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Food and Health Bureau, Government Secretariat
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The People's Republic of China

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蘇美利小姐

蘇小姐：

2009 年 12 月 14 日及 2010 年 1 月 11 日
立法會衞生事務委員會會議
人類豬型流感疫苗接種計劃

在 2009 年 12 月 14 日及 2010 年 1 月 11 日的衞生事務委員會會議上，政府當局向委員簡介了人類豬型流感疫苗接種計劃。議員要求政府當局提供下述資料－ (a) 衞生署採取甚麼措施確保所採購的人類豬型流感疫苗的安全、療效及品質；(b) 過去數年，香港發生的吉-巴氏綜合症的死亡率和痊癒情況；及(c) 醫院管理局(醫管局)在 2010 年 1 月 8 日就人類豬型流感最新情況發出的通訊。以下是政府的回應：

(a) 在本港使用人類豬型流感疫苗之前，我們已確定疫苗在 2009 年 11 月 16 日已獲得法國葯物管理機構的註冊。此外，政府亦規定每一批號的疫苗在供應給香港前，葯廠必需提供有關批號的化驗報告書，以証明該批號的疫苗符合有關的質量要求。

政府亦留意到世界衞生組織確定了人類豬型流感疫苗的安全性及保護效用，研究數據證明人類豬型流感疫苗的安全性與季節性流感疫苗相若。而由於人類豬型流感疫苗所採用的病毒抗原與現時大流行的病毒頗為敏合，預期疫苗的保護效用會與一般季節性流感疫苗相若（對健康成人可達百分之七十至九十），甚至更佳。

政府當局會繼續密切注視人類豬型流感疫苗接種的情況及可能引起的副作用，並適時將有關的資料向廣大市民公布。

(b) 在 2008 年至 2010 年(截至 2 月 10 日)香港發生的吉-巴氏綜合症的資料載於附件一。

(c) 醫管局在 2010 年 1 月 8 日就人類豬型流感最新情況發出的通訊(只備英文版)載於附件二。

食物及衞生局局長

(林雪麗 林雪麗 代行)

二零一零年二月十一日

附件一

被確診為吉巴氏綜合症的病人數目

（入院日期為 2008 年 1 月 1 日至 2010 年 2 月 10 日）

	被確診為吉巴氏綜合症的入院病人數	出院人數	死亡人數		仍留院人數
			與吉巴氏綜合症有關	與吉巴氏綜合症無關	
2008	40	35	3	2	0
2009	50	43	1	2	4
2010	2	2	0	0	0

附注 ：

(1) 在 8 個死亡病例中，4 個的死因與吉巴氏綜合症有直接聯系或是由吉巴氏綜合症并發症導致的死亡。

(2) 其他 4 宗死亡病例的死因均與吉巴氏綜合症無關。

(3) 死亡率約為 4 %，結果與其他研究發現一致：均低于 5 %。

附件二

Special Human Swine Influenza (HSI) dashboard 57th edition (8th January 2010)

Summary of total cases confirmed in HK

Last week's summary (31st December 2009)	Total cases on 8th January 2010
34,128	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: 8th January 2010*): Data reviewed on 7th 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.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.