

LCQ18: Prevention and treatment of herpes zoster

Following is a question by the Hon Chan Pui-leung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (November 20):

Question:

It is learnt that the chickenpox virus may remain latent in the human nervous system of patients recovered from chickenpox, and reactivate in times of weakened immune system as herpes zoster (HZ) (commonly known as "shingles"). There are views pointing out that the diverse complications, complicated treatment process and exorbitant associated medical cost of HZ will greatly affect the emotions, work and quality of life of patients. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the current HZ morbidity rate, HZ vaccination uptake rate, as well as the hospitalisation rate, average number of days of hospitalisation and average medical cost of HZ patients in Hong Kong, with a breakdown by age group;

(2) given that in reply to a question raised by a Member of this Council on May 4, 2022, the Government indicated that the last study on the conditions of HZ inpatients was conducted by the Department of Health way back in 2014, whether the authorities will expeditiously collect and analyse the data in recent years, so as to grasp the latest trend and put in place corresponding plans at an early stage; if so, of the details; if not, the reasons for that;

(3) as the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health indicated last year that it considered that locally available HZ vaccine was safe and effective, and individual older adults and adults with immunocompromised conditions might consider receiving vaccination in consultation with their doctors, whether the authorities will draw up a timetable and roadmap for providing HZ vaccination to members of the public in phases as early as possible, so as to tie in with the direction "an ounce of prevention is worth a pound of cure" set out in the Primary Healthcare Blueprint; if so, of the details; if not, the reasons for that; and

(4) as there are views that the cost of two doses of HZ vaccination is no small sum for grass-roots families and low-income persons, whether the authorities will launch a pilot assistance programme under the Community Care Fund to provide subsidies for HZ vaccination to ultra-high-risk and low-income persons aged 65 or above, so as to reduce the relevant medical expenses of such persons; if so, of the details; if not, the reasons for that?

Reply:

President,

Herpes Zoster (also known as Shingles) is an infectious disease that causes belt-like, painful skin rash with blisters. It is caused by varicella-zoster virus which is also responsible for varicella (also known as Chickenpox). The virus resides in the nervous system of patients recovered from Chickenpox and may induce Herpes Zoster in times of weakened immune system due to ageing or stress. Herpes Zoster is not serious in general and the risk of serious complications or death is not high. Early treatment can reduce the severity of symptoms and the risk of complications. Antiviral medications can speed up the healing of blisters and ease pain.

In consultation with the Department of Health (DH) and the Hospital Authority (HA), the reply to the question raised by the Hon Chan Pui-leung is as follows:

(1) In general, the DH maintains statistics on statutorily notifiable infectious diseases under the Prevention and Control of Disease Ordinance (Cap 599). The Government will consider a number of factors in determining whether a particular infectious disease should be statutorily notifiable, such as the prevalence and severity of the disease or condition, risks of outbreak, existence of a reliable diagnostic method. As Herpes Zoster is not a statutorily notifiable infectious disease, the DH does not maintain statistics on the incidence of Herpes Zoster in the local population. Currently, there is no statutory requirement for healthcare providers to upload vaccination record to the Electronic Health Record Sharing System. The Government Vaccination Programmes also do not cover Herpes Zoster vaccines. Therefore, the DH does not maintain local statistics on Herpes Zoster vaccination.

At present, patients with symptoms of Shingles generally consult their family doctors, General Out-patient Clinics or Accident and Emergency Departments. Antiviral drug can shorten the recovery time of Herpes Zoster patients and it is optimal to take it within three to five days of the onset of the disease. Therefore, if citizens are in doubt, they should seek medical consultation as soon as possible and take the medicine according to doctor's instructions. Maintaining a comfortable room temperature, applying a soothing ointment to the affected area or taking analgesic drug can also alleviate the itch and pain. Moreover, patients should keep the affected skin clean and dry and should not break the blisters, or it may induce bacterial infection for the second time. Patients should also avoid coming into contact with frail persons, such as pregnant women and children, to prevent transmission of disease to them. The HA generally does not maintain statistics on the incidence, hospital admission rate, average length of stay or average healthcare cost in relation to Herpes Zoster. Therefore, relevant figures are not available.

(2) to (4) In general, incorporation of a new vaccine for use in vaccination programmes is based on scientific evidence, taking into account multiple public health factors including the overall disease burden on the society, vaccine efficacy and safety, availability of other effective preventive measures, and cost-effectiveness of large-scale vaccination.

The Centre for Health Protection (CHP) of the DH reviewed and analysed public hospital admission data related to Herpes Zoster from September 1999 to August 2014 and published the relevant findings in a scientific journal in 2018. The CHP, with special support from the HA, collected and collated relevant public hospital admission data from 2017 to 2022 for deliberation by experts of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP regarding the use of Herpes Zoster vaccines in September 2023.

When deliberating relevant issue at the SCVPD in September 2023, the experts considered that locally available Herpes Zoster vaccines were safe and effective. Older adults and adults with immunocompromised conditions may consider receiving Herpes Zoster vaccine in consultation with their doctors to protect themselves against Herpes Zoster and its complications. At the same time, the SCVPD also considered that more local data from a cost-benefit analysis would be required for future consideration on whether to include Herpes Zoster vaccine in the Government Vaccination Programmes. Having regard to the latest relevant recommendations made by the SCVPD, the Government currently has no plan to provide Herpes Zoster vaccines for the members of the public through government programmes or in the form of subsidies (including the Community Care Fund).

Meanwhile, the Government is committed to enhancing district-based primary healthcare services in a bid to shift the emphasis of the present healthcare system and changing people's mindset from treatment-oriented to prevention-oriented. Initiatives include promoting the Life Course Preventive Care Plan through District Health Centres to formulate personalised health management plans to address the health needs of citizens across different life stages according to personal factors such as their gender, age and family history. Family Doctors and primary healthcare professionals will closely collaborate to provide health advice and education on chronic disease and cancer screening, healthy lifestyle and vaccination (including Herpes Zoster vaccine), etc. Individuals should take responsibility for personal health. While particular preventive measure may be beneficial to personal health, it does not necessarily mean the measure would worth Government funding from a public health or medical policy perspective.