

LCQ20: Statistics on seasonal influenza vaccination

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 (November 18):

Question:

The various seasonal influenza vaccination schemes for 2020-2021 commenced one after another in October this year. In this connection, will the Government inform this Council:

(1) of the respective numbers of (a) primary schools and (b) kindergartens/child care centres which participated in (i) the Seasonal Influenza Vaccination School Outreach (Free of Charge) (SIV) and (ii) the Vaccination Subsidy Scheme School Outreach (Extra Charge Allowed) since the beginning of the current school year and the relevant details; the respective numbers of school children who have and who have not received influenza vaccination so far, and how the relevant vaccination coverage rates of school children compare with those of the same period last year;

(2) given that there have been successive cases in South Korea and Taiwan recently in which some residents died soon after receiving influenza vaccination, arousing concerns among quite a number of parents of school children about the safety of the influenza vaccines in Hong Kong, whether it knows the respective numbers, since the beginning of the current school year, of school children from (i) primary schools and (ii) kindergartens/child care centres whose parents have withdrawn the consent forms for their children to receive vaccination;

(3) given that under SIV, the vaccines for primary schools are provided by the Department of Health (DH) but the vaccines for kindergartens/child care centres are arranged by the participating doctors themselves, whether it will modify the arrangement so that vaccines will be provided by DH across the board; if so, of the details; if not, the reasons for that;

(4) whether it knows the number of members of the public in Hong Kong who received influenza vaccination in each of the past five years (including those who received vaccination at their own expense) and their vaccination coverage rate, broken down by the groups set out in the table below (set out separately in tables of the same format as the table below);

Year 1/4 5 _____

Group	Number of persons who received vaccination	Vaccination coverage rate
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Children between six months and under six years old		
Children aged between six and under 12		
Persons aged between 12 and under 50		
Persons aged between 50 and under 65		
Persons aged 65 or above		
Pregnant women		
Persons with chronic health problems		
Overall population		

(5) of (i) the quantity of nasal influenza vaccines procured by DH and the amount of expenditure so incurred, as well as (ii) the respective numbers of those persons belonging to the various groups set out in the aforesaid table who have received such vaccines, since April last year; whether it will use more nasal vaccines in providing influenza vaccination services for children in 2021-2022; if so, of the details; if not, the reasons for that;

(6) of the quantity of influenza vaccines provided for the Hospital Authority by DH under the Government Vaccination Programme and the amount of expenditure involved, in each of the past five years;

(7) of the total amount of subsidy disbursed by the Government to the private doctors participating in the Vaccination Subsidy Scheme in 2019-2020;

(8) of the quantity of unused but expired or damaged influenza vaccines and the amount of money involved under the various vaccination schemes, in each of the past five years; and

(9) of the number of cases received by DH in each of the past five years from members of the public who felt extremely unwell soon after receiving influenza vaccination, with a breakdown by the age group to which they belonged and their illnesses?

Reply:

President,

Influenza can cause serious illnesses in high-risk individuals and even healthy persons. Given that influenza vaccines are safe and effective, all persons aged six months or above except those with known contraindications are recommended to receive influenza vaccine to safeguard their health. In consultation with the Department of Health (DH), our reply to various parts of Dr the Hon Pierre Chan's question is as follows:

(1) and (2) As at November 8, 2020, among the some 450 primary schools and 760 kindergartens/kindergarten-cum-child care centres/child care centres (KG/CCCs) that enrolled in the 2020/21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) (School Outreach (Free of Charge)), 179 primary schools and 439 KG/CCCs have provided outreach vaccination at school, and over 65 300 primary school students and 44 000 children in KG/CCCs have received SIV. Separately, doctors providing SIV school outreach under the Vaccination Subsidy Scheme (VSS) (i.e. School Outreach (Extra Charge Allowed)) are required to notify DH two weeks before the vaccination activities. As at November 8, 2020, 49 primary schools and 40 KG/CCCs provided outreach vaccination at schools under the School Outreach (Extra Charge Allowed), and over 22 200 primary school students and 7 400 children in KG/CCCs have received SIV.

As at November 8, 2020, about 167 900 children aged between six months and under 12 received SIV under various government vaccination programmes, representing an uptake rate of 25.2 per cent so far. The number of children vaccinated is comparable to that of the corresponding period last year. The DH does not maintain information about the number of withdrawal of vaccination consent forms by parents of the schoolchildren of primary schools and KG/CCCs under the relevant vaccination programmes.

(3) The number of students in KG/CCCs is relatively small in comparison with that of primary schools (in 2019/20 season, the median number of students of primary schools and KG/CCCs enrolled in the programme are 700 and 140 respectively) and the locations of KG/CCCs are more disperse. If vaccine procurement is co-ordinated by the DH, it might cause inconvenience to the participating doctors who have to take into account the vaccine delivery schedule of the vaccine suppliers and adjust their vaccination arrangement accordingly. During the evaluation of the 2019/20 School Outreach (Free of Charge), DH surveyed the views of outreach doctors participating on the preferred way of vaccine procurement. Over half of the surveyed doctors preferred to procure the vaccines by themselves or did not have any preference. In sum, DH opines that it would be more flexible and effective for outreach doctors to directly procure and deliver the vaccines for outreach activities. The DH will continue to communicate with the outreach doctors, monitor the vaccination arrangements from time to time and make adjustments when necessary.

(4) The number of persons from the eligible groups receiving SIV under various government vaccination programmes and their uptake rates in the past five years are detailed in Annex 1. A new eligible group has been added under VSS (subsidised vaccination) and Government Vaccination Programme (GVP) (free vaccination) in the 2020/21 season to cover the recipients of standard rate of "100% disabled" or "requiring constant attendance" under the Comprehensive Social Security Assistance Scheme. Since some members from the eligible groups might have received influenza vaccines by arrangement other than government vaccination programmes, the figures related to these persons are not reflected in Annex 1.

(5) Currently, there are two types of influenza vaccines registered in Hong

Kong, namely the inactivated influenza vaccine (IIV) administered by injection and live-attenuated influenza vaccine (LAIV) administered by nasal spray. Both types of influenza vaccines are recommended for use in Hong Kong by the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection in the 2020/21 season.

As LAIV has not been widely used in Hong Kong, the DH provided LAIV for 21 schools participating in School Outreach (Free of Charge) in the 2019/20 season to test the feasibility and logistical arrangements in applying such vaccines under vaccination schemes. A total of 1 700 doses of LAIV were procured, involving an expenditure of \$340,000. The conclusion of the trial is that the uptake rate of LAIV is comparable to that of IIV. For the 2020/21 season, the DH is in close liaison with the vaccine suppliers with a view to procuring additional vaccines (including LAIV) as announced on October 22, 2020. The quantities of the vaccines and the expenditure incurred is being finalised.

Moreover, schools may choose to use IIV or LAIV from private doctors under the School Outreach (Free of Charge) – KG/CCCs. Private doctors may choose to use IIV or LAIV in private clinics or outreach programmes under VSS (including School Outreach (Extra Charge Allowed)). DH does not maintain information about the number of persons receiving LAIV in various target groups. DH will continue to monitor the arrangements in the 2020/21 season for the planning and arrangement of the vaccination programmes in the 2021/22 season.

(6) The DH is responsible for procuring influenza vaccines under the GVP and the School Outreach (Free of Charge) – Primary Schools. Influenza vaccines used by the Hospital Authority (HA) under the GVP are procured and allocated by the DH. DH does not maintain the expenditure incurred for vaccines supplied to HA separately.

The percentage of influenza vaccines provided each year by DH to HA amongst the influenza vaccines procured in that season in the past five years are detailed in Annex 2.

(7) In the 2019/20 season, the expenditure incurred by DH for subsidising private doctors under the VSS is \$106.7 million.

(8) In general, the product life of influenza vaccine can last for one year and the expired vaccines will not be used. Unused but expired or damaged vaccines are arranged for disposal in phases in accordance with the statutory requirements. The cost involved in the disposal of these vaccines has been included in the expenditure for procuring vaccines under various vaccination programmes. The quantities and expenditure of influenza vaccines procured and the number of doses of unused but expired or damaged vaccines under various vaccination programmes in the past five years are detailed in Annex 2.

(9) The DH does not maintain number of reports from members of the public who felt extremely unwell subsequent to receiving influenza vaccination. In general, seasonal influenza vaccine is very safe and usually well tolerated

apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning six to 12 hours after vaccination and lasting up to two days.

An adverse event is a health problem that is reported after someone gets vaccinated. It may or may not have been caused by the vaccination. Some of these events may occur by chance during the post-vaccination period and are unrelated to vaccination. Therefore, report of adverse event does not mean that it is caused by vaccination. As for more serious adverse events, the number of Guillain-Barré Syndrome and other serious neurological adverse events reported after receiving SIV (within the period of five days and six weeks after vaccination) in the past five years are as below:

Season	Guillain-Barré Syndrome	Other serious neurological adverse events
2016/17	0	0
2017/18	0	0
2018/19	0	1 (aged 48)
2019/20	0	0
2020/21 (As at November 5, 2020)	0	0