

Update on monitoring COVID-19 vaccination

In the preceding week till 11.59pm on July 17, the Department of Health (DH) received 17 reports (Note 1) of adverse events following COVID-19 immunisation. No death cases were reported by the Hospital Authority (HA) involving individuals who had received vaccines within 14 days before they passed away and had potential association with vaccination.

As at 8pm on July 17, around 17.91 million doses of COVID-19 vaccines had been administered for members of the public. Around 6.76 million people had received at least one dose of vaccine, including 94.0 per cent of the population aged 12 or above. The DH received 7 790 reports of adverse events (0.04 per cent of the total vaccine doses administered). Among the death cases concerning persons who had been vaccinated, including 119 cases (Note 2) with vaccination within 14 days before they passed away (0.0007 per cent of the total vaccine doses administered), none of the death cases were associated with vaccination.

As of today, the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation had concluded that 72 death cases had no causal relationship with vaccination, while for one case the causal relationship with vaccination could not be established, and preliminarily considered that 11 cases were not associated with vaccination. Thirty-five cases are still pending further information for assessment. The Expert Committee considered that there is no unusual pattern identified so far, and will continue to closely monitor the relevant situation and collect data for assessment.

According to information from the HA, during the period from June 20 to July 17, the overall ratio of death cases was 43.8 cases for every 100 000 people, whereas the average ratio of death cases for the same period in 2018 to 2020 was 42.4 cases for every 100 000 people. Among these death cases, the ratio of death cases with acute stroke or acute myocardial infarction was 2.1 cases for every 100 000 people, whereas the average ratio of death cases under the same category for the same period in 2018 to 2020 was 2.5 cases for every 100 000 people. Furthermore, the ratio of miscarriage cases was 14.1 cases for every 100 000 people, whereas the average ratio of miscarriage cases for the same period in 2018 to 2020 was 21.7 cases for every 100 000 people. Based on the statistical analysis of the above figures, there is no evidence that vaccination increases the risk of death or miscarriage for recipients. The relevant reference statistics will be uploaded to the thematic website for the COVID-19 Vaccination Programme.

The majority of non-death cases of adverse events received so far are relatively minor cases. The relevant details can be found in the "Report on the Safety Monitoring of COVID-19 Vaccines in Hong Kong" (www.drugoffice.gov.hk/eps/do/en/doc/Safety_Monitoring_of_COVID-19_Vaccines_in_Hong_Kong.pdf).

A Government spokesman said, "With more frequent traffic and social interactions recently, there has been an upward trend in daily new cases. The Hong Kong community must prudently guard against the risk of an epidemic rebound. Deaths and severe cases involving children and elderly persons, who are our focus of protection in vaccination, have been recorded in the fifth wave of the epidemic. For elderly persons, the COVID-19 vaccination rate for the elderly aged 80 or above in Hong Kong is only around 69 per cent at present, meaning that around 31 per cent of the elderly in that age group are in a dangerous situation, which is alarming.

"According to preliminary data analysis, out of the cases reported in the fifth wave, over 95 per cent of the fatal cases are elderly people aged 60 or above, with the proportion of death and hospitalised cases being the highest in those aged 80 or above. Most of the deceased cases are unvaccinated persons. As compared to the Hong Kong overall population, those who have received three doses of vaccine account for a much lower proportion among reported cases, and an extremely low proportion among the hospitalised critical/serious and deceased cases. This demonstrates the effectiveness of three doses of vaccine in preventing infection, serious illness and fatality from COVID-19. Even with just the first dose of vaccine, the risk of death can be significantly reduced. The latest research data from the University of Hong Kong also shows that receiving three doses of either the Comirnaty or CoronaVac vaccine is highly effective for preventing severe cases and deaths with over 90 per cent effectiveness. Members of the public who are currently eligible for a third dose should get the third dose as soon as possible.

"Furthermore, in response to the latest advice from experts, we have started the administration of the fourth vaccine dose for persons aged 60 or above who have received three doses of the Comirnaty or CoronaVac vaccine. They may receive the fourth dose no less than three months after their last dose. For persons aged 18 to 59 with a higher risk of COVID-19 exposure, or a greater risk of COVID-19 exposure and transmission because of their occupational setting, they may choose to receive a fourth dose no less than six months from their third dose. Members of the public may also receive a fourth dose due to personal needs (such as studying abroad or travelling). On the other hand, the minimum age for receiving the CoronaVac vaccine has been lowered to 3 years old, while the minimum age for receiving the Comirnaty vaccine is 5 years old. We call on parents to arrange vaccination for their children as early as possible for better protection.

"In addition, the Government once again reminds members of the public that recovered persons who had been infected with COVID-19 should also get vaccinated in a timely manner. For the Vaccine Pass, the recovery record QR code is valid within 180 days (i.e. six months) from the date of recovery. Therefore, the recovery record QR codes of persons who recovered at the beginning of this year will gradually expire. At that time, the recovered person may need to receive one more dose of COVID-19 vaccine to comply with the Vaccine Pass, or update their vaccination records. Specifically, recovered persons who had not received or had only received one dose of vaccine are required to receive an additional dose (first or second dose) of vaccine before their recovery record QR codes expire, in order to continue to

use the Vaccine Pass. As for recovered persons who had received two or more doses of vaccine, they should update their vaccination records through the Electronic Vaccination and Testing Record System (www.evt.gov.hk), the 'iAM Smart' or 'eHealth' mobile applications before their recovery record QR codes expire, in order to continue to use the Vaccine Pass."

Note 1: Provisional figures. In the preceding week till 11.59pm on July 17, the DH did not receive any reports of suspected myocarditis or pericarditis involving adolescents in the age group of 3 to 15.

Note 2: In the preceding week till 11.59pm on July 17, the DH received two death reports involving individuals who had received COVID-19 vaccination within 14 days before passing away. The cases involved two males aged 62 and 98. There is no clinical evidence that the incidents arose from vaccination.