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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the special meeting on 31 March 2009**

Childhood Immunisation Programme

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the Childhood Immunisation Programme (CIP).

Background

2. Immunisation against various infectious diseases for infants and children in Hong Kong has been introduced since 1950s. The current CIP comprises vaccines against nine infectious diseases, namely, tuberculosis, poliomyelitis, diphtheria, whooping cough (pertussis), tetanus, measles, hepatitis B, mumps and rubella.

3. Family Health Service (FHS) of the Department of Health (DH) provides free vaccination to children under the age of five through 31 Maternal and Child Health Centres. School Immunisation Teams visit all primary schools to provide vaccination to primary one to primary six students. Some children are vaccinated by their family doctors in the private sector, from whom they may also receive vaccines not covered by CIP at their own cost.

4. Data on immunisation coverage is collected at regular intervals from various parties, including public and private hospitals, public clinics, FHS and School Immunisation Teams of DH. DH also conducts regular surveys to estimate vaccine coverage of children aged two to five. The survey in 2006 showed that the overall vaccination coverage rates of CIP remain high at over 95%.

5. An Advisory Committee on Immunisation (ACI) was set up in 1992 under DH to review strategy on immunisation, advise the Director of Health on CIP and make recommendations on future directions of other immunisation programmes in Hong Kong. With the establishment of the Centre for Health Protection (CHP)

under DH in 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) was set up to succeed ACI. SCVPD closely monitors and reviews the latest position of the World Health Organisation on immunisation and vaccination, scientific developments and application of new vaccines, vaccine formulations and cost-effectiveness, changes in the global and local epidemiology of vaccine preventable diseases and the experiences of other health authorities. SCVPD will then make recommendations to DH on vaccination matters.

Past discussions

6. At the meeting on 16 June 2008, the Panel was briefed by the Administration on the latest position of its work to update CIP. Major views/concerns expressed by members and the Administration's responses are set out in the ensuing paragraphs.

7. Members noted that four childhood vaccines against pneumococcal infection, chickenpox, meningococcal infection and *Haemophilus Influenza* type B infection had been included in the CIP of developed countries such as the United Kingdom, the United States and Canada. Members asked why Hong Kong had not followed the practice of these countries.

8. The Administration advised that variations in CIP among different countries and places were to be expected because of locality specific epidemiological factors and circumstances. In particular, Asian countries often had a different profile of infectious diseases compared with Western countries. For Asian countries such as Japan, Republic of Korea and Singapore which were similar to Hong Kong in having lower incidence of these infections, the above vaccines were not included in their CIP. Generally, Hong Kong's immunisation programme was more comparable to those of its Asian neighbours than the Western countries.

9. The Administration further advised that CHP had commissioned in 2006, via the Research Council of the Research Fund for the Control of Infectious Diseases (RFCID), a local university to carry out a study to investigate the cost-benefit and cost-effectiveness of incorporating four childhood vaccines, i.e. pneumococcal conjugate vaccine, chickenpox vaccine, *Haemophilus influenzae* b vaccine, and hepatitis A vaccine, into CIP. The university had submitted the results of the study which were being reviewed by the Research Council of RFCID. Having regard to the findings of the study and the recommendations of SCVPD, the Government would determine whether changes should be made to CIP in the near future.

10. A question was raised as to whether the incidence of a disease had to reach a certain threshold before the Government would consider incorporating a new vaccine into CIP.

11. The Administration advised that in considering whether to include a new vaccine into CIP, DH would need to take into account a number of scientific factors, including incidence and mortality rates, disease burden, as well as the safety, efficacy and cost-effectiveness and supply of the vaccine. The acceptance of the vaccine by the public, the availability of other preventive measures and the administrative arrangements for vaccination were also important factors for consideration.

12. The Panel passed a motion requesting the Government to incorporate *Streptococcus pneumoniae* vaccine into CIP before the next influenza peak season; make public the report of the study to investigate the cost-benefit and cost-effectiveness of incorporating the four childhood vaccines into CIP and the recommendations of SCVPD; and put in place a review mechanism to ensure that CIP in Hong Kong keeps pace with the latest developments on immunisation and vaccination.

Recent development

13. Based on the recommendation of SCVPD, the Government has decided to incorporate pneumococcal conjugate vaccine into CIP in Hong Kong in October 2008. DH is working on the implementation details of the new initiative. It is expected that pneumococcal vaccination could be introduced into CIP in the third quarter of 2009.

Relevant papers

14. Members are invited to access the Legislative Council website (<http://www.legco.gov.hk>) for details of the relevant paper and minutes of the meeting.