

Briefing Session on

Recommendations on Seasonal Influenza Vaccination and Pneumococcal Vaccination, Vaccination Subsidy Scheme (VSS) 2024/25 and Elderly Health Care Voucher Scheme (HCVS)

July 2024





Updates on Seasonal Influenza Vaccination and Pneumococcal Vaccination

July 2024



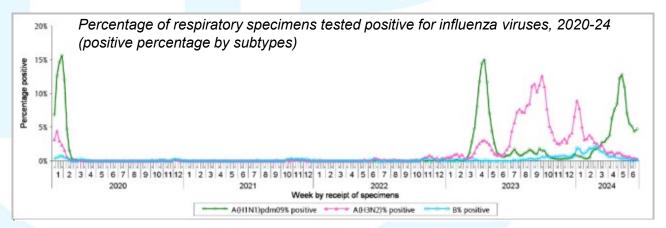
Outline

- 1. Summary of local situation of influenza activity
- 2. Priority groups for SIV
- Recommendation on seasonal influenza vaccination for 2024-
- 4. Recommendation on pneumococcal vaccination
- 5. More Information





- Hong Kong has entered winter influenza season since early January this year.
- Hong Kong is currently still in influenza season. The latest surveillance data showed that influenza-associated hospitalisation rate remained higher than baseline level
- Seasonal influenza virus strains detected in Hong Kong include influenza A(H1), influenza A(H3) and influenza B viruses, and they are typically more active during influenza seasons. The influenza season in Hong Kong usually lasts for 8 to 12 weeks while the duration would be prolonged when there is a transition of the dominating virus strain.



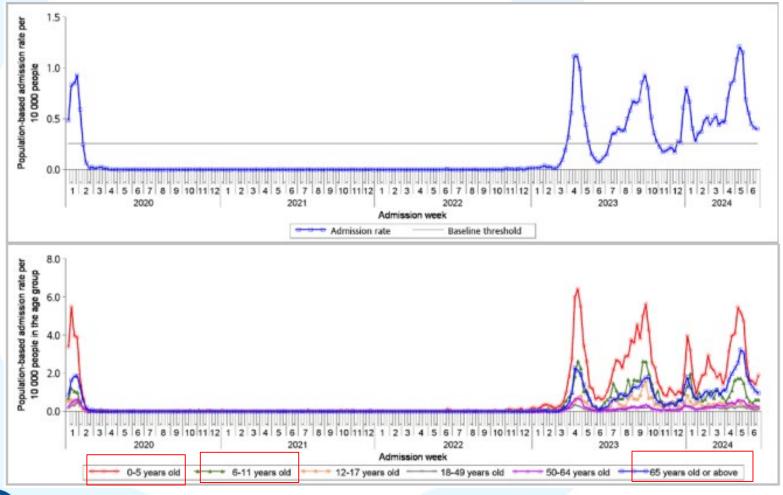


Reference:

COVID-19 & Flu Express (https://www.chp.gov.hk/files/pdf/covid_flux_week25_27_6_2024_eng.pdf)



Influenza-associated hospital admission rates in public hospitals, 2020-24



Department of Health

Influenza-like illness outbreak in schools/ institutions (as of 26Jun2024)

585 outbreaks recorded in 2023-24 season

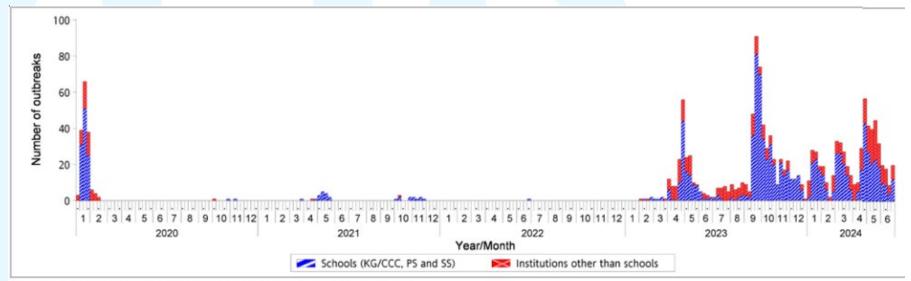


Figure 2.3 ILI outbreaks in schools/institutions, 2020-24





- 1048 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 704 of them were fatal
- Majority of severe cases were elderly of 65 year old or above
- Majority of severe cases did not receive the 2023/24 SIV

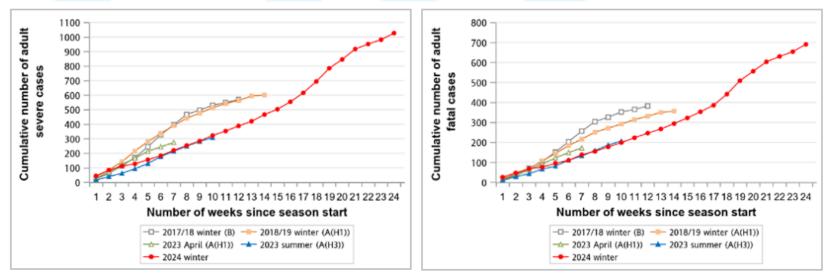


Figure 2.12 Cumulative numbers of adult severe influenza cases reported during major influenza seasons, 2018–19 and 2023–24 (left: ICU admission/death cases; right: deaths)

Note: The predominating virus was shown in bracket.



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2. Priority groups for SIV

In 2024-25, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) recommends the following priority groups for seasonal influenza vaccination:

- 1) Health Care Workers [including care workers in Residential Care Homes for the Elderly (RCHE) or Residential Care Homes for Persons with Disabilities (RCHD) and laboratory personnel handling influenza virus specimens]
- 2) Persons aged 50 years or above
- 3) Pregnant women
- 4) Residents of Residential Care Homes (such as RCHE or RCHD)
- 5) Persons with chronic medical problems
- 6) Children aged six months to under 18 Years
- 7) Poultry Workers
- 8) Pig Farmers and Pig-slaughtering Industry Personnel





Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination For the 2024-25 Season in Hong Kong (As of 21 March 2024)

Introduction

Seasonal influenza causes a significant disease burden in Hong Kong Since 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) reviews the scientific evidence on Vaccine influenza vaccination and makes recommendations to influenza vaccination in Hong Kong annually. This document sets out the scientific evidence, local data as well as overease practices, and provides recommendations in relation to seasonal influenza vaccination in Hong Kong for the 2004-25 season.

Summary of Global Influenza Activity

According to World Health Cygnization (WHU)'s significant seasonal influenza activity political in February 2014, influenza activity was reported in all regions from September 2023 through Jianury 2024, and the overall activity was similar compared to the same period in 2023. The predominating viruses varied among regions and between countries, Globally, influenza Avital selections outstumbered those of influenza B. Influenza A(HIN) plum09 and A(HIN2) viruses were detected more frequently in the Americas and South Asia. Influenza A(HIN1) plum09 and A(HIN2) viruses co-circulated in West Asia and A(HIN2) viruses predominated elsewhere in Asia. Empera and Africa reported similar proportions of A(HIN1) plum09 and A(HIN2) viruses with some variation among regions. A predominance of A(HINN) plum09 and A(HINN2) viruses with some variation among regions. A predominance of A(HINN2) viruses with some variation among regions. A predominance of A(HINN2) viruses.



https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2024_25_season_in_hong_kong_21mar.pdf



Vaccine types:

- Inactivated influenza vaccine (IIV), live attenuated influenza vaccine (LAIV) and recombinant influenza vaccine (RIV) are recommended for use in Hong Kong by SCVPD
- Those vaccine-naïve children aged below 9 years, two doses of SIV with an interval of at least four weeks are required





Vaccine composition

 Follows the recommendations by the WHO for the 2024-25 Northern Hemisphere influenza season

	Quadrivalent vaccine	Trivalent vaccine
Egg-based vaccines	 A/Victoria/4897/2022 (H1N1)pdm09-like virus A/Thailand/8/2022 (H3N2)-like virus B/Austria/1359417/2021 (B/Victoria lineage)-like virus B/Phuket/3073/2013 (B/Yamagata lineage)-like virus 	 A/Victoria/4897/2022 (H1N1)pdm09-like virus A/Thailand/8/2022 (H3N2)-like virus B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Given *B/Yamagata lineage* viruses are no longer circulating in the population, both trivalent and quadrivalent vaccines could be used in 2024-25 season





Indications

 Recommended for people aged 6 months or above, including healthy people and those with chronic medical problems

Contraindications

 Contraindicated in those with history of severe allergic reaction to any vaccine components or a previous dose of any influenza vaccine

Precautions

- Individuals with mild egg allergy who are considering influenza vaccination can be given SIVs in primary care settings
- Individuals with a history of anaphylaxis to egg should have SIVs administered by health care professionals in appropriate medical facilities with capacity to recognize and manage severe allergic reactions
- Special precautions should be taken for individuals with bleeding disorders or on anticoagulants
- If individuals suffer from fever on the day of vaccination, the vaccination should be deferred till recovery

LAIV

Indications

 It can be used for people aged 2 to 49 years except those who are pregnant, immunocompromised or with other contraindications

Contraindications

- History of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine
- Concomitant aspirin or salicylate-containing therapy in children and adolescents
- Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 month**

^{**} The UK recommended the use of IIV instead of LAIV for children with increased wheezing and/or needed additional bronchodilator treatment in previous 72 hours. Also, specialist advice should be sought on giving LAIV for children who require regular oral steroid for maintenance of asthma control or who have previously required intensive care for asthmatic attack. Canada recommended that individuals with severe asthma (currently on oral or high-dose inhaled glucocorticosteroids or active wheezing) or those with medically attended wheezing in the 7 days prior to vaccination should not use LAIV.

LAIV

Contraindications (cont'd)

- Children* and adults who are immunocompromised due to any cause
- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
- Pregnant women
- Persons with receipt of influenza antiviral medication within previous 48 hours

Precautions

- Individuals with mild egg allergy who are considering an influenza vaccination can be given SIVs in primary care settings
- Individuals with a history of anaphylaxis to egg should have SIV administered by health care professionals in appropriate medical facilities with capacity to recognize and manage severe allergic reactions

*According to Canadian guidelines, intramuscular influenza vaccination is the standard for children living with HIV. LAIV may be considered as an option for children 2-17 years of age with stable HIV infection on highly active antiretroviral therapy (HAART) and adequate immune function, and the decision should be made on a case-by-case basis.



RIV

- RIV contains haemagglutinin (a surface protein of influenza virus) that is produced by recombinant technology. RIV contains no egg protein.
- When available, RIV which may offer improved protection against influenza illness in older adults is preferred for older adults living in residential care homes.

Indications

RIV can be used for people aged 18 years or above

Contraindications

Hypersensitivity to any vaccine component of the RIV.

Precautions

- Special precautions should be taken for individuals with bleeding disorders or on anticoagulants
- If individuals suffer from fever on the day of vaccination, the vaccination should be deferred till recovery





Injection interval between influenza vaccines and COVID-19 vaccines

- COVID-19 vaccines can be co-administered with SIV on the same visit under informed consent for administrative convenience and achieving better coverage
- The same principle would also apply to similar settings including residential care homes





滅活流感疫苗、滅活流感疫苗和重組流感疫苗都是有效預防流感的疫苗, 均獲「疫苗可預防疾病科學委員會」建議在香港使用。			
	滅活流感疫苗	減活流感疫苗	重組流感疫苗
適用年散	六個月或以上	兩歲至四十九歲	十八歲或以上
接種方式	肌肉注射 (部分可作皮下注射)	噴鼻	肌肉注射
疫苗組合	●含已滅活(被殺死)流感病毒		基因重組技術製造・製作過程 不涉及蛋或流瘀病毒
接種時間表	 ● 按極疫苗後身體約無兩星期產生抗體來預防治感病毒 ● 每年接種一次(建議在冬季流感季節前),為冬季及夏季流感季節提供保護 ◆九歲以上人士:一則 ◆九歲以上人士:一則 ◆九歲以上的兒童: ○ 如過社普接種流感疫苗,本季度只須接種一則 ○ 首次接種,要接種兩期,並相關至少四星期 		
與其他疫苗 接種須知*	● 可於同日或相隔任何時間接種	● 其他滅活疫苗: 相隔至少四星期接種	可於同日或相隔任何時間接租
	● 如同日接種: 其他疫苗應於不同部位接種	● 其他滅活疫苗: 沒有限制・可於同日或相隔 任何時間接種	● 如同日接種: 其他疫苗應於不同部位接種
	*在知情同意下,2019冠狀病毒病疫苗和流感疫苗可於同一到訪期間接種。		一到訪期間接種。
對雞蛋敏感的人士	● 一般情況下能安全接種● 輕度過敏:可於基層醫療場所指● 嚴重過敏:應由專業醫療人員適當醫療場所內接	E能識別及處理嚴重敏感反應的	● 不含難蛋白質・一般情況 能安全接種
禁忌症 (不適宜接種 的情況) **	● 對任何疫苗成分或接種任何 流感疫苗後曾出現嚴重過數 反應 ● 出血病症患者或服用抗凝血	● 對任何疫苗成分或接種任何 流感疫苗後曾出現嚴重過敏 反應 ● 正服用阿士匹靈或念水機酸	● 對任何重組流感疫苗成分自 出現過敏反應 ● 出血病症患者或服用抗凝血
	刺的人士,應請教醫生	鹽藥物的兒童和青少年 ● 患有酵腦或在過去12個月內曾	剩的人士·應請教醫生
		患上喘鳴的兩歲至四歲兒童每因任何原因導致免疫功能減弱的人士	
		免疫系統嚴重受抑制而需在 受保護的環境下接受護理的 人士之緊密接觸者和照顧者懷孕	
		● 在過去48小時曾服用流感抗 病毒藥物	
**如發燒,可延遲至病癒後才接種疫苗。			
可能出現的 副作用***	● 局部反應:	● 鼻塞或流鼻水	● 局部反應:
	0 痛楚	● 發燒	0 痛楚
	○ 紅腫● 其他反應:	● 喉籠痛● 増加喘鳴的風險	● 其他反應:
	● 兵他及隊 ·	(五歲以下的兒童患上反覆	○ 頭痛
	O疲倦	酬鳴或任何年齡的隊酬患者)	O疲倦
	O肌肉疼痛		o 肌肉疼痛
			o 關節痛

以上資訊只供參考。有意接種流感疫苗的人士,請向家庭醫生查詢



https://www.chp.gov.hk/files/pdf/seas onal_influenza_vaccination_pamphle t_tc.pdf





- The Scientific Committee on Vaccine Preventable Diseases (SCVPD) has updated the recommendations on the use of 15-valent pneumococcal conjugate vaccine (PCV15) and 20-valent pneumococcal conjugate vaccine (PCV20) in Hong Kong on 27 September 2023.
- The recommendations by the SCVPD and the relevant press release are available on the following website:
 - Recommendations on the use of PCV15 and PCV20 in Hong Kong (As of 27 September 2023):
 https://www.chp.gov.hk/files/pdf/recommendations_on_the_use_of_15valent_pne_umococcal_conjugate_vaccine_and_20valent_pneumococcal_conjugate_vaccine_in_hong_kong_27sep.pdf
 - Press release: https://www.info.gov.hk/gia/general/202309/27/P2023092700607.htm





The following updated recommendations are highlighted for information:

- Available immunogenicity data from overseas clinical trials in children and adults showed that PCV15 generally met the non-inferior criteria compared to PCV13, with consistently higher immunogenicity against serotype 3. PCV20, when compared with PCV13 in adults and children, has generally lower immunogenicity, including those against serotype 3. There is no vaccine efficacy or real world vaccine effectiveness data available for both PCV15 and PCV20.
- The safety and reactogenicity profile of PCV15 and PCV20 is generally comparable to PCV13, when given alone or in series with 23vPPV (for PCV13/15), according to available clinical trials.





The following updated recommendations are highlighted for information:

- Taking into consideration the local epidemiology and available scientific evidence, the SCVPD recommended to replace PCV13 with PCV15 under both the Hong Kong Childhood Immunisation Programme (HKCIP) and the Government Pneumococcal Vaccination Programme.
- Related immunisation schedules in children and high-risk individuals would remain unchanged. PCV15 can be used as a direct replacement for PCV13 at any point during the course of immunisation.
- For PCV20, individuals may choose to receive the vaccine to protect themselves against invasive pneumococcal disease following manufacturer's recommendation and upon discussion with healthcare professionals.





	Age 65 years and above
Without high risk conditions [^]	Either a single dose of PCV15 / PCV13 or a single dose of 23vPPV**
Individuals with high risk conditions who have not received any pneumococcal vaccines	One dose of PCV15 / PCV13 followed by one dose of 23vPPV 1 year later
Individuals with high risk conditions^ who have received 23vPPV	Single dose of PCV15 / PCV13 1 year after previous 23vPPV vaccination
Individuals with high risk conditions who have received PCV15 / PCV13	Single dose of 23vPPV 1 year after previous PCV15 / PCV13 vaccination



^{**}For persons without high risk conditions, PCV15 / PCV13 is not subsidised under Vaccination Subsidy Scheme.

^High risk conditions include the following:

- (a) History of invasive pneumococcal disease
- (b) Immunocompromised states:
 - Asplenia, HIV/AIDS, primary immunodeficiency
 - Immunodeficiencies related to malignancy and transplantation
 - Immunodeficiencies related to use of immunosuppressive drugs / systemic steroid
- (c) Chronic disease:
 - Chronic cardiac, pulmonary, liver or renal disease
 - Diabetes mellitus or Cerebrospinal fluid leakage
- (d) With cochlear implants

(Essential hypertension per se is not considered as a high risk condition)

Different factors such as age and clinical condition may affect the risk of pneumococcal disease. Patients with high-risk conditions should discuss with their attending doctors on the most appropriate vaccination regimen.





Under the Government Vaccination Programme and Vaccination Subsidy Scheme, aside from the above list of high-risk conditions, elderly 65 years or above with chronic metabolic diseases, obesity (BMI 30 or above), chronic neurological conditions or those with financial difficulties are eligible for free/subsidised pneumococcal vaccination.





5. More Information

- CHP website Vaccination Schemes https://www.chp.gov.hk/en/features/17980.html
- Recommendations on Seasonal Influenza Vaccination for the 2024-25 Season (March 2024) of the Scientific Committee on Vaccine Preventable Diseases
 https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2024_25_season_in_hong_kong_21mar.pdf
- Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016) of the Scientific Committee on Vaccine Preventable Diseases http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf
- Recommendations on the use of 15-valent Pneumococcal Conjugate Vaccine (PCV15) and 20-valent Pneumococcal Conjugate Vaccine (PCV20) in Hong Kong (As of 27 September 2023)
 https://www.chp.gov.hk/files/pdf/recommendations_on_the_use_of_15valent_pneumococcal_conjugate_vaccine_in_hong_kong_27sep.pdf
- COVID-19 & Flu Express https://www.chp.gov.hk/en/resources/29/100148.html





5. More Information

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Thank You



