

24 March 2009

Chairman
Legislative Council Panel on Health Services

Dear Sir,

**Inclusion of Pneumococcal Conjugate Vaccine in the
Childhood Immunization Programme**

We refer to the proposal from the Food and Health Bureau on the captioned subject as suggested in the LC Paper No. CB(2)1007/08-09(01). We agree with the recommendation of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection (CHP) to use Pneumococcal Conjugated Vaccine (PCV) to prevent severe invasive pneumococcal diseases (IPD) for children under two years of age, i.e. the incorporation of PCV in the Childhood Immunization Programme (CIP). We always consider vaccination as an effective means to prevent serious infection, especially in those high risk individuals. Last year, the Hong Kong Medical Association has been collaborating with the Department of Health to provide Influenza vaccine for children below six years of age by organizing doctors in primary care to participate in the Influenza Vaccine Subsidizing Scheme (IVSS), which was proven to be a successful public-private partnership programme¹. This scheme (IVSS) not only provides different choices of service providers, fee schedules and locations, but also provides flexibilities in the timing of vaccination for parents.

However, we could not support the proposed implementation details and the catch up programme as suggested in the paper from the Bureau. As quoted in the Bureau's paper, the current CIP comprises vaccines against nine infectious diseases. At the moment, around 27%² of these children's parents, whose children are eligible for receiving these vaccines for free in the various Maternal and Child Health centres (MCHC) choose to receive these vaccines from private doctors. They decide to forfeit their rights and the subsidies from the government as a result of their choice, for various reasons. Some may want to establish a stable, long term relationship with their family doctors. Some may simply don't want to take leave from their work, and spend the whole morning carrying their crying babies queuing in the MCHC just to receive one inoculation. They did not complain about this lack of subsidy because the prices of these vaccines are really not substantial, most of them are below \$100 per dose. For pneumococcal vaccine, however, the situation is different. At the moment, there is only one pneumococcal vaccine licensed in Hong Kong for children below the age of 2. And the cost of the vaccine alone for four doses is \$2,120 (4 x \$530 per dose). We received complaints from parents that they felt positively discriminated, quite substantially, if they choose to receive the vaccines for their children in the private sector.

As for the “Catch-up Programme” for children born between 1 September 2007 and 30 June 2009, we have great reservation for the proposed scheme of recruiting manpower from other sources that may not have sufficient training of inoculation for babies and follow up for their side effects. These babies should not be discriminated from a better service simply because they were born earlier. This “Catch-up Programme” is an age discrimination programme.

We urged the government to reconsider the implementation details as well as the catch-up programme to provide subsidy on the costs of the vaccines to parents who decide to receive the inoculation in the private sector, as in the IVSS model. The forfeiture of the service provided by the government should not be punished by the deprivation of subsidy. Of course, those who decide to receive the vaccine in the MCHC can still enjoy the services there. Right now, the workload of the MCHC is saturated and can only barely cope with the demand. With the inclusion of this expensive vaccine into the CIP, most of the parents who had decided to receive vaccine in the private sector will change their mind and the demand of services in the MCHC will suddenly increase by 27%, which we don’t think they can accommodate, without extra resources. Subsidizing those parents to receive the vaccine in the private sector can also alleviate the workload of the MCHC, and thereby reducing the resource implication of this plan.

We appeal to the Panel to give these parents a choice, a choice for them to receive this expensive vaccine from doctors other than the MCHC, with the appropriate subsidy they entitled. We also appeal to the Panel to exercise their power to veto this “Catch-up Programme” to protect these babies from age discrimination.

If we could be of further assistance, we could be reached at Tel. 2528 8285 or E-mail hkma@hkma.org. We are also willing to testify if the Panel so desires. Thank you for your attention.

Best regards.

Yours sincerely,

Dr. Tse Hung Hing
President
Hong Kong Medical Association

Reference:

1. *Paragraph 104, Budget 2008-2009 speech of Mr. John C.W. Tsang.*
2. *According to the statistics provided by GSK, for the year ended September 2008, a total of 75,168 doses of Infanrix IPV+HIB and Infanrix-Hexa were used locally. Assuming each baby receives 4 doses of either vaccine and the annual birth rate being 70,000 life birth, a total of 18,792 babies (27%) are receiving this vaccine from the private sector.*