LCQ10: Neisseria meningitidis

Following is a question by Dr the Hon Dennis Lam and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (November 1):

Question:

One more case of invasive meningococcal infection was recorded in Hong Kong in August this year. In this connection, will the Government inform this Council:

(1) of the number of cases of meningococcal infection recorded in Hong Kong, as well as the serogroups involved, in each of the past five years;

(2) as it has been reported that about 90 per cent of children and adolescents infected with Neisseria meningitidis died within 24 hours of infection, of the details of the authorities' promotion and publicity programmes regarding meningococcal vaccination for children and adolescents at present;

(3) whether it has compiled statistics on the number of members of the public in Hong Kong who received meningococcal vaccination in each of the past five years; and

(4) as it has been reported that the largest group of meningococcal infections in Hong Kong in recent years was caused by Neisseria meningitidis serogroup B, whether the Centre for Health Protection will study the formulation of guidelines on vaccination against Neisseria meningitidis serogroup B; if so, of the details; if not, the reasons for that?

Reply:

President,

Meningococcal infection is one of the statutory notifiable diseases in Hong Kong. The incidence of the disease is low (below 0.2 cases per 100 000 population in Hong Kong in the past five years). According to World Health Organization (WHO)'s recommendation, incidence at two cases or more per 100 000 population per year is considered as medium and high endemicity. Meningococcal infection is mainly transmitted by direct contact through respiratory secretions or droplets from infected persons or carriers. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis). Patients should be treated promptly with antibiotics. Close contacts would need to be placed under medical surveillance for early signs of disease and may be given preventive medications when necessary.

To effectively prevent meningococcal infection, members of the public are advised to observe personal hygiene (e.g. cover the nose and mouth while

sneezing or coughing, wash hands with liquid soap and water properly, etc) and environmental hygiene (e.g. maintain good indoor ventilation, avoid going to crowded or poorly ventilated public places). When having respiratory symptoms, members of the public should wear a surgical mask, refrain from work or attending classes at school, avoid going to crowded places and seek medical advice promptly. These measures are also effective against respiratory tract infections, including COVID-19, seasonal influenza and Mycoplasma pneumoniae infection, etc.

The reply, in consultation with the Department of Health (DH), to the questions raised by Dr the Hon Dennis Lam is as follows:

(1) Between 2018 and 2022, the Centre for Health Protection (CHP) of the DH received a total of 26 notifications of invasive meningococcal infection, ranging from 0 to 14 cases per year (i.e. annual incidence of 0 to 0.19 cases per 100 000 population). As of October 20, 2023, there were a total of five notifications of invasive meningococcal infection recorded this year. The number of cases and the related serogroups are provided in the table below. All reported cases were sporadic and no cluster outbreak occurred.

	Serogroup					Total
	B	C	W	Y	Unknown	
2018	5	2	1	2	0	10
2019	7	2	1	2	2	14
2020	0	0	0	0	0	0
2021	2	0	0	0	0	2
2022	0	0	0	0	0	0
2023 (As at October 20)	2	0	0	1	2	5

(2 to 4) The CHP has been keeping abreast of the latest position of the WHO on immunisation and vaccination, the scientific evidence of vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of health authorities across the world. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP meets regularly to review and develop strategies for prevention and control of vaccine preventable diseases and their risk factors in the light of changing epidemiology and advances in medical science, so as to provide science-based advice on vaccine use at population level to the Government.

The WHO recommended countries with medium and high incidence (i.e. two cases or more per 100 000 population per year) and frequent outbreaks of invasive meningococcal infection should implement large scale meningococcal immunisation programme.

The incidence of meningococcal infection is low in Hong Kong. Regarding the use of meningococcal vaccine, the SCVPD has not made any recommendation on large scale immunisation in Hong Kong. The SCVPD recommends that if travellers have the following itinerary, they may consider receiving

meningococcal vaccination after consulting doctor:

(i) according to the risk of exposure and local epidemic situations, persons going to stay in the sub-Saharan Africa during the dry season;
(ii) persons going to areas that are known to experience epidemic meningococcal infection as announced by the local health authorities; and
(iii) persons visiting Saudi Arabia for Hajj, Umrah or for seasonal work in Hajj zones.

At present, meningococcal vaccines, including meningococcal group B vaccine and meningococcal group ACWY vaccine, have been registered in Hong Kong. Public may receive the concerned vaccine in the private clinic after consulting doctor.

Except for COVID-19 vaccines, there is no current legislation requirement for private doctors to upload the vaccination record of patients to the Electronic Health Record Sharing System (eHealth). The Government does not maintain the figures on meningococcal vaccine received in private clinics by the public.

The SCVPD will continue to closely monitor the scientific development of meningococcal vaccine and the latest epidemiology of invasive meningococcal infection, and update the recommendation as needed.