

ALL CORRESPONDENCE SHOULD BE
ADDRESSED TO THE HEADMASTER
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DIOCESAN BOYS' SCHOOL
131 ARGYLE STREET,
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HONG KONG
WEBSITE: www.dbs.edu.hk

SN/1909-106F

4 October 2019

Dear Parents,

Influenza Vaccination

Influenza, caused by a virus that attacks mostly the upper respiratory tract, commonly strikes from November to March in Hong Kong. To prevent influenza, the World Health Organization has strongly recommended vaccination against it.


This year, the school has arranged registered nurses from the HK Prevention of Infectious Diseases Action to give vaccination to our boys and their parents from 14:00-16:30 on **Friday, 15 November 2019** in the School Hall. The charge for vaccination (the quadrivalent inactivated influenza vaccine) is \$140 per shot. The vaccines are supplied by Sanofi Pasteur. Each vaccine contains an A/Brisbane/02/2018 (H1N1)pdm09-like virus; an A/Kansas/14/2017 (H3N2)-like virus; a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

Boys who are interested should complete and return the reply slip below to the collection counter outside the school hall during recess from **Tuesday, 15 October 2019** to **Thursday, 17 October 2019**. Late submission will not be entertained. Boys must **pay in cash** when they hand in the reply slip and will receive a parent's consent form, which should be completed and submitted to the HK Prevention of Infectious Diseases Action on the day of vaccination. Only those who are sick on the vaccination day, with doctor certificate submitted, will be given a "vaccination coupon" to go to the MDL Micron Diagnostic Laboratory Limited to receive the vaccination on their own (Unit 906B, 9/F., 26 Nathan Road, Tsim Sha Tsui, Kowloon. Open on Mon - Fri: 10:00-18:00, Sat: 10:00-15:00 and closed on Sun and Public holiday. Tel: 3111-2224). **No refund** will be arranged for no-show on the vaccination day.

Should you have any queries, please feel free to contact Mrs Dorcas Lee/ Ms Winnie Chow at 2768 5661 or Ms M.C. Chan at 2768-5635.

Thank you for your kind attention.

Yours faithfully,


R.K.Y. Cheng
Headmaster

REPLY SLIP – INFLUENZA VACCINATION

I allow my son, _____ of G ____ (), to receive the vaccination on 15 November 2019. *Please circle 'Y' if his age is below 12. Y

No. of persons receiving vaccination: _____ (including the student named above)

Name of Parent: _____

Contact no.: _____

Signature of Parent: _____

Date: _____