二零一零年一月十一日
資料文件

立法會衞生事務委員會
人類豬型流感疫苗接種計劃

目的

本文件旨在告知委員有關人類豬型流感疫苗接種計劃的最新情況。

背景

2. 我們在二零零九年十二月十四日的會議上，告知委員有關人類豬型流感疫苗接種計劃的實施安排。委員備悉五個目標組別的人士(包括長期病患人士和孕婦；六個月至未滿六歲的兒童；65 歲或以上的長者；醫護人員；以及從事養豬和屠宰豬隻行業的人士) 將獲提供人類豬型流感疫苗接種服務。疫苗接種計劃已於二零零九年十二月二十一日在公營醫療界別展開，而私家醫生亦於二零零九年十二月二十八日開始參與計劃。

人類豬型流感疫苗接種比率

3. 截至二零一零年一月七日下午一時，醫院管理局及衞生署合共向目標組別人士提供了 93,854 劑疫苗注射。每個目標組別人士接種數目分類如下：

目標組別	人類豬型流感疫苗接種數目
65 歲或以上居於社區的長者	48,705
65 歲以下的長期病患人士	25,142
孕婦	889
醫護人員	7,635
六個月至未滿六歲的兒童	11,022
從事養豬和屠宰豬隻行業的人士	461
總數	**93,854**

4. 至於私營界別方面，截至二零一零年一月七日下午一時，我們共接獲 19,710 宗參與人類豬型流感疫苗資助計劃的私家醫生向目標組別人士提供接種服務後申請發放政府資助額的個案。

懷疑「吉-巴氏綜合症」個案

5. 在二零一零年一月六日，衞生署衞生防護中心接報一宗懷疑「吉-巴氏綜合症」個案，該五十八歲男子因下肢乏力入院。該病人在徵狀出現前四天曾接種人類豬型流感疫苗。此個案是人類豬型流感疫苗接種計劃開始後第一宗嚴重不良情況報告。

6. 衞生防護中心的接種人類豬型流感疫苗後出現嚴重不良情況專家小組於二零一零年一月七日就此個案召開會議。專家小組總結這個案的臨床表現與「吉-巴氏綜合症」吻合。當局現正進行更多化驗以確定診斷。現階段無法確實地判斷此病人的徵狀是否由接種疫苗導致，還是巧合地在接種疫苗後出現。專家小組在會後發表的聲明載於附件(只有英文版本)。

7. 香港每月平均有數宗「吉-巴氏綜合症」。醫院管理局在二零零九年十月和十一月分別接獲十宗「吉-巴氏綜合症」報告，而十二月則有六宗。「吉-巴氏綜合症」和其他不良情況未必與疫苗接種有因果關係。

8. 直至現在，我們知悉接種人類豬型流感疫苗後的「吉-巴氏綜合症」在世界各地大約有五十宗，當中美國佔了三十二宗，而加拿大則佔八宗。海外衞生當局正對這些個案進行調查，而這些國家的「吉-巴氏綜合症」的發病率並未超越以往背景基率。而事實上，加拿大和歐洲已接種疫苗人士的「吉-巴氏綜合症」發病率比未接種疫苗人士低。

9. 世界衞生組織表示，世界各地「吉-巴氏綜合症」的數目與以往背景基率一致。現時，世界衞生組織並無發現證據顯示接種人類豬型流感疫苗和「吉-巴氏綜

合症」有因果關係。衞生防護中心會繼續密切監察本地和全球的情況。

徵詢意見

10. 請委員備悉本文件的內容。

食物及衞生局
衞生署
二零一零年一月

附件
(只備英文版本)

衞生防護中心
Centre for Health Protection

Statement from the Expert Group on Serious Adverse Events following Human Swine Influenza Vaccination on a Case with Clinical Features Compatible with Guillain-Barre Syndrome (GBS)

CLINICAL HISTORY

On 6 January 2010, the Centre for Health Protection (CHP) received report of a 58-year-old man who complained of lower limb weakness and was admitted to Queen Mary Hospital (QMH).

The patient developed sudden onset of bilateral calf pain and increasing lower limb weakness since 28 December 2009. He was admitted to QMH on 2 January 2010. He received human swine influenza (HSI) vaccine on 24 December 2009 in a government outpatient clinic.

Clinical examination revealed bilateral ascending lower limb weakness. Currently his condition is listed as serious and his vital signs are stable.

The first nerve conduction test showed prolonged distal motor latency, which was compatible with early phase of GBS and other demyelinating diseases. Magnetic resonance imaging (MRI) and cerebrospinal fluid (CSF) examination did not identify other cause for the symptoms. Other investigations are ongoing to confirm the diagnosis.

VACCINE SAFETY FROM WHO AND OVERSEAS EXPERIENCE

Over 80 million doses of HSI vaccines have been administered worldwide. To date, overseas reports on adverse events following HSI vaccination do not suggest human swine flu vaccine is associated with an increased risk of GBS. The World Health Organization (WHO) asserts that the number of GBS worldwide is in line with normal background rates of this illness.

LOCAL BASELINE OF GBS

Between 42 and 65 cases of GBS are recorded each year based on Hospital Authority data from 2000 to 2009, irrespective of vaccination history, with more cases occurring during winter period. The number of GBS cases recorded in October, November and December 2009 was 10, 10 and 6 respectively.

EXPERT GROUP'S COMMENT

The clinical features of this patient are compatible with GBS. Further tests are being conducted to ascertain the final diagnosis.

It is not possible to differentiate with reasonable certainty whether the relationship between HSI vaccination and the patient's symptoms is causal or coincidental (i.e., by chance).

A baseline number of GBS occurs in Hong Kong, it is expected that a certain number of cases will occur following vaccination coincidentally. The incidence of GBS in the month of December 2009 is within normal baseline level in the Hong Kong population. Current overseas experience with HSI vaccine found it has not led to increased rate of GBS above background level. The WHO asserts that HSI vaccine has similar safety profile as seasonal flu vaccine. From a population perspective, no association between HSI vaccination and GBS can be established at this point, but rare idiosyncratic response of an individual to any vaccines or drugs cannot be excluded.

CONCLUSION

The clinical features of this patient are compatible with GBS. Further tests are being conducted to ascertain the final diagnosis. It is not possible to differentiate with reasonable certainty whether the relationship between HSI vaccination and the patient's symptoms is causal or coincidental (i.e., by chance).

To date, the World Health Organization has found no evidence suggesting a causal relationship between GBS and HSI vaccination and the number of GBS worldwide is in line with normal background rates of this illness. CHP is recommended to closely monitor the local and global situation.

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This statement represents a consensus view of members of the Expert Group reached in the light of scientific information accessible and examined at the time of its release.

7 January 2010