# Scientific Committee on Vaccine Preventable Diseases issues interim consensus on respiratory syncytial virus vaccines

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health held a meeting yesterday (January 16) to discuss the use of respiratory syncytial virus (RSV) vaccines for elderly persons and pregnant women.

During the meeting, the experts reviewed in detail the local epidemiological data on RSV disease; the scientific data on the efficacy, safety and potential adverse effects (such as serious neurological disease, preterm birth and hypertensive disorders of pregnancy) of the RSV vaccines; and the recommendations of the World Health Organization (WHO) and the international community on the use of RSV vaccines. After extensive discussion and careful consideration of the above factors, the SCVPD reached the following interim consensus, based on scientific evidence and from a public health perspective, for the reference of the Government and the public:

(a) Elderly persons

- According to data from overseas studies, the RSV vaccines are effective in preventing RSV-associated lower respiratory tract disease among elderly persons.

- Pending specific recommendations from the WHO and local data from the cost-benefit perspective, the SCVPD does not recommend universal RSV vaccination for elderly persons. Elderly persons (especially those aged 75 years and above or living in residential care homes) may consider receiving an RSV vaccination for personal protection, as an individual decision under informed consent in consultation with their doctors.

(b) Pregnant women

- According to data from overseas studies, the RSV vaccines are effective in preventing severe RSV-associated lower respiratory tract disease among infants born to vaccinated mothers for up to six months after birth.

- Pending additional safety data for using the RSV vaccines, the SCVPD does not currently recommend universal RSV vaccination for pregnant women. Pregnant women may receive an RSV vaccination to protect their newborn infants against RSV disease, as an individual decision under informed consent in consultation with their family doctor or doctor providing antenatal care.

The SCVPD will continue to monitor the scientific evidence on vaccine efficacy and safety, local epidemiology and cost-benefit data, and recommendations from the WHO and overseas authorities, and will review in a timely manner whether there is significant scientific information to recommend RSV vaccinations for all elderly persons and pregnant women from a public health perspective.

RSV causes respiratory tract diseases such as infection of the airway, lungs and middle ear. It is transmitted by direct contact with infectious secretions or by droplets spread, or indirectly through contaminated hands, eating utensils or objects contaminated by nasal or throat discharges of an infected person.

Local surveillance data collected by the CHP showed that RSV infection occurs throughout the year, with seasonal increases from May to September in some years and irregular fluctuations in others. The RSV-associated hospital admission cases in public hospitals were mainly among children aged under 5 years (especially infants aged 6 months or below), followed by the elderly (especially elderly aged 75 years or above and residents of residential care homes for the elderly). RSV-associated mortality mainly affected the elderly, which is similar to rates reported overseas. Except for children under 5, the overall rate of RSV-associated hospital admission for other age groups is about 40 per cent of that for seasonal influenza.

The recommendations of the SCVPD have been uploaded on the CHP website for public review.