>Protocol Number:</b>	FLURCT-001: 20150715
<b>Protocol Title:</b>	Nudges to influence influenza vaccine uptake in children: a randomised controlled trial
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<b>Compliance:</b>	This study will be conducted in compliance with Declaration of Helsinki.

## 2. Background information

Influenza is a major cause of morbidity and mortality globally, both in developed and developing countries (1). Influenza is one of the most frequent acute respiratory illnesses, leading to the spread within communities, and affecting individuals of all age groups. Influenza infection can lead to serious complications ranging from lower respiratory tract disease to central nervous system involvement (2). Respiratory associated illness accounts for over one third of all general paediatric admissions in Hong Kong children (3), and a recent analysis suggests that in children below the age of five years about 1 in 35 hospital admissions are due to influenza and 1 in 15 to pneumonia (unpublished data).

Influenza vaccination is one of the most effective interventions for preventing influenza and reducing the impact of its complications (4), including in the paediatric population (5;6). There are two types of seasonal influenza vaccines registered in Hong Kong, inactivated trivalent influenza vaccine (TIV) and live attenuated influenza vaccine (LAIV). LAIV is recommended for use in people aged 2 to 49 years while TIV is recommended for use in people aged 6 months and above (7). According to the World Health Organisation (WHO), TIV has a protective effectiveness of 70% to 90% in healthy adults in industrialised countries (8), and is documented to be safe in children (9).

Children in Hong Kong are provided with free vaccinations against ten infectious diseases in Maternal and Child Health Centres (MCHC) under the Hong Kong Government's Childhood Immunisation Programme (CIP). Most vaccines not included in the routine CIP schedule, such as influenza, *Haemophilus influenzae* type b and rotavirus vaccines, can only be obtained if parents take their children to doctors working in the private sectors. Given the advantages of influenza vaccination and the documented disease burden in children, the Scientific Committee on Vaccine Preventable Diseases has recommended seasonal influenza vaccine for Hong Kong children aged 6 months to 5 years. Despite this recommendation for universal vaccination in this age group, the coverage of seasonal influenza vaccination was only 28.4% in 2012/2013 (10). However a recent local study reported that the uptake of influenza vaccine in children aged 6 to 23 months was only 9% (11). These low uptake rates compare to the high immunisation coverage rates of vaccines included in the CIP of over 95% (12). The Department of Health introduced the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) to encourage children aged from 6 months to below 6 years to receive influenza vaccination. Parents of eligible children will only need to pay a discounted fee if the private sector practitioner, registered under the CIVSS, charges above the Government subsidy of HKD160 per dose of influenza vaccine.

The decision to vaccinate children is influenced by the knowledge and attitudes of mothers in relation to influenza vaccine (13). According to Lau et al. (11), among parents who had heard of influenza vaccine, around 70% were not aware of, or know about, the Government's recommendation that children aged 6 to 23 months should receive influenza vaccination. It is likely that the information delivered by the Centre for Health Protection (CHP) to mothers and the public may not be sufficient to encourage vaccination of these children. Mothers could potentially benefit from very concise, targeted and understandable information of risk of influenza disease and benefits of influenza vaccination. Patient

reminders have been recommended to increase the coverage rates of vaccination (14;15). In a systematic review (16), 80% of studies showed that reminder interventions improved the uptake rates for both routine immunisations and targeted influenza vaccinations in children and adults. Overseas research has been conducted to determine if influenza vaccine uptake can be increased in the paediatric population by providing reminder letters including details of practitioners providing influenza vaccines, appointment making procedures and/or information on the importance of influenza vaccination. The coverage of influenza vaccine in the groups receiving reminders was 1% to 9% higher than that in the groups receiving no reminders (17;18). Telephone reminders were shown to be the most effective reminder interventions (16). A study from the US assessed whether influenza immunisation rates in children with chronic medical conditions could be increased by delivering a package of reminders, including mailed materials and telephone calls on the importance and encouragement of influenza vaccination (19). Influenza vaccine uptake in the contacted subjects was higher than that in the control subjects by approximately 20%. However, we are not aware of any such intervention studies to increase influenza vaccine coverage that have been conducted in Hong Kong.

In view of the low uptake rate of this safe and effective vaccine, the very significant disease burden in Hong Kong children, and the lack of previous local studies we believe that there is an important research need to assess intervention strategies that could increase influenza vaccine uptake in Hong Kong children. Children are at high-risk of getting influenza and a recommended target group for vaccination. We propose to assess an intervention designed to increase influenza vaccine coverage in children. This will include offering a concise information sheet highlighting the risks of influenza disease and the benefits of influenza vaccination. It is hypothesised that concise targeted information may enhance the knowledge and change the attitudes and practices of parents in relation to influenza vaccine. Secondly it is recognised that for parents to partake in the Government's CIVSS, detailed paper work with the consent form has to be completed by parents. In this study, we will streamline this task for parents by providing help with the completion of forms required for the family to obtain the vaccination subsidy. It is hypothesised that with most of the required information of these forms completed in advance, the barrier to motivate parents to take their children to receive influenza vaccination will be lowered. Thirdly parents will be provided with contact details of specific network of CIVSS registered clinics that do not charge additional fees for vaccination above the HKD160 subsidy. This study will determine whether this relatively simple package of interventions can increase parents' knowledge and change their practices to increase the influenza vaccine uptake in Hong Kong children aged 6 to 24 months.

### **3. Hypotheses and objectives**

#### **Hypotheses:**

The uptake of influenza vaccine provided through the Childhood Influenza Vaccination Subsidy Scheme, can be increased by providing mothers with concise information, help with completion of consent forms and other documentation necessary to utilise the CIVSS subsidy, reminders and contacts of specific CIVSS registered practitioners that do not charge fees above the HKD160 subsidy.

## **Aims:**

### Primary objective

To determine whether the intervention package can increase uptake of influenza vaccine in children aged 6 to 24 months.

### Secondary objectives

- 1) To increase uptake of influenza vaccine in children.
- 2) To provide key messages to parents about influenza vaccination.
- 3) To reduce practical and financial barriers that could discourage parents from participating in CIVSS.
- 4) To provide timely reminders to parents to encourage them to participate in CIVSS.

## **4. Study design**

This is a prospective, randomised controlled trial of an intervention package designed to increase the uptake of influenza vaccine in children aged from 6 to 24 months and will start around the time of the start of 2014/2015 CIVSS.

### **Study of “Barriers to optimising interventions for the prevention and treatment of pneumonia and diarrhoea in Hong Kong children (PDKAP)” [CRE-2014.030]**

This knowledge, attitudes and practices study aims to examine barriers to optimising under-used interventions for the prevention and treatment of pneumonia (influenza vaccine, *Haemophilus influenzae* type b (Hib) vaccine and exclusive breastfeeding) and diarrhoea (rotavirus vaccine, exclusive breastfeeding and oral rehydration solution) in Hong Kong children. From May 2014 to early-August 2014, 500 eligible mother-infant pairs were recruited from the postnatal wards of Prince of Wales Hospital and United Christian Hospital. The study is collecting data at three time points: in-hospital questionnaires at birth and follow-ups when the children reach the ages of 1 month and 6 months. At recruitment while still in hospital, mothers have a face-to-face interview, followed by a self-administrated questionnaire. A telephone interview was then completed when the children were approximately 1 month old. 428 subjects (85.7%) have responded to this 1-month interview. 7 subjects have dropped out. We will contact all the 493 eligible subjects remaining in the study again at 6 months by telephone, e-mail or post to complete the 6-month questionnaire. Attachment I shows the subject recruitment and study flow to date.

## **Subjects**

Families of children who have been enrolled in this PDKAP cohort will be invited to participate in this study. The following criteria were used for selection of the PDKAP study participants: (i) postpartum mothers; (ii) aged older than or equal to 18 years in 2014; (iii) Cantonese speaking; (iv) have a plan to remain in Hong Kong with the infant after delivery for at least 6 months; (v) no obvious cognitive abnormality; (vi) no serious obstetrical complications and baby is full-term (37 weeks of gestation) with



no congenital abnormalities; and (vii) can provide signed informed consent. A convenience sample of women who met the inclusion criteria were invited to participate. Children will be excluded from this intervention study if they have already received influenza vaccination.

## **Interventions**

### Control Group

Subjects in the control group will receive the publically available leaflets from the Centre for Health Protection about the 2014/15 CIVSS (attachment II).

### Intervention Group

Subjects in the intervention group will receive the publically available leaflets from the Centre for Health Protection about the 2014/15 CIVSS. In addition they will receive the following interventions: (i) a concise information sheet about the risks of influenza to children and importance of vaccination for the prevention of influenza (attachment III) after November 2014 and again in October 2015; (ii) semi-completed forms of “Consent to Use Vaccination Subsidy” and “Parent’s Consent Form”, if required, with highlighted guidelines of where to sign and a simple reminder to take these forms and the child’s birth certificate to the clinic (attachment IV); (iii) the contact number and address of a specific community health centre registered under CIVSS that is in reasonable proximity to their home (United Christian Nethersole Community Health Service (UCN)). This network of clinics is able to provide the vaccine (trivalent) without any additional cost and without the need for a prior appointment. The quadrivalent influenza vaccine at UCN costs HKD20 per dose above the Government’s subsidy. We will compensate for the additional HKD20 per dose of quadrivalent influenza vaccine in terms of supermarket or book coupons at the end of the study. If neither of the UCN clinics is near the subjects’ home, a list of clinics which is in reasonable proximity to their home and provide either trivalent or quadrivalent influenza vaccine without any additional cost will be provided. This information package will be delivered following the start of 2014/2015 CIVSS and again in 2015/2016 CIVSS and each will then be followed by two telephone or text message reminders about the CIVSS. All mentioned treatments to the intervention group, including delivering information materials and calling or messaging for reminders, will be carried out by a trained research assistant (RA).

## **Methods**

Families of children who have participated in the previous PDKAP cohort study will be invited to participate in this randomised controlled trial to assess whether knowledge, attitudes and uptake of influenza vaccine can be influenced by the provision of additional information and logistical support to reduce barriers to seeking influenza vaccination. At the age of 6 months, an invitation letter (attachment V) will be sent and a RA will call the mothers by telephone to ask whether they would be interested to participate in this study. No more invitation will be given out if the mothers do not reply by the child’s age of 10 months. Those subjects showing interest to take part will be invited to come to the face-to-face interviews. In the face-to-face interview, an informed consent form of the study will be verbally explained by the RA and written consent will then be sought (attachment VI). If necessary, enrolment and interview will be conducted by a home visit or at a mutually convenient location.

After consent has been obtained, a study RA not involved with other follow-ups will randomly allocate all participants to either control or intervention group using block randomisation (20). The two groups will have similar numbers of participants. We will use R version 2.15.2 (R Development Core Team) statistical software to randomly generate the intervention allocation in random block sizes of 6 to 12 with block size kept unknown to investigators and the RA carrying out interviews. This precaution maintains concealment. Once the intervention has been allocated, this RA will not be blinded to participants' group assignment, but the other RA conducting telephone interviews, investigators and participants will be blinded to participants' group allocation.

All families in both groups will then be given an envelope containing the standard information about the CIVSS as currently available from the CHP at that time.

The intervention group will then receive additional information when the children reach the age of 6 months (around November to February 2015) and 14 – 17 months (around October 2015). The timing of intervention will coincide with start of CIVSS each year, which is usually around September/October. Telephone or text message reminders of contacts of UCN for vaccination under CIVSS will be given at both one week and one to two months after the information provided. If there is a planned date of vaccination, a reminder will be sent one day before the planned date. A reminder of second dose of influenza vaccination will be given if the subject has received the first dose of influenza vaccination. The RA will conduct telephone follow-up at the children's age of approximately 12 months and self-administrated questionnaires will be completed by the subjects, followed by a telephone follow-up if necessary, at approximately 24 months. The two follow-ups will be carried out at the end of the influenza season. Attachment VII shows the logistic flow of this study.

As a token of appreciation and redemption of travelling expenses, we will offer cash and supermarket/book coupons with equivalent value of HKD300 (USD38) to all mothers who come to the hospital for enrolment and the face-to-face interviews (HKD150) and on completion of the study (HKD150), in consonance with local experience and international practice. (Attachment VIII: acknowledgement of receipt)

## **Data collection**

The study data will be collected at three time points: face-to-face interview at enrolment, telephone follow-up at children's age of 12 months and online or postal self-administrated questionnaire at 24 months. In the first questionnaire, we will collect updated information on the child's vaccination history and the mother's knowledge, attitudes and practices in relation to influenza vaccine at child's age of 6 months (attachment IX). In the telephone follow-up, we will collect the child's influenza vaccination history at 12 months old and a scanned copy of the child's immunisation record (attachment X). For the last questionnaire, all participants will be asked about the knowledge, attitudes and practices in relation to influenza vaccine, details of the child's influenza vaccination history at 24 months of age and to provide a copy of the child's immunisation record (attachment XI).

Knowledge, attitudes and practices of mothers will be assessed by questionnaires based on Health Belief Model (HBM). The HBM is a simple, widely used framework to explain human health decision-making

and behaviour (21;22). It was developed in the 1950s and improved in 1980s (23-25). It contains six concepts to predict how humans make decisions. These include perceived susceptibility and severity of illnesses, perceived benefits and barriers of interventions, cues to action and self-efficacy. The questionnaire items have been extracted from previous studies (11;26-33) and translated into Chinese.

## **5. Selection of subjects**

A previous Hong Kong study showed that the influenza vaccine uptake among children aged 6 to 23 months was 9.0% (11). From the literature, a study with mailed letters as intervention on healthy children aged from 6 to 23 months showed influenza vaccine uptake increased to 1 - 9.1% (17). With telephone or text message reminders, we expect a larger increase can be achieved. Another intervention study on children at 6 to 72 months old with chronic medical conditions achieved an approximate 20% increase after delivering a series of interventions such as mailed letters, telephone calls and contact numbers of practitioners (19). Thus, we estimate the influenza vaccine uptake will increase from 9% to at least 19%. Based on a required power of 80% and a significance level of 0.05, by using G\*Power version 3.1.9.2, the sample size required is 330. Taking into account participants who do not wish to take part in the study or who do not complete the study (about 20% from past experience), we anticipate the 493 eligible mothers in our original PDKAP cohort that will be followed-up will provide an appropriate sample source for this study. However in a worst case scenario if recruitment is much lower than anticipated, we could still have the option of recruiting additional subjects from the wards of the main study hospital with a separate informed consent form (attachment XII) and a baseline questionnaire (attachment XIII). However in this case, the effect of our intervention package may have different effects on subjects recruited from these different settings (PDKAP cohort follow-up group and postnatal group). Based on the most recent seasonal influenza vaccination coverage survey done by the Department of Health in 2012/13, the coverage of seasonal influenza vaccination was 14.7% in children aged from 6 months to under 2 years (10). Therefore we will recruit additional children from postnatal wards with the aim to achieve sufficient sample size in the additional group i.e. 404. Even with the intention-to-treat analysis, in order to ensure the same required power (80%) and significance level (0.05), with an anticipated drop-out rate (30-35% from past experience), the sample size required for the babies of the postnatal group is 577-777. Attachment XIV shows the logistic flow for the new group.

The effect of the intervention will be analysed separately for each of the two groups and then a combined analysis will be done to assess the overall effectiveness of the intervention.

## **6. Treatment**

The intervention group will be given: (i) concise information, (ii) semi-completed consent forms to utilise vaccination subsidy, (iii) reminders and (iv) contacts of specific practitioners.

## **7. Efficacy**

Not applicable as this research does not involve any use of drugs of subjects.

## **8. Safety**

Not applicable as this research does not involve any safety issue.

## **9. Statistics**

### **Exposures**

Type of intervention given: (i) concise information, (ii) semi-completed consent forms to utilise vaccination subsidy if required, (iii) reminders and (iv) contacts of specific practitioners or no additional information (controls).

### **Outcome measures**

#### Primary Outcome measure

Uptake rate of influenza vaccine in children at 12 and 24 months.

#### Secondary Outcome measure

Knowledge, attitudes and practices of mothers in relation to influenza vaccine before and after receiving intervention information.

### **Statistical analysis**

To ensure data quality, the data will be double-entered and validated using EpiData. Intention-to-treat analysis will be used with missing status of influenza vaccination taken as no vaccination. An initial univariate analysis will be performed on all variables to derive means, standard deviations and ranges. These initial results will be examined for possible errors and corrected as necessary. To assess the usefulness of the interventions, chi-squared test will be used to compare influenza vaccine uptakes between control and intervention groups. We will use multivariable regression models to assess the association between the influenza vaccination intention or uptake rate and its knowledge, attitudes and practices before and after delivering intervention materials. The two models will then be compared to assess the factors influenced by the intervention. To determine the change in knowledge, attitudes and practices after receiving intervention information, Wilcoxon signed-rank test will be performed on the paired data. All statistical analysis will be performed using statistical software R version 2.15.2 and p-value <0.05 will be taken as statistically significant.

## **10. Access to data**

All personal information will be kept confidential and the use of the data collected will only be restricted in the office of the Department of Paediatrics of The Chinese University of Hong Kong. Access to data is only limited to authorised members of research team under the direction of the principal investigator.

## **11. Quality control and quality assurance**

Face-to-face interviews will be conducted in Prince of Wales Hospital. Telephone follow-ups and data analysis will be carried out in the Department of Paediatrics of The Chinese University of Hong Kong

using their office space. Principal investigator and co-investigators will supervise the project to ensure it progresses appropriately.

## **12. Ethics**

Written informed consent (attachment VI) will be sought from each participant and they will be informed of the risks and benefits clearly before signing the informed consent form.

## **13. Data handling**

All data collected will be locked, held in anonymous files and analysed within the Department of Paediatrics of The Chinese University of Hong Kong.

## **14. Insurance**

Not applicable.

## **15. Publication policy**

Papers approved by the study team will be published in appropriate peer reviewed journals.

## **16. Supplements**

Attachment I: Subjects flow chart of the study of “Barriers to optimising interventions for the prevention and treatment of pneumonia and diarrhoea in Hong Kong children”

Attachment II: Centre for Health Protection leaflets of CIVSS in 2014/15

Attachment III: Concise information sheet of influenza vaccine for intervention group

Attachment IV: Consent to Use Vaccination Subsidy under CIVSS and Parent’s consent form

Attachment V: Invitation letter

Attachment VI: Informed consent form for participants (PDKAP cohort)

Attachment VII: Logistic flow of the study

Attachment VIII: Acknowledgement of receipt

Attachment IX: Questionnaire 1

Attachment X: Questionnaire 2

Attachment XI: Questionnaire 3

Attachment XII: Informed consent form for additional samples

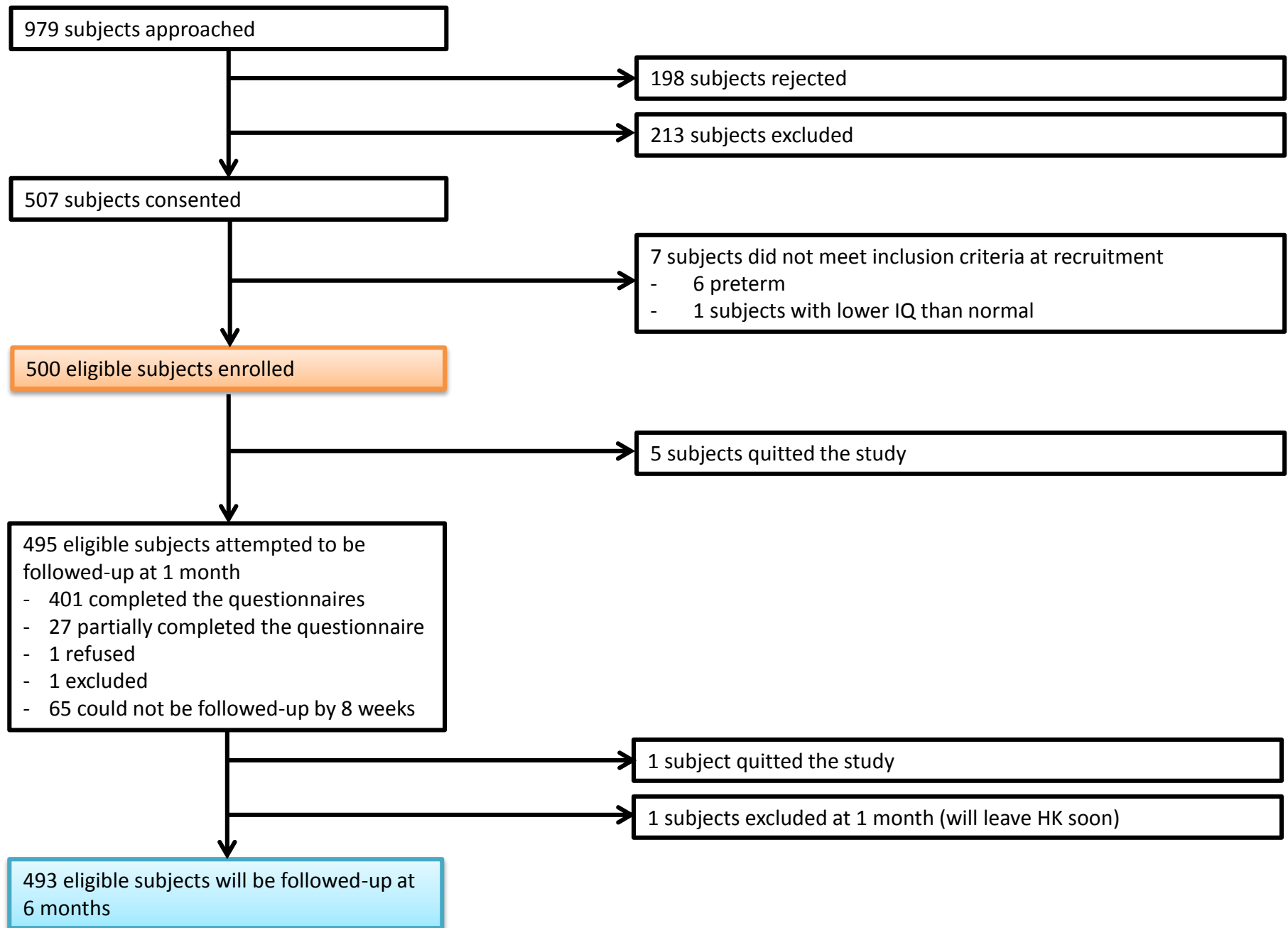
Attachment XIII: Baseline questionnaire for additional samples

Attachment XIV: Logistic flow for additional samples

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# Protect Your Child from Seasonal Influenza

## Join the Childhood Influenza Vaccination Subsidy Scheme (CIVSS)

### What is Childhood Influenza Vaccination Subsidy Scheme (CIVSS)?

To encourage seasonal influenza vaccination among eligible Hong Kong children, CIVSS will continue in 2014/15. Starting from 6 October 2014, children may receive a \$160 Government subsidy per dose of influenza vaccine they receive from private doctors who have enrolled into the Scheme. Two doses of influenza vaccines are required for a child if he/she has not been vaccinated against influenza before.

### Is my child eligible to receive the Government subsidy?

To be eligible for the Government subsidy of influenza vaccine, the child must be a Hong Kong resident AND:

- between the age of 6 months and less than 6 years; or
- aged 6 years or above but attending a kindergarten or child care centre in Hong Kong.

From 3 November 2014, eligible children from families receiving Comprehensive Social Security Assistance or holders of valid Certificate for Waiver of Medical Charges may receive free influenza vaccination from Maternal and Child Health Centres (MCHCs) of the Department of Health (DH).

### When should parents bring their children for subsidised influenza vaccination?

CIVSS starts on 6 October 2014. As it usually takes about 2 weeks for antibodies to develop and provide protection against influenza virus, parents are advised to bring their child to the participating private doctors' clinics for vaccination as early as possible. This will ensure that the child is adequately vaccinated before arrival of the next winter influenza season, which usually comes during the first quarter of every year.

### How do parents know which doctors have joined the CIVSS providing subsidised influenza vaccination?

Some private doctors, but not all, will join the CIVSS. Starting on 6 October 2014, participating private doctors will display a CIVSS logo in their clinics for parents' recognition. In addition, information about doctors who have joined the CIVSS and the fees they charge will be uploaded to the Centre for Health Protection (CHP) website [www.chp.gov.hk](http://www.chp.gov.hk)



Logo



Poster

Note: Doctors who have no CIVSS logo displayed in the clinic may not provide subsidised vaccination to children.

### How much do parents pay for influenza vaccination of children?

Parents will pay a discounted fee (deducting the Government subsidy from the original fee) to the participating private doctors for influenza vaccination service. For example, if the original fee charged by the doctor is \$200, under the CIVSS, the parent only has to pay \$40. It is important to note that the fees charged by different private doctors may vary.

To enhance transparency, doctors will display their fees for vaccination on a CIVSS poster in the clinic waiting area.

### If the parent is unable to accompany the child personally to the doctor's clinic, can he/she ask a relative / teacher / domestic helper to bring the child there?

Yes. To receive CIVSS subsidy, the parent must duly complete and sign the Consent to Use Vaccination Subsidy form beforehand. The form is available at participating doctors' clinics, MCHCs of the DH, or for downloading from the CHP website.

### Steps to take for parents to bring their child to receive subsidised influenza vaccination from a private doctor

1. Select a private doctor enrolled in the CIVSS 2014/15.
2. Bring along your child's Hong Kong Birth Certificate or Hong Kong Identity Card as a proof of your child's Hong Kong resident status. If your child does not have the above documents, you have to bring along other travel documents that can prove your child's Hong Kong resident status. If your child is 6 years or above but attending a kindergarten or a child care centre in Hong Kong, please also bring along your child's Student Handbook / Student Card / Pick Up Card and submit a photocopy to the doctor; or submit a stamped Pre-primary Institution Certification Form (The Certificate can be downloaded from the CHP website [www.chp.gov.hk](http://www.chp.gov.hk)).
3. Bring along all of your child's vaccination record(s) for doctor's reference.
4. Consult the doctor for your child's vaccination(s) and indicate your wish to use the vaccination subsidy.
5. Duly complete and sign the Consent to Use Vaccination Subsidy form. If you ask a representative (e.g. relative / teacher / domestic helper) to take the child to the doctor's clinic, you will have to fill in and sign the Consent to Use Vaccination Subsidy form prior to visiting the doctor's clinic.
6. Staff in the clinic will open an eHealth account for your child / check your child's eHealth account through the eHealth System.
7. Vaccination will be given to your child.
8. Make use of the Government subsidy for payment.
9. Keep the vaccination record(s) properly.
10. Staff of the DH may contact you to verify whether your child has received vaccination(s) and used the subsidy.

## **PROTECT YOUR CHILD FROM SEASONAL INFLUENZA - SEASONAL INFLUENZA VACCINATION HELPS (2014/15)**

### **1. Why do children require seasonal influenza vaccination?**

Seasonal influenza (influenza) is an infectious disease caused by influenza virus. It is usually self-limiting with recovery in 2 – 7 days. However, it can be a serious illness to young children or the weak and frail, and may be complicated by bronchitis, chest infection or even death in the most serious cases. Serious influenza infection can even occur in healthy individuals.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection recommends children between the age of 6 months and less than 6 years as one of the priority groups to receive influenza vaccination in 2014/15 because it is one of the effective means to protect them from influenza and its complications.

### **2. What kinds of influenza vaccines are included under CIVSS?**

The CIVSS will cover the types of seasonal influenza vaccines recommended by the SCVPD that are registered for use in children and supplied in Hong Kong. Both trivalent and quadrivalent inactivated influenza vaccines are recommended to be used in Hong Kong. Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B. Please consult your family doctor for more detail.

### **3. Inactivated influenza vaccine given by injection: Who are suitable for receiving the vaccine? Who are not? What are the possible side effects?**

Most inactivated influenza vaccines are recommended for use among persons aged 6 months or above, including those who are pregnant, healthy or those with chronic medical problems. People who are allergic to a previous dose of inactivated influenza vaccine or other vaccine components (e.g. neomycin or polymyxin) are not suitable to have inactivated influenza vaccination. Individuals with mild egg allergy can be given inactivated influenza vaccine in primary care. For those with diagnosed or suspected severe egg allergy, they should be seen by an allergist or immunologist for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated.

If an individual has fever on the day of vaccination, the vaccination should be deferred till recovery.

Inactivated influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 – 12 hours after vaccination and lasting up to 2 days. If fever or other symptoms persist, please consult your doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency medical attention.

Influenza vaccination may rarely be followed by serious adverse events such as GBS (1 – 2 case per 1 million vaccinees), inflammation of brain membranes or brain disease (1 in 3 million doses distributed) and severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. So far, no clear association has been found between GBS with seasonal influenza vaccine.

### **4. Is it necessary to get vaccinated against influenza every year?**

Yes. The circulating influenza strains may change from time to time. In accordance with the circulating strains, the influenza vaccine composition is updated every year to enhance protection. The immunity built up in a vaccinated person in prior season will decrease over time and may become too low to provide protection in the next season. In addition, the vaccine compositions of 2014/15 influenza vaccine are different from those in 2013/14.

### **5. What is the influenza vaccine composition for use this year?**

The vaccine in 2014/15 contains the following:

- an A/California/7/2009 (H1N1) pdm09-like virus
- an A/Texas/50/2012 (H3N2)-like virus
- a B/Massachusetts/2/2012-like virus

If quadrivalent influenza vaccine is being used, it shall contain the above three viruses and a B/Brisbane/60/2008-like virus.

### **6. How many doses of influenza vaccination will my child need?**

To ensure adequate immunity against influenza, children under 9 years old who have never received any influenza vaccine are recommended to be given 2 doses of influenza vaccine with a minimum interval of 4 weeks. Children who have received influenza vaccine in the 2013/14 season or before are recommended to receive 1 dose in the 2014/15 season.

### **7. If a child under the age of 9 years is getting seasonal influenza vaccine for the first time and requires 2 doses, does the same type of vaccine have to be used for both doses?**

No, the first and second doses do not have to match; trivalent or quadrivalent inactivated influenza vaccine can be used for either dose. The doses should be separated by at least 4 weeks.

### **8. My child has asthma. Should he/she receive the influenza vaccination?**

Children having asthma are not contraindicated to receive inactivated influenza vaccination. People suffering from lung diseases such as asthma are recommended to receive inactivated influenza vaccine because of an increased risk of complications associated with influenza.

### **9. Besides vaccination, what are the other protective measures against influenza?**

For prevention against influenza, vaccinated individuals should maintain good personal and environmental hygiene practices, balanced diet, regular exercise, adequate rest and do not smoke (second hand smoking).

For more information about the CIVSS, please visit the Centre for Health Protection website [www.chp.gov.hk](http://www.chp.gov.hk) or call 2125 2125.

## 參加「兒童流感疫苗資助計劃」給孩子多一分保護

### 什麼是「兒童流感疫苗資助計劃」？

衛生署在 2014/15 年度繼續推行「兒童流感疫苗資助計劃」，以鼓勵合資格的香港兒童接種季節性流感疫苗。由 2014 年 10 月 6 日起，兒童前往已登記參與計劃的私家醫生診所接種流感疫苗，可獲政府每劑港幣 160 元的資助。若兒童從未接種過流感疫苗，他/她將須要接種共兩劑疫苗。

### 我的子女是否符合資格獲得政府資助？

若要獲得政府接種流感疫苗的資助，你的子女必須是香港居民，和：

- 年齡介乎六個月至未滿六歲；或
- 六歲或以上，但仍就讀於香港的幼稚園或幼兒中心。

來自綜援家庭或持有有效醫療費用減免證明書的合資格兒童，可於 2014 年 11 月 3 日開始到衛生署轄下的母嬰健康院，免費接種流感疫苗。

### 家長應何時攜同子女接種受資助的流感疫苗？

本計劃由 2014 年 10 月 6 日開始推行。在接種疫苗後，由於身體須約兩星期才能產生抗體預防流感病毒，因此我們建議家長應盡早攜同子女前往已登記參與計劃的私家醫生診所接種疫苗，這樣可確保子女在下一季流感的流行季節前（通常是在每年首季），已接種足夠劑量的疫苗。

### 家長如何得悉哪些醫生已登記參與「兒童流感疫苗資助計劃」，並能提供資助的流感疫苗接種服務？

並非所有私家醫生均參與資助計劃。由 2014 年 10 月 6 日開始，已登記參與計劃的私家醫生，會在其診所張貼計劃標記，以供家長識別。此外，有關已登記參與計劃的醫生資料和他們的收費，將會上載於衛生防護中心網站 [www.chp.gov.hk](http://www.chp.gov.hk)。



標記



海報

注意：若診所沒有張貼「兒童流感疫苗資助計劃」的標記，即代表該醫生未必能夠為兒童提供受資助的疫苗接種服務。

### 家長須支付多少接種疫苗費用？

家長可以優惠價（即原來費用扣除政府資助金額）讓子女在參與計劃的私家醫生診所接種疫苗。例如，私家醫生的原本收費是港幣 200 元，在疫苗資助計劃下，家長只須支付港幣 40 元。請注意，不同私家醫生的收費可能會有差異。

為提高透明度，醫生會在候診室張貼的「兒童流感疫苗資助計劃」海報上，列出接種疫苗所需的費用。

若家長未能親身陪同子女前往診所接種疫苗，他/她可否委託他人（例如：親友/老師/傭人）攜同其子女前往診所？

可以，但家長須預先填妥並簽署「使用疫苗資助同意書」才可獲得資助。家長可向參與計劃的私家醫生診所和各區衛生署母嬰健康院索取，或在衛生防護中心網站下載該同意書。

### 家長攜同其子女前往私家醫生診所接種受資助流感疫苗的步驟

1. 選擇一位已登記參與 2014/2015 年度計劃的私家醫生。
2. 帶備子女的香港出生證明書或香港居民身份證。如沒有以上證件，請攜同其他旅遊證件證明其香港居民身分。另外，若子女年滿六歲，但仍就讀於香港的幼稚園或幼兒中心，請帶備子女的學生手冊 / 學生證 / 接送咭，並向醫生提交一份影印副本；或提交學校已蓋印的「學前教育證明」。（家長可在衛生防護中心網站 [www.chp.gov.hk](http://www.chp.gov.hk) 下載「學前教育證明」。）
3. 帶備所有疫苗接種記錄（例如針咭）供醫生參閱。
4. 前往該醫生的診所，讓你的子女接受醫生會診並表示你同意使用疫苗資助。
5. 填妥「使用疫苗資助同意書」。如果家長請受託人（例如：親友 / 老師 / 傭人）攜同子女到醫生診所接種疫苗，家長須在此之前填妥並簽署有關同意書。
6. 診所職員將替兒童開設或查詢醫健通戶口。
7. 子女接種疫苗。
8. 繳付扣除政府提供的疫苗資助後的收費（如適用）。
9. 妥善保存疫苗接種記錄。
10. 衛生署人員可能會聯絡家長，以核實疫苗接種和使用政府資助事宜。



# 接種季節性流感疫苗 - 給孩子多一分保護 (2014/15)

## 1. 為什麼兒童要接種季節性流感疫苗？

季節性流行性感冒（簡稱流感）是一種由流感病毒引致的疾病。患者一般會在二至七天內自行痊癒。然而，兒童或免疫力較低的人士一旦染上流感，可能會出現支氣管炎或肺炎等併發症，嚴重時更可致命。健康人士亦有可能出現嚴重流感感染。

於 2014/15 年度，衛生防護中心的「疫苗可預防疾病科學委員會」建議年齡介乎六個月至未滿六歲的兒童優先接種流感疫苗，因為接種此疫苗是保護兒童以預防流感和其併發症的有效方法之一。

## 2. 有什麼種類的流感疫苗會包括在「兒童流感疫苗資助計劃」內？

「兒童流感疫苗資助計劃」會覆蓋「疫苗可預防疾病科學委員會」建議並已在香港註冊適合兒童使用及供應的流感疫苗。三價和四價滅活流感疫苗均獲建議在本港使用。三價疫苗預期可以預防大多數的流感個案，而四價疫苗則可能提供對抗乙型流感的額外保護。詳情請向你的家庭醫生查詢。

## 3. 注射接種的「滅活流感疫苗」：

### 誰適合接種？誰不直接種？有什麼副作用？

大部分「滅活流感疫苗」適用於六個月或以上的人士，包括孕婦、健康或有長期健康問題的人士。對曾接種的「滅活流感疫苗」或其他疫苗成分（如新霉素、多粘菌素）有過敏反應的人士，都不直接種「滅活季節性流感疫苗」。對雞蛋有輕度過敏的人士，可於基層醫療接種滅活流感疫苗，而確診或懷疑對雞蛋有嚴重過敏反應的人士，應先由過敏學/免疫學專科醫生就雞蛋敏感進行評估，並因應臨牀需要，由過敏學/免疫學專科醫生接種滅活流感疫苗。至於出血病症患者或服用薄血藥的人士，可採用深層皮下注射的方法接種疫苗。如接種當日因病發燒，可延遲至病癒後才接種疫苗。如接種當天因病發燒，可延遲至病癒後才接種。

「滅活流感疫苗」十分安全，除可能在注射部位出現輕微腫痛外，一般並無其他副作用。部分人士可能在接種疫苗後 6 - 12 小時內出現發燒、肌肉及關節疼痛，和疲倦等症狀，但這些症狀一般會在兩天內減退。若持續發燒或不適，應立即向醫生查詢。如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應，患者必須立即求診。

一些罕見但嚴重的不良情況，也可能在接種疫苗後出現，如吉-巴氏綜合症（每 100 萬個接種疫苗人士中有一至兩宗個案）、腦膜炎或腦病變（每分發 300 萬劑疫苗中有一宗個案），和嚴重過敏反應（每分發 1,000 萬劑疫苗中有九宗個案）。不過，接種流感疫苗與這些不良事件未必一定有因果關係。直至現在，吉-巴氏綜合症與季節性流感疫苗並沒有已知的明確關係。

## 4. 是否每年都要接種流感疫苗？

是。流行的季節性流感病毒株可能會不時改變。季節性流感疫苗的成分，須每年根據流行的毒株而更新，以加強保護，在上一年度接種疫苗後建立的免疫力會隨著時間降低，在下一年度可能會降至沒有保護作用的水平。此外，2014/15年度流感疫苗的成分與2013/14年度的不同。

## 5. 本年度使用的流感疫苗組合是什麼？

2014/15 年度使用的疫苗包括以下成分：

- 類甲型/加利福利亞/7/2009(H1N1)pdm-09 病毒
- 類甲型/德克薩斯/50/2012 (H3N2)病毒
- 類乙型/麻薩諸塞/2/2012 病毒

如果四價流感疫苗已有供應及被採用，它應包括以上三種病毒及類乙型/布里斯本/60/2008病毒。

## 6. 我的孩子須要接種多少劑流感疫苗？

為確保對流感產生足夠的免疫力，凡九歲以下從未接種過流感疫苗的兒童，均須接種兩劑流感疫苗，而兩劑疫苗接種時間須相隔至少四星期。在 2013/14 年度或以前接種過流感疫苗的兒童，在 2014/15 年度只須接種一劑疫苗。

## 7. 如首次接種季節性流感疫苗的9歲以下兒童需要接種兩劑疫苗，這兩劑疫苗是否需要屬同一種類？

不是。第一和第二劑疫苗並不需要相同。第一或第二劑疫苗都可以選擇三價或四價滅活流感疫苗。兩劑疫苗的接種時間需要相隔至少 4 個星期。

## 8. 我的孩子患有哮喘。他 / 她是否應接種流感疫苗？

患有哮喘的兒童並非不適合接種流感疫苗。相反，患有肺部疾病如哮喘的人士，由於在感染流感時會有較高的風險出現併發症，所以應該接種滅活流感疫苗。

## 9. 除接種疫苗外，要預防流感還須注意什麼？

為預防流感，已接種疫苗的人士須維持良好的個人及環境衛生習慣、注意飲食均衡、恆常運動、休息充足及不吸煙（二手煙）。

如欲獲取更多有關「兒童流感疫苗資助計劃」資訊，請瀏覽衛生防護中心網站 [www.chp.gov.hk](http://www.chp.gov.hk)，或致電 2125 2125 查詢。

## Protect your child

### Myths and Facts about influenza

Myths	Facts
Influenza is NOT serious.	Although influenza can cause a mild respiratory illness, it can also cause serious complications such as PNEUMONIA and EVEN DEATH.
Influenza vaccination can give children influenza.	Influenza virus in the vaccine is inactivated. It is NOT infectious and it cannot cause influenza.
Influenza vaccination can weaken a child's immune system.	The reverse is true. Receiving influenza vaccination every year boosts your child's immunity to fight influenza infection.  Influenza vaccine cannot prevent all kinds of influenza but it is still the most effective way to prevent influenza.  Influenza vaccines typically prevent between 70% to 90% of influenza infections.

### Who?

- Health experts recommend influenza vaccine for ALL children aged 6 months to 5 years.
- Compared with older children, young children...
  - May experience more severe disease from influenza, and
  - Are more frequently admitted to hospital with influenza

### Where?

Take your child to UCN Jordan Health Centre (United Christian Nethersole Community Health Service)

Address: 13/F, Sino Cheer Plaza, 23 Jordan Road, Kowloon

Contact number: 2770 8365

### When?

Monday and Friday: 8:30am – 1:00pm and 2:00pm – 7:00pm

Tuesday, Wednesday and Thursday: 8:30am – 1:00pm and 2:00pm – 6:00pm

Saturday: 8:30am – 1:00pm and 2:00pm – 5:00pm

(Advance booking accepted on Tuesday and Saturday)

The second dose of influenza vaccine will be received 1 month after the first dose.

### How?

1. Read the attached form and sign where indicated.
2. Bring this form to the clinic together with your child's (1) birth certificate and (2) immunisation record.

### How much?

At this clinic there will be NO CHARGE.

## Protect your child

### Myths and Facts about influenza

Myths	Facts
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### Who?

- Health experts recommend influenza vaccine for ALL children aged 6 months to 5 years.
- Compared with older children, young children...
  - May experience more severe disease from influenza, and
  - Are more frequently admitted to hospital with influenza

### Where?

Take your child to Bradbury Kwong Tin Community Health Centre (United Christian Nethersole Community Health Service)

Address: Unit 203, Kwong Tin Shopping Centre, Kwong Tin, Kowloon

Contact number: 2340 3022

### When?

Monday to Friday: 9:00am – 1:00pm and 2:00pm – 4:30pm

Saturday: 2:00pm – 4:30pm

The second dose of influenza vaccine will be received 1 month after the first dose.

### How?

3. Read the attached form and sign where indicated.
4. Bring this form to the clinic together with your child's (1) birth certificate and (2) immunisation record.

### How much?

At this clinic there will be NO CHARGE.

## Protect your child

### Myths and Facts about influenza

Myths	Facts
Influenza is NOT serious.	Although influenza can cause a mild respiratory illness, it can also cause serious complications such as PNEUMONIA and EVEN DEATH.
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### Who?

- Health experts recommend influenza vaccine for ALL children aged 6 months to 5 years.
- Compared with older children, young children...
  - May experience more severe disease from influenza, and
  - Are more frequently admitted to hospital with influenza

### Where?

Take your child to Jockey Club Wo Lok Community Health Centre (United Christian Nethersole Community Health Service)

Address: Unit 26-33, G/F, Kui On House, Wo Lo Estate, Kwun Tong, Kowloon

Contact number: 2344 3444

### When?

Monday, Wednesday and Friday: 9:00am – 1:00pm and 2:00pm – 5:00pm

Tuesday and Thursday: 9:00am – 1:00pm and 2:00pm – 6:30pm

Saturday: 9:00am – 12:30pm

The second dose of influenza vaccine will be received 1 month after the first dose.

### How?

5. Read the attached form and sign where indicated.
6. Bring this form to the clinic together with your child's (1) birth certificate and (2) immunisation record.

### How much?

At this clinic there will be NO CHARGE.

## Protect your child

### Myths and Facts about influenza

Myths	Facts
Influenza is NOT serious.	Although influenza can cause a mild respiratory illness, it can also cause serious complications such as PNEUMONIA and EVEN DEATH.
Influenza vaccination can give children influenza.	Influenza virus in the vaccine is inactivated. It is NOT infectious and it cannot cause influenza.
Influenza vaccination can weaken a child's immune system.	The reverse is true. Receiving influenza vaccination every year boosts your child's immunity to fight influenza infection.  Influenza vaccine cannot prevent all kinds of influenza but it is still the most effective way to prevent influenza.  Influenza vaccines typically prevent between 70% to 90% of influenza infections.

### Who?

- Health experts recommend influenza vaccine for ALL children aged 6 months to 5 years.
- Compared with older children, young children...
  - May experience more severe disease from influenza, and
  - Are more frequently admitted to hospital with influenza

### Where?

Take your child to Kwong Fuk Community Health Centre (United Christian Nethersole Community Health Service)  
Address: 19, G/F, Kwong Yan House, Kwong Fuk Estate, Tai Po, New Territories  
Contact number: 2638 3846

### When?

Monday to Saturday: 9:00am – 1:00pm and 2:30pm – 5:00pm

The second dose of influenza vaccine will be received 1 month after the first dose.

### How?

7. Read the attached form and sign where indicated.
8. Bring this form to the clinic together with your child's (1) birth certificate and (2) immunisation record.

### How much?

At this clinic there will be NO CHARGE.



## Protect your child

### Myths and Facts about influenza

Myths	Facts
Influenza is NOT serious.	Although influenza can cause a mild respiratory illness, it can also cause serious complications such as PNEUMONIA and EVEN DEATH.
Influenza vaccination can give children influenza.	Influenza virus in the vaccine is inactivated. It is NOT infectious and it cannot cause influenza.
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### Who?

- Health experts recommend influenza vaccine for ALL children aged 6 months to 5 years.
- Compared with older children, young children...
  - May experience more severe disease from influenza, and
  - Are more frequently admitted to hospital with influenza

### Where?

Take your child to Jockey Club Tin Shui Wai Community Health Centre (United Christian Nethersole Community Health Service)

Address: Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate, Tin Shui Wai, New Territories

Contact number: 3156 9000

### When?

Monday, Wednesday and Friday: 8:30am – 1:00pm and 2:00pm – 5:00pm

Tuesday and Thursday: 8:30am – 1:00pm and 2:00pm – 7:30pm

Saturday: 8:30am – 1:00pm and 2:00pm – 4:30pm

(Advance booking accepted)

The second dose of influenza vaccine will be received 1 month after the first dose.

### How?

9. Read the attached form and sign where indicated.
10. Bring this form to the clinic together with your child's (1) birth certificate and (2) immunisation record.

### How much?

At this clinic there will be NO CHARGE.

## 給孩子多一點保護

### 流行性感冒（流感）的謬誤與事實

謬誤	事實
流感不是嚴重的疾病。	雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。
接種流感疫苗會令兒童感染流感。	流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。
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### 邊個？

- 健康專家建議所有年齡介乎六個月至未滿六歲的兒童接種流感疫苗
- 與年齡較大的兒童相比，幼兒...
  - 可能因感染流感而引起較嚴重的疾病；及
  - 更經常因感染流感而入院

### 邊度？

帶你的孩子到基督教聯合那打素佐敦健康中心（基督教聯合那打素社康服務）

地址：九龍佐敦道 23 號新寶廣場 13 樓(全層)

聯絡電話：2770 8365

### 幾時？

星期一，五：早上 8 時 30 分至下午 1 時 及 下午 2 時至 7 時

星期二，三，四：早上 8 時 30 分至下午 1 時 及 下午 2 時至 6 時

星期六：早上 8 時 30 分至下午 1 時 及 下午 2 時至 5 時

（星期二及六提供預約服務）

第二劑將於接種第一劑後一個月後接種。

### 點做？

1. 閱讀附上的表格，並在指示處上簽署
2. 帶同該表格、孩子的出生證明書和疫苗接種記錄，到健康中心

### 幾多錢？

此健康中心將不收取任何費用（免費）

## 給孩子多一點保護

### 流行性感冒（流感）的謬誤與事實

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  - 更經常因感染流感而入院

### 邊度？

帶你的孩子到白普理廣田社區健康中心（基督教聯合那打素社康服務）

地址：九龍藍田廣田邨廣田商場 203 室

聯絡電話：2340 3022

### 幾時？

星期一至五：早上 9 時至下午 1 時 及 下午 2 時至 4 時 30 分

星期六：下午 2 時至 4 時 30 分

第二劑將於接種第一劑後一個月後接種。

### 點做？

3. 閱讀附上的表格，並在指示處上簽署
4. 帶同該表格、孩子的出生證明書和疫苗接種記錄，到健康中心

### 幾多錢？

此健康中心將不收取任何費用（免費）

## 給孩子多一點保護

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  - 更經常因感染流感而入院

### 邊度？

帶你的孩子到賽馬會和樂社區健康中心（基督教聯合那打素社康服務）

地址：九龍觀塘協和街和樂邨居安樓 26-33 號地下

聯絡電話：2344 3444

### 幾時？

星期一，三，五：早上 9 時至下午 1 時及下午 2 時至 5 時

星期二，四：早上 9 時至下午 1 時及下午 2 時至 6 時 30 分

星期六：早上 9 時至下午 12 時 30 分

第二劑將於接種第一劑後一個月後接種。

### 點做？

5. 閱讀附上的表格，並在指示處上簽署
6. 帶同該表格、孩子的出生證明書和疫苗接種記錄，到健康中心

### 幾多錢？

此健康中心將不收取任何費用（免費）

## 給孩子多一點保護

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  - 可能因感染流感而引起較嚴重的疾病；及
  - 更經常因感染流感而入院

### 邊度？

帶你的孩子到廣福社區健康中心（基督教聯合那打素社康服務）

地址：新界大埔廣福邨廣仁樓地下 19 號

聯絡電話：2638 3846

### 幾時？

星期一至六：早上 9 時至下午 1 時 及 下午 2 時 30 分至 5 時

第二劑將於接種第一劑後一個月後接種。

### 點做？

7. 閱讀附上的表格，並在指示處上簽署
8. 帶同該表格、孩子的出生證明書和疫苗接種記錄，到健康中心

### 幾多錢？

此健康中心將不收取任何費用（免費）

## 給孩子多一點保護

### 流行性感冒（流感）的謬誤與事實

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- 與年齡較大的兒童相比，幼兒...
  - 可能因感染流感而引起較嚴重的疾病；及
  - 更經常因感染流感而入院

### 邊度？

帶你的孩子到賽馬會天水圍社區健康中心（基督教聯合那打素社康服務）

地址：新界天水圍天晴邨天晴社區綜合服務大樓 1 樓 103 室

聯絡電話：3156 9000

### 幾時？

星期一，三，五：早上 8 時 30 分至下午 1 時及下午 2 時至 5 時

星期二，四：早上 8 時 30 分至下午 1 時及下午 2 時至 7 時 30 分

星期六：早上 8 時 30 分至下午 1 時及下午 2 時至 4 時 30 分

（提供預約服務）

第二劑將於接種第一劑後一個月後接種。

### 點做？

9. 閱讀附上的表格，並在指示處上簽署
10. 帶同該表格、孩子的出生證明書和疫苗接種記錄，到健康中心

### 幾多錢？

此健康中心將不收取任何費用（免費）

**Consent to Use Vaccination Subsidy**  
**Childhood Influenza Vaccination Subsidy Scheme**  
**Department of Health**

Transaction No.: TC	SI Vaccine Used: TIV <input type="checkbox"/> QIV <input type="checkbox"/>
(For Doctor's Use)	

Note: Please complete this form in BLOCK letters using black or blue pen and use a new form each time you use the vaccination subsidy.  
**Please read the information sheet about the Subsidy Scheme and the seasonal influenza vaccine before you sign this form.**

**(To be completed by parent or legal guardian) \*Delete as appropriate**

I consent to use Government subsidy for *my child/ward\** to receive seasonal influenza vaccination under the Childhood Influenza Vaccination Subsidy Scheme with details as follow :

Name of Doctor	Date of Vaccination	/	/ 20	(dd/mm/yyyy)
Place of Vaccination	(please specify the name of the venue where the vaccination is provided)			

I declare *my child/my ward\** (Put a "✓" where appropriate):

- has **already received** seasonal influenza vaccination in previous season and *my child/my ward\** is receiving the first and only dose of seasonal influenza vaccine in this vaccination season.
- has **never received** seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season. *My child/my ward\** is receiving
- the **first dose** of seasonal influenza vaccine in this vaccination season.
- the **second dose** of seasonal influenza vaccine in this vaccination season.

(Note: A child is eligible for vaccination subsidy if the child is either (i) between the age of 6 months and less than 6 years on the day of vaccination; or (ii) aged 6 years or above on the date of vaccination but is still attending a kindergarten/ child care centre in Hong Kong or received the first dose of seasonal influenza vaccine below the age of 6 in this vaccination season. For (ii), please provide copy of documentary proof to the service provider for verification of the eligibility.)

**The personal particulars of my child/ward\*** (as stated on the identity document)

Name	(English)	(Chinese)													
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth													
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Identity document (Please select an identity document and tick a box as appropriate and fill in the information required)

<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="12" style="text-align: center;">( )</td> </tr> </table>													( )																														
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**Undertaking and Declaration**

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/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 Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my child's/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 Department of Health may contact me to verify whether my child/ward has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my child's/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 child's/ward's Smart Identity Card for the use by Government for the purposes as set out in the " Statement of Purpose of Collection of Personal Data".
4. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_(dd/mm/yyyy)

Name: \_\_\_\_\_

Relationship with the vaccine recipient:

Telephone Number: \_\_\_\_\_

 Father  Mother  Guardian**Statement of Purpose of Collection of Personal Data****Purposes of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) for creation, processing and maintenance of an eHealth account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
  - (b) for statistical and research purposes; and
  - (c) 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 provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

**Classes of Transferees**

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

**Access to Personal Data**

5. 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**

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

Executive Officer,  
 Vaccination Office,  
 Centre for Health Protection,  
 Block A, 2/F, 147C Argyle Street, Kowloon  
 Telephone No.: 2125 2125

DH\_CIVSS(10/14)





# 2014-15 Influenza Vaccine helps protecting one against the following flu strains:

- A/California/7/2009 (H1N1)
- A/Texas/50/2012 (H3N2)
- B/Massachusetts/2/2012

### Possible side effect:

- Local reactions may include redness/ tenderness and swelling of injection site. Systemic reactions may include mild fever, influenza-like symptoms, malaise and fatigue. These reactions are usually self limited and will resolve within 1-2 days without treatment.
- Guillain-Barre Syndrome (~3 case per million vaccinees).
- Meningitis or encephalopathy (~1 in 3 million doses distributed).
- Severe allergic reaction (anaphylaxis) (~9 in 10 million doses distributed).

### Can people below age 18 years get vaccinated?

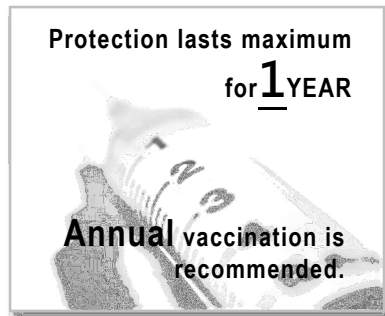
- Parent or Guardian's consent are required for children <18 years.
- Children <9 years who have never received influenza vaccination before should ideally have 2 doses given 4 weeks apart. Please indicate the child's date of birth and whether this is the child's first influenza vaccination clearly in the consent form.
- For a child who needs the 2nd dose, we will arrange accordingly while stocks available. (For Outreach vaccination programmes: parents may need to bring their child to clinic for vaccination by own if only one outreach vaccination event is arranged).

## Contact Us

[www.ucn.org.hk](http://www.ucn.org.hk) [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

<b>Kwun Tong</b> Jockey Club Wo Lok CHC Unit 26-33, G/F, Kui On House, Wo Lok Estate, Hip Wo Street ☎ 2344-3444	<b>Lam Tin</b> Bradbury Kwong Tin CHC Unit 203, Kwong Tin Shopping Centre, Kwong Tin Estate ☎ 2340-3022	<b>Jordan</b> UCN Jordan CHC 13/F, Sino Cheer Plaza, No 23 Jordan Road ☎ 2770-8365	<b>Tai Po</b> Kwong Fuk CHC No 19, G/F, Kwong Yan House, Kwong Fuk Estate ☎ 2638-3846	<b>Tin Shui Wai</b> Jockey Club Tin Shui Wai CHC Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate ☎ 3156-9000
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**Medical Outreach Team Service ☎ : 2357-4008**  
(No vaccination service provided)



STAFF USE ONLY		
<input type="checkbox"/> Regular	<input type="checkbox"/> CIVSS	<input type="checkbox"/> Pre-primary/Institution Cert. Form

# 2014-15 INFLUENZA VACCINATION SERVICE

(FLUARIX (trivalent) influenza vaccine (by GSK) will be offered)

- \* For persons under 18 years of age/ mentally handicapped
- \* Each participant should fill in his/her own consent

# Parent's Consent Form

RECIPIENT'S PERSONAL DETAILS		Childhood Influenza Vaccination Subsidy Scheme
Name:	Age:	For children between the age of 6 months and less than 6 years on the vaccination day
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> <input type="text"/> Y	Please fill in the box information based on the details stated on a valid ID Document
Organisation Name (if applicable):	Valid I.D. Document No. :	
Class/Class No.:		

RECIPIENT'S HEALTH RECORD			
Please select the most suitable answer and mark a <input checked="" type="checkbox"/> in the appropriate boxes below:			
1.	Is this your first ever influenza vaccination?	<input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you allergic to egg/ egg white? If yes, please specify:	<input type="checkbox"/> Rash	<input type="checkbox"/> Facial swelling <input type="checkbox"/> Others: _____
3.	Have you ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify the name of vaccine(s)/ drug(s) and reaction(s) :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you suffering from the following diseases/ medical conditions? If yes, please specify:	<input type="checkbox"/> Asthma/Chronic bronchitis	<input type="checkbox"/> Immunosuppressed illness (e.g. AIDS)
		<input type="checkbox"/> Glucose-6-phosphate dehydrogenase deficiency (G6PD)	<input type="checkbox"/> Pregnancy
		<input type="checkbox"/> Other serious condition: _____	
I'm _____, the parent/ guidance of the above named person. I declare the information given above is correct and I accept to let he/ she receiving the 2014-15 influenza vaccination (Intramuscular Injection).			
<b>Must fill in</b>			
Signature of the parent/ guidance of recipient _____		Date: _____	
Personal Telephone Number: _____			

Staff Use Only	
Prescription : IMI Fluarix 2014-15 strains 0.25ml/ 0.5ml	<input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses
UCN: <input type="checkbox"/> OR <input type="checkbox"/> WL <input type="checkbox"/> BKT <input type="checkbox"/> JD <input type="checkbox"/> KF <input type="checkbox"/> TSW	Medical No. : _____
Doctor: _____	Signature: _____
Address: _____	
<input type="checkbox"/> 1 <sup>st</sup> dose-Injection Record	<input type="checkbox"/> 2 <sup>nd</sup> dose-Injection Record
Batch No.: _____	Batch No.: _____
Given by: _____ Date: _____	Given by: _____ Date: _____

**衛生署**  
**兒童流感疫苗資助計劃**  
**使用疫苗資助同意書**

醫健通交易號碼： TC	所使用流感疫苗： 三價 <input type="checkbox"/> 四價 <input type="checkbox"/>
(由醫生填寫)	

注意：請用黑色或藍色筆以正楷填寫本同意書。每次使用疫苗資助，均須重新填寫此同意書。

在簽署本同意書前，請先閱讀有關本資助計劃及流感疫苗資料的單張。

由家長或合法監護人填寫(\*請刪去不適用者)

本人同意使用政府在兒童流感疫苗資助計劃下提供的資助，為本人的子女/受監護者\*接種本年度的季節性流感疫苗，詳情如下：

醫生姓名		接種日期	20	年	月	日
接種流感疫苗的地點	(請列明接種疫苗地點的名稱)					

本人聲明本人的子女/受監護者\*:(請在下列其中一項的適當位置加上“✓”號)

在以往季度曾接種季節性流感疫苗，故今次是接種本年度唯一一劑(即單劑)的季節性流感疫苗。

在以往季度從未在任何地方接種季節性流感疫苗，本年度可使用兩次季節性流感疫苗資助，今次是：

接種本年度第一劑季節性流感疫苗。

接種本年度第二劑季節性流感疫苗。

(注意:兒童在接種日(i) 年齡介乎六個月至未滿六歲;或(ii)超過六歲但仍就讀於香港的幼稚園或幼兒中心或該兒童未滿六歲時已接種了本季度第一劑季節性流感疫苗，均可在本年度使用季節性流感疫苗資助。如屬(ii)，請向服務提供者提交相關的證明文件副本，以核實資格。)

本人子女/受監護者\*個人資料(以身分證明文件所載者為準)

姓名		(英文)		(中文)
性別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	日 dd 月 mm 年 yyyy

身分證明文件(請選擇下列其中一項身分證明文件，並在適當的位置加上“✓”號及填寫所需資料)

<input type="checkbox"/> 香港出生證明書登記號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( <input type="text"/> )		
<input type="checkbox"/> 香港居民身份證號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( <input type="text"/> )	簽發日期	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 香港特別行政區回港證號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	簽發日期	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	簽發日期	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 香港居留期許可證 (ID 235B) 出生記項編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( <input type="text"/> )	獲准逗留至	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 非香港旅遊證件號碼 簽證/參考編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> ( <input type="text"/> )		
<input type="checkbox"/> 生死登記處發出被領養兒童的領養證明書記項編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## 承諾及聲明

1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
2. 本人同意把此同意書中本人子女或受監護者的個人資料及有關是次會診的任何資料供政府用於“收集個人資料目的”所述的用途。本人特此同意醫生將上述個人資料及有關是次診症的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女或受監護者使用政府資助以接種疫苗事宜。
3. 適用於香港特別行政區智能身份證持有者：本人同意授權醫生讀取儲存在本人子女或受監護者香港特別行政區智能身份證晶片內的個人資料(只限香港身份證號碼，中英文姓名，出生日期和香港身份證簽發日期)，以供政府於“收集個人資料目的”所述的用途。
4. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府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轄。
5. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

簽署：\_\_\_\_\_

日期：20\_\_\_\_年\_\_\_\_月\_\_\_\_日

姓名：\_\_\_\_\_

與接種疫苗者的關係：父 母 監護人

聯絡電話號碼：\_\_\_\_\_

## 收集個人資料目的

### 收集資料的目的

1. 所提供的個人資料，會供政府作下列一項或多項用途：
  - (a) 開設、處理及管理醫健通戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與入境事務處的數據核對；
  - (b) 作統計和研究用途；以及
  - (c) 作法例規定、授權或准許的任何其他合法用途。
2. 就是次會診所作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

### 接受轉介人的類別

4. 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、2 段所列收集資料的目的而向其他機構和第三者人士披露。

### 查閱個人資料

5. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 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。本署應查閱資料要求而提供資料時，可能要徵收費用。

### 查詢

6. 如欲查閱或修改有關提供的個人資料，請聯絡：

九龍亞皆老街 147C 二樓 A 座

衛生防護中心

疫苗計劃辦事處

行政主任

電話號碼： 2125 2125

**職員專用**  
 Regular  EVSS

# 參加者同意書

成人

## 2014-15 流行性感冒疫苗預防注射服務

【採用葛蘭素史克藥廠(GSK)的二價預防流感冒疫苗FLUARIX (肌肉注射)】

\*適用於 18 歲或以上人士填寫

\*每位參加者須各自填寫一份同意書

參加者個人資料		使用衛生署流感疫苗資助計劃 長者：年屆 65 歲或以上
姓名 (中文)：	年齡：	必須根據 有效(晶片)香港智能身份證 填寫： <b>香港身份證號碼：</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( ) <b>出生日期</b> (必須根據(晶片)香港智能身份證內所列日期填寫)： <input type="text"/> <input type="text"/> 日 <input type="text"/> <input type="text"/> 月 <input type="text"/> <input type="text"/> 年 <b>簽發日期：</b> (晶片)香港智能身份證左下角所有數字(必須包括:日-月-年) <input type="text"/> <input type="text"/> 日 <input type="text"/> <input type="text"/> 月 <input type="text"/> <input type="text"/> 年
團體名稱： (如適用)	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女	
<b>參加者個人健康記錄</b> (請回答下列問題，在適當的空格加上 <input checked="" type="checkbox"/> )		
1. 您是否第一次接受預防流感冒疫苗注射？ <input type="checkbox"/> 不清楚 <input type="checkbox"/> 是 <input type="checkbox"/> 否 2. 您是否對雞蛋/ 蛋白敏感？ <input type="checkbox"/> 是 <input type="checkbox"/> 否 如答「是」請註明： <input type="checkbox"/> 出疹 <input type="checkbox"/> 面腫 <input type="checkbox"/> 其他：_____		
3. 您是否對任何疫苗注射或藥物有敏感或不良反應？如：出疹/面腫 <input type="checkbox"/> 是 <input type="checkbox"/> 否 如答「是」，請註明疫苗/ 藥物名稱及反應：_____		
4. 您現時是否患有下列疾病/ 有下列情況？如答「是」，請註明： <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 哮喘/氣管疾病 <input type="checkbox"/> 高血壓 <input type="checkbox"/> 糖尿病 <input type="checkbox"/> 心臟病/肺病 <input type="checkbox"/> 懷孕 <input type="checkbox"/> 肝腎功能不全或受損 <input type="checkbox"/> 免疫系統不全或受損 <input type="checkbox"/> 其他嚴重疾病：_____ (如白血病/ 惡性腫瘤等)		
本人聲明以上所提供之資料全屬正確，並同意接受 2014-15 預防流感冒疫苗(肌肉注射)。		
<b>↓ 必需簽署及填寫</b> (如不會讀寫，請印上手指模)		
參加者簽署：_____		日期：_____
聯絡電話：_____		

### 職員專用欄

Prescription : IMI Fluarix 2014-15 strains 0.5ml X 1dose  
 UCN: OR WL BKT JD KF TSW Medical No.: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Batch No.: \_\_\_\_\_ Given by: \_\_\_\_\_ Date: \_\_\_\_\_

## 2014-15 流行性感冒疫苗預防注射服務

【採用葛蘭素史克藥廠(GSK)的二價預防流感冒疫苗FLUARIX (肌肉注射)】

# 注射預防 流感冒疫苗須知

### 什麼是流行性感冒？

流行性感冒（流感）是一種由流感病毒感染所引起的急性呼吸道疾病，主要是經空氣或飛沫傳播，亦可因直接接觸患者的分泌物或已被病毒污染的物件而被感染，傳染性極高。患者通常出現發燒、咳嗽、肌肉痠痛等不適現象，情況可持續約 1 星期。高危人士如幼童及慢性疾病患者，當感染流感，出現併發症的風險更大。

### 預防方法

- 增強個人抵抗力：多做運動、均衡營養、保持心境開朗、適當休息
- 避免在人多擠迫及空氣不流通地方聚集
- 注意個人及公眾衛生，接觸污染物後儘快清潔雙手
- 注射「預防流感冒疫苗」

### 建議注射疫苗人士

- 滿 6 個月大或以上的人士，特別是年滿 50 歲或以上人士
- 抵抗力較弱人士：長者、任何患上慢性疾病的人士、幼童、孕婦
- 工作上，容易傳播或感染流感的人士：長期照顧幼兒的人士、從事服務性行業：包括營業員、醫護人員、飲食業、旅遊或酒店從業員、教師等
- 經常患上流感，影響工作、學業及身體健康的人士
- 肥胖人士（身高體重比例 BMI ≥30）

### 不適合注射疫苗人士

- 6 個月以下嬰兒
- 對雞蛋、蛋白或預防流感冒疫苗成份有過敏反應的人士
- 在注射當日身體嚴重不適或有發熱症狀的人士
- 曾經患有格林-巴利氏綜合癥(Guillian-Barre Syndrome) 的人士，請先向家庭醫生諮詢，然後再接受注射

# 2014-15 三價預防流感疫苗 (北半球適用) 可防禦的三種流感病毒, 包括:

- 甲型/加利福尼亞/7/2009 (H1N1)
- 甲型/德克薩斯州/50/2012 (H3N2)
- 乙型/麻省/2/2012

## 接種後反應

- 常見的副作用包括輕微發熱、肌肉痠痛、針口週邊位置出現紅/腫/疼痛的局部現象, 多數會在注射後一、兩天內自動復原。
- 罕見情況: 格林-巴利氏綜合症(Guillian-Barre Syndrome) - 約一百萬分之三的機會。
- 極罕見情況: 出現腦膜炎或腦病變 - 約三百萬分之一之機會。
- 嚴重過敏 - 約一千萬分之九的機會。

## 18歲以下, 也可參加?

- 18歲以下的兒童或青少年需備有由家長/監護人簽署的同意書, 確定過往的病歷及/或敏感歷史, 方可申請參加。
- 若9歲以下的小童過往從未接受過預防流感疫苗, 建議在完成第一針後的四星期後, 注射第二針, 加強效用。所有家長/監護人必須清楚填寫小童的『出生日期』及『疫苗注射記錄』兩項, 以便醫生處方。
- 所有需要注射第二針的兒童, 本機構會按疫苗之供應情況, 盡量安排。

## 聯絡我們

[www.ucn.org.hk](http://www.ucn.org.hk) [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

### 觀塘

賽馬會和樂  
社區健康中心

協和街和樂邨  
居安樓26-33號  
地下

☎ 2344-3444

### 藍田

白普理廣田  
社區健康中心

廣田邨  
廣田商場  
203室

☎ 2340-3022

### 佐敦

基督聯合那打素  
佐敦健康中心

佐敦道23號  
新寶廣場  
13樓全層

☎ 2770-8365

### 大埔

廣福  
社區健康中心

廣福邨  
廣仁樓  
地下19號

☎ 2638-3846

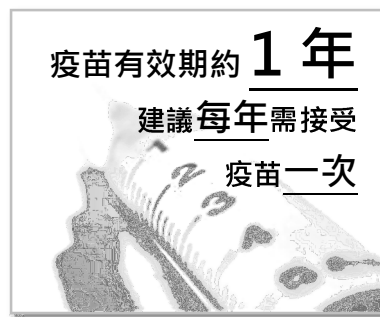
### 天水圍

賽馬會天水圍  
社區健康中心

天晴邨天晴社區  
綜合服務大樓  
1樓103室

☎ 3156-9000

社區醫療外展部 (不設注射服務) ☎ : 2357-4008



# 2014-15 流行性感冒疫苗預防注射服務

(採用葛蘭素史克藥廠(GSK)的三價預防流感疫苗FLUARIX (肌肉注射))

- \* 18歲以下 或 弱能人士須由家長/監護人填寫
- \* 每位參加者須各自填寫一份同意書

# 家長/監護人同意書

參加者個人資料		使用衛生署流感疫苗資助計劃
姓名 (中文):	年齡: 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女	兒童: 接種當日年齡介乎 6個月至未滿 6歲 必須根據 有效身份證明文件 填寫:
出生日期: [ ] [ ] 日 [ ] [ ] 月 [ ] [ ] 年	團體名稱(如適用):	有效身份證明文件號碼:
班別/學號:		
參加者個人健康記錄		(請回答下列問題, 在適當的空格加上 <input checked="" type="checkbox"/> )
1. 參加者是否第一次接受預防流感疫苗注射?		<input type="checkbox"/> 不清楚 <input type="checkbox"/> 是 <input type="checkbox"/> 否
2. 參加者是否對雞蛋/蛋白敏感?		<input type="checkbox"/> 是 <input type="checkbox"/> 否
如答「是」請註明: <input type="checkbox"/> 出疹 <input type="checkbox"/> 面腫 <input type="checkbox"/> 其他: _____		
3. 參加者是否對任何疫苗注射或藥物有敏感或不良反應? 如: 出疹/面腫		<input type="checkbox"/> 是 <input type="checkbox"/> 否
如答「是」, 請註明疫苗/藥物名稱及反應: _____		
4. 參加者現時是否患有下列疾病/有下列情況? 如答「是」, 請註明:		<input type="checkbox"/> 是 <input type="checkbox"/> 否
<input type="checkbox"/> 哮喘/氣管疾病 <input type="checkbox"/> 免疫系統不全或受損 <input type="checkbox"/> 六磷酸脫氫酶		
<input type="checkbox"/> 懷孕 (如白血病/惡性腫瘤等) <input type="checkbox"/> 缺乏症(G6PD)		
<input type="checkbox"/> 其他嚴重疾病: _____		
本人 _____ 乃上列參加者之 家長/監護人 (請刪去不適用), 本人聲明以上資料全屬正確, 並同意本人的 兒/女/受監護人接受 2014-15 預防流感疫苗 (肌肉注射)。		
<b>↓ 必需簽署及填寫</b>		
家長/監護人簽署: _____		日期: _____
聯絡電話: _____		

## 職員專用欄

Prescription: IMI Fluarix 2014-15 strains 0.25ml/ 0.5ml	<input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses
UCN: <input type="checkbox"/> OR <input type="checkbox"/> WL <input type="checkbox"/> BKT <input type="checkbox"/> JD <input type="checkbox"/> KF <input type="checkbox"/> TSW	Medical No.: _____
Doctor: _____	Signature: _____
Address: _____	
<input type="checkbox"/> 1 <sup>st</sup> dose-Injection Record	<input type="checkbox"/> 2 <sup>nd</sup> dose-Injection Record
Batch No.: _____	Batch No.: _____
Given by: _____ Date: _____	Given by: _____ Date: _____





## Department of Paediatrics 兒科學系

6/F, Lui Che Woo Clinical Sciences Building  
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Chairman **Professor Ting Fan LEUNG**  
系主任 梁廷勳教授

3 November 2014

Dear Ms «mum\_name»,

### Nudges to influence influenza vaccine uptake in children: a randomized controlled trial

Thank you for your participation in the study “Barriers to optimising intervention for the prevention and treatment of pneumonia and diarrhoea in Hong Kong children”. We are grateful for your contribution to the study, which will provide important insights to the community.

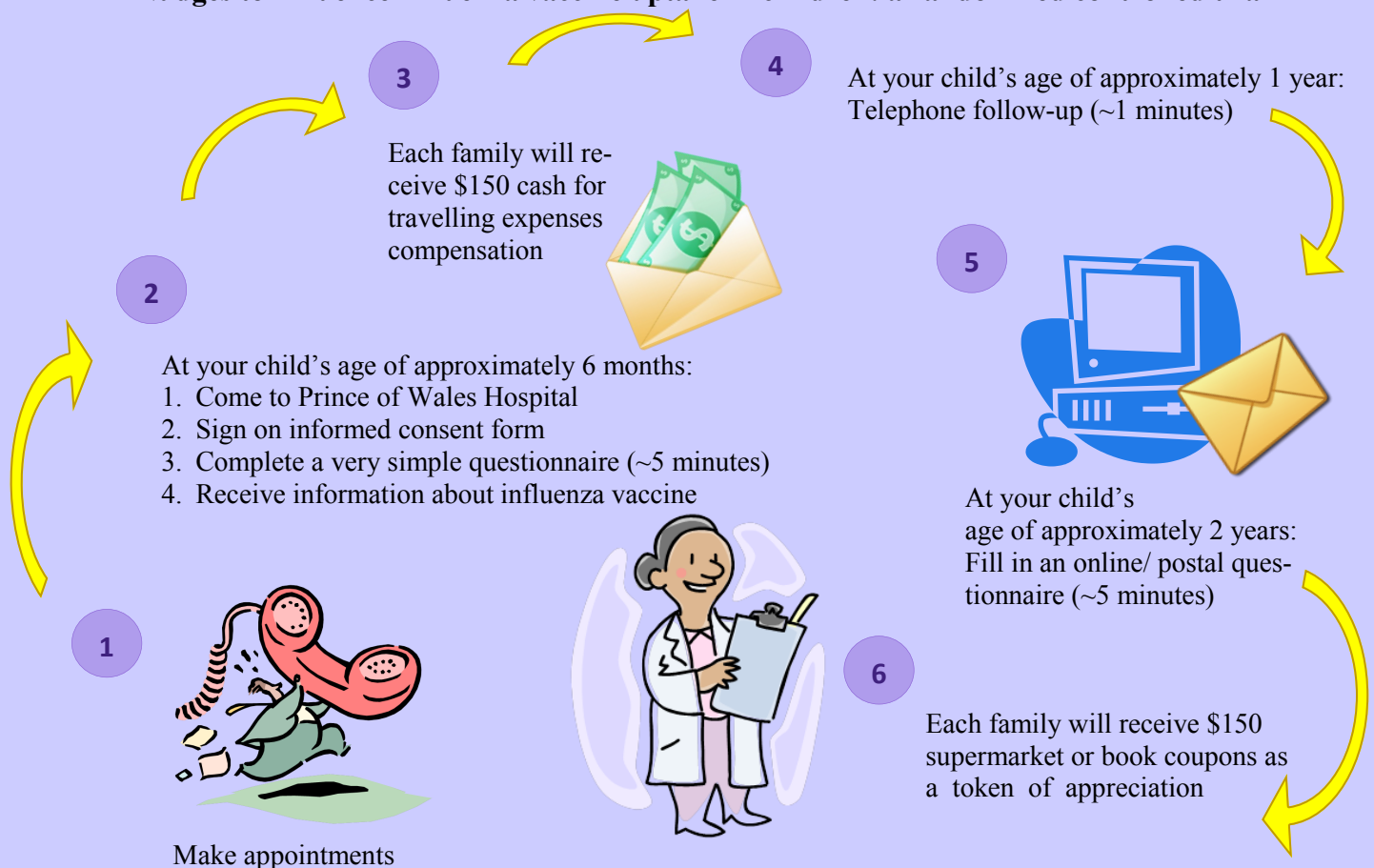
You and your child born in 2014 are invited to take part in a follow-up study, in which you will receive information of influenza vaccine and fill in very simple questionnaires. As a token of appreciation, each family will receive \$300 cash and supermarket or book coupons if you come to the face-to-face interview and complete the study successfully.

Should your family be interested in this study, please choose “Yes” in the last question of the 6-month questionnaire. For enquiries, please contact Miss Karene Yeung (tel.: 2632 2917 / 6273 1013 or e-mail:

[karene@cuhk.edu.hk](mailto:karene@cuhk.edu.hk)). Thank you for your kind attention. We are looking forward to receiving your reply.

Yours sincerely,  
Prof Tony Nelson  
Principal investigator

### Nudges to influence influenza vaccine uptake in children: a randomized controlled trial





## Department of Paediatrics 兒科學系

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Chairman **Professor Ting Fan LEUNG**  
系主任 梁廷勳教授

親愛的«mum\_name»女士：

### 誠邀參加「提升兒童流感疫苗使用率的隨機對照試驗」之研究

我們衷心感謝你參與我們的「預防和治療香港兒童肺炎及腹瀉」之研究，是次研究將為社會提供寶貴的參考資料。

我們將展開其跟進計劃，現誠意邀請你和你於二零一四年出生的孩子參與本跟進計劃，期間你將會獲得有關流行性感  
冒疫苗的資訊，及完成非常簡短的問題調查。每個出席面訪和完成研究的家庭可獲總值港幣 300 元正的現金及超  
級市場或圖書禮券。

如你對本跟進計劃有興趣，請在六個月問卷的最後一條問題，選擇「有」。如有任何查詢，歡迎聯絡楊小姐（電話  
號碼：2632 2917 / 6273 1013）。祈請示覆。

敬祝  
身體健康

香港中文大學兒科學系  
研究負責人  
倪以信教授

二零一四年十一月三日

### 「提升兒童流感疫苗使用率的隨機對照試驗」之研究





## **Nudges to influence influenza vaccine uptake in children: a randomised controlled trial**

### **INFORMED CONSENT FORM**

#### **Purposes**

We would like to tell you about a project studying a vaccine that is available in Hong Kong but that has not yet been added to the routine Childhood Immunisation Programme. This is a project by the Department of Paediatrics of The Chinese University of Hong Kong and the School of Nursing of The University of Hong Kong. This study plans to test whether providing key messages to parents about influenza disease and influenza vaccine can increase the uptake of influenza vaccine in children.

#### **Study Procedures**

This study will compare different information given to parents. There will be two possible study groups and you will be randomly allocated to one. This means that it is like a “flip of the coin” and that you cannot select which group you prefer to be part of. You will NOT be informed about which group you are in and what type of information you will receive.

Your involvement in the study will be for about 20 months. During this time, you may receive information by post, e-mail, telephone or text message. You will also complete short questionnaires through face-to-face interview, telephone follow-ups and on web or by post.

#### At child's age of approximately 6 months

We will collect details of your child's birth, your family characteristics, infant feeding practice, your child's vaccination plan and history, a copy of your child's immunisation record and your contact details from the data that you provided for the study titled “Barriers to optimising interventions for the prevention and treatment of pneumonia and diarrhoea in Hong Kong children”. We will then conduct a face-to-face interview with you for around 5 minutes and collect the updated information on the child's vaccination history and your knowledge and attitudes in relation to influenza vaccine.

#### At child's age of approximately 12 months

You will be followed-up by telephone for 1 – 2 minutes. We will collect your child's influenza vaccination history and a scanned copy of your child's immunisation record.

#### At child's age of approximately 24 months

You will complete an online or postal questionnaire (around 5 minutes) followed by a telephone follow-up if necessary. We will collect your knowledge, attitudes and practices in relation to influenza vaccine, details of your child's influenza vaccination history and a copy of your child's immunisation record.

#### **Foreseeable Risks or Discomforts**

There is no risk to you or your child in answering questions in this study.

**Expected Benefits**

You will be provided with information of influenza disease and influenza vaccine. All parents who come to the hospital for enrolment and face-to-face interviews will be given cash with equivalent value of HKD150 (USD19) to compensate for travelling expenses and those who successfully complete the study will be given supermarket/ book coupons with equivalent value of HKD150 (USD19). This study will provide insights into strategies that could enhance delivery of health messages and thus benefit our community in future.

**Confidentiality**

We will keep all personal and study information in secure files under lock and key, and only research staff under authorisation will have access to them. The record will be electronically stored in coded form with a study number. Data will be analysed within the Department of Paediatrics of The Chinese University of Hong Kong anonymously. No report from the study will include information that could identify you.

Under the laws of Hong Kong (in particular the Personal Data (Privacy) Ordinance, Cap 486), you enjoy or may enjoy rights for the protection of the confidentiality of your personal data, such as those regarding the collection, custody, retention, management, control, use (including analysis or comparison), transfer in or out of Hong Kong, non-disclosure, erasure and/or in any way dealing with or disposing of any of your personal data in or for this study. For any query, you should consult the Privacy Commissioner for Privacy Data or his officer (Tel no.: 2827 2827) as to the proper monitoring or supervision of your personal data protection so that your full awareness and understanding of the significance of compliance with the law governing privacy data is assured.

**Cost of the Study**

There is no cost to you for taking part of the study.

**Voluntary participation/ Withdrawal**

Your participation in the study is completely voluntary and you may withdraw from the study at any time and for any reason without penalty, loss of benefits or impact on you or your child's present or future health care.

**Ethics approval**

The research ethical aspects of this study have been reviewed and approved by the Joint Chinese University of Hong Kong - New Territories East Cluster Clinical Research Ethics Committee. The Committee can be contacted at (+852) 2632 3935 during office hours.

**Enquiry**

If you or your family have any further additional questions at a later time, please contact the Principal Investigator, Prof Tony Nelson, at (+852) 2632 2861 or the postgraduate student, Miss Karene Yeung, at (+852) 6273 1013 (Department of Paediatrics, Prince of Wales Hospital, Shatin, Hong Kong).

Study no.: \_\_\_\_\_

**INFORMED CONSENT FORM OF “NUDGES TO INFLUENCE INFLUENZA VACCINE UPTAKE IN CHILDREN: A RANDOMISED CONTROLLED TRIAL”**

The titled study has been clearly explained to me. I have read and understood the information provided and had the opportunity to ask questions. I agree to take part in the study. I understand that I have the right to decline that I enter the study and that I have the right to withdraw from the study at any time for any reasons, without affecting my present or future health care. By signing a written informed consent form, I am authorizing the Research Ethics Committee and the regulatory authority(ies) will be granted direct access to the participant’s study data for data verification. I acknowledge that I have received a copy of this informed consent form for my future reference.

Name of child: (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Name of mother: \_\_\_\_\_

Signature of mother: \_\_\_\_\_ Date: \_\_\_\_\_

Person administering the consent: \_\_\_\_\_

Signature of person administering the consent: \_\_\_\_\_ Date: \_\_\_\_\_

Chinese version of the informed consent form

## 「提升兒童流感疫苗使用率的隨機對照試驗」

### 知情同意書

#### 研究目的

我們將為你講解一個由香港中文大學兒科學系和香港大學護理學院合辦，有關一種香港可用，但沒有列入「香港兒童免疫接種計劃」內的疫苗之研究。本研究將測試家長獲得有關流行性感冒和流感疫苗的重點資訊，能否提升兒童流感疫苗的使用率。

#### 研究程序

本研究將比較家長獲得的不同資訊。參加者將會分成兩個研究組，就像擲硬幣般，你將會隨機分配到其中一個。你將不能選擇你所屬的研究組，你亦不會知道你給隨機地分配到哪一個研究組，及獲得哪類型的資訊。

你將會參與本研究約 20 個月，在此期間你可能會從郵寄、電郵、電話或簡訊形式獲得資訊，你亦需要透過面訪、電話訪問及網上或郵寄方式完成簡短的問卷調查。

#### 孩子大概六個月大時

我們將會從你在「預防和治療香港兒童肺炎及腹瀉」研究提供的數據中，取得你孩子的出生資料、家庭背景資料、嬰兒餵哺行為、孩子的疫苗接種計劃和記錄及其副本，以及你的聯絡方法。你將會花約五分鐘時間以面訪形式完成一份簡短的問卷，更新你孩子的疫苗接種記錄及提供你對流感疫苗的知識和態度的資料。

#### 孩子大概一歲時

你將會花約一至兩分鐘時間，透過電話更新你孩子的流感疫苗接種記錄，並且以電子方式提供你孩子的疫苗接種記錄之副本。

#### 孩子大概兩歲時

你將會花約五分鐘時間完成一份簡短的網上或郵寄問卷，如有需要，我們可能會以電話作簡單的跟進。你將會進一步提供你對流感疫苗的知識、態度和行為的資料，以及你孩子的流感疫苗接種記錄，並且提供你孩子的疫苗接種記錄之副本。

#### 潛在的風險

你參與這項研究所提供的資料不會對你或你的孩子構成危險。

#### 參與研究的好處

你將會獲得有關流行性感冒和流感疫苗的資訊。所有到醫院出席面訪的參加者，將會獲得價值港幣 150 元正（約 19 美元）的現金作交通津貼；所有完成整個研究的參加者，將會獲得價值港幣 150 元正（約 19 美元）的超級市場或圖書禮券。本研究可讓我們更了解有效地傳遞健康訊息的策略，這對社區將來有很大益處。

### **個人資料保密**

我們將把所有個人資料和完成的問卷上鎖，並以一個研究編號代替你的姓名及相關的個人資料，儲存至電腦作匿名的數據分析。而匿名的數據分析將在香港中文大學兒科學系進行，只有研究人員可以獲得研究數據。研究的報告將不會涉及能夠區分你身份的個人資料。依香港法律規定（特別是第 486 章《個人資料（私隱）條例》），你享有或可享有確保你的個人資料保密的權利，例如在或為本研究中有關收集、監管、保留、管理、控制、使用（包括分析或比較）、轉進或轉出香港、不披露、清除和／或以任何方式處理或棄置的權利。如有任何問題，請你諮詢個人資料私隱專員或其職員（電話號碼：2827 2827），以瞭解妥善監控或監管你的個人資料保護之事宜，以確保你完整掌握和瞭解遵守規管個人資料私隱的法律之重要性。

### **參與研究收費**

你不需要為研究中的任何一項操作付費。

### **自願參與／中途退出**

你的參與全屬自願，你可選擇不參與或隨時退出此次研究，而你的退出將不會影響你及你的孩子現在和日後的醫療服務。

### **倫理委員會的批准**

本研究所涉及的研究倫理問題已經過香港中文大學－新界東醫院聯網臨床研究倫理聯席委員會的審查並通過。你可以在辦公時間致電委員會電話+852 2632 3935 以諮詢你作為研究參與者的權益。

### **聯絡方法**

如果你或你的家人對此研究有任何問題，請致電與本研究的負責人倪以信教授（+852 2632 2861）或研究生楊凱婷小姐（+852 6273 1013）聯絡（香港沙田威爾斯親王醫院兒科學系）。

研究編號： \_\_\_\_\_

**知情同意書－「提升兒童流感疫苗使用率的隨機對照試驗」**

研究人員已經詳細解釋此研究的相關情況，同時本人也認真閱讀和理解所提供的相關資料，並有充分機會提問。本人同意參與此研究。本人知道我有權拒絕加入此研究，同時本人也有權在任何時間以任何理由退出此研究，而不會對本人和我的孩子現在和日後的醫療服務有任何影響。通過簽訂書面同意書，本人授權臨床研究倫理委員會和監管機構直接核查我的研究數據。本人確認已經收到該知情同意書的複印本作為今後的參照。

孩子姓名： （英文） \_\_\_\_\_

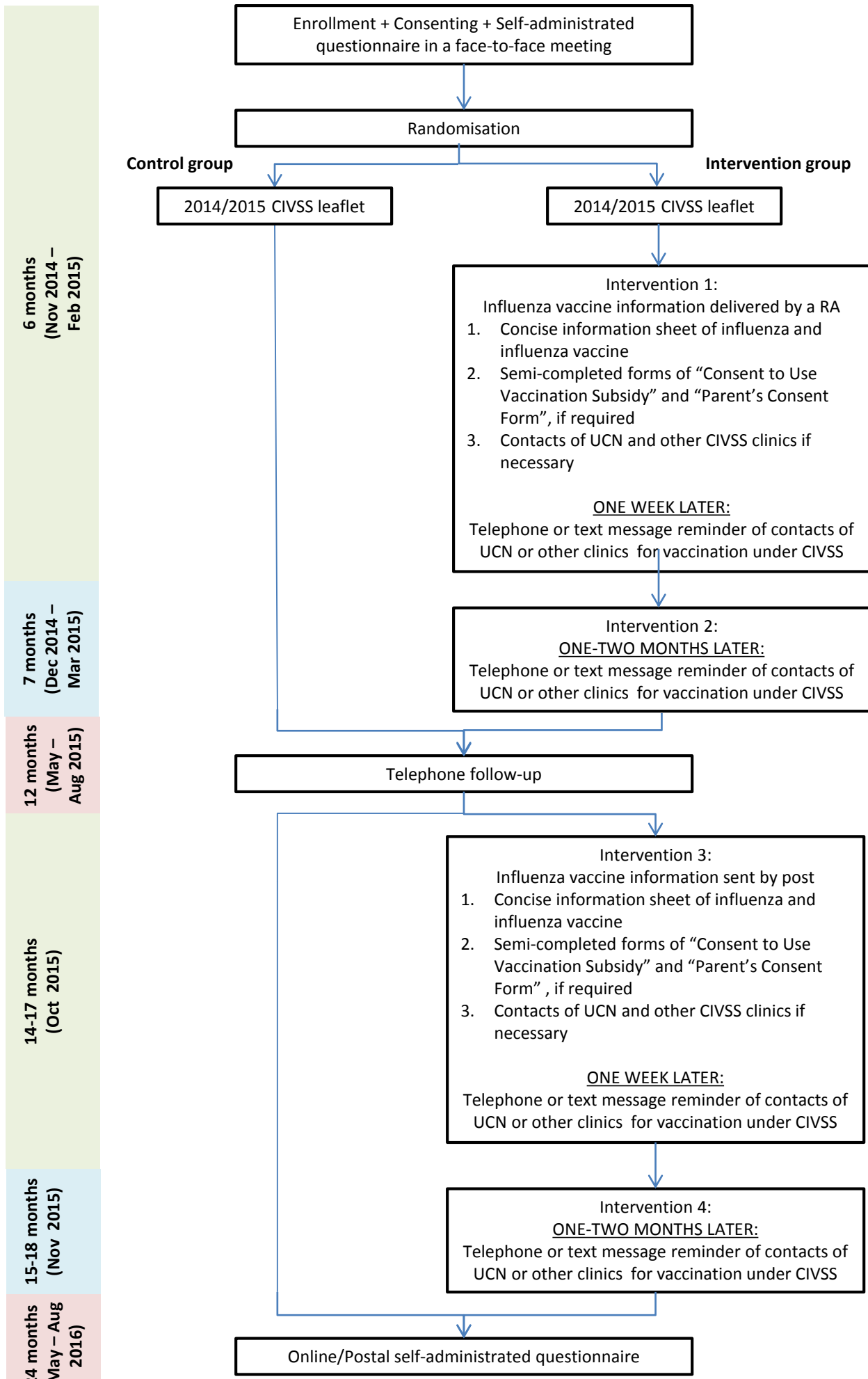
（中文） \_\_\_\_\_

母親姓名： \_\_\_\_\_

母親簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

獲取知情同意人員姓名： \_\_\_\_\_

獲取知情同意人員簽署： \_\_\_\_\_ 日期： \_\_\_\_\_



**6 months**  
(Nov 2014 – Feb 2015)

**7 months**  
(Dec 2014 – Mar 2015)

**12 months**  
(May – Aug 2015)

**14-17 months**  
(Oct 2015)

**15-18 months**  
(Nov 2015)

**24 months**  
(May – Aug 2016)

Study no.: \_\_\_\_\_

提升兒童流感疫苗使用率的隨機對照試驗  
**Nudges to influence influenza vaccine uptake in children:  
 a randomised controlled trial**

確認簽收書Acknowledgement of Receipt

本人\_\_\_\_\_及孩子\_\_\_\_\_參與「提升兒童流感疫苗使用率的隨機對照試驗」之研究，並確認於\_\_\_\_\_ (dd/mm/yyyy) 獲取由香港中文大學兒科學系提供的港幣壹佰伍拾圓正作為交通津貼。

I \_\_\_\_\_ and my child \_\_\_\_\_ confirmed that we have taken part in the study “Nudges to influence influenza vaccine uptake in children: a randomised controlled trial” and have received **HK\$150** cash for travelling expenses compensation given out by the Department of Paediatrics of The Chinese University of Hong Kong on \_\_\_\_\_ (dd/mm/yyyy).

孩子姓名：

Name of child: \_\_\_\_\_

母親姓名：

Name of mother: \_\_\_\_\_

母親簽署：

Signature of mother: \_\_\_\_\_

日期：

Date: \_\_\_\_\_

研究人員姓名：

Name of research staff: \_\_\_\_\_

研究人員簽署：

Signature of research staff: \_\_\_\_\_

日期：

Date: \_\_\_\_\_



Study no.: \_\_\_\_\_

提升兒童流感疫苗使用率的隨機對照試驗  
**Nudges to influence influenza vaccine uptake in children:  
 a randomised controlled trial**

確認簽收書Acknowledgement of Receipt

本人\_\_\_\_\_及孩子\_\_\_\_\_已完成「提升兒童流感疫苗使用率的隨機對照試驗」之研究，並確認於\_\_\_\_\_ (dd/mm/yyyy) 獲取以下由香港中文大學兒科學系提供的禮物：

價值港幣壹佰伍拾圓正的超級市場禮券 (\_\_\_\_\_)

價值港幣壹佰伍拾圓正的圖書禮券 (\_\_\_\_\_)

I \_\_\_\_\_ and my child \_\_\_\_\_ confirmed that we have successfully completed the study “Nudges to influence influenza vaccine uptake in children: a randomised controlled trial” and have received the following gift given out by the Department of Paediatrics of The Chinese University of Hong Kong on \_\_\_\_\_ (dd/mm/yyyy):

Supermarket coupon with equivalent value of HK\$150 (\_\_\_\_\_)

Book coupon with equivalent value of HK\$150 (\_\_\_\_\_)

孩子姓名：

Name of child: \_\_\_\_\_

母親姓名：

Name of mother: \_\_\_\_\_

母親簽署：

Signature of mother: \_\_\_\_\_

日期：

Date: \_\_\_\_\_

Study no.: \_\_\_\_\_

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Questionnaire 1***(For PDKAP subjects recruited at child's age of approximately 6 months)*

Interviewer's name: \_\_\_\_\_ Date(dd/mm/yyyy): |\_\_|\_|\_| / |\_\_|\_|\_| / |\_\_|\_|\_|\_|\_|

Completion format: 1  FTF at hospital 2  FTF at home 3  FTF at other place4  Postal 5  Online 6  Phone 7  Other: \_\_\_\_\_Self-administered: 0  No 1  YesSex of child: 1  Boy 2  Girl Year of birth of mother: |\_\_|\_|\_|\_|\_| year

Here are statements about knowledge and attitudes towards influenza vaccine or vaccines in general. For each of the following statements, please indicate how much you agree or disagree by choosing the number that most closely corresponds to your opinion (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). You may choose any number from 1 to 4.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Children aged below 2 years are likely to get influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Your child is healthy so I am not concerned about him/ her getting influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. A healthy adult 40 years old is more likely to get influenza than a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Influenza infection has serious health consequences on a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Influenza is a light illness as everyone may get it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Influenza infection can sometimes be serious enough that a child needs to be admitted to the hospital.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Influenza infection can sometimes be serious enough to cause death in a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. If your child gets influenza, the disease can spread to other family members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Influenza infections are usually more serious in a healthy adult 40 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Influenza infections are usually more serious in a healthy adult 70 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Influenza vaccines are safe for children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
12. Influenza vaccine can reduce risk of influenza-induced complications such as pneumonia in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. Influenza vaccine can reduce risk of hospitalisation in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. Influenza vaccine can reduce risk of death in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. Influenza vaccinations effectively protect against influenza in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. Influenza vaccine can cause influenza in some people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. If most of the parents you know vaccinate their children against influenza, you will vaccinate your child too.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. If most people important to you think you should get your child vaccinated for influenza, you will do so.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. You are confident to make the best decision about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. You have access to the information you need to make good decisions about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. It is better for a child to develop immunity by getting the disease rather than getting a vaccine to prevent that disease.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Too many vaccines can overwhelm a child's immune system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. It is difficult for you to find the time to take your child for vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. Doctors' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. Nurses' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. Your husband's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. Your family's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
28. Your friends' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. When deciding whether or not to vaccinate your child with influenza vaccine, whether you have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. When deciding whether or not to vaccinate your child with influenza vaccine, whether your family members have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
31. When deciding whether or not to vaccinate your child with influenza vaccine, the following factors are <b>important</b> :				
a) Cost of the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Possible side effects of vaccination.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Convenient location of the clinic providing vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Having to make an appointment at the clinic to receive the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) The number of doses of vaccine needed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) The route of vaccine administration (by mouth or by injection).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Being given as part of the Hong Kong Government's routine Childhood Immunisation Programme.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Negative news about the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) There is a new human case of avian flu in Hong Kong.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**End of questionnaire**

## Chinese version of questionnaire

研究編號：\_\_\_\_\_

## 提升兒童流感疫苗使用率的隨機對照試驗

## 問卷調查 1

(大概六個月大時招募的PDKAP 參加者適用)

訪問員姓名：\_\_\_\_\_ 日期(dd/mm/yyyy)： |\_|\_| / |\_|\_| / |\_|\_|\_|\_|

完成形式： 1 在醫院面訪 2 在家面訪 3 在其他地方面訪4 郵寄 5 網上 6 電話 7 其他：\_\_\_\_\_自行填寫： 0 否 1 是孩子性別： 1 男 2 女 母親出生年份： |\_|\_|\_|\_|年

以下是用來形容對流感疫苗或一般疫苗的知識和態度的句子。下列每一題敘述中，請依照你自己的意見，選擇出同意或不同意的程度。1 = 非常不同意，2 = 不同意，3 = 同意，4 = 非常同意。你可以選擇由 1 至 4 的任何數字。

	非常 不同意	不同意	同意	非常 同意
1. 兩歲以下兒童很可能感染流行性感冒（流感）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. 你的孩子很健康，所以你不擔心他／她感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. 一個健康的四十歲成人比一個健康的兩歲以下兒童較容易感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. 流感會嚴重影響兒童的健康。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. 流感是輕微的疾病，所有人都有機會感染。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. 流感可以嚴重到導致兒童入院。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. 流感可以嚴重到導致兒童死亡。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. 如果你孩子感染流感，疾病可以散播給其他家庭成員。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. 一般來說，一個健康的四十歲成人感染流感會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. 一般來說，一個健康的七十歲成人感染流感會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. 流感疫苗對兒童是安全的。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	非常 不同意	不同意	同意	非常 同意
12. 流感疫苗可減低兒童因感染流感而引起併發症（如肺炎）的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. 流感疫苗可減低兒童入院的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. 流感疫苗可減低兒童死亡的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. 流感疫苗有效地預防兒童感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. 流感疫苗可引致一些接種者感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. 假如大多數你認識的家長都給孩子接種流感疫苗以預防此感染，你也會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. 假如大多數對你重要的人認為你應該給孩子接種流感疫苗以預防此感染，你會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. 對於疫苗接種，你有信心為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. 你有足夠的疫苗資訊來為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. 兒童感染上疾病後自然會對該病毒有免疫力，這比接種疫苗更有效預防該疾病。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. 接種太多疫苗會令兒童的免疫系統超出負荷。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. 你很難抽空帶你的孩子接種疫苗。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. 醫生的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. 護士的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. 你丈夫的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. 你家人的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. 你朋友的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. 當決定是否給你的孩子接種流感疫苗時，你本人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. 當決定是否給你的孩子接種流感疫苗時，你的家人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	非常 不同意	不同意	同意	非常 同意
31. 當決定是否給你的孩子接種流感疫苗時，以下因素是 <b>重要</b> 的：				
a) 疫苗的價錢。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) 疫苗的副作用。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) 提供疫苗接種的診所的地理位置是否方便。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) 提供疫苗接種的診所是否需要預約。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) 疫苗所需的接種劑數。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) 疫苗的給藥途徑（口服或注射）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) 疫苗是否已列入在香港政府的「香港兒童免疫接種計劃」內。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) 關於疫苗的負面新聞。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) 在香港，有人類感染禽流感的新個案。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

問卷完

Study no.: \_\_\_\_\_

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Questionnaire 2****(For all subjects when child is approximately 1 year old)**

Interviewer's name: \_\_\_\_\_ Date(dd/mm/yyyy): |\_\_|\_|\_| / |\_\_|\_|\_| / |\_\_|\_|\_|\_|\_|

Completion format: 1  FTF at hospital 2  FTF at home 3  FTF at other place  
4  Postal 5  Online 6  Phone 7  Other: \_\_\_\_\_Self-administered: 0  No 1  Yes Year of birth of mother: |\_\_|\_|\_|\_|\_| yearSex of child: 1  Boy 2  Girl Year of birth of child: |\_\_|\_|\_|\_|\_| year

We are going to ask you some questions about your child and family. Some of the questions may be asked before but we would like to double check the information at this interview. During the interview, you may need to refer to your child's immunisation record if necessary.

1) Has the mother received influenza vaccine since your child's birth?

- 0  No  
1  Yes  
9  Don't know

2) Has the father received influenza vaccine since your child's birth?

- 0  No  
1  Yes  
9  Don't know

3) Has your child received influenza vaccine?

- 0  No (Go to question 7)  
1  Yes  
9  Don't know

4) What kind of influenza vaccine has your child received?

- 1  Trivalent  
2  Quadrivalent  
3  Both  
9  Don't know

5) How many doses of influenza vaccine has your child received?

- |\_\_| doses  
9  Don't know  
99  Not applicable



## 6) When did your child receive influenza vaccines?

On |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_| (dd/mm/yyyy) or at |\_\_|\_| months old

On |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_| (dd/mm/yyyy) or at |\_\_|\_| months old

On |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_| (dd/mm/yyyy) or at |\_\_|\_| months old

<sup>9</sup> Don't know

<sup>99</sup> Not applicable

## 7) Are you planning to have your child vaccinated against influenza in the future?

<sup>0</sup> No

<sup>1</sup> Yes (*Go to question 9*)

<sup>9</sup> Don't know

## 8) You mention that you do not yet have a plan to vaccinate your child with influenza vaccine; we would like to know what concerns you may have about the vaccine. Please indicate which statements are applicable to your situation. You can choose more than one option.

<sup>1</sup> You do not know about it

<sup>1</sup> You had not thought about it

<sup>1</sup> This vaccine had not been recommended by health care professionals

<sup>1</sup> This vaccine is not included in the Hong Kong Government's routine Childhood Immunisation Programme

<sup>1</sup> You do not want to vaccinate your child with this vaccine

<sup>1</sup> You have inadequate knowledge about this vaccine

<sup>1</sup> You do not know where to get this vaccine

<sup>1</sup> You fear of too many injections required by this vaccine

<sup>1</sup> You are worried about the side effects of this vaccine

<sup>1</sup> You perceived that this vaccine is not effective

<sup>1</sup> You are afraid of clashing with other injections

<sup>1</sup> You are busy

<sup>1</sup> You cannot afford it

<sup>1</sup> Your child has good health

<sup>1</sup> Your child is too young

<sup>1</sup> Your child seldom goes out

<sup>1</sup> Your child is sick

<sup>1</sup> Your child is allergic to this vaccine

<sup>1</sup> It is not necessary to give this vaccine

<sup>1</sup> Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Don't know

<sup>99</sup> Not applicable

- 9) Before joining our study, do you know about the “Childhood Influenza Vaccination Subsidy Scheme”?
- 0  No, you didn't know about this scheme
  - 1  Yes, you understand this scheme before
  - 2  Yes, you heard of this scheme before but did not have enough understanding of its details

**End of questionnaire**

## Chinese version of questionnaire

研究編號：\_\_\_\_\_

## 提升兒童流感疫苗使用率的隨機對照試驗

## 問卷調查 2

(所有參加者在大概一歲時適用)

訪問員姓名：\_\_\_\_\_ 日期(dd/mm/yyyy)： |\_|\_|/|\_|\_|/|\_|\_|\_|\_|

完成形式：  
1 在醫院面訪 2 在家面訪 3 在其他地方面訪  
4 郵寄 5 網上 6 電話 7 其他：\_\_\_\_\_自行填寫：  
0 否 1 是 母親出生年份： |\_|\_|\_|\_|年孩子性別：  
1 男 2 女 孩子出生年份： |\_|\_|\_|\_|年

我們將會問一些有關你孩子和家人的問題，其中有些問題可能已在較早前提供，但我們仍希望能在這次訪問中確認相關資料。在訪問期間，你可能需要查看你孩子的疫苗接種記錄。

1) 孩子出生至今，母親曾否接種過流感疫苗？

- 0 否  
1 有  
9 不知道

2) 孩子出生至今，父親曾否接種過流感疫苗？

- 0 否  
1 有  
9 不知道

3) 孩子曾否接種過流感疫苗？

- 0 否 (到第7題)  
1 有  
9 不知道

4) 孩子曾接種過那種流感疫苗？

- 1 三價  
2 四價  
3 兩者皆有  
9 不知道

5) 你的孩子曾接種過多少劑流感疫苗？

- |\_| 劑  
9 不知道  
99 不適用

6) 你的孩子在何時接種過流感疫苗？

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

9□ 不知道

99□ 不適用

7) 你有否計劃將來給你的孩子接種流感疫苗？

0□ 否

1□ 有 (到第9題)

9□ 不知道

8) 你提到你未有計劃給你的孩子將來接種流感疫苗，我們希望了解你對這疫苗可能有的憂慮。請選擇所有適用於你情況的句子，你可選多於一項。

1□ 你不知道這疫苗

1□ 你沒有想過

1□ 醫護人員沒有建議你孩子接種這疫苗

1□ 這疫苗沒有列人在香港政府的「香港兒童免疫接種計劃」內

1□ 你不想孩子接種這疫苗

1□ 你對這疫苗沒有足夠的了解

1□ 你不知道哪裏可以接種這疫苗

1□ 你怕這疫苗所需的接種劑數太多

1□ 你擔心這疫苗的副作用

1□ 你認為這疫苗沒有效用

1□ 你怕這疫苗會與其他疫苗接種有衝突

1□ 你太忙

1□ 你經濟能力負擔不起

1□ 你的孩子的身體健康

1□ 你的孩子年紀太小

1□ 你的孩子很少外出

1□ 你的孩子生病了

1□ 你的孩子對這疫苗過敏

1□ 沒有需要接種這疫苗

1□ 其他原因： \_\_\_\_\_

\_\_\_\_\_

9□ 不知道

99□ 不適用

- 9) 在參加這研究前，你是否知道「兒童流感疫苗資助計劃」？
- 0  否，你之前不知道這計劃
  - 1  是，你之前已了解這計劃
  - 2  是，你之前已聽過這計劃，但對於計劃詳情並未有充足了解

問卷完

Study no.: \_\_\_\_\_

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Questionnaire 3****(For all subjects when child is approximately 2 years old)**

Interviewer's name: \_\_\_\_\_ Date(dd/mm/yyyy): |\_|\_| / |\_|\_| / |\_|\_|\_|\_|

Completion format: 1  FTF at hospital 2  FTF at home 3  FTF at other place4  Postal 5  Online 6  Phone 7  Other: \_\_\_\_\_Self-administered: 0  No 1  Yes Year of birth of mother: |\_|\_|\_|\_| yearSex of child: 1  Boy 2  Girl Year of birth of child: |\_|\_|\_|\_| year

We are going to ask you some questions about your child and family. Some of the questions may be asked before but we would like to double check the information in this questionnaire. When you are filling in this questionnaire, you may need to refer to your child's immunisation record if necessary.

**A General information**

A1) At what age did your child completely stop receiving breast milk?

0  Never breastfed1  Continuing breastfeeding2  Stopped breastfeeding completely

at |\_|\_| months |\_|\_| weeks and |\_|\_| days

9  Don't know

A2) Since birth, how many times has your child visited a health centre, clinic or hospital outpatient department for a reason other than vaccination, such as illness?

(Enter "0" if never)

1  02  1-2 times3  3-5 times4  6-10 times5  More than 10 times9  Don't know

A3) Since birth, how many times did your child have to stay overnight in a hospital for medical care (including the times your child stayed overnight at Neonatal Unit for phototherapy due to neonatal jaundice)? (Enter "0" if never)

1  02  1-2 times3  3-5 times4  6-10 times5  More than 10 times9  Don't know

A4) Since birth, has your child contracted any respiratory infection?

- 0 No (*Go to question A6*)
- 1 Influenza
- 1 Pneumonia
- 1 Other respiratory infection
- 9 Don't know

A5) Since birth, has your child been admitted to the hospital overnight for a respiratory infection?

- 0 No
- 1 Yes
- 9 Don't know
- 99 Not applicable

A6) Who takes the MAIN role of making the decisions on whether or not your child is given vaccinations? (Not the person giving advices such as healthcare professionals)

- 1 Mother
- 2 Father
- 3 Mother and father jointly
- 4 Grandparents
- 5 Other: \_\_\_\_\_
- 9 Don't know

A7) Has the mother received influenza vaccine since your child's birth?

- 0 No
- 1 Yes
- 9 Don't know

A8) Has the father received influenza vaccine since your child's birth?

- 0 No
- 1 Yes
- 9 Don't know

A9) If you have more than one child, have any of your children (other than the child joining the study) received influenza vaccine since the birth of your child joining the study?

- 0 No, they have never received influenza vaccines
- 1 Yes, they (or one of them) receive influenza vaccines before every season
- 2 Yes, they (or one of them) receive influenza vaccines but not before every season
- 9 Don't know
- 99 Not applicable (you have one child only)

A10) Have any other persons living with your child joining the study received influenza vaccine since your child's birth? If yes, who are they?

- 0 No
- 1 Yes, they are: \_\_\_\_\_
- 9 Don't know

A11) Has your child (the child joining the study) received influenza vaccine?

- 0  No (*Go to question A15*)  
 1  Yes  
 9  Don't know

A12) What kind of influenza vaccine has your child received?

- 1  Trivalent  
 2  Quadrivalent  
 3  Both  
 9  Don't know

A13) How many doses of influenza vaccine has your child received?

- |\_| doses  
 9  Don't know  
 99  Not applicable

A14) When did your child receive influenza vaccines?

- On |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) or at |\_|\_| months old  
 On |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) or at |\_|\_| months old  
 On |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) or at |\_|\_| months old  
 On |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) or at |\_|\_| months old  
 On |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) or at |\_|\_| months old  
 9  Don't know  
 99  Not applicable

A15) Are you planning to have your child vaccinated against influenza in the future?

- 0  No  
 1  Yes (*Go to part B*)  
 9  Don't know

A16) You mention that you do not yet have a plan to vaccinate your child with influenza vaccine; we would like to know what concerns you may have about the vaccine. Please indicate which statements are applicable to your situation. You can choose more than one option.

- 1  You do not know about it  
 1  You had not thought about it  
 1  This vaccine had not been recommended by health care professionals  
 1  This vaccine is not included in the Hong Kong Government's routine Childhood Immunisation Programme  
 1  You do not want to vaccinate your child with this vaccine  
 1  You have inadequate knowledge about this vaccine  
 1  You do not know where to get this vaccine



- You fear of too many injections required by this vaccine  
 You are worried about the side effects of this vaccine  
 You perceived that this vaccine is not effective  
 You are afraid of clashing with other injections  
 You are busy  
 You cannot afford it  
 Your child has good health  
 Your child is too young  
 Your child seldom goes out  
 Your child is sick  
 Your child is allergic to this vaccine  
 It is not necessary to give this vaccine  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Don't know  
 Not applicable

#### B Knowledge and attitudes towards influenza vaccine

Here are statements about knowledge and attitudes towards influenza vaccines or vaccine in general. For each of the following statements, please indicate how much you agree or disagree by choosing the number that most closely corresponds to your opinion (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). You may choose any number from 1 to 4.

	Strongly disagree	Disagree	Agree	Strongly agree
B1) Children aged below 2 years are likely to get influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B2) Your child is healthy so I am not concerned about him/ her getting influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B3) A healthy adult 40 years old is more likely to get influenza than a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B4) Influenza infection has serious health consequences on a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B5) Influenza is a light illness as everyone may get it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B6) Influenza infection can sometimes be serious enough that a child needs to be admitted to the hospital.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B7) Influenza infection can sometimes be serious enough to cause death in a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B8) If your child gets influenza, the disease can spread to other family members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
B9) Influenza infections are usually more serious in a healthy adult 40 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B10) Influenza infections are usually more serious in a healthy adult 70 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B11) Influenza vaccines are safe for children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B12) Influenza vaccine can reduce risk of influenza-induced complications such as pneumonia in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B13) Influenza vaccine can reduce risk of hospitalisation in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B14) Influenza vaccine can reduce risk of death in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B15) Influenza vaccinations effectively protect against influenza in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B16) Influenza vaccine can cause influenza in some people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B17) If most of the parents you know vaccinate their children against influenza, you will vaccinate your child too.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B18) If most people important to you think you should get your child vaccinated for influenza, you will do so.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B19) You are confident to make the best decision about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B20) You have access to the information you need to make good decisions about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B21) It is better for a child to develop immunity by getting the disease rather than getting a vaccine to prevent that disease.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B22) Too many vaccines can overwhelm a child's immune system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B23) It is difficult for you to find the time to take your child for vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B24) Doctors' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
B25) Nurses' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B26) Your husband's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B27) Your family's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B28) Your friends' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B29) When deciding whether or not to vaccinate your child with influenza vaccine, whether you have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B30) When deciding whether or not to vaccinate your child with influenza vaccine, whether your family members have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B31) When deciding whether or not to vaccinate your child with influenza vaccine, the following factors are <b>important</b> :				
a) Cost of the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Possible side effects of vaccination.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Convenient location of the clinic providing vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Having to make an appointment at the clinic to receive the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) The number of doses of vaccine needed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) The route of vaccine administration (by mouth or by injection).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Being given as part of the Hong Kong Government's routine Childhood Immunisation Programme.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Negative news about the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) There is a new human case of avian flu in Hong Kong.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**End of questionnaire**

## Chinese version of questionnaire

研究編號：\_\_\_\_\_

## 提升兒童流感疫苗使用率的隨機對照試驗

## 問卷調查 3

(所有參加者在大概兩歲時適用)

訪問員姓名：\_\_\_\_\_ 日期(dd/mm/yyyy)： |\_|\_|/|\_|\_|/|\_|\_|\_|\_|

完成形式：  
1 在醫院面訪 2 在家面訪 3 在其他地方面訪  
4 郵寄 5 網上 6 電話 7 其他：\_\_\_\_\_自行填寫：  
0 否 1 是 母親出生年份： |\_|\_|\_|\_|年孩子性別：  
1 男 2 女 孩子出生年份： |\_|\_|\_|\_|年

我們將會問一些有關你孩子和家人的問題，其中有些問題可能已在較早前提供，但我們仍希望能在這份問卷中確認相關資料。在完成這份問卷時，你可能需要查看你孩子的疫苗接種記錄。

**A 一般資料**

A1) 直至幾歲，你的孩子完全停止給餵哺母乳？

- 0 從沒餵哺母乳  
1 仍繼續餵哺母乳  
2 完全停止餵哺母乳

在 |\_|\_|個月|\_|\_|星期|\_|\_|日

9 不知道

A2) 出生至今，除了接種疫苗外，你的孩子曾多少次因患病或其他原因，到健康院、診所或醫院的普通科門診求診？（如從來沒有，請填「0」）

- 1 0  
2 1-2 次  
3 3-5 次  
4 6-10 次  
5 10 次以上  
9 不知道

A3) 出生至今，你的孩子曾多少次因醫療護理而入住醫院（包括你孩子因新生兒黃疸而在新生兒病房留院照燈的次數）？（如從來沒有，請填「0」）

- 1 0  
2 1-2 次  
3 3-5 次  
4 6-10 次  
5 10 次以上  
9 不知道

- A4) 由出生至今，你的孩子曾否患上任何呼吸道感染？
- 0  否 (到第 A6 題)
  - 1  流行性感
  - 1  肺炎
  - 1  其他呼吸道感染
  - 9  不知道
- A5) 出生至今，你的孩子曾否因呼吸道感染而入住醫院？
- 0  否
  - 1  有
  - 9  不知道
  - 99  不適用
- A6) 誰人**最主要**負責決定是否給你孩子接種疫苗？（並非指提供建議的人，例如醫護人員）
- 1  母親
  - 2  父親
  - 3  母親和父親一同決定
  - 4  祖父母
  - 5  其他： \_\_\_\_\_
  - 9  不知道
- A7) 孩子出生至今，母親曾否接種過流感疫苗？
- 0  否
  - 1  有
  - 9  不知道
- A8) 孩子出生至今，父親曾否接種過流感疫苗？
- 0  否
  - 1  有
  - 9  不知道
- A9) 如你有多於一個孩子，在參加本研究的孩子出生後，曾否有其中一位孩子（非參加本研究的孩子）接種過流行性感
- 0  否，他們從沒有接種過流行性感
  - 1  有，他們（或其中一位）每年都會接種流行性感
  - 2  有，他們（或其中一位）曾接種流行性感，但不是每年都會接種
  - 9  不知道
  - 99  不適用（你只有一個孩子）

A10) 孩子出生至今，其他與參加本研究的孩子同住的人曾否接種過流感疫苗？如有，他們是誰？

0  否

1  有，他們是： \_\_\_\_\_

9  不知道

A11) 孩子（參加本研究的孩子）曾否接種過流感疫苗？

0  否（*到第A15題*）

1  有

9  不知道

A12) 孩子曾接種過那種流感疫苗？

1  三價

2  四價

3  兩者皆有

9  不知道

A13) 你的孩子曾接種過多少劑流感疫苗？

|\_| 劑

9  不知道

99  不適用

A14) 你的孩子在何時接種過流感疫苗？

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

在 |\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy) 或在 |\_|\_| 個月大時

9  不知道

99  不適用

A15) 你有否計劃將來給你的孩子接種流感疫苗？

0  否

1  有（*到B部份*）

9  不知道

A16) 你提到你未有計劃給你的孩子將來接種流感疫苗，我們希望了解你對這疫苗可能有的憂慮。請選擇所有適用於你情況的句子，你可選多於一項。

1  你不知道這疫苗

1  你沒有想過

1  醫護人員沒有建議你孩子接種這疫苗

- 1  這疫苗沒有列入在香港政府的「香港兒童免疫接種計劃」內
- 1  你不想孩子接種這疫苗
- 1  你對這疫苗沒有足夠的了解
- 1  你不知道哪裏可以接種這疫苗
- 1  你怕這疫苗所需的接種劑數太多
- 1  你擔心這疫苗的副作用
- 1  你認為這疫苗沒有效用
- 1  你怕這疫苗會與其他疫苗接種有衝突
- 1  你太忙
- 1  你經濟能力負擔不起
- 1  你的孩子的身體健康
- 1  你的孩子年紀太小
- 1  你的孩子很少外出
- 1  你的孩子生病了
- 1  你的孩子對這疫苗過敏
- 1  沒有需要接種這疫苗
- 1  其他原因： \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

9  不知道

99  不適用

## B 對於流感疫苗的知識和態度

以下是用來形容對流感疫苗或一般疫苗的知識和態度的句子。下列每一題敘述中，請依照你自己的意見，選擇出同意或不同意的程度。1 = 非常不同意，2 = 不同意，3 = 同意，4 = 非常同意。你可以選擇由 1 至 4 的任何數字。

	非常 不同意	不同意	同意	非常 同意
B1) 兩歲以下兒童很可能感染流行性感冒（流感）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B2) 你的孩子很健康，所以你不擔心他／她感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B3) 一個健康的四十歲成人比一個健康的兩歲以下兒童較容易感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B4) 流感會嚴重影響兒童的健康。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B5) 流感是輕微的疾病，所有人都有機會感染。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B6) 流感可以嚴重到導致兒童入院。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B7) 流感可以嚴重到導致兒童死亡。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	非常 不同意	不同意	同意	非常 同意
B8) 如果你孩子感染流感，疾病可以散播給其他家庭成員。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B9) 一般來說，一個健康的四十歲成人感染流感會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B10) 一般來說，一個健康的七十歲成人感染流感會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B11) 流感疫苗對兒童是安全的。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B12) 流感疫苗可減低兒童因感染流感而引起併發症（如肺炎）的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B13) 流感疫苗可減低兒童入院的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B14) 流感疫苗可減低兒童死亡的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B15) 流感疫苗有效地預防兒童感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B16) 流感疫苗可引致一些接種者感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B17) 假如大多數你認識的家長都給孩子接種流感疫苗以預防此感染，你也會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B18) 假如大多數對你重要的人認為你應該給孩子接種流感疫苗以預防此感染，你會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B19) 對於疫苗接種，你有信心為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B20) 你有足夠的疫苗資訊來為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B21) 兒童感染上疾病後自然會對該病毒有免疫力，這比接種疫苗更有效預防該疾病。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B22) 接種太多疫苗會令兒童的免疫系統超出負荷。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B23) 你很難抽空帶你的孩子接種疫苗。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B24) 醫生的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B25) 護士的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



	非常 不同意	不同意	同意	非常 同意
B26) 你丈夫的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B27) 你家人的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B28) 你朋友的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B29) 當決定是否給你的孩子接種流感疫苗時，你本人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B30) 當決定是否給你的孩子接種流感疫苗時，你的家人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B31) 當決定是否給你的孩子接種流感疫苗時，以下因素是 <b>重要</b> 的：				
a) 疫苗的價錢。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) 疫苗的副作用。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) 提供疫苗接種的診所的地理位置是否方便。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) 提供疫苗接種的診所是否需要預約。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) 疫苗所需的接種劑數。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) 疫苗的給藥途徑（口服或注射）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) 疫苗是否已列入在香港政府的「香港兒童免疫接種計劃」內。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) 關於疫苗的負面新聞。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) 在香港，有人類感染禽流感的新個案。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

問卷完

## **Nudges to influence influenza vaccine uptake in children: a randomised controlled trial**

### **INFORMED CONSENT FORM**

#### **Purposes**

We would like to tell you about a project studying a vaccine that is available in Hong Kong but that has not yet been added to the routine Childhood Immunisation Programme. This is a project by the Department of Paediatrics of The Chinese University of Hong Kong and the School of Nursing of The University of Hong Kong. This study plans to test whether providing key messages to parents about influenza disease and influenza vaccine can increase the uptake of influenza vaccine in children.

#### **Study Procedures**

This study will compare different information given to parents. There will be two possible study groups and you will be randomly allocated to one. This means that it is like a “flip of the coin” and that you cannot select which group you prefer to be part of. You will NOT be informed about which group you are in and what type of information you will receive.

Your involvement in the study will be for about 24 months. During this time, you may receive information by post, e-mail, telephone or text message. You will also complete short questionnaires through face-to-face interview, telephone follow-ups and on web or by post.

#### At recruitment

You will complete a two-part questionnaire (around 10 minutes). The first part will be a face-to-face interview. The second part will be a self-administrated questionnaire. In the first part, we will collect details of your child’s birth, your family characteristics, infant feeding practice, your child’s vaccination plan and history, a copy of your child’s immunisation record and your contact details. In the second part, we will collect information of your knowledge and attitudes in relation to influenza vaccine.

#### Around 9 – 12 months later

You will be followed-up by telephone for 1 – 2 minutes. We will collect your child’s influenza vaccination history and a scanned copy of your child’s immunisation record.

#### Around 20 – 24 months later

You will complete an online or postal questionnaire (around 5 minutes) followed by a telephone follow-up if necessary. We will collect your knowledge, attitudes and practices in relation to influenza vaccine, details of your child’s influenza vaccination history and a copy of your child’s immunisation record.

#### **Foreseeable Risks or Discomforts**

There is no risk to you or your child in answering questions in this study.

**Expected Benefits**

You will be provided with information of influenza disease and influenza vaccine. All parents who successfully complete the study will be given supermarket/ book coupons with equivalent value of HKD150 (USD19). This study will provide insights into strategies that could enhance delivery of health messages and thus benefit our community in future.

**Confidentiality**

We will keep all personal and study information in secure files under lock and key, and only research staff under authorisation will have access to them. The record will be electronically stored in coded form with a study number. Data will be analysed within the Department of Paediatrics of The Chinese University of Hong Kong anonymously. No report from the study will include information that could identify you.

Under the laws of Hong Kong (in particular the Personal Data (Privacy) Ordinance, Cap 486), you enjoy or may enjoy rights for the protection of the confidentiality of your personal data, such as those regarding the collection, custody, retention, management, control, use (including analysis or comparison), transfer in or out of Hong Kong, non-disclosure, erasure and/or in any way dealing with or disposing of any of your personal data in or for this study. For any query, you should consult the Privacy Commissioner for Privacy Data or his officer (Tel no.: 2827 2827) as to the proper monitoring or supervision of your personal data protection so that your full awareness and understanding of the significance of compliance with the law governing privacy data is assured.

**Cost of the Study**

There is no cost to you for taking part of the study.

**Voluntary participation/ Withdrawal**

Your participation in the study is completely voluntary and you may withdraw from the study at any time and for any reason without penalty, loss of benefits or impact on you or your child's present or future health care.

**Ethics approval**

The research ethical aspects of this study have been reviewed and approved by the Joint Chinese University of Hong Kong - New Territories East Cluster Clinical Research Ethics Committee. The Committee can be contacted at (+852) 2632 3935 during office hours.

**Enquiry**

If you or your family have any further additional questions at a later time, please contact the Principal Investigator, Prof Tony Nelson, at (+852) 2632 2861 or the postgraduate student, Miss Karene Yeung, at (+852) 6273 1013 or (+852) 6731 1135 (Department of Paediatrics, Prince of Wales Hospital, Shatin, Hong Kong).

Study no.: \_\_\_\_\_

**INFORMED CONSENT FORM OF “NUDGES TO INFLUENCE INFLUENZA VACCINE UPTAKE IN CHILDREN: A RANDOMISED CONTROLLED TRIAL”**

The titled study has been clearly explained to me. I have read and understood the information provided and had the opportunity to ask questions. I agree to take part in the study. I understand that I have the right to decline that I enter the study and that I have the right to withdraw from the study at any time for any reasons, without affecting my present or future health care. By signing a written informed consent form, I am authorizing the Research Ethics Committee and the regulatory authority(ies) will be granted direct access to the participant’s study data for data verification. I acknowledge that I have received a copy of this informed consent form for my future reference.

Name of child: (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Name of mother: \_\_\_\_\_

Signature of mother: \_\_\_\_\_ Date: \_\_\_\_\_

Person administering the consent: \_\_\_\_\_

Signature of person administering the consent: \_\_\_\_\_ Date: \_\_\_\_\_

## Chinese version of the informed consent form 2

## 「提升兒童流感疫苗使用率的隨機對照試驗」

## 知情同意書

**研究目的**

我們將為你講解一個由香港中文大學兒科學系和香港大學護理學院合辦，有關一種香港可用，但沒有列入「香港兒童免疫接種計劃」內的疫苗之研究。本研究將測試家長獲得有關流行性感冒和流感疫苗的重點資訊，能否提升兒童流感疫苗的使用率。

**研究程序**

本研究將比較家長獲得的不同資訊。參加者將會分成兩個研究組，就像擲硬幣般，你將會隨機分配到其中一個。你將不能選擇你所屬的研究組，你亦不會知道你給隨機地分配到哪一個研究組，及獲得哪類型的資訊。

你將會參與本研究約 24 個月，在此期間你可能會從郵寄、電郵、電話或簡訊形式獲得資訊，你亦需要透過面訪、電話訪問及網上或郵寄方式完成簡短的問卷調查。

**招募時**

你將會花約十分鐘時間完成一份兩部份的簡短問卷，分別以面訪調查及自行填寫形式完成。在第一部份中，你會提供你孩子的出生資料、家庭背景資料、嬰兒餵哺行為、孩子的疫苗接種計劃和記錄及其副本，以及你的聯絡方法。在第二部份中，你會提供你對流感疫苗的知識和態度的資料。

**大概 9 – 12 個月後**

你將會花約一至兩分鐘時間，透過電話更新你孩子的流感疫苗接種記錄，並且以電子方式提供你孩子的疫苗接種記錄之副本。

**大概 20 – 24 個月後**

你將會花約五分鐘時間完成一份簡短的網上或郵寄問卷，如有需要，我們可能會以電話作簡單的跟進。你將會進一步提供你對流感疫苗的知識、態度和行為的資料，以及你孩子的流感疫苗接種記錄，並且提供你孩子的疫苗接種記錄之副本。

**潛在的風險**

你參與這項研究所提供的資料不會對你或你的孩子構成危險。

**參與研究的好處**

你將會獲得有關流行性感冒和流感疫苗的資訊。所有完成整個研究的參加者，將會獲得價值港幣 150 元正（約 19 美元）的超級市場或圖書禮券。本研究可讓我們更了解有效地傳遞健康訊息的策略，這對社區將來有很大益處。

### **個人資料保密**

我們將把所有個人資料和完成的問卷上鎖，並以一個研究編號代替你的姓名及相關的個人資料，儲存至電腦作匿名的數據分析。而匿名的數據分析將在香港中文大學兒科學系進行，只有研究人員可以獲得研究數據。研究的報告將不會涉及能夠區分你身份的個人資料。依香港法律規定（特別是第 486 章《個人資料（私隱）條例》），你享有或可享有確保你的個人資料保密的權利，例如在或為本研究中有關收集、監管、保留、管理、控制、使用（包括分析或比較）、轉進或轉出香港、不披露、清除和／或以任何方式處理或棄置的權利。如有任何問題，請你諮詢個人資料私隱專員或其職員（電話號碼：2827 2827），以瞭解妥善監控或監管你的個人資料保護之事宜，以確保你完整掌握和瞭解遵守規管個人資料私隱的法律之重要性。

### **參與研究收費**

你不需要為研究中的任何一項操作付費。

### **自願參與／中途退出**

你的參與全屬自願，你可選擇不參與或隨時退出此次研究，而你的退出將不會影響你及你的孩子現在和日後的醫療服務。

### **倫理委員會的批准**

本研究所涉及的研究倫理問題已經過香港中文大學－新界東醫院聯網臨床研究倫理聯席委員會的審查並通過。你可以在辦公時間致電委員會電話+852 2632 3935 以諮詢你作為研究參與者的權益。

### **聯絡方法**

如果你或你的家人對此研究有任何問題，請致電與本研究的負責人倪以信教授（+852 2632 2861）或研究生楊凱婷小姐（+852 6273 1013／+852 6731 1135）聯絡（香港沙田威爾斯親王醫院兒科學系）。

研究編號： \_\_\_\_\_

**知情同意書－「提升兒童流感疫苗使用率的隨機對照試驗」**

研究人員已經詳細解釋此研究的相關情況，同時本人也認真閱讀和理解所提供的相關資料，並有充分機會提問。本人同意參與此研究。本人知道我有權拒絕加入此研究，同時本人也有權在任何時間以任何理由退出此研究，而不會對本人和我的孩子現在和日後的醫療服務有任何影響。通過簽訂書面同意書，本人授權臨床研究倫理委員會和監管機構直接核查我的研究數據。本人確認已經收到該知情同意書的複印本作為今後的參照。

孩子姓名：（英文） \_\_\_\_\_

（中文） \_\_\_\_\_

母親姓名： \_\_\_\_\_

母親簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

獲取知情同意人員姓名： \_\_\_\_\_

獲取知情同意人員簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

Study no.: \_\_\_\_\_

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Questionnaire 0.1****(For subjects recruited from postnatal wards)**

Interviewer's name: \_\_\_\_\_ Date(dd/mm/yyyy): |\_|\_| / |\_|\_| / |\_|\_|\_|\_|

Place of interview:  Postnatal ward  Other: \_\_\_\_\_Self-administered:  No  Yes**A General information**

A1) How are you related to the child?

 Mother Father Guardian: \_\_\_\_\_

A2) Is your child a boy or a girl?

 Boy Girl Don't know

A3) I am going to ask about your marital status. In order to protect your privacy, we will keep all your information anonymously and confidentially. However, you can still refuse to answer for any reasons. Are you married?

 Married Divorced Separated Widowed Never married Refused to answer

A4) What type of milk do you plan to feed your child?

 Breastmilk only Breastmilk and formula milk Formula milk only Don't know Not applicable**B Vaccination**

B1) Have you heard of influenza vaccine?

 No Yes



B2) Has the mother received influenza vaccine previously?

- 0 No (*Go to question B5*)
- 1 Yes, receive influenza vaccine before every season
- 2 Yes, receive influenza vaccine but not before every season
- 9 Don't know

B3) Has the mother received influenza vaccine during this pregnancy?

- 0 No (*Go to question B5*)
- 1 Yes
- 9 Don't know
- 99 Not applicable

B4) When (which month) did the mother receive influenza vaccine during this pregnancy?

- |\_|\_| / |\_|\_|\_|\_| (mm/yyyy)
- 9 Don't know
  - 99 Not applicable

B5) Has the father received influenza vaccine previously?

- 0 No
- 1 Yes, receive influenza vaccine before every season
- 2 Yes, receive influenza vaccine but not before every season
- 9 Don't know

B6) If you have more than one child, have any of your children (other than the child joining the study) received influenza vaccine previously?

- 0 No, they have never received influenza vaccines
- 1 Yes, they (or one of them) receive influenza vaccines before every season
- 2 Yes, they (or one of them) receive influenza vaccines but not before every season
- 9 Don't know
- 99 Not applicable (you have one child only)

B7) Are you planning to have your child (the child joining the study) vaccinated against influenza in the future?

- 0 No
- 1 Yes (*Go to part C*)
- 9 Don't know

B8) You mention that you do not yet have a plan to vaccinate your child with influenza vaccine; we would like to know what concerns you may have about the vaccine. Please indicate which statements are applicable to your situation. You can choose more than one option.

- You do not know about it
- You had not thought about it
- This vaccine had not been recommended by health care professionals
- This vaccine is not included in the Hong Kong Government's routine Childhood Immunisation Programme
- You do not want to vaccinate your child with this vaccine
- You have inadequate knowledge about this vaccine
- You do not know where to get this vaccine
- You fear of too many injections required by this vaccine
- You are worried about the side effects of this vaccine
- You perceived that this vaccine is not effective
- You are afraid of clashing with other injections
- You are busy
- You cannot afford it
- Your child has good health
- Your child is too young
- Your child seldom goes out
- Your child is sick
- Your child is allergic to this vaccine
- It is not necessary to give this vaccine
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Don't know
- Not applicable

**C Parental information**

	<b>Mother</b>	<b>Father</b>
C1) What is your year of birth or age? How about your spouse?	_ _ _ _ year /  _ _  years old 9 <input type="checkbox"/> Don't know	_ _ _ _ year /  _ _  years old 9 <input type="checkbox"/> Don't know
C2) What is your place of birth? How about your spouse?	1 <input type="checkbox"/> Hong Kong ( <i>Go to question C4</i> ) 2 <input type="checkbox"/> Guangdong, China 3 <input type="checkbox"/> Other province in the mainland 4 <input type="checkbox"/> Macau 5 <input type="checkbox"/> Other: _____ 9 <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Hong Kong ( <i>Go to question C4</i> ) 2 <input type="checkbox"/> Guangdong, China 3 <input type="checkbox"/> Other province in the mainland 4 <input type="checkbox"/> Macau 5 <input type="checkbox"/> Other: _____ 9 <input type="checkbox"/> Don't know
C3) If you or your spouse are/ is not born in Hong Kong, when did you/ he come to Hong Kong?	_ _ _ _ year 0 <input type="checkbox"/> Not in Hong Kong 9 <input type="checkbox"/> Don't know 99 <input type="checkbox"/> Not applicable	_ _ _ _ year 0 <input type="checkbox"/> Not in Hong Kong 9 <input type="checkbox"/> Don't know 99 <input type="checkbox"/> Not applicable
C4) What is the highest level of education you have completed? How about your spouse?	1 <input type="checkbox"/> No schooling/ pre-primary 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> Lower secondary (Secondary 1 to 3) 4 <input type="checkbox"/> Upper secondary (Secondary 4 to 5) 5 <input type="checkbox"/> Matriculation (Secondary 6 or 7) 6 <input type="checkbox"/> Non-degree course 7 <input type="checkbox"/> Associate degree/ Higher diploma 8 <input type="checkbox"/> University degree 9 <input type="checkbox"/> Post-graduate degree or above	1 <input type="checkbox"/> No schooling/ pre-primary 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> Lower secondary (Secondary 1 to 3) 4 <input type="checkbox"/> Upper secondary (Secondary 4 to 5) 5 <input type="checkbox"/> Matriculation (Secondary 6 or 7) 6 <input type="checkbox"/> Non-degree course 7 <input type="checkbox"/> Associate degree/ Higher diploma 8 <input type="checkbox"/> University degree 9 <input type="checkbox"/> Post-graduate degree or above
C5) What is your occupation? How about your spouse?	1 <input type="checkbox"/> Manager or administrator 2 <input type="checkbox"/> Professional 3 <input type="checkbox"/> Associate Professional 4 <input type="checkbox"/> Clerk 5 <input type="checkbox"/> Service worker or shop sales worker 6 <input type="checkbox"/> Skilled agricultural and fishery worker 7 <input type="checkbox"/> Craft or related worker 8 <input type="checkbox"/> Plant or machine operator/ assembler 9 <input type="checkbox"/> Elementary occupation 10 <input type="checkbox"/> Unemployed 11 <input type="checkbox"/> Housewife 12 <input type="checkbox"/> Other: _____	1 <input type="checkbox"/> Manager or administrator 2 <input type="checkbox"/> Professional 3 <input type="checkbox"/> Associate Professional 4 <input type="checkbox"/> Clerk 5 <input type="checkbox"/> Service worker or shop sales worker 6 <input type="checkbox"/> Skilled agricultural and fishery worker 7 <input type="checkbox"/> Craft or related worker 8 <input type="checkbox"/> Plant or machine operator/ assembler 9 <input type="checkbox"/> Elementary occupation 10 <input type="checkbox"/> Unemployed 11 <input type="checkbox"/> Housewife 12 <input type="checkbox"/> Other: _____

	<b>Mother</b>	<b>Father</b>
C6) Do you drink alcohol? How about your spouse? (Before pregnancy for postpartum mother)	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Once or a few times <input type="checkbox"/> 2 Drank before, but not now <input type="checkbox"/> 3 less than 1 time per week <input type="checkbox"/> 4 1-3 times per week <input type="checkbox"/> 5 More than 4 times per week <input type="checkbox"/> 9 Don't know	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Once or a few times <input type="checkbox"/> 2 Drank before, but not now <input type="checkbox"/> 3 less than 1 time per week <input type="checkbox"/> 4 1-3 times per week <input type="checkbox"/> 5 More than 4 times per week <input type="checkbox"/> 9 Don't know
C7) Do you smoke? How about your spouse? (Before pregnancy for postpartum mother)	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Once or a few times <input type="checkbox"/> 2 Smoked before, but not now <input type="checkbox"/> 3 Less than 1 cigarette per week <input type="checkbox"/> 4 1-6 cigarettes per week <input type="checkbox"/> 5 More than 6 cigarettes per week <input type="checkbox"/> 9 Don't know	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Once or a few times <input type="checkbox"/> 2 Smoked before, but not now <input type="checkbox"/> 3 Less than 1 cigarette per week <input type="checkbox"/> 4 1-6 cigarettes per week <input type="checkbox"/> 5 More than 6 cigarettes per week <input type="checkbox"/> 9 Don't know
C8) Did the mother have gestational diabetes mellitus during this pregnancy? How about preeclampsia which is high blood pressure, protein in urine and serious ankle oedema. Did the mother have any complications during this pregnancy?	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Gestational diabetes mellitus <input type="checkbox"/> 1 Preeclampsia <small>(High blood pressure, protein in urine and serious ankle oedema)</small> <input type="checkbox"/> 1 Other complications: _____ _____ _____ <input type="checkbox"/> 9 Don't know	

**D Family information**

D1) Including your child joining the study, how many children do you have?

|\_\_| children

 9 Don't know

D2) How many children aged less than 12 years living with your child joining the study?

|\_\_| children

 9 Don't know

D3) How many persons aged older than or equal to 65 years living with your child joining the study?

|\_\_| persons

 9 Don't know

D4) Do you own or rent your accommodation?

- 1  Owner-occupier
- 2  Sole tenant
- 3  Co-tenant
- 4  Other: \_\_\_\_\_
- 9  Don't know

D5) What is the type of housing of your accommodation?

- 1  Public housing
- 2  Subsidized home ownership housing
- 3  Private permanent housing
- 4  Village housing
- 5  Other: \_\_\_\_\_
- 9  Don't know

D6) What is the size of your house?

- |\_|\_|\_|\_| feet<sup>2</sup>
- 9  Don't know

D7) I am going to ask about your household monthly income. In order to protect your privacy, we will keep all your information anonymously and confidentially. However, you can still refuse to answer for any reasons. Which of the following range does your household monthly income fall in?

- 1  ≤\$5999
- 2  \$6000-\$9999
- 3  \$10000-\$14999
- 4  \$15000-\$19999
- 5  \$20000-\$24999
- 6  \$25000-\$29999
- 7  \$30000-\$34999
- 8  \$35000-\$39999
- 9  \$40000-\$59999
- 10  ≥\$60000
- 88  Refused to answer

**E Child's information****INFORMATION abstracted from case**

E1) What is the gestational age of your child?

|\_|\_| weeks |\_| days

Don't know

E2) Is it a full-term or preterm birth?

Full-term (gestational age  $\geq$  37 weeks)

Preterm (gestational age  $\leq$  36 weeks)

Don't know

E3) What was your method of delivery?

Vaginal delivery

Assisted delivery (vacuum/ forceps)

Caesarean section

Don't know

E4) What is the birth weight of your child?

|\_|\_|\_| g

Don't know

E5) What is the birth length of your child?

|\_|\_| . |\_| cm

Don't know

E6) What is the date of birth of your child?

|\_|\_| / |\_|\_| / |\_|\_|\_|\_| (dd/mm/yyyy)

Don't know

E7) What is the number of pregnancy of the mother (including this time)?

|\_|

Don't know

E8) What is the birth order of your child?

|\_|

Don't know

E9) Is this a singleton or multiple births?

Singleton

Twins

Multiple

Don't know

**F Personal information**

*(All personal identifies should be recorded in a separate logbook and linked only to the study number.)*

We would like to know your contact numbers and address for later follow-up interviews. We will keep all your information confidential.

- What is your child's name?
- What is your name?
- What is your mobile number?
- What is your home telephone number?
- What is your spouse's mobile number?
- What is your postal (and residential) address?

**End of part 1 of the questionnaire**

Study no.: \_\_\_\_\_

**Nudges to influence influenza vaccine uptake in children: a randomised controlled trial****Questionnaire 0.2 (self-completed)****(For subjects recruited from postnatal wards)**

Interviewer's name: \_\_\_\_\_ Date(dd/mm/yyyy): |\_|\_| / |\_|\_| / |\_|\_|\_|\_|

Place of interview: 1  Postnatal ward 2  Paediatric ward 4  Other: \_\_\_\_\_Self-administered: 0  No 1  Yes Year of birth of mother: |\_|\_|\_|\_| yearSex of child: 1  Boy 2  Girl Year of birth of child: |\_|\_|\_|\_| year

Here are statements about knowledge and attitudes towards influenza vaccine or vaccines in general. For each of the following statements, please indicate how much you agree or disagree by choosing the number that most closely corresponds to your opinion (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). You may choose any number from 1 to 4.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Children aged below 2 years are likely to get influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Your child is healthy so I am not concerned about him/ her getting influenza.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. A healthy adult 40 years old is more likely to get influenza than a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Influenza infection has serious health consequences on a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Influenza is a light illness as everyone may get it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Influenza infection can sometimes be serious enough that a child needs to be admitted to the hospital.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Influenza infection can sometimes be serious enough to cause death in a child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. If your child gets influenza, the disease can spread to other family members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Influenza infections are usually more serious in a healthy adult 40 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Influenza infections are usually more serious in a healthy adult 70 years old than in a healthy child below 2 years old.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Influenza vaccines are safe for children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. Influenza vaccine can reduce risk of influenza-induced complications such as pneumonia in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
13. Influenza vaccine can reduce risk of hospitalisation in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. Influenza vaccine can reduce risk of death in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. Influenza vaccinations effectively protect against influenza in children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. Influenza vaccine can cause influenza in some people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. If most of the parents you know vaccinate their children against influenza, you will vaccinate your child too.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. If most people important to you think you should get your child vaccinated for influenza, you will do so.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. You are confident to make the best decision about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. You have access to the information you need to make good decisions about vaccinating your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. It is better for a child to develop immunity by getting the disease rather than getting a vaccine to prevent that disease.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. Too many vaccines can overwhelm a child's immune system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. It is difficult for you to find the time to take your child for vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. Doctors' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. Nurses' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. Your husband's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. Your family's recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. Your friends' recommendation is an important factor when deciding whether or not to vaccinate your child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
29. When deciding whether or not to vaccinate your child with influenza vaccine, whether you have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. When deciding whether or not to vaccinate your child with influenza vaccine, whether your family members have received influenza vaccine is an important factor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
31. When deciding whether or not to vaccinate your child with influenza vaccine, the following factors are <b>important</b> :				
a) Cost of the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Possible side effects of vaccination.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Convenient location of the clinic providing vaccinations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Having to make an appointment at the clinic to receive the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) The number of doses of vaccine needed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) The route of vaccine administration (by mouth or by injection).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Being given as part of the Hong Kong Government's routine Childhood Immunisation Programme.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Negative news about the vaccine.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) There is a new human case of avian flu in Hong Kong.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**End of questionnaire**

## Chinese version of questionnaire

研究編號：\_\_\_\_\_

## 提升兒童流感疫苗使用率的隨機對照試驗

## 問卷調查 0.1

(產後病房的參加者適用)

訪問員姓名：\_\_\_\_\_ 日期(dd/mm/yyyy)： |\_|\_|/|\_|\_|/|\_|\_|\_|\_|

訪問地點： 1□ 產後病房 3□ 其他：\_\_\_\_\_

自行填寫： 0□ 否 1□ 是

**A 一般資料**

A1) 你與孩子的關係是甚麼？

- 1□ 母親  
 2□ 父親  
 3□ 監護人：\_\_\_\_\_

A2) 你的孩子是男性或女性

- 1□ 男性  
 2□ 女性  
 9□ 不知道

A3) 我將會問有關你的婚姻狀況。為維護你的私隱，你所提供的資料都會保密及匿名處理，你有權拒絕回答。請問你是否已婚？

- 1□ 已婚  
 2□ 離婚  
 3□ 分居  
 4□ 配偶去世  
 5□ 從未結婚  
 88□ 拒絕回答

A4) 你打算餵哺你的孩子甚麼種類的奶？

- 1□ 只餵母乳  
 2□ 母乳及嬰兒配方奶  
 3□ 只餵嬰兒配方奶  
 9□ 不知道  
 99□ 不適用

**B 有關疫苗接種**

B1) 你曾否聽過流感疫苗？

0  否

1  有

B2) 孩子的母親曾否接種過流感疫苗？

0  否 (到第 B5 題)

1  有，孩子的母親每年都會接種流感疫苗

2  有，孩子的母親曾接種流感疫苗，但不是每年都會接種

9  不知道

B3) 這次懷孕期間，孩子的母親曾否接種過流感疫苗？

0  否 (到第 B5 題)

1  有

9  不知道

99  不適用

B4) 這次懷孕期間，孩子的母親在何時（月份）接種過流感疫苗？

|\_|\_| / |\_|\_|\_|\_| (mm/yyyy)

9  不知道

99  不適用

B5) 孩子的父親曾否接種過流感疫苗？

0  否

1  有，孩子的父親每年都會接種流感疫苗

2  有，孩子的父親曾接種流感疫苗，但不是每年都會接種

9  不知道

B6) 如你有多於一個孩子，曾否有其中一位孩子（非參加本研究的孩子）接種過流行性感感冒疫苗？

0  否，他們從沒有接種過流行性感感冒疫苗

1  有，他們（或其中一位）每年都會接種流行性感感冒疫苗

2  有，他們（或其中一位）曾接種流行性感感冒疫苗，但不是每年都會接種

9  不知道

99  不適用（你只有一個孩子）

B7) 你有否計劃將來給你的孩子（參加本研究的孩子）接種流感疫苗？

0  否

1  有 (到 C 部份)

9  不知道

B8) 你提到你未有計劃給你的孩子將來接種流感疫苗，我們希望了解你對這疫苗可能有的憂慮。請選擇所有適用於你情況的句子，你可選多於一項。

1 你不知道這疫苗

1 你沒有想過

1 醫護人員沒有建議你孩子接種這疫苗

1 這疫苗沒有列入在香港政府的「香港兒童免疫接種計劃」內

1 你不想孩子接種這疫苗

1 你對這疫苗沒有足夠的了解

1 你不知道哪裏可以接種這疫苗

1 你怕這疫苗所需的接種劑數太多

1 你擔心這疫苗的副作用

1 你認為這疫苗沒有效用

1 你怕這疫苗會與其他疫苗接種有衝突

1 你太忙

1 你經濟能力負擔不起

1 你的孩子的身體健康

1 你的孩子年紀太小

1 你的孩子很少外出

1 你的孩子生病了

1 你的孩子對這疫苗過敏

1 沒有需要接種這疫苗

1 其他原因： \_\_\_\_\_

1 不知道

99 不適用

## C 父母資料

	母親	父親
C1) 你的出生年份或年齡是甚麼？ 你的配偶呢？	_ _ _ _  年/  _ _  歲 9□ 不知道	_ _ _ _  年/  _ _  歲 9□ 不知道
C2) 你在甚麼地方出生？ 你的配偶呢？	1□ 香港 (到第 C4 題) 2□ 中國廣東省 3□ 中國其他省份 4□ 澳門 5□ 其他：_____ 9□ 不知道	1□ 香港 (到第 C4 題) 2□ 中國廣東省 3□ 中國其他省份 4□ 澳門 5□ 其他：_____ 9□ 不知道
C3) 如你或你的配偶非在香港出生，你／他是於何年來港？	_ _ _ _  年 0□ 不在香港 9□ 不知道 99□ 不適用	_ _ _ _  年 0□ 不在香港 9□ 不知道 99□ 不適用
C4) 你所完成的最高教育程度是甚麼？ 你的配偶呢？	1□ 未受教育／學前教育 2□ 小學 3□ 初中 (中一至中三) 4□ 高中 (中四至中五) 5□ 預科 (中六至中七) 6□ 非學位課程 7□ 副學位／高級文憑 8□ 大學學位 9□ 碩士或以上	1□ 未受教育／學前教育 2□ 小學 3□ 初中 (中一至中三) 4□ 高中 (中四至中五) 5□ 預科 (中六至中七) 6□ 非學位課程 7□ 副學位／高級文憑 8□ 大學學位 9□ 碩士或以上
C5) 你的職業是甚麼？ 你的配偶呢？	1□ 經理／行政人員 2□ 專業人士 3□ 輔助專業人士 4□ 文員 5□ 服務工作／商業銷售人員 6□ 漁農業熟練工人 7□ 工藝及有關人員 8□ 機台或機器操作員／裝配員 9□ 非技術工人 10□ 待業／失業 11□ 家庭主婦 12□ 其他：_____	1□ 經理／行政人員 2□ 專業人士 3□ 輔助專業人士 4□ 文員 5□ 服務工作／商業銷售人員 6□ 漁農業熟練工人 7□ 工藝及有關人員 8□ 機台或機器操作員／裝配員 9□ 非技術工人 10□ 待業／失業 11□ 家庭主婦 12□ 其他：_____

	母親	父親
C6) 你有喝酒嗎？ 你的配偶呢？ (如是產後母親，請回答這次懷孕前的習慣)	<input type="checkbox"/> 0 從不喝酒 <input type="checkbox"/> 1 曾喝過一次或幾次 <input type="checkbox"/> 2 以前喝酒，但已戒酒 <input type="checkbox"/> 3 一星期喝少於 1 次 <input type="checkbox"/> 4 一星期喝 1-3 次 <input type="checkbox"/> 5 一星期喝 4 次或以上 <input type="checkbox"/> 9 不知道	<input type="checkbox"/> 0 從不喝酒 <input type="checkbox"/> 1 曾喝過一次或幾次 <input type="checkbox"/> 2 以前喝酒，但已戒酒 <input type="checkbox"/> 3 一星期喝少於 1 次 <input type="checkbox"/> 4 一星期喝 1-3 次 <input type="checkbox"/> 5 一星期喝 4 次或以上 <input type="checkbox"/> 9 不知道
C7) 你有吸煙嗎？ 你的配偶呢？ (如是產後母親，請回答這次懷孕前的習慣)	<input type="checkbox"/> 0 從不吸煙 <input type="checkbox"/> 1 曾吸過一次或幾次 <input type="checkbox"/> 2 以前吸煙，但已戒煙 <input type="checkbox"/> 3 一星期吸少於 1 枝煙 <input type="checkbox"/> 4 一星期吸 1-6 枝煙 <input type="checkbox"/> 5 一星期吸 7 枝煙或以上 <input type="checkbox"/> 9 不知道	<input type="checkbox"/> 0 從不吸煙 <input type="checkbox"/> 1 曾吸過一次或幾次 <input type="checkbox"/> 2 以前吸煙，但已戒煙 <input type="checkbox"/> 3 一星期吸少於 1 枝煙 <input type="checkbox"/> 4 一星期吸 1-6 枝煙 <input type="checkbox"/> 5 一星期吸 7 枝煙或以上 <input type="checkbox"/> 9 不知道
C8) 這次懷孕期間，孩子的母親曾否出現妊娠期糖尿病？ 妊娠毒血症，即高血壓、蛋白尿和嚴重腳腫？ 孩子的母親曾否在這次懷孕期間出現任何併發症？	<input type="checkbox"/> 0 沒有出現任何併發症 <input type="checkbox"/> 1 妊娠期糖尿病 <input type="checkbox"/> 1 妊娠毒血症 (高血壓、蛋白尿和嚴重腳腫) <input type="checkbox"/> 1 其他併發症： _____ _____ _____ <input type="checkbox"/> 9 不知道	

**D 家庭資料**

D1) 包括參加本研究的孩子，你有多少名孩子？

|\_| 名孩子

 9 不知道

D2) 有多少名十二歲以下的兒童與參加本研究的孩子一起居住？

|\_| 名兒童

 9 不知道

D3) 有多少名六十五歲或以上的長者與參加本研究的孩子一起居住？

|\_| 名長者

 9 不知道

D4) 你的居所是自置或是租的？

- 1  自置
- 2  全租
- 3  與人合租
- 4  其他：\_\_\_\_\_
- 9  不知道

D5) 你的屋宇單位類型是甚麼？

- 1  公屋
- 2  居屋
- 3  私人住宅單位
- 4  村屋
- 5  其他：\_\_\_\_\_
- 9  不知道

D6) 你的居所有多大？

- |\_|\_|\_| 平方尺
- 9  不知道

D7) 我將會問有關你的每月家庭收入。為維護你的私隱，你所提供的資料都會保密及匿名處理，你有權拒絕回答。你的每月家庭收入是在以下哪一個範圍內？

- 1  ≤\$5999
- 2  \$6000-\$9999
- 3  \$10000-\$14999
- 4  \$15000-\$19999
- 5  \$20000-\$24999
- 6  \$25000-\$29999
- 7  \$30000-\$34999
- 8  \$35000-\$39999
- 9  \$40000-\$59999
- 10  ≥\$60000
- 88  拒絕回答

**E 孩子資料**  
**從醫療記錄抄下**

E1) 孩子母親的懷孕週期是多少？

- |\_|\_| 星期|\_|日
- 9  不知道



E2) 孩子是足月或早產？

1  足月（懷孕週期 ≥ 37 週）

2  早產（懷孕週期 ≤ 36 週）

9  不知道

E3) 孩子母親的分娩方式是甚麼？

1  陰道分娩

2  輔助分娩（真空吸盤／產鉗）

3  剖腹生產

9  不知道

E4) 你孩子的出生體重是多少？

|\_|\_|\_|\_| 克

9  不知道

E5) 你孩子的出生身長是多少？

|\_|\_|.|\_| 厘米

9  不知道

E6) 你孩子的出生日期是甚麼？

|\_|\_|/|\_|\_|/|\_|\_|\_|\_| (dd/mm/yyyy)

9  不知道

E7) 這是母親第幾次懷孕？

|\_|

9  不知道

E8) 你孩子在兄弟姊妹中排行第幾？

|\_|

9  不知道

這是單胞胎或多胞胎？

1  單胞胎

2  雙胞胎

3  多胞胎

9  不知道

**F 個人資料**

(所有能夠識別個人身份的資料都應分開記錄在日誌 (logbook) 上，並只以研究編號作連繫。)

我們希望你能提供你的聯絡電話號碼及地址，作將來跟進之用。我們會確保你所提供的資料保密。

- 孩子的姓名是甚麼？
- 你的姓名是甚麼？
- 你的手提電話號碼是甚麼？
- 你的家居電話號碼是甚麼？
- 你配偶的手提電話號碼是甚麼？
- 你的郵寄（及居住）地址是甚麼？

問卷第一部份完

研究編號：\_\_\_\_\_

## 提升兒童流感疫苗使用率的隨機對照試驗

## 問卷調查 0.2 (自行填寫)

(產後病房的參加者適用)

訪問員姓名：\_\_\_\_\_ 日期(dd/mm/yyyy)： |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|

訪問地點： 1 產後病房 2 兒科病房 3 其他：\_\_\_\_\_自行填寫： 0 否 1 是 母親出生年份： |\_|\_|\_|\_|\_| 年孩子性別： 1 男 2 女 孩子出生年份： |\_|\_|\_|\_|\_| 年

以下是用來形容對流感疫苗或一般疫苗的知識和態度的句子。下列每一題敘述中，請依照你自己的意見，選擇出同意或不同意的程度。1 = 非常不同意，2 = 不同意，3 = 同意，4 = 非常同意。你可以選擇由 1 至 4 的任何數字。

	非常 不同意	不同意	同意	非常 同意
1. 兩歲以下兒童很可能感染流行性感冒（流感）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. 你的孩子很健康，所以你不擔心他／她感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. 一個健康的四十歲成人比一個健康的兩歲以下兒童較容易感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. 流感會嚴重影響兒童的健康。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. 流感是輕微的疾病，所有人都有機會感染。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. 流感可以嚴重到導致兒童入院。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. 流感可以嚴重到導致兒童死亡。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. 如果你孩子感染流感，疾病可以散播給其他家庭成員。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. 一般來說，一個健康的四十歲成人感染流體會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. 一般來說，一個健康的七十歲成人感染流體會比一個健康的兩歲以下兒童感染流感病得更嚴重。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. 流感疫苗對兒童是安全的。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. 流感疫苗可減低兒童因感染流感而引起併發症（如肺炎）的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. 流感疫苗可減低兒童入院的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	非常 不同意	不同意	同意	非常 同意
14. 流感疫苗可減低兒童死亡的風險。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. 流感疫苗有效地預防兒童感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. 流感疫苗可引致一些接種者感染流感。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. 假如大多數你認識的家長都給孩子接種流感疫苗以預防此感染，你也會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
18. 假如大多數對你重要的人認為你應該給孩子接種流感疫苗以預防此感染，你會給你的孩子接種。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. 對於疫苗接種，你有信心為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. 你有足夠的疫苗資訊來為你的孩子做最好的決定。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21. 兒童感染上疾病後自然會對該病毒有免疫力，這比接種疫苗更有效預防該疾病。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
22. 接種太多疫苗會令兒童的免疫系統超出負荷。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
23. 你很難抽空帶你的孩子接種疫苗。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
24. 醫生的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
25. 護士的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
26. 你丈夫的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
27. 你家人的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
28. 你朋友的建議是你決定是否給孩子接種疫苗的重要因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
29. 當決定是否給你的孩子接種流感疫苗時，你本人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
30. 當決定是否給你的孩子接種流感疫苗時，你的家人曾否接種此疫苗是重要的因素。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	非常 不同意	不同意	同意	非常 同意
31. 當決定是否給你的孩子接種流感疫苗時，以下因素是 <b>重要</b> 的：				
a) 疫苗的價錢。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) 疫苗的副作用。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) 提供疫苗接種的診所的地理位置是否方便。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) 提供疫苗接種的診所是否需要預約。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) 疫苗所需的接種劑數。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) 疫苗的給藥途徑（口服或注射）。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) 疫苗是否已列入在香港政府的「香港兒童免疫接種計劃」內。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) 關於疫苗的負面新聞。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) 在香港，有人類感染禽流感的新個案。	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

問卷完

