

立法會
Legislative Council

LC Paper No. CB(2)2286/13-14

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Monday, 2 December 2013, from 10:45 am to 12:15 pm
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Hon Mrs Regina IP LAU Suk-yea, GBS, JP
Hon Charles Peter MOK
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, JP
- Member attending** : Hon WU Chi-wai, MH
- Members absent** : Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman)
Hon Vincent FANG Kang, SBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon CHAN Han-pan

**Public Officers : Item I
attending**

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Dr LEUNG Ting-hung, JP
Controller, Centre for Health Protection
Department of Health

Dr CHUANG Shuk-kwan, JP
Consultant Community Medicine (Communicable Disease),
Centre for Health Protection
Department of Health

Ms Linda WOO
Assistant Director of Health (Drug)
Department of Health

Dr Henry NG
Head, Programme Management and Professional Development
Branch, Centre for Health Protection
Department of Health

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Ms Mina CHAN
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

Action

**I. Measures in prevention and control of invasive pneumococcal disease
[LC Paper Nos. CB(2)397/13-14(01) and (02)]**

The Chairman said that in response to Dr KWOK Ka-ki's request and in view of the recent developments concerning two fatal cases of children infected with invasive pneumococcal disease ("IPD") caused by serotype 3, he decided to

Action

call this special meeting in order to provide an early opportunity for members to receive a briefing from the Administration on measures in prevention and control of IPD. He thanked members for agreeing to hold a special meeting despite the short notice given.

2. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the measures taken by the Administration for the prevention and control of IPD, details of which were set out in the Administration's paper (LC Paper No. CB(2)397/13-14(01)). Controller, Centre for Health Protection ("Controller, CHP") followed to brief members on the detailed arrangements of the Childhood 13-valent Pneumococcal Conjugate Vaccine Booster Vaccination Programme ("BVP") which commenced on the day of the meeting by phases through paediatric specialist clinics of the Hospital Authority ("HA"), Maternal and Child Health Centres ("MCHCs") under the Department of Health ("DH"), and private doctors through the Childhood Vaccination Subsidy Scheme (13-valent Pneumococcal Conjugate Vaccine Booster) ("CVSS (PCV13 booster)").

3. Members noted the background brief entitled "Measures in prevention and control of invasive pneumococcal disease" (LC Paper No. CB(2)397/13-14(02)) prepared by the Legislative Council Secretariat.

Latest situation of local IPD infection

4. Dr CHIANG Lai-wan enquired about the mode of transmission of the bacteria that caused IPD. SFH advised that pneumococci were mainly spread through droplets generated when an infected person coughed or sneezed. A person whose mucous membranes (e.g. eyes, nose and mouth) came into contact with these droplets, which could travel about one to two metre(s), through close contact with a patient or contact with a contaminated surface might infect the disease. The risk of droplet transmission could be reduced if infected persons wore surgical masks and members of the public observed good personal hygiene.

5. In response to Dr CHIANG Lai-wan's enquiry, Controller, CHP advised that at present, seven children suffering from IPD caused by streptococcus pneumoniae were hospitalized for treatment at public hospitals. Mr POON Siu-ping asked whether all patients infected with IPD should receive treatment at a single public hospital. SFH advised that there was no need to do so as IPD infection only occurred sporadically in the community.

Use of pneumococcal vaccines in children

6. Dr KWOK Ka-ki expressed grave concern that while the joint meeting of the Scientific Committee on Vaccine Preventable Diseases ("SCVPD") and its

Action

Working Group on Pneumococcal Vaccination held on 25 November 2013 considered that requiring all children under five years old who had received 7-valent pneumococcal conjugate vaccine ("PCV7") or 10-valent pneumococcal conjugate vaccine ("PCV10") to receive a booster dose of 13-valent pneumococcal conjugate vaccine ("PCV13") was not indicated at this point of time, the Government decided on the same day to subsidize one booster dose for children aged two to under five years old who had never received PCV13. There were also views from local experts that PCV13 offered limited protection against IPD caused by serotype 3, and its duration of protection only lasted for six to 12 months.

7. Dr Fernando CHEUNG considered that the messages from the local experts and the Administration on whether children aged between two to under five years old should receive a booster vaccination were confusing. He sought clarification about the effectiveness of PCV13. Dr Helena WONG raised a similar enquiry. She asked whether members of SCVPD and its Working Group on Pneumococcal Vaccination held different views on the use of PCV13.

8. SFH admitted that while there was good scientific evidence to show that PCV13 was effective to afford a degree of protection against 13 serotypes of pneumococci, there was no consensus amongst experts on whether children below the age of five who had received PCV7 or PCV10 should receive a booster dose of PCV13. A factor that led to the divergence of views might be that on the one hand no pneumococcal vaccine formulation could confer 100% protection to IPD and one recent IPD fatal case caused by serotype 3 (i.e. a serotype covered by PCV13) involved a child who had received PCV13, on the other there were studies demonstrating an intermediate indicator on the effectiveness of PCV13 that it induced antibody response and thereby provided protection against the relevant serotypes among 60% of children being administered PCV13. From the public health perspective (including the factor of herd immunity to be brought about by the vaccination), SCVPD did not consider it cost-effective to require all children under five years old who had received PCV7 or PCV10 to receive a booster dose of PCV13 at this point in time. Taking into account SCVPD's view together with concerns across the community and parents, the Administration decided to subsidize one booster dose through CVSS (PCV13 booster) for children aged two to under five years old who had never received PCV13 for personal protection. SFH added that parents should consult doctors on whether their children should receive the vaccination. It should also be noted that while no severe vaccine adverse reactions had been identified, some side effects of PCV13 included soreness, redness or swelling at the injection site.

9. The Chairman sought information about the best available scientific evidence on the risk of infection reduced by the use of pneumococcal vaccine in

Action

young children, so as to facilitate parents to make an informed decision on whether to bring their young children to receive a booster dose of PCV13.

10. SFH explained that given the low incidence rate of IPD in Hong Kong, which was in the range of 14 to 21 cases each year, the measurement of any variations in IPD cases before and after the introduction of pneumococcal vaccine was statistically insignificant and could only serve as a reference. It should also be noted that the level of antibody response induced by a vaccine in vaccinated persons, as well as the percentage reduction in disease incidence in vaccinated population compared to unvaccinated population could both be used to assess how well a vaccine worked. While studies had demonstrated the effectiveness of PCV13 in terms of the former, the effectiveness of a booster dose of PCV13 in terms of the latter would require further study. Controller, CHP supplemented that as a reference, the respective annual incidence rate of IPD was more than 80 and below 40 per 100 000 in children under five years old before and after routine vaccine introduction in Europe and the United States. In Hong Kong, the annual incidence rate of IPD before and after the incorporation of pneumococcal conjugate vaccine into the Childhood Immunisation Programme ("CIP") was around 10 and four per 100 000 respectively in children of the same age group.

11. Mr WONG Ting-kwong considered that given the divergent views of experts, the Administration should strengthen its messages to the public on the vaccination arrangements and other preventive measures against pneumococcal infection. SFH assured members that the Administration would be as transparent as possible in disseminating the relevant information to the public. On prevention against pneumococcal infection, Controller, CHP advised that more than 90 serotypes of pneumococci had been identified. Pneumococcal vaccines were designed to cover the serotypes most frequently associated with severe IPD. Apart from getting vaccination, observing good personal and environmental hygiene practices by washing hands frequently and avoiding visiting crowded places, and building up good body immunity by having regular exercise and adequate rest could help lower the risk of infection.

12. Noting that preceding infection with influenza would lead to more severe illnesses caused by IPD, Miss Alice MAK urged the Administration to step up publicity and public education on preventive measures against influenza, such as encouraging parents to bring their children for seasonal influenza vaccination and maintaining good personal hygiene. SFH responded that the Administration had all along been doing so through Announcements in the Public Interests on radio and television. For the current winter influenza season, efforts had been and would continuously be made to promote influenza vaccination uptake through various publicity activities.

Action

13. Dr Elizabeth QUAT noted that it took about two weeks after vaccination for antibodies to develop in the body for protection against influenza virus infection. She asked whether it would be too late for children to receive influenza vaccine at this point of time, and if not, whether they could receive seasonal influenza and pneumococcal vaccines at the same visit. SFH advised that the winter influenza season would generally last until February or March. As long as influenza viruses were circulating, it would not be too late to receive the influenza vaccine. Controller, CHP advised that children being administered the pneumococcal vaccine could at the same visit receive the seasonal influenza vaccine, but the vaccines would better be administered at different injection sites.

14. Dr Fernando CHUENG sought clarification as to whether the 23-valent pneumococcal polysaccharide vaccine ("23vPPV"), which contained 12 of the serotypes included in PCV13 and 11 additional serotypes, would provide greater protection for children under five years old. Dr CHIANG Lai-wan enquired about the circumstances under which persons should receive 23vPPV.

15. SFH advised that research had demonstrated that for young children, pneumococcal conjugate vaccines using several protein carriers were more immunogenic than unconjugated pneumococcal polysaccharide vaccine. Hence, PCV7, PCV10 and PCV13 were recommended for use in children younger than five years of age, whereas 23vPPV was recommended for use in adults, in particular elders aged 65 years old or above. Controller, CHP supplemented that persons with at-risk conditions, such as persons who were immunocompromized, should receive 23vPPV.

16. Dr Fernando CHEUNG called on the Administration to step up publicity on the use of different pneumococcal vaccines via government websites and information leaflets distributed at MCHCs and kindergartens. Controller, CHP advised that the Centre for Health Protection had set up a dedicated page on its website to provide detailed information on IPD and pneumococcal vaccines, as well as a hotline (i.e. 2125 2125) to answer public enquiries relating to the vaccination arrangements. Seminars would also be held to update the medical sector the latest situation of IPD in Hong Kong.

CVSS (PCV13 booster)

17. Dr CHIANG Lai-wan asked whether consideration could be given to providing financial assistance, through the Community Care Fund, to children from low-income families not on Comprehensive Social Security Assistance ("CSSA") to receive PCV13 vaccination from private doctors.

18. SFH responded that there was no need to do so, as parents could take their children to participating private doctors enrolled under CVSS (PCV13 booster),

Action

which was expected to be rolled out in late December 2013, for one dose of subsidized PCV13 vaccination if their children were in the age of two to under five and had never received PCV13 before. Information of enrolled doctors and the service fees they charged for the vaccination (after deducting the vaccine provided by the Government and the Government's subsidy for an injection fee of \$50) would be uploaded to CHP's website. Controller, CHP supplemented that free PCV13 vaccination at MCHCs, and the relevant immunization schedule (i.e. three-dose primary series and a booster dose at two, four, six and 12 months of age) under CIP for children aged under two years old had remained unchanged.

19. Dr KWOK Ka-ki noted that while at-risk paediatric patients attending HA's paediatric specialist clinics and children from families who were CSSA recipients or holders of Certificates for Waiver of Medical Charges ("the two categories") would be provided with one booster dose of PCV13 at HA's paediatric specialist clinics and MCHCs respectively starting from the day of the meeting, the Administration required more time to prepare for the launch of CVSS (PCV13 booster) for children not falling into any of the two categories. He asked whether consideration could be given to recruiting extra manpower, such as staff members of the Auxiliary Medical Service, to shortly provide vaccination for these children at MCHCs outside normal weekday working hours if their parents wished to do so. Miss Alice MAK urged the Administration to expedite the launch of CVSS (PCV13 booster) to ease the concern of those parents whose children did not fall into any of the two categories. While appreciating the swift responses of the Administration in rolling out BVP, Dr Elizabeth QUAT remarked that it was understandable that parents would wish their children to get vaccinated at the earliest possible time in order to reduce the risk of infection.

20. SFH explained that the Administration would require a few weeks' time to liaise with private doctors on whether they would enrol in CVSS (PCV13 booster) and the additional fee to be charged by the enrolled doctors, and with the vaccine supplier of PCV13 to ensure that there would be sufficient doses for the scheme. It was estimated that about 150 000 children were eligible for the scheme. SFH stressed that the unanimous view of experts was that there was no need for parents to rush to bring their children to receive the vaccination. That said, the Administration would endeavour to expedite the implementation of CVSS (PCV13 booster) as far as practicable. Taking into account that a booster dose of PCV13 was not recommended by SCVPD for routine immunization in children under five years old who had received PCV7 or PCV10, the public healthcare sector would only provide vaccination for children who fell in the two categories. Dr KWOK Ka-ki did not subscribe to SFH's explanation, pointing out that there had been precedent cases whereby extra manpower was recruited for the implementation of vaccine catch-up programmes. He also expressed concern about the number of private doctors interested in joining CVSS (PCV13 booster).

Action

Admin

21. The Chairman asked whether scientific data was available to explain the difference in the risk of infecting IPD caused by serotypes covered by PCV13 but not PCV7 or PCV10 if children under five years old received the booster dose of PCV13 in late instead of early December 2013. SFH agreed to provide the information after the meeting if available. Controller, CHP advised that it might be difficult to make an accurate assessment given the low incidence rate of IPD in Hong Kong.

22. In response to Dr KWOK Ka-ki's enquiry about the number of eligible children in the two categories, SFH and Controller, CHP advised that there were about 10 000 children whose families were CSSA recipients or holders of Certificates for Waiver of Medical Charges. Subject to clinical judgement of doctors, it was estimated that about 1 000 at-risk paediatric patients attending HA's paediatric specialist clinics should receive the vaccination. The Chairman enquired about the arrangement for those paediatric patients whose next follow-up consultation was scheduled to take place a few months later. SFH advised that HA would advance the follow-up consultations for these patients to enable them to receive the vaccination at an earlier time.

23. The Chairman asked whether private doctors enrolled in CVSS (PCV13 booster) could purchase the vaccines on their own. SFH replied in the affirmative, adding that for those doctors who used subsidized PCV13 vaccines supplied by the Government, the vaccines would be delivered directly by the vaccine supplier.

Financial support for elders to receive pneumococcal vaccination

24. Noting that elders were also among the high-risk groups of pneumococcal infections, Dr CHIANG Lai-wan was concerned about the financial support for financially vulnerable elders to receive pneumococcal vaccination. SFH advised that at present, elders aged 65 or above who had never received a pneumococcal vaccination could receive it for free or with a Government subsidy under the Government Vaccination Programme or the Elderly Vaccination Subsidy Scheme.

Ongoing public health measures

25. Noting that IPD in Hong Kong had a seasonal trend with more cases observed in winter months, Mr POON Siu-ping urged the Administration to plan the pneumococcal vaccination arrangements at an earlier time next year.

26. SFH clarified that BVP was a one-off measure for children aged between two to under five years old. There was no scientific evidence to suggest a need for annual administration due to a decline in the level of vaccine-induced antibodies over time. Controller, CHP supplemented that unlike newborns of whom a standard 4-dose regimen of PCV13 was required to ensure vaccine

Action

efficacy, regular booster doses were not required for the vaccinated older children to maintain immune memory.

27. Mr POON Siu-ping asked whether the Administration would consider including IPD into the list of statutory notifiable diseases. Controller, CHP advised that having taken into account of various factors including whether the disease was of public health significance, its epidemiology and risk of outbreak, recommendations of the World Health Organization and overseas experience, the Administration had no plan to do so at this stage. It should be noted that a laboratory surveillance system on IPD covering all microbiology laboratories in public and private hospitals in Hong Kong was in place to monitor the local trend of IPD, changes in serotype replacement and antimicrobial resistance.

28. In response to Mr WONG Ting-kwong's enquiry about the risk of local outbreak of invasive pneumococcal epidemic, Controller, CHP advised that the number of IPD for children under five years old had been relatively stable in the past few years. The annual number of these cases ranged from 14 to 21 cases for the period of 2010 to 2013, among which three to eight cases were caused by serotype 3 pneumococcus each year. To date, a total of 16 IPD cases were reported in 2014.

29. There being no other business, the meeting ended at 12:12 pm.