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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the special meeting on 9 November 2009**

Seasonal influenza and pneumococcal vaccinations

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on seasonal influenza and pneumococcal vaccinations.

Background

2. Immunisation is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Immunisation against various infectious diseases for infants and children in Hong Kong has been introduced since 1950s. In 1992, an Advisory Committee on Immunisation (ACI) was set up under the Department of Health (DH) to review strategy on immunisation, give advice on Childhood Immunisation Programme (CIP) and make recommendations on future directions of other immunisation programmes in Hong Kong. Based on the recommendation of ACI, an annual free influenza vaccination programme, targeted at elders living in residential care homes, was also launched by DH in 1998. The coverage of this annual influenza vaccination programme was subsequently expanded and became known as the Government Influenza Vaccination Programme (GIVP).

3. 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 then makes recommendations to DH on vaccination matters.

Past discussions

Meeting on 16 June 2008

4. The Administration briefed the Panel on the latest position of its work to update CIP and GIVP. Members were advised that in keeping with recent developments in childhood vaccines not covered by CIP, CHP had commissioned in 2006, via the Research Council of the Research Fund for the Control of Infectious Diseases, a local university to carry out a study to investigate the cost-benefit and cost-effectiveness of incorporating four childhood vaccines (pneumococcal conjugate vaccine, chickenpox vaccine, *Haemophilus influenzae* b vaccine, and hepatitis A vaccine) into CIP. Having regard to the recommendations of SCVPD, the Government would determine whether changes should be made to CIP in the near future. Members were further advised that as SCVPD recommended extending influenza vaccination for 2008-2009 to children aged from two to five years, the Government was prepared to consider providing a subsidy to the target groups for getting the vaccination services from private doctors to ensure those who should receive flu vaccination would get the necessary services. In 2007-2008, GIVP provided free influenza vaccination to eight target groups, namely, institutional elders or disabled persons; healthcare workers of DH, Hospital Authority, other government departments, elderly homes and institutions for the disabled; poultry workers; persons who had chronic illness and were being followed-up at public clinics; elders aged 65 years or above receiving Comprehensive Social Security Assistance (CSSA); pregnant women receiving CSSA; and children aged six to 23 months who came from families receiving CSSA.

5. Some members, including Hon Andrew CHENG and Dr Hon Joseph LEE, urged the Administration to include the four childhood vaccines into CIP, having regard to the fact that many overseas developed countries had already done so.

6. 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; hence their immunisation programmes were understandably different. For example, the United Kingdom, the United States and Canada had included in their immunisation programmes vaccines against *Haemophilus Influenzae* type B infection and pneumococcal disease owing to high disease burden in these countries. For Asian countries such as Japan, Republic of Korea and Singapore which were similar to Hong Kong in having a lower incidence of these infections (the incidence of pneumococcal disease in western countries was about 10 times that in Hong Kong), the above vaccines were not included in their CIP. In considering whether to include a new vaccine in CIP, the Administration would take into account a number of important public health considerations based on established scientific criteria, such as disease burden, efficacy and safety of the vaccine, herd immunity, as well as cost-benefit and cost-effectiveness. Complexity of the logistical arrangements would not be factors for not incorporating the four childhood vaccines into CIP, if the incorporation was recommended by SCVPD.

7. Some members, including Hon Andrew CHENG, were of the view that GIVP should be expanded to provide free influenza vaccinations to all elders aged 65 and above.

8. The Administration advised that elderly persons not covered under GIVP were encouraged to seek medical advice from their doctors to receive influenza vaccination for individual protection and could also use the healthcare vouchers to purchase private vaccination services if considered necessary.

9. On the suggestion to cover needy children aged six to 11 years under GIVP, the Administration advised that there was no strong basis for doing so as SCVPD had not recommended children of this age group for receiving influenza vaccinations.

Meeting on 31 March 2009

10. The Administration advised the Panel of its plan to include pneumococcal vaccination in CIP. Free pneumococcal vaccinations would be provided to all children born on or after 1 July 2009 at the Maternal and Child Health Centres (MCHCs) of DH from 1 September 2009. Free pneumococcal vaccinations would also be provided to all children born between 1 September 2007 and 30 June 2009 under a one-off Catch-up Programme.

11. Members noted that the Administration was actively exploring the feasibility of recruiting extra manpower, such as staff members of the Auxiliary Medical Service (AMS), to provide inoculation service under the Catch-up Programme. Dr Hon LEUNG Ka-lau expressed concern as to whether staff members of AMS had the knowledge and skill to provide such service.

12. The Administration pointed out that many staff members of AMS were healthcare professionals. Staff members of AMS had all along been rendering assistance to DH in protecting public health. The fight against SARS in 2003 was a case in point. In the present case, staff members of AMS would be required to attend and pass a training course on providing vaccine injection to young children before they would be assigned to provide inoculation service under the Catch-up Programme at MCHCs.

13. Dr Hon LEUNG Ka-lau and Hon IP Kwok-him asked whether consideration could be given to subsidising children to receive pneumococcal vaccinations from private doctors.

14. The Administration advised that as most newborns in Hong Kong received their vaccinations under CIP at MCHCs, it was more straightforward and consistent if pneumococcal vaccinations were provided at MCHCs. To do otherwise would inevitably delay the provision of the services. This view was shared by paediatricians in the private sector. The Administration further advised that engaging the private sector participating in pneumococcal injection service might be more appropriately launched

following the implementation of the territory-wide electronic healthcare record sharing system.

Meeting on 10 June 2009

15. The Administration briefed members on its plans to expand GIVP to provide pneumococcal vaccination, in addition to existing seasonal flu vaccination, free of charge for elderly aged 65 and above at public hospitals and clinics. For those elderly aged 65 and above who were not on GIVP, they would receive pneumococcal and seasonal flu vaccinations in the private medical sector. The Administration would discuss with the private medical sector their participation in the vaccination programme besides the option of provision by the public sector. The Administration would also try to solicit the assistance of other agencies for delivering the vaccination. Unlike seasonal flu vaccine which had to be administered every year, one pneumococcal vaccination was effective for 10 years.

16. The Finance Committee of the Legislative Council (LegCo) approved the funding proposal for a sum of \$268 million to provide seasonal influenza and pneumococcal vaccinations for all elderly aged 65 and above on 19 June 2009.

Recent developments

17. The Administration advised the Panel on 16 October 2009 that GIVP would be extended and renamed as the "Government Vaccination Programme" (GVP) under which seasonal influenza and pneumococcal vaccinations would be provided to all eligible elders aged 65 and above. For elderly aged 65 and above who were not on GIVP, they could receive subsidised seasonal influenza and pneumococcal vaccinations from private doctors through the newly launched "Elderly Vaccination Subsidy Scheme". Under the scheme, the costs of vaccines and injection fees were subsidised. The subsidies to the costs of seasonal influenza vaccines and pneumococcal vaccines were \$80 and \$140 per dose respectively, and the subsidy for injection fee was \$50. Government subsidy for influenza vaccination would be provided between 19 October 2009 and 31 March 2010, while that for pneumococcal vaccination would be provided starting from 19 October 2009.

18. In view of the high rate of influenza-related hospitalisation and neurological complications in children, free vaccination will be provided to children between the age of six months and less than six years of families receiving CSSA through GVP from 19 October 2009 and 31 March 2010. In addition, the Government has put in place a "Childhood Influenza Vaccination Subsidy Scheme" to provide a subsidy of \$80 for children between the age of six months and less than six years to receive influenza vaccination from private doctors.

Relevant papers

19. Members are invited to access LegCo website (<http://www.legco.gov.hk>) for details of the relevant papers and minutes of the meetings.

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