



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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13 May 2016

Ms Maisie LAM  
Clerk to Panel  
Panel on Health Services  
Legislative Council Complex  
1 Legislative Council Road  
Central

Dear Ms LAM,

**Panel on Health Services on 21 March 2016**

**Measures taken by the Hospital Authority  
to tackle the winter surge**

During the discussion on measures taken by the Hospital Authority to tackle the winter surge at the meeting of the Panel on 21 March 2016, Members requested the Administration to provide supplementary information on certain areas. Having consulted the Hospital Authority and the Department of Health, we provide the requested information in the ensuing paragraphs.

***(a) The utilization of the 2 000 additional weekly quotas of the public general outpatient clinics (till end of March 2016) for tackling the winter surge***

2. The 2 000 additional weekly quotas of general out-patient clinics for tackling the winter surge have been fully utilized.

*(b) Scientific evidence on the effectiveness of seasonal influenza vaccination in preventing influenza and its complications, with particular reference to the local winter influenza seasons in 2014-2015 and 2015-2016*

3. Seasonal influenza vaccination is one of the effective means in preventing influenza and its complications, as well as reducing influenza related hospitalisation and death. Both trivalent and quadrivalent inactivated influenza vaccines (IIV) are registered and used in Hong Kong currently. Vaccine effectiveness (VE) depends on the similarity between the virus strains present in the vaccine and those circulating in the community.

4. In a recent scientific report published in April 2016, 142 scientific papers on VE of influenza vaccines published between 1 January 2004 and 31 March 2015 were selected for full review and meta-analysis. It was found that the pooled VE ranged from 33% to 67% for various types of seasonal influenza viruses.<sup>1</sup>

5. According to the World Health Organization (WHO), when the vaccine strains closely match the circulating influenza viruses, the efficacy of IIV in individuals aged below 65 range from 70% to 90% in general, whereas the efficacy of IIV to prevent influenza infection in individuals aged 65 or above is at best modest, irrespective of setting, population and study design. Nevertheless, vaccination remains the most efficacious public health tool currently available to protect elderly individuals against influenza<sup>2</sup>.

6. The 2014-15 winter season was predominated by a drifted strain of influenza A (H3N2) virus which was antigenically different from the H3N2 component contained in the influenza vaccine recommended by the WHO for that season, leading to decreases in VE as revealed in scientific studies. A European study showed that the overall VE against H3N2 was 14.4%.<sup>3</sup> A study in the United Kingdom showed that the overall VE against all influenza was 34.3% but only 29.3% for H3N2.<sup>4</sup> The United States Centers for Disease Control and Prevention (US CDC) estimated that the VE against H3N2 virus was 18%.<sup>5</sup> A Canadian study even reported no effect of the influenza vaccine.<sup>6</sup>

7. In contrast to the 2014-15 winter season, the circulating viruses in the 2015-16 winter season generally matched with the viruses in the vaccine. Interim analyses so far revealed satisfactory VE of the vaccine for the 2015-16 season. The US CDC estimated the VE against various H1N1 and B viruses ranged from 51 to 79%.<sup>7</sup> A Canadian study revealed an interim estimate of overall VE of 64% and a European study revealed an interim VE of 46.3% among all ages.<sup>8,9</sup>

8. As influenza vaccines are safe and effective, members of the public except those with known contraindications are recommended to receive seasonal influenza vaccine for personal protection.

Yours sincerely,



( Patrick LEE )  
for Secretary for Food and Health

cc: Chief Executive, HA (Attn: Ms Emily Chan)

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<sup>1</sup> Edward A Belongia, Melissa D Simpson, Jennifer P King, *et al.* Variable influenza vaccine effectiveness by subtype: a systematic review and meta-analysis of test-negative design studies. *Lancet Infect Dis* 2016, published online April 6, 2016.

<sup>2</sup> WHO. Weekly epidemiological record. No. 47, 2012, 87, 461–476. (Available from: <http://www.who.int/entity/wer/2012/wer8747.pdf?ua=1>)

<sup>3</sup> Valenciano M, Kissling E, Reuss A, *et al.* Vaccine effectiveness in preventing laboratory-confirmed influenza in primary care patients in a season of co-circulation of influenza A(H1N1)pdm09, B and drifted A(H3N2), I-MOVE Multicentre Case-Control Study, Europe 2014/15. *Euro Surveill.* 2016;21(7).

<sup>4</sup> Pebody R, Warburton F, Andrews N, *et al.* Effectiveness of seasonal influenza vaccine in preventing laboratory-confirmed influenza in primary care in the United Kingdom: 2014/15 end of season results. *Euro Surveill.* 2015;20(36).

<sup>5</sup> <http://www.cdc.gov/media/releases/2016/flu-vaccine-60-percent.html>

<sup>6</sup> Skowronski DM, Chambers C, Sabaiduc S, *et al.* A perfect storm: Impact of genomic variation and serial vaccination on low influenza vaccine effectiveness during the 2014-15 season. *Clin Infect Dis.* 2016 Mar 29. [Epub ahead of print]

<sup>7</sup> <http://www.cdc.gov/flu/news/updated-vaccine-effectiveness-2014-15.htm>

<sup>8</sup> Chambers C, Skowronski DM, Sabaiduc S, *et al.* Interim estimates of 2015/16 vaccine effectiveness against influenza A(H1N1)pdm09, Canada, February 2016. *Euro Surveill.* 2016;21(11).

<sup>9</sup> Kissling, M Valenciano. Early Influenza Vaccine Effectiveness Results 2015-16: I-Move Multicentre Case-Control Study. *Eurosurveillance.* 30, Volume 21, Issue 6, 11 Feb 2016.