



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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11 February 2010

Miss Mary SO  
Clerk to Panel on Health Services  
Legislative Council  
Legislative Council Building  
8 Jackson Road  
Central  
Hong Kong

Dear Miss SO,

**Meetings of Legislative Council Panel on Health Services  
on 14 December 2009 and 11 January 2010  
Human Swine Influenza Vaccination Programme**

At the meetings of the Legislative Council Panel on Health Services on 14 December 2009 and 11 January 2010, the Administration briefed Members about the Human Swine Influenza (HSI) Vaccination Programme. The Administration was requested to provide (a) information on measures taken by the Department of Health to ensure the safety, efficacy and quality of the HSI vaccine procured; (b) information on the mortality rate and recovery profile of Guillain-Barre Syndrome (GBS) cases in Hong Kong in the past years; and (c) the newsletter of Hospital Authority (HA) published on 8 January 2010 on the latest position on HSI. The Administration's response is as follows –

(a) Before using the HSI vaccine in Hong Kong, the Administration has ensured that the vaccine had been registered by the drug regulatory authority of France on 16 November 2009. In addition, before each batch of vaccine is supplied to Hong Kong, the manufacturer must provide a copy of the certificate of analysis of the batch concerned showing that it complies with the relevant quality requirements.

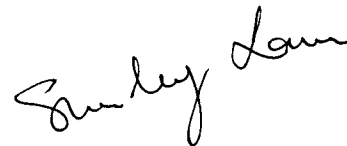
The Administration also notes that the World Health Organization has affirmed the safety and efficacy of HSI vaccines. Outcomes of studies completed to date suggest that HSI vaccines are as safe as seasonal influenza vaccines. As the HSI vaccine antigens match the HSI strain currently circulating well, it is anticipated that they would give at least the same amount of protection by the seasonal influenza vaccine (70-90% protection in healthy adults) or better.

The Government will continue to keep a close watch of the situation of the HSI vaccination and the possible side effects associated, and to inform the public of the details as and when necessary.

(b) Information about GBS cases in Hong Kong in 2008 to 2010 (as at 10 February 2010) is set out at Annex A.

(c) A copy of the newsletter of HA published on 8 January 2010 on the latest position on HSI is set out at Annex B.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Shirley Lam". The signature is written in a cursive, flowing style.

(Ms Shirley LAM)  
for Secretary for Food and Health

**Number of admitted cases has diagnosis code Guillain Barre Syndrome (GBS)  
(Admission Date between 01/01/2008 and 10/2/2010)**

	No. of Admitted cases has diagnosis code GBS	Discharged	Death		Not yet discharged
			Related to GBS	Unrelated to GBS	
2008	40	35	3	2	0
2009	50	43	1	2	4
2010	2	2	0	0	0

**Note :**

- (1) Amongst the 8 cases of death, the causes of death for 4 of them were directly attributed to GBS or as complications of GBS.
- (2) The other 4 deaths were not related to GBS.
- (3) The death rate possibly related to GBS was found as about 4% which is in line with the mortality rate (< 5%) reported in literature.

**Summary of total cases confirmed in HK**

Last week's summary ( 31st December 2009)

34,128

Total cases on 8<sup>th</sup> January 2010

34,454

The number of nH1N1 cases is now 34,454 with an addition of 326 new cases from last week. Mortality and severe cases have also risen to 54 (0.16 %) and 214 (0.62%) respectively.

Data Scanning (vol. 3, 17th issue: 8<sup>th</sup> January 2010): Data reviewed on 7<sup>th</sup> January.

- With the start the year, the Influenza A data actually remains about the same. In fact the rapid viral scan has a drop of 13% but a slight rise of 2% is noted for the PHLC viral cultures. Newly confirmed cases fell to 39 daily this week from the 50.7 daily last week. This is probably related to the long holidays. Similarly there is a drop of 29.7% for the ILIs visits to the GPs. A positive note is that with school reopening, till today there is no ILI outbreak reported. **In gist, Influenza A is oscillating and the winter surge is still not here.**
- **Parainflueza continues to fall.** The PHLC viral culture shows a drop of 44%. Rhinovirus decline by 10%.
- **GEs continue to be on the high side.** The GP visits have increased by 21% but the number of institutional outbreaks remains acceptable. For Norovirus, just one hospital and two OAH outbreaks are reported.

Conclusion: Influenza A continues to oscillate and the winter surge is not here yet.

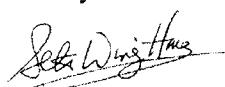
Other Issues: measuring severity in the HSI pandemic and where does Hong Kong (HK) stand.

A recent article in the renowned journal PLOS (Presanis et al: December 2009:6; issue 12, pp2) stated that **the most relevant index to use in the pandemic for comparing severity will be the case-fatality rate (CFR)**. The numerator is the number of deaths and the denominator is the total number of cases. Thus in the WHO and CDC websites ([http://www.who.int/csr/don/2009\\_12\\_30/en/index.html](http://www.who.int/csr/don/2009_12_30/en/index.html)) (<http://www.cdc.gov/h1n1flu/updates/072409.htm>), when data are compared, they provide just the number of deaths and total number of cases to enable easy comparison of the CFR. When the CFR is compared, HK is remarkably low presently at 0.16% compared to USA (15.8%), UK (1.1%), Singapore (1.56%), China (0.44%) and Taiwan (0.64%). However there is a concern that the low CFR in HK may be due to the extensive testing done, making the total cases higher than other countries. Two key concepts however should be appreciated.

- As pointed out by Presanis et al, the absence of a widely available serologic test for HSI makes it impossible to measure directly the total number of cases infected. Nevertheless there are studies that have estimated the total number of cases. Presanis reported it for USA (NY City + Milwaukee) and Singapore reported it in their DH bulletin (<http://www.moh.gov.sg/mohcorp/publicationsnewsbulletins.aspx>) . In USA, **estimated CFR is 0.007%** while **Singapore is rather similar at 0.006%**. Hong Kong has also estimated the total number of cases to be 15% of the population, based on serology studies and WK Chang's report (Bull. WHO 69:41; 349). The **CFR for HK is then 0.005%**. **This is reassuring that indeed HK has a low CFR.** Presanis et al also stated that a good rate for comparison is the case-intensive care ratio (CIR) which is the number of HSI admitted to ICU over total cases. Based on the above studies just quoted, the CIR for HK is 1.5% as compared to 2.8% for USA and 3.5% for Singapore. Again, HK is low in comparison.
- What should **not** be used for comparison is the population wide mortality rate which is the number of deaths divided by the total population. A key reason is that in epidemiology, the denominator should always be the "population at risk". Thus for the CFR, the denominator just consists of cases with HSI. It is inappropriate to use the country's population as the denominator as those uninfected are not at risk of dying from HSI. So the WHO and CDC websites do **not** list such population wide mortality rates for comparison. They may be found in some consumer's websites but are not taken seriously by professional epidemiologists. In fact, one of this website with such a list also advertises on the same page a natural remedy for the "flu".

Based on the present data, HK's low fatality rate is recognized worldwide. Let us be vigilant to maintain it.

Thank you and do have a great weekend



WH Seto, CICO.