

LCQ11: Seasonal influenza vaccination

Following is a question by the Dr Hon Pierre Chan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 20):

Question:

The Government provides eligible groups with free and subsidised seasonal influenza vaccination through the Government Vaccination Programme and the Vaccination Subsidy Scheme (VSS) respectively. In addition, the Department of Health (DH) introduced in October last year the School Outreach Vaccination Pilot Programme (Pilot Programme) as well as the Enhanced Vaccination Subsidy Scheme Outreach Vaccination (Enhanced VSS) under VSS, to enhance the seasonal influenza vaccination uptake rate among school children. Regarding the provision of seasonal influenza vaccination to members of the public, will the Government inform this Council:

(1) of the respective up-to-date numbers of primary schools which have (i) participated in and (ii) conducted vaccination activities under the Pilot Programme in the current school year; the average number of days between the submission of applications for joining the Programme and the conduct of vaccination activities at schools by healthcare workers;

(2) of the respective up-to-date numbers of (a) primary schools and (b) kindergartens/child care centres which have (i) participated in and (ii) conducted vaccination activities under Enhanced VSS in the current school year; the average number of days between healthcare workers' receiving invitations and their conducting vaccination activities at schools;

(3) of (i) the amount of expenditure incurred by the Government for procuring seasonal influenza vaccines (SIV) and (ii) the total amount of subsidy claimed by private doctors participating in VSS, in the past five years;

(4) of the respective numbers of persons from the various groups set out in the table below who received injectable SIV and their uptake rates, in each of the past five years (set out separately in tables of the same format as the table below);

Year:

Group	Number of people receiving vaccinations	Uptake rate
Children between 6 months and 5 years old		
Children aged between 6 and 11		
Persons aged between 12 and 49		

Persons aged between 50 and 64		
Persons aged 65 or above		
Pregnant women		
Persons with chronic health problems		
Overall population		

(5) of (i) the quantity of nasal SIV procured by DH and the amount of expenditure so incurred and (ii) the respective numbers of persons from the various groups set out in the aforesaid table who received such SIV, since April last year; whether it has compared the efficacy of injectable SIV with nasal SIV, and whether it will switch to using nasal SIV in providing influenza vaccination services for children;

(6) of (i) the quantities, general expiry dates and the stock to date of the SIV procured and (ii) the quantities of expired or damaged SIV discarded, by DH and the Hospital Authority respectively in each of the past five years; and

(7) whether it has stipulated in the procurement contracts for SIV that the Government has the rights to (i) return to the suppliers a certain quantity/percentage of unused vaccines and (ii) adjust the quantity of the vaccines procured on the basis of actual needs; if so, of the quantities concerned?

Reply:

President,

Vaccination is one of the effective means to prevent seasonal influenza and its complications. It also reduces the risks of flu-associated in-patient admission and mortality. Therefore, the Government has all along been encouraging the public to receive vaccination as early as possible. Under the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS), the Government provides free and subsidised seasonal influenza vaccination (SIV) respectively for eligible high-risk groups. To increase the SIV coverage rate among school children, the Department of Health (DH) launched the School Outreach Vaccination Pilot Programme (Pilot Programme) and the Enhanced Vaccination Subsidy Scheme Outreach Vaccination (Enhanced VSS) under the VSS in 2018/19 to actively assist schools and private medical practitioners in organising outreach influenza vaccination activities at schools. In consultation with the DH, the reply to the seven parts of the question is as follows:

(1) and (2) Under the Pilot Programme, the DH arranges a Government Outreach Team or a Public-Private Partnership Team to provide free SIV for the school children of each participating school. As at March 3, 2019, 184 participating primary schools received the vaccination service under the Pilot Programme.

Under the Enhanced VSS, primary schools not participating in the Pilot Programme, primary sections of special schools, kindergartens and child care centres may invite participating doctors to provide free SIV for their school children at schools. As at March 3, 2019, 221 primary schools and 184 kindergartens/child care centres received the vaccination service under the Enhanced VSS and the VSS.

To encourage interested primary schools/kindergartens and child care centres to participate in the Pilot Programme and the Enhanced VSS, the DH held a briefing in March 2018 and subsequently assigned participating primary schools to doctors in May 2018. In addition, the DH held briefings for primary schools/kindergartens and child care centres, as well as participating VSS doctors, in June and July 2018 respectively to explain the details of the Enhanced VSS. Various programmes had commenced in the new school year since October 2018.

(3) The expenditure incurred by the DH for procuring the SIV under the GVP and the Pilot Programme, and for subsidising the vaccination provided by private doctors under the VSS in the past five years are detailed in Annex 1.

(4) The numbers of persons from the eligible groups receiving SIV under the GVP, the VSS and the Pilot Programme and their coverage rates in the past five years are detailed in Annex 2. Since some members from the eligible groups might have received SIV by arrangement other than Government's vaccination programmes, the figures related to these persons are not reflected in Annex 2.

(5) Currently, the DH uses inactivated influenza vaccine (IIV) under various vaccination programmes which it administers. The department has kept in view the scientific evidence and development of various types of SIV, and the recommendations and experience of overseas health authorities. While overseas studies and clinical experience have generally indicated that nasal live attenuated influenza vaccine (nasal LAIV) is safe and effective, there is currently no evidence to support that priority should be given to nasal LAIV. In fact, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH reviewed the scientific evidence on nasal LAIV in 2018, and noted that data from the United States had revealed that the effectiveness of nasal LAIV against influenza A H1N1 in individual seasons was far lower than that of IIV among persons aged below 18. Moreover, nasal LAIV has not been used widely in Hong Kong. Compared with IIV, nasal LAIV is not recommended for a relatively larger group of persons*. Therefore, the recommendations made by the SCVPD in April 2018 stressed that healthcare professionals providing SIV should pay attention to those factors if they choose to use nasal LAIV. In this regard, the DH has not procured or used any nasal LAIV under the GVP and the Pilot Programme. Private doctors participating in the VSS may decide whether they would use nasal LAIV, the amount of subsidy of which is the same as IIV.

The DH noted that more scientific data regarding the use of nasal LAIV in preventing Influenza A H1N1 will be available later this year. The SCVPD will then review the relevant scientific evidence and make recommendations in

relation to SIV for the 2019/20 influenza seasons. The Government will decide with reference to the recommendations whether it is suitable to use nasal LAIV under its vaccination programmes in the future.

[* Note: Including persons with history of severe allergic reaction to any vaccine component or history of severe allergic reaction after receiving any influenza vaccination; children and adolescents receiving concomitant aspirin or salicylate-containing therapy; children aged between two and four years receiving a diagnosis of asthma, or having wheezing or asthma as pointed out by healthcare personnel during the preceding 12 months, or having a medical record indicating a wheezing episode during the preceding 12 months; persons who are immunocompromised due to any cause; persons who have close contacts with severely immunosuppressed persons who require a protected environment; pregnant women; and persons receiving influenza antiviral medication within previous 48 hours.]

(6) and (7) Before ordering the vaccines for annual vaccination programmes, the Government will make estimates based on the number of persons eligible for the programmes during the year and the coverage rates in the past. However, due to the time required for production and delivery, and in view of sudden surge in the demand for SIV by the public during the past influenza peaks, the Government had to order more vaccines for better preparation. Nevertheless, when tendering for the procurement of vaccines in accordance with the established requirements and procedures, the Government normally includes in the tender conditions a flexible clause to ensure that the quantities to be ordered can be appropriately adjusted after the signing of the contract. Vaccine suppliers have to supply sufficient quantities of influenza vaccines for the programmes according to the contract terms. The DH has been monitoring the vaccination statistics under Government's programmes and the stocks of vaccines procured for the programmes so as to assess the situation and maintain close liaison with vaccine suppliers.

The DH is responsible for procuring the vaccines under the GVP and the Pilot Programme, including those used by the Hospital Authority. In general, the vaccines can last for one year. The quantities of vaccines that the DH procured in the past five years and the information on the stocks of expired, unused, and/or damaged doses are set out in Annex 3.