

立法會
Legislative Council

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(These minutes have been
seen by the Administration)

Panel on Health Services

**Minutes of special meeting
held on Wednesday, 10 June 2009, at 8:30 am
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon Joseph LEE Kok-long, JP (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Albert HO Chun-yan
Hon Fred LI Wah-ming, JP
Hon Andrew CHENG Kar-foo
Hon Audrey EU Yuet-mee, SC, JP
Hon Vincent FANG Kang, SBS, JP
Hon Alan LEONG Kah-kit, SC
Hon CHAN Hak-kan
Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou
- Member attending** : Hon WONG Kwok-hing, MH
- Members absent** : Hon Albert CHAN Wai-yip
Hon Cyd HO Sau-lan
- Public Officers attending** : Item I

Dr York CHOW, SBS, JP
Secretary for Food and Health

Mr Patrick NIP, JP
Deputy Secretary for Food and Health (Health)1

Dr P Y LAM, JP
Director of Health

Dr Thomas TSANG
Controller, Centre for Health Protection

Dr P Y LEUNG
Director (Quality & Safety)
Hospital Authority

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)7

Ms Sandy HAU
Legislative Assistant (2)5

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I. Vaccination programme: Human swine influenza, pneumococcal and seasonal influenza

Secretary for Food and Health (SFH) briefed Members on the Administration's proposal to create a new commitment of \$968 million to meet an one one-off non-recurrent human swine influenza (HSI) vaccines and injections expenditure and the annual seasonal influenza and pneumococcal vaccines and injections expenditure for 2009-2010, details of which were set out in the Legislative Council (LegCo) Brief entitled "Vaccination programme, HSI, pneumococcal and seasonal influenza" tabled at the meeting. The Administration intended to seek funding support on the proposed vaccination programme from the Finance Committee (FC) of LegCo on 19 June 2009.

Need for early procurement of HSI vaccines

2. Ms Audrey EU questioned the Administration's plan to seek funding support from FC on 19 June 2009 to procure the HSI vaccines when it was uncertain whether and how the virus would mutate as the epidemic evolved and that the vaccines being developed had yet to obtain approval from overseas drug authorities such as those of the United States (US) and the European Union (EU).

3. Mr Vincent FANG expressed similar concern, as according to paragraph 9 of the LegCo Brief, Hong Kong might be required to pay a deposit which was not refundable and that it was possible that the manufacturers would require full payment to be made before delivery.

4. SFH responded that answers on whether the HSI virus would remain mild, or would become more virulent or severe, and when the HSI vaccines

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would obtain regulatory approval would not become available within a short time. However, as the some 30 vaccine manufacturers worldwide could only produce the HSI vaccines to meet the demand of some 5% of the world population, and as Hong Kong did not have the capability and capacity of manufacturing vaccines, taking an early decision was the only way that Hong Kong could secure adequate supply of vaccines as international demand was becoming strong. Although regulatory approval of the HSI vaccines was still outstanding, the order to be placed by the Government, through tendering, would include safeguard clauses to require eventual approval of the vaccines from overseas drug authorities such as those of the US and/or EU. SFH further said that the Administration was presently gathering facts from several manufacturers on the quality, availability and price of the HSI vaccines.

5. Mr Fred LI opined that for the Administration to procure five million doses of HSI vaccines at this stage was tantamount to gambling, as it was uncertain whether HSI would be the predominant influenza in the coming influenza season and that the risk of adverse vaccine effects was yet unclear.

6. SFH responded that securing HSI vaccines for the coming influenza season was not betting on public health. The Scientific Committees of the Centre for Health Protection (CHP), which comprised local experts in the field, had held discussions on the need to vaccinate members of the public against HSI. Based on current scientific information, the Scientific Committees recommended that the four target groups, i.e. healthcare workers in both the public and private sectors, children aged six months or above and below six years old, elderly persons aged 65 and above, and persons at higher risk of death and complications from HSI due to pre-existing medical conditions, should receive HSI vaccines as and when the vaccines became available. Although it was uncertain whether HSI would be the predominant influenza in the coming influenza season in Hong Kong, it should be noted that the HSI virus presently already comprised some 70% to 80% of the circulating virus in North America. On this basis, it was incumbent upon the Administration to secure adequate supply of HSI vaccines to prepare for the worst scenario.

7. In response to Dr PAN Pey-chyou's enquiry on the extent to which people with pre-existing medical conditions would be at a higher risk of deaths and complications from HSI, Controller, CHP said that overseas literature showed that the overall fatality rate from HSI was appropriately one per 1 000, but higher among persons with pre-existing medical conditions.

8. Dr LEUNG Ka-lau expressed concern that many of the five million doses of HSI vaccines would not be used, as HSI remained mild and that the number of people receiving seasonal influenza vaccination in Hong Kong each year was far lower than the number of recipients set out in the Appendix to the LegCo Brief.

9. Director of Health responded that research studies suggested that seasonal influenza (of different variety of various strain and type from season to

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season) accounted for about 1 000 deaths in Hong Kong every year. However, even if the severity of HSI remained similar to seasonal influenza, it was as yet unclear if hospitalisation needs and deaths arising from it would substitute or add to that of seasonal influenza, particularly for the coming influenza peak. SFH also pointed out that the procurement of HSI vaccines should be one-off, as the seasonal influenza vaccines for the 2010-2011 season were likely to contain the HSI strain.

10. Mr WONG Kwok-hing said that the Administration should advance seeking funding support from FC to 12 June 2009, as it was reported that the World Health Organization would shortly raise the alert on HSI pandemic to the highest level at Phase 6. Mr WONG further asked whether Hong Kong would procure the HSI vaccines from the Mainland manufacturers.

11. SFH responded that to seek funding approval from FC on 12 June 2009 would not allow sufficient time for FC members to study the proposal. SFH further said that the Government had already activated the Emergency Response Level under the Preparedness Plan for Pandemic Influenza in Hong Kong upon confirmation of an imported case of human swine influenza infection in Hong Kong on 1 May 2009. On procuring HSI vaccines from the Mainland, SFH said that the Administration would consider doing so if the vaccines could meet the criteria of efficacy and safety and could become available in time for the coming influenza season in Hong Kong.

12. In response to Mr Andrew CHENG's suggestion on procuring HSI vaccines from more sources to ensure availability and best price, SFH advised that decision on whether to procure from more than one vaccine manufacturers would depend on how best the vaccines they supplied could meet the criteria of efficacy, safety and time of delivery, i.e. before the start of the coming influenza season at end 2009/early 2010. Controller, CHP supplemented that although vaccine manufacturers would conduct clinical trials on the prototype of the HSI vaccines, rare but severe vaccine adverse reactions might not be apparent in clinical trials until mass vaccination was administered. Possible side effects included the Guillain-Barre Syndrome (GBS) which could cause paralysis sometimes in permanent disability.

13. Mr Andrew CHENG requested the Administration to provide the following information before submitting its funding proposal to FC for approval on 19 June 2009 -

- (a) measures to safeguard that the HSI vaccines to be procured were effective, safe and reasonably priced; and
- (b) arrangements on vaccinating all elderly persons aged 65 and above.

SFH agreed to provide information on item (a). As regards item (b), SFH said that the Administration would provide its idea on vaccinating all elderly persons aged 65 and above, and not the arrangements, as the Administration had yet to

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discuss with the private medical sector on doing so.

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14. Dr LEUNG Ka-lau also requested the Administration to provide its assessment of the usage of the vaccines proposed to be procured in its funding proposal to FC on 19 June 2009. In response, SFH said that the Administration would strive to provide such information.

Implementation of HSI vaccination

15. Mr Andrew CHENG welcomed the Administration's plan to provide HSI vaccination to all elderly persons aged 65 and above free of charge and to expand the Government Influenza Vaccination Programme (GIVP) to provide pneumococcal and seasonal influenza vaccinations to elderly persons aged 65 and above not receiving Comprehensive Social Security Assistance (CSSA) free of charge. Noting from the Appendix to the LegCo Brief that the number of elderly persons aged 65 and above was 886 000, it was necessary for the Administration to report to this Panel on how it would ensure smooth implementation of HSI, seasonal influenza and pneumococcal vaccinations to this target group in due course.

16. SFH responded that it was the Administration's intention to brief the Panel on the implementation details of HSI, pneumococcal and seasonal influenza vaccinations in October 2009, if the proposal was approved by FC on 19 June 2009.

17. Mr Fred LI expressed concern about how the Administration could ensure that all 886 000 elderly persons aged 65 and above would receive HSI, pneumococcal and seasonal influenza vaccinations in the coming influenza season, having regard to the large number of elderly persons involved.

18. SFH responded that the Administration would discuss with the private medical sector on providing HSI vaccination to elderly persons aged 65 and above, albeit the vaccination would principally be administered by public hospitals and clinics, and on providing pneumococcal and seasonal influenza vaccinations to elderly persons aged 65 and above not on CSSA. If that was not possible, the Hospital Authority (HA) and the Department of Health (DH) would take up the task. Where necessary, assistance from agencies, such as the Auxiliary Medical Service, would be enlisted.

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19. Mr Fred LI asked about the numbers of elderly persons aged 65 and above who had and had not received free seasonal influenza vaccinations at public hospitals and clinics under the GIVP in the past few years. Controller, CHP undertook to provide the information after the meeting.

20. In response to the Chairman's enquiry on the arrangement for administering the HSI, pneumococcal and seasonal influenza vaccines to the elderly, SFH advised that pneumococcal and seasonal influenza vaccinations could be administered at the same time, whereas HSI vaccination would be

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administered separately. As two doses of HSI vaccines were recommended for each person, the administration of each dose of HSI vaccine would be spaced out from between several weeks to up to two to three months.

21. Mr Andrew CHENG asked whether consideration could be given to deploying the unused HSI vaccines for use by people not in the four target groups. SFH responded that the unused vaccines could be deployed for use by persons outside the target groups who wished to receive vaccination at their own cost.

22. Mr Vincent FANG noted that one million doses of HSI vaccines would be released to the private sector on a cost recovery basis to cater for demand of persons outside the target group who wished to receive vaccination at their own cost. Mr FANG asked the Administration whether consideration would be given to fixing a price which the private sector could charge for each vaccination.

23. SFH responded that the Administration had met with the private sector on 9 June 2009 to brief them on its plan to release one million doses of HSI vaccines to the private sector on a cost recovery basis to cater for demand of persons outside the target group who wished to receive vaccination at their own cost. The private sector had been advised to make their vaccination cost transparent and reasonable. If the vaccination cost charged by the private sector was high, HA and DH would not rule out administering the HSI vaccination to persons outside the target groups on a cost recovery basis.

Risks involved for HSI vaccines

24. Dr PAN Pey-chyou said that the incidence of GBS in Hong Kong was one to two per 100 000 people on average each year. Noting that possible side effects of people receiving HSI vaccines included GBS which could cause paralysis sometimes in permanent disability, Dr PAN sought more information in this regard. Mr Alan LEONG raised a similar question.

25. Controller, CHP advised that overseas literature revealed that seasonal influenza vaccination might be associated with an excess incidence of GBS of one per one million among vaccinees. During the swine flu outbreak at Fort Dix in US in 1976, a higher incidence (up to 10 times) of GBS was observed among persons receiving swine flu vaccines compared with those who did not, though a causal relationship remained controversial. Experts of the Scientific Committees of CHP noted that modern HSI vaccine preparations should be safer as they used a much lower dose of swine flu antigen than the 1976 vaccine. Controller, CHP further said that it was precisely the potential risks involved for HSI vaccines that the Scientific Committees did not recommend that every one in Hong Kong should receive HSI vaccination. CHP would closely monitor the effects of HSI vaccines in the course of administering the vaccination.

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26. The Chairman requested the Administration to provide more details on the risks involved for receiving HSI vaccines, as well as the risks to the four target groups not receiving HSI vaccines, in its funding proposal to FC. SFH agreed to do so as far as practicable.

27. Dr LEUNG Ka-lau also requested the Administration to provide him with the following information -

- (a) detailed analysis made by the Scientific Committees of CHP in coming up with their recommendations to the Administration on the vaccination programme for the coming influenza season; and
- (b) average percentage of healthcare workers in both the public and private sectors who had received seasonal influenza vaccination in the past.

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SFH agreed to provide information on item (a) as far as possible after the meeting. As regards item (b), Controller, CHP agreed to provide the information after the meeting. In the meantime, he advised that some 50% to 60% of healthcare workers at HA and DH received seasonal influenza vaccination each year.

28. In response to Mr Alan LEONG's enquiry on which other overseas jurisdictions had plan to launch such large scale HSI vaccination as in Hong Kong, SFH advised that they included Switzerland, US, France, Germany, Singapore and the Mainland.

Conclusion

29. In closing, the Chairman said that members did not object to the Administration's plan to proceed with seeking funding approval from FC on the proposal on 19 June 2009. Members however considered it necessary for the Administration to provide the information mentioned in paragraphs 13 and 26 above.

30. There being no other business, the meeting ended at 9:50 am.

Council Business Division 2
Legislative Council Secretariat
24 June 2009