

LCQ10: Vaccination for children

Following is a question by Dr the Hon Pierre Chan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 17):

Question:

Under the Hong Kong Childhood Immunisation Programme (HKCIP), children from birth to Primary Six should receive vaccines and boosters for 11 infectious diseases. Regarding vaccination for children, will the Government inform this Council:

(1) as some private doctors administer to children vaccines that are not included in HKCIP, such as influenza vaccine, Haemophilus influenzae type b vaccine, hepatitis A vaccine, Japanese encephalitis vaccine, rotavirus vaccine and some combined vaccines which contain a combination of various vaccine components, whether the Government will consider including some of those vaccines in HKCIP; if so, of the vaccines to be included and the implementation details; if not, the reasons for that;

(2) of the respective numbers of doses of vaccines administered in each of the past five years under HKCIP to (i) newborn babies by public hospitals, (ii) newborn babies by private hospitals, (iii) pre-school children by the Maternal and Child Health Centres of the Department of Health (DH), and (iv) primary school children at schools by DH's outreaching School Immunisation Team, with a tabulated breakdown by the infectious disease concerned;

(3) of the respective vaccination coverage rates among (i) pre-school children and (ii) primary school children in each of the past five years;

(4) of the number of children in each of the past five years who received free seasonal influenza vaccination under the Government Vaccination Programme; and

(5) of the numbers of doses of vaccines (i) procured for HKCIP, (ii) discarded due to expiry or damage and (iii) kept in stock, in each of the past five years by DH and the Hospital Authority respectively?

Reply:

President,

(1) The Centre for Health Protection (CHP) of the Department of Health (DH) has kept abreast of the latest position of the World Health Organization on immunisation and vaccination, the scientific evidence of new vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of other health authorities across the world. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under

the CHP holds regular meetings and gives science-based advice and recommendations to the CHP regarding the types of vaccines to be incorporated into the Hong Kong Childhood Immunisation Programme (HKCIP) from the public health perspective in a timely manner. Generally speaking, incorporation of a new vaccine into the HKCIP is based on scientific evidence with a number of public health considerations taken into account, including the overall disease burden on society, the efficacy and safety of the vaccine, the availability of other effective preventive measures, and the cost-effectiveness and public acceptance of the vaccine. Apart from considering the incorporation of a new vaccine into the HKCIP, the SCVPD also makes recommendations from time to time regarding the use of various vaccines in Hong Kong such as hepatitis A vaccine (see Note 1), Japanese encephalitis vaccine (see Note 2) and meningococcal vaccine (see Note 3).

The nature of seasonal influenza vaccine is different from that of the vaccines used in the HKCIP. The vaccines currently recommended under the HKCIP are mostly vaccines that are administered with a specified number of doses. In general, children will have long term immunity and no annual vaccinations are required after they have received the different types of vaccines and boosters recommended at different ages. However, re-vaccination against influenza is necessary annually since the composition of influenza vaccines vary every year. The SCVPD has recommended that all persons aged six months or above, except those with known contraindications, should receive influenza vaccine for personal protection and that the vaccination should not be limited to children. Therefore, the Government has been providing free and subsidised seasonal influenza vaccination for eligible higher risk groups under the Government Vaccination Programme and the Vaccination Subsidy Scheme respectively.

The SCVPD will continue to review and develop from time to time public health strategies for vaccine preventable diseases in the light of changing epidemiology and the development of vaccines.

[Note 1: The SCVPD recommends the following persons to receive hepatitis A vaccination: persons travelling to endemic areas of hepatitis A; persons with clotting factors disorders receiving plasma-derived replacement clotting factors; persons with chronic liver diseases; and men who have sex with men.

Note 2: According to the SCVPD and the Scientific Committee on Vector-borne Diseases, Japanese encephalitis vaccination is recommended for persons travelling to endemic areas of Japanese encephalitis, in particular rural areas, for one month or more, and those staying for less than one month but planning to have outdoor or night activities in rural areas most of the time during the transmission season of the disease. In view of the low overall incidence rate of local cases of Japanese encephalitis in Hong Kong, wider use of the vaccine may result in the protective benefits being far outweighed by the risk of serious side effects caused by the vaccine. The Committees have therefore concluded that incorporation of the vaccine into the HKCIP is not recommended.

Note 3: The SCVPD recommends the following persons to consider receiving

meningococcal vaccination: according to the risk assessment and local epidemic situation, persons going to stay in the sub-Saharan Africa during the dry season; persons going to endemic areas of meningococcal infection announced by the local health authorities; and persons going to Mecca, Saudi Arabia during the Hajj annual pilgrimage.]

(2) Under the HKCIP, Bacillus Calmette-Guerin (BCG) vaccine and the first dose of hepatitis B (Hep B) vaccine are first given to newborn babies in hospitals. Pre-school children from birth to five years old receive different types of vaccines and boosters at recommended ages of vaccination at the DH's Maternal and Child Health Centres (MCHCs). As for primary school children, vaccination is provided at schools by the DH's outreach School Immunisation Teams (SIT). Apart from the DH's free vaccination, parents may also arrange for their children to receive vaccination in private healthcare facilities or clinics at their own expense. The numbers of doses of various vaccines administered at MCHCs and public and private hospitals, and by the SIT in the past five years are at Annexes 1, 2 and 3 respectively.

(3) Starting from 2001, the DH has conducted territory-wide immunisation coverage surveys on a regular basis to monitor the immunisation coverage rates of pre-school children in Hong Kong (i.e. the percentage of children having received vaccination at recommended ages under the HKCIP) through checking the immunisation records (or vaccination cards) of a sample of children. According to the survey results, the overall immunisation coverage rates of various vaccines under the HKCIP has been maintained at a very high level of over 95% (details at Annex 4). In addition, primary school students' immunisation records are also checked by the SIT when it provides vaccination at their schools every year. The figures show that the immunisation coverage rates of primary one and primary six students have maintained at above 97% (details at Annex 5).

(4) The number of children aged between six months and under 12 who received free or subsidised seasonal influenza vaccination in the past five years are at Annex 6.

(5) Before ordering vaccines for the HKCIP, the Government will estimate the required quantity on the basis of the number of births for the year and the coverage rates in the past. The Government will then procure the estimated quantity of vaccines through tender in accordance with the established requirements and procedures. A flexibility clause will normally be included in the conditions of the tender to ensure that after the signing of the contract, the quantities ordered can be appropriately adjusted or the contract period can be extended if necessary, so as to minimise the number of vaccines to be discarded or expired vaccines. Vaccine suppliers are required to supply sufficient quantities of vaccines for the HKCIP according to the terms of contract.

At present, the Government procures for the HKCIP on a contract basis the following eight single or combined vaccines for children, namely (1) BCG vaccine; (2) Hep B vaccine; (3) varicella vaccine; (4) diphtheria, tetanus, acellular pertussis and inactivated poliovirus vaccine (DTaP-IPV vaccine);

(5) diphtheria, tetanus, acellular pertussis (reduced dose) and inactivated poliovirus vaccine (dTap-IPV vaccine); (6) 13-valent pneumococcal conjugate vaccine (PCV13); (7) measles, mumps and rubella (MMR) vaccine; and (8) measles, mumps, rubella and varicella (MMRV) vaccine. As the HKCIP is an ongoing programme, contracts are signed for different vaccines and the contract periods vary accordingly. Suppliers are normally required under the contracts concerned to provide vaccines for a period of two to three years. Details of the contracts signed with vaccine suppliers that are still valid are at Annex 7.