 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
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	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	1/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			



[View the updated version \(click here\)](#)

Table of Contents

1. Why should I get vaccinated against seasonal influenza?	4
2. Who are eligible for free 2024-2025 seasonal influenza vaccination provided by the Health Bureau? How can I get vaccinated?	4
3. Where can non-Macao residents get vaccinated?	5
4. What are the required documents for vaccination?	6
5. Why should I get vaccinated against seasonal influenza every year?	6
6. Can pregnant women get flu shot?	6
7. Can a breastfeeding mother get flu shot?	7
8. Do people who have previously received the 2023-2024 influenza vaccine between September 2023 and August 2024 still need to get the 2024-2025 seasonal influenza vaccine?	7
9. For people who have previously received the 2023-2024 influenza vaccine between September 2023 and August 2024, how long should the administration of 2024-2025 influenza vaccine be spaced apart?	7
10. How long does it take the vaccine to provide protection?	7
11. How many doses of influenza vaccine are needed?	8
12. Is an influenza vaccine still necessary if I have recently been infected?	8
13. If I have recently been infected with influenza or COVID-19 viruses, should I take influenza vaccines after a certain interval?	9
14. What are the points to be observed when receiving flu vaccination?	9



澳門特別行政區政府
Governo da Região Administrativa Especial de
Macau
衛生局
Serviços de Saúde

**Centre for Disease
Control and Prevention**

**Frequently Asked
Questions**

Document no.:	021.CDC-DPC.GL.2024
Version:	04
Effective on:	2024.09.23
Updated on:	2025.02.22
Next review on:	2025.08.31
Revoked on:	-----
Pages:	2/19

2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions

15. Who should not receive the influenza vaccine?.....	9
16. What are the side effects of influenza vaccination?.....	10
17. Do flu vaccines cause Guillain-Barré syndrome?.....	11
18. What is the composition of the 2024-2025 influenza vaccine?	11
19. What is the difference between a trivalent and a quadrivalent flu vaccine?	11
20. What are the indications and contraindications of different vaccines?	12
21. Do side effects vary between different types of vaccines?	13
22. May people who have taken antiviral drugs recently get flu vaccine?	14
23. Can an immunocompromised person get flu vaccination?	14
24. Can people with asthma get flu vaccination?	15
25. If a child has not eaten eggs before, does he/she need to eat some eggs before getting the flu vaccine?	15
26. Is it a must to seek medical advice before getting influenza vaccination?.....	15
27. Can I receive influenza vaccine together with other vaccines?	15
28. What is Influenza? How many types of influenza viruses are there?	16
29. When is the flu season in Macao?	16
30. What is the source of flu? How is it transmitted to people?	16
31. Who are the susceptible population to flu? Why?	16
32. How long is the incubation period for flu?	17
33. What are the differences between influenza and common cold? What are the symptoms of flu?.....	17
34. Does flu have any complications?	17
35. How serious is flu? Is it fatal?	17



澳門特別行政區政府
Governo da Região Administrativa Especial de
Macau
衛生局
Serviços de Saúde


**Centre for Disease
Control and Prevention**

**Frequently Asked
Questions**

Document no.:	021.CDC-DPC.GL.2024
Version:	04
Effective on:	2024.09.23
Updated on:	2025.02.22
Next review on:	2025.08.31
Revoked on:	-----
Pages:	3/19

2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions

36.How to diagnose and treat flu?	18
37.Why does the Health Bureau give priority vaccination to the frontline health care workers and chronic patients?	18
38.Do influenza viruses always experience antigenic drift? Are they dangerous?	18
39.How should we prevent influenza infection?.....	19

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	4/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

1. Why should I get vaccinated against seasonal influenza?

Ans: In general, influenza is self-limiting with recovery in 2 - 7 days in most people; however, in high-risk groups like pregnant women and breastfeeding women, children, the elderly, people with chronic illness and obese individuals (body mass index (BMI) ≥ 25), influenza infection is more likely to cause serious consequences. or even death.


Vaccination against seasonal influenza can prevent influenza infection and lower the risk of developing serious complications and death associated with the flu.

2. Who are eligible for free 2024-2025 seasonal influenza vaccination provided by the Health Bureau? How can I get vaccinated?

Ans: The Health Bureau offers free seasonal influenza vaccination to the following Macao residents or populations:

Apart from providing free influenza vaccination for the high-risk groups, in order to better safeguard public health, starting from 18th November 2024, the Health Bureau will extend the coverage of free 2024-2025 influenza vaccination to all local residents aged 6 months or older until the vaccines are exhausted or expired. Meanwhile, to prevent influenza outbreaks in residential homes, nurseries, schools and health establishments, specific groups of non-residents who are studying or working in the territory, including residents and staff of residential homes, health care workers, students, teachers and staff of local nurseries, kindergartens, primary schools, secondary schools and higher educational institutions, can also receive the flu shot(s) for free.

The Health Bureau will provide influenza vaccines based on the applicable age groups. Interested persons may visit health centres, health stations or the


 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	5/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

vaccination point of Conde de São Januário General Hospital for the vaccination; alternatively, Macao residents may choose to get vaccinated at institutions collaborating with the Health Bureau, such as the vaccination point of Kiang Wu Hospital, the General OPD of University Hospital and the Workers' Medical Clinic (Medeiros). The public can make vaccination appointments with a health centre or health station in person, online or by phone (hyperlink to the vaccination booking system: <https://www.ssm.gov.mo/infrs>), and get vaccinated at the scheduled location and on the scheduled date. Appointments are not required for residents aged 65 or above and those aged between 6 months and 9 years old. For vaccination arrangements at other vaccination stations, please contact them by phone or visit them in person.

3. Where can non-Macao residents get vaccinated?

Ans:

- 1) Non-Macao residents studying or working in the city can receive influenza vaccines free of charge at the Conde de São Januário General Hospital, any of the health centres or health stations. Eligible recipients of free vaccination include:
 - Students, teachers and staff of nurseries, kindergartens, primary schools, secondary schools, and tertiary institutions;
 - Service users and staff of residential care homes;
 - Medical workers.
- 2) Non-Macao residents who are not eligible for the aforesaid free vaccination (including all Non-resident Worker's Identification Card holders) can choose to get vaccinated at their own cost at a private medical institution. Non-resident Worker's Identification Card holders can also pay to get vaccinated at Kiang Wu Hospital or the Workers' Clinic, which have a cooperation agreement with

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	6/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

the Health Bureau.

4. What are the required documents for vaccination?


Ans: All eligible persons must hold a valid identity document issued by the Macao SAR Government, the number of Health Bureau Patient Card (also known as “gold card”), as well as a staff card/proof of occupation/student card certifying their eligibility for free vaccination. The certificate accepts the physical certificate or the electronic card in the card package of One Account. For those who do not have a Health Bureau Patient Card number, please approach a Health Centre or Health Station for application.

5. Why should I get vaccinated against seasonal influenza every year?

Ans: As the effectiveness of influenza vaccine declines throughout the year, and due to the frequent mutation and antigenic drift of influenza viruses, the vaccination should be repeated every year to maintain adequate immunity.

6. Can pregnant women get flu shot?

Ans: The 2024-2025 seasonal influenza vaccines provided by the Health Bureau are inactivated vaccines which are safe in pregnancy. WHO recommends influenza vaccination to pregnant women as the highest priority. Influenza vaccination in pregnant women has shown benefits for both mother and child in terms of reduced flu infections, and reduced risk of developing serious complications in infected pregnant women. In general, inactivated flu vaccination is safe and effective for pregnant women, and can be administered at any trimester during pregnancy, and there is no evidence showing such vaccine can cause abnormality in foetus even if given during the first trimester.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	7/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

7. Can a breastfeeding mother get flu shot?

Ans: Breastfeeding women are recommended to receive inactivated flu vaccination. As infants younger than 6 months old are too young to be vaccinated, it is especially important for their breastfeeding mothers to get the flu shot which can reduce influenza infections in infants.

8. Do people who have previously received the 2023-2024 influenza vaccine between September 2023 and August 2024 still need to get the 2024-2025 seasonal influenza vaccine?


Ans: Yes. The antigenic components of the 2024-2025 influenza vaccine have been updated from the last season's influenza vaccine. The new flu vaccine is believed to better match the circulating viruses for the 2024-2025 season. Hence, no matter having received the 2023-2024 influenza vaccine or not, eligible individuals can still get the 2024-2025 influenza vaccine.

9. For people who have previously received the 2023-2024 influenza vaccine between September 2023 and August 2024, how long should the administration of 2024-2025 influenza vaccine be spaced apart?

Ans: According to the general guidelines on influenza vaccination, a minimum interval of four weeks (28 days) is suggested for taking two doses of the same type of vaccine.

10. How long does it take the vaccine to provide protection?

Ans: It takes about 2-3 weeks after vaccination for antibodies to develop in the body

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
		Pages:	8/19
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

and provide protection against influenza virus infection. Effectiveness of the vaccine depends on the degree of similarity between the viruses used in the vaccine and those in circulation, which usually varies from 6-12 months.

11. How many doses of influenza vaccine are needed?


Ans:

- 1) Individuals aged **9 or above**: are recommended to take **one dose** of influenza vaccine regardless of whether they have been inoculated before.
- 2) Individuals aged 6 months to less than 9 years:
 - Individuals who have received at least one dose of influenza vaccine in or before August 2024 are deemed to **have been inoculated** and are recommended to take **one more dose**.

Individuals who have **never been vaccinated** against influenza are recommended to take **two doses** of the vaccine at an interval of at least four weeks (28 days). Those who will be 9 years old at the time the second dose is due to be administered should proceed with the vaccination. It is recommended to use the same brand of quadrivalent inactivated influenza vaccine for the two doses; other brands of quadrivalent vaccines can also be used when those of the same brand are not available.

12. Is an influenza vaccine still necessary if I have recently been infected?

Ans: **Yes**, it is. As there is more than one variant of the influenza virus, so taking influenza vaccines can reduce the risk of being infected with other variants.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	9/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

13. If I have recently been infected with influenza or COVID-19 viruses, should I take influenza vaccines after a certain interval?

Ans: Individuals who have recently been infected with influenza or COVID-19 viruses should suspend their vaccination plan if they have a fever or other acute symptoms and proceed with the vaccination after recovery.

14. What are the points to be observed when receiving flu vaccination?


Ans: The abovementioned vaccines (and other common flu shots available in the Macao market) are inactivated vaccines, and therefore, share the general characteristics of inactivated vaccines:

- 1) can be administered concurrently with other vaccines (but there should be a minimum interval of 1 month between two doses of the same influenza vaccine);
- 2) are not affected by blood transfusion or immunoglobulin administration;
- 3) can be administered to immuno-compromised persons (however, antibody response might be suboptimal);
- 4) should be administered by intramuscular injection;
- 5) should be stored at 2-8°C and should never be frozen.

15. Who should not receive the influenza vaccine?

Ans: The rate of adverse events associated with influenza vaccine is extremely low, and is on the same par with the vaccines included in the “Macao Immunization Programme”. However, people with the following conditions should be evaluated by medical staff as to whether they are suitable for vaccination :


- 1) People who have had allergic reactions or severe adverse reactions to previous influenza vaccines.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	10/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

- 2) People who have severe allergy to eggs or chicken (develop swelling of oral lips, urticaria, asthma/dyspnea, etc. after consuming eggs, ovalbumin or chicken).
- 3) Anyone hypersensitive to certain antibiotics such as neomycin and gentamicin, gentamicin sulfate or to formaldehyde, cetyltrimethylammonium bromide, sodium chloride, potassium chloride, disodium phosphate dehydrate, potassium dihydrogen phosphate, calcium chloride dehydrate, magnesium chloride hexahydrate, octoxinol-9, water for injection, disodium hydrogen phosphate, sodium dihydrogen phosphate, triton x-100 etc.
- 4) People hypersensitive to cetyltrimethylammonium bromide (CTAB) (widely used in personal care products, e.g. toothpaste and shampoo) and polysorbate 80 (commonly used in food additives).
- 5) People who have allergic reactions to any of the ingredients of the vaccine (**please refer to prescribing information of the vaccine for details**).
- 6) Immunisation should be postponed in patients with moderate or severe febrile disease or acute illnesses.

16. What are the side effects of influenza vaccination?

Ans: At present, the influenza vaccines provided by the Health Bureau are inactivated shots and have an excellent safety record, people will not get infected through vaccination. Common reactions of the vaccine include low-grade fever, fatigue, nausea, malaise, muscle pain, headache, swelling and redness at the injection site. These reactions usually disappear within 1-2 days without treatment. If symptoms persist or deteriorate, please seek medical attention at hospital promptly, and inform the doctor of the relevant vaccination history. Under extremely rare circumstances, people who are allergic to the ingredients of the vaccine may experience severe allergic reaction; therefore, people are required to be screened by health personnel before vaccination for contraindications and precautions.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
	<p>Frequently Asked Questions</p>	Next review on:	2025.08.31
		Revoked on:	-----
	Pages:	11/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

17. Do flu vaccines cause Guillain-Barré syndrome?

Ans: Guillain-Barré syndrome is associated with the swine flu vaccine used in the United States in 1976. Since 1977, surveillance and research have been continuously carried out by international scientists and institutions, which show that there is no definite causal relationship between Guillain-Barré syndrome and other influenza vaccines.

18. What is the composition of the 2024-2025 influenza vaccine?

Ans: WHO recommends that influenza vaccines for use in the 2024-2025 influenza season contain the following:

- A/Victoria/4897/2022 (H1N1) pdm09-like virus;
- Type A / Thailand / 8 / 2022 (H3N2) -like viruses;
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

19. What is the difference between a trivalent and a quadrivalent flu vaccine?

Ans: Both trivalent and quadrivalent inactivated influenza vaccines are effective and authorized for use in Macao. A trivalent vaccine protects against two type A and one type B strains; it helps to prevent most flu cases and has been widely used for years. A quadrivalent vaccine protects against two type A and two type B strains, broadening the level of protection by having another B virus in the vaccine.



澳門特別行政區政府
 Governo da Região Administrativa Especial de
 Macau
 衛生局
 Serviços de Saúde

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 Control and Prevention**

**Frequently Asked
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Document no.:	021.CDC-DPC.GL.2024
Version:	04
Effective on:	2024.09.23
Updated on:	2025.02.22
Next review on:	2025.08.31
Revoked on:	-----
Pages:	12/19

2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions

20. What are the indications and contraindications of different vaccines?

Ans:

	Flu shot (trivalent/quadrivalent)	Nasal spray
Indications	People aged 6 months old or above (Some quadrivalent flu shots are only approved for individuals 3 years of age and older)	Non-pregnant healthy people from 2 through 49 years of age
Vaccine type	Inactivated	Live
Contra-indications	<ul style="list-style-type: none"> • People who have had allergic reactions or severe adverse reactions to previous influenza vaccines. • People who have severe allergy to eggs or chicken (develop swelling of oral lips, urticaria, asthma/dyspnea, etc.). • Anyone hypersensitive to certain antibiotics such as neomycin and gentamicin, gentamicin sulfate or to formaldehyde, cetyltrimethylammonium bromide, sodium chloride, potassium chloride, disodium phosphate dehydrate, potassium dihydrogen phosphate, calcium chloride dehydrate, magnesium chloride hexahydrate, octoxinol-9, water for injection, disodium hydrogen phosphate, sodium dihydrogen phosphate, triton x-100 etc. 	<ul style="list-style-type: none"> • Children <2 years of age; • Adults >50 years of age. • Chronic patients, including those with chronic heart or lung diseases like asthma or reactive airways disease; people with diabetes or kidney failure; people with low immunity; or patients who have used medication which can weaken the immune system. • Children <5 years of age with a history of recurrent wheezing. • Children or adults on aspirin treatment. • Individuals who have had Guillain-Barré Syndrome after receiving flu vaccination. • Pregnant women. • People who have severe allergy to eggs or chicken (develop swelling of oral

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	13/19	

2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions

<ul style="list-style-type: none"> • People hypersensitive to cetyltrimethylammonium bromide (CTAB) (widely used in personal care products, e.g. toothpaste and shampoo) and polysorbate 80 (commonly used in food additives). • People who have allergic reactions to any of the ingredients of the vaccine. <u>(please refer to prescribing information of the vaccine for details)</u>. • Immunisation should be postponed in patients with moderate or severe febrile illness. 	<p>lips, urticaria, asthma/dyspnea, etc.) or have allergic reactions to any of the vaccine components.</p>
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Remarks: Should there be any queries, please consult the medical staff before vaccination.

21. Do side effects vary between different types of vaccines?

Ans: 1) **Flu shot**: It is an inactivated (killed) influenza vaccine, so you cannot get influenza from the vaccine. Most common side effects are mild, including low-grade fever, fatigue, nausea, muscle pain, headache, or pain and redness at the site of injection. These symptoms usually last for only one to two days. In very rare cases, individuals who are allergic to the ingredients of the vaccine may experience severe allergic reactions.

2) **Nasal spray**: It contains live but attenuated (weakened) influenza vaccine, some people may experience mild influenza-like symptoms



澳門特別行政區政府
Governo da Região Administrativa Especial de
Macau
衛生局
Serviços de Saúde

Centre for Disease
Control and Prevention

Frequently Asked
Questions

Document no.: 021.CDC-DPC.GL.2024

Version: 04

Effective on: 2024.09.23

Updated on: 2025.02.22

Next review on: 2025.08.31

Revoked on: -----

Pages: 14/19

2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions

after immunization. Most common side effects are mild, including runny nose, wheezing, headache, vomiting, muscle pain and fever in children, or runny nose, headache, sore throat and cough in adults. These symptoms usually last for only one to two days. In very rare cases, individuals who are allergic to the vaccine components may experience severe allergic reactions.


22. May people who have taken antiviral drugs recently get flu vaccine?

Ans: 1) **Flu shot:** People who have taken antiviral drugs may receive inactivated flu shot at the same time.

2) **Nasal spray:** For people who have recently taken antiviral drugs, the nasal spray flu vaccine should not be given until 48 hours after the last dose of antiviral medication was given; if a person takes antiviral drugs within two weeks of getting the nasal spray flu vaccine, he or she should get revaccinated (the antiviral drugs will have killed the vaccine viruses that are supposed to cause the immune response against those viruses).

23. Can an immunocompromised person get flu vaccination?

Ans: Immunocompromised people are recommended to receive inactivated flu shot, because when they get influenza, they will easily complicate with bacterial or viral pneumonia and have a high fatality rate.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	15/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

24. Can people with asthma get flu vaccination?

Ans: People with asthma are recommended to receive **inactivated flu shot**. The airways of people with asthma are often inflamed and sensitive, if they get influenza, they are more likely to develop airway and pulmonary inflammation, and aggravate symptoms of asthma.

25. If a child has not eaten eggs before, does he/she need to eat some eggs before getting the flu vaccine?


Ans: No need, the person can directly receive the flu vaccine.

26. Is it a must to seek medical advice before getting influenza vaccination?

Ans: Generally, if nursing staff has ascertained that no contraindications exist (i.e. without acute febrile illness or allergy to any ingredients), doctor assessment is not necessary before getting the flu shot.

27. Can I receive influenza vaccine together with other vaccines?

Ans: Influenza vaccine can be administered concurrently at different injection sites with other vaccines supplied by the Health Bureau, of which separate needles and syringes should be used. When more than one injection need to be administered at the same time, they are usually given in a different limb; if they are to be given in the same limb, they should be administered at least 1-2 inches apart to avoid overlap of local reactions.

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
		Version:	04
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		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	16/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

28. What is Influenza? How many types of influenza viruses are there?

Ans: Influenza, also known as the flu, is an acute contagious respiratory disease that is caused by influenza virus (family orthomyxoviruses). Subtypes of influenza are influenza A, influenza B, influenza C and influenza D of which the first two types are most common. The influenza subtypes are classified by the antigenic properties of the surface glycoproteins. Frequent mutation of the genes encoding the surface glycoproteins, especially for influenza A virus, leads to the emergence of new subtypes that are responsible for epidemics or pandemics. Pandemic (H1N1) 2009 virus was one of the influenza A viruses.

29. When is the flu season in Macao?


Ans: While influenza may occur throughout the year, it is epidemic mainly in winter and spring (October to April in the northern hemisphere). According to the Health Bureau, the annual peak period of influenza in Macao were normally from January to March.

30. What is the source of flu? How is it transmitted to people?

Ans: The source of flu is mainly patients and asymptomatic persons. It is infectious 1 day before and up to 7 days after the onset of the disease, and is mostly contagious in the first 2-3 days. The virus exists in nasal discharge, saliva and sputum and is mainly spread through droplets or direct contacts.

31. Who are the susceptible population to flu? Why?

Ans: All people are equally susceptible. Infection produces immunity to the specific infecting virus, but the duration and breadth of immunity depend on the degree of antigenic drift and the number of previous infections. Thus, people will get

 <p>澳門特別行政區政府 Governo da Região Administrativa Especial de Macau 衛生局 Serviços de Saúde</p>	<p>Centre for Disease Control and Prevention</p>	Document no.:	021.CDC-DPC.GL.2024
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		Effective on:	2024.09.23
		Updated on:	2025.02.22
		Next review on:	2025.08.31
	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	17/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

repeated infections.

32. How long is the incubation period for flu?

Ans: Usually 1-3 days after infection.

33. What are the differences between influenza and common cold? What are the symptoms of flu?

Ans: Common cold is the commonest upper respiratory infectious disease. It is mainly caused by rhinovirus, coronavirus, parainfluenza virus, respiratory syncytial virus and adenovirus. The onset of the disease is slow, with mild symptoms and low fever. Its clinical manifestations are mainly acute rhinitis and catarrhal symptoms of the upper respiratory tract.


The clinical manifestations of influenza include sudden onset of rigors, high fever, headache, myalgia, malaise and extreme tiredness; respiratory symptoms, such as running nose, sore throat and cough, are mild. The disease usually recovers within one week. Diagnostic confirmation relies on laboratory tests (virus isolation and serological test).

34. Does flu have any complications?

Ans: Yes, some of the complications caused by flu include bacterial infections of the upper respiratory tract (e.g. acute tonsillitis), bacterial tracheitis, bacterial bronchitis and bacterial pneumonia.

35. How serious is flu? Is it fatal?

Ans: In severe cases (i.e. influenza viral pneumonia), patients may present with high fever, exhaustion, restlessness, bloody sputum and later on dyspnea, cyanosis.

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	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	18/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

When the antibiotic drugs become ineffective, one may die of respiratory and circulatory failure.

36. How to diagnose and treat flu?


Ans: The diagnosis is confirmed according to the typical clinical manifestations and laboratory examinations during the epidemic period. Seasonal flu can be treated by antiviral drugs (oseltamivir/ Tamiflu, zanamivir, amantadine or rimantadine).

37. Why does the Health Bureau give priority vaccination to the frontline health care workers and chronic patients?

Ans: Although symptoms of influenza for healthy adults are more severe than common cold, persons will usually recover within 7 days. Elderly persons, patients having cardiac, pulmonary, renal or metabolic diseases or immunocompromised patients who will easily complicate with bacterial or viral pneumonia have a high fatality rate. On the other hand, health care workers who often have contact with patients will easily get infected. They will then transmit the virus to other patients who have close contact with them and who are at great risk to acquire diseases.

38. Do influenza viruses always experience antigenic drift? Are they dangerous?

Ans: Influenza A and B always experience antigenic drift. If the antigens have experienced great changes (i.e. antigenic shift) or were transmitted to human from mutated animal source (e.g. avian/ swine flu), it would have a pandemic due to lack of immunity. During the past 100 years, there were respectively several flu pandemics in 1889, 1918, 1957 and 1968. Thousands of lives were lost during each pandemic. The attack rate in general community is about 10-20%, while in

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	<p>Frequently Asked Questions</p>	Revoked on:	-----
	Pages:	19/19	
<p>2024-2025 Seasonal Influenza Vaccination Frequently Asked Questions</p>			

some densely populated areas, such as school or nursing homes, the rate is more than 50%.

39. How should we prevent influenza infection?

Ans:

- 1) Annual influenza vaccination is an effective preventive measure recommended by World Health Organization (WHO).
- 2) Lead a healthy lifestyle, including balanced diet, regular exercise, adequate rest and no smoking.
- 3) Keep windows open, maintain good indoor ventilation.
- 4) Avoid crowded places with poor ventilation.
- 5) Cover nose and mouth with disposable tissues when sneezing or coughing, and then dispose of used tissues in a lidded rubbish bin and wash hands immediately; if no tissue paper is available, cover nose and mouth with a sleeve or the crook of an elbow, not the palms.
- 6) Wash hands properly and frequently with liquid soap, especially when contaminated by respiratory secretions. Dry hands with disposable towel or hand dryer; do not share towels. Avoid contact with eyes, nose and mouth before handwashing.
- 7) If develop respiratory symptoms, wear a mask and seek medical attention promptly. Do not go to work, school or crowded public places.