

# **立法會**

## ***Legislative Council***

LC Paper No. CB(3)803/2024(04)

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### **Panel on Health Services**

#### **Background brief prepared by the Legislative Council Secretariat for the meeting on 8 November 2024**

#### **Seasonal influenza and response measures**

#### **Purpose**

This paper provides background information and summarizes the concerns of Members of the Legislative Council (“LegCo”), including members of the Panel on Health Services (“the Panel”) on issues relating to seasonal influenza and response measures.

#### **Background**

2. Seasonal influenza is a common respiratory tract infection caused by human seasonal influenza viruses. In Hong Kong, seasonal influenza is usually more common in periods from January to March/April and from July to August.

3. According to the Administration, influenza vaccination is effective in preventing seasonal influenza and its complications together with reduction in influenza-associated hospitalization and death. The Department of Health (“DH”) has been administering the following vaccination programmes/schemes to provide free or subsidized seasonal influenza vaccination (“SIV”) to eligible persons:

- (a) Vaccination Subsidy Scheme (“VSS”): which provides subsidized SIV to eligible persons, including persons aged 50 or above, pregnant women and children aged between 6 months and below 18 years of age through private doctors participating in VSS;
- (b) Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (“SIVSOP”)/VSS School Outreach (Extra Charge Allowed) Scheme (“VSS School Outreach

Scheme”): which provides free or subsidized SIV to eligible school children through the public-private partnership outreach teams or DH’s outreach team; and

- (c) Government Vaccination Programme: which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority (“HA”).

## **Major concerns of Members**

4. Members’ major and recent discussions and concerns relating to seasonal influenza and response measures are summarized in the following paragraphs.

### Vaccination

#### *Nasal spray vaccines for young children*

5. Some Members hold the view that more nasal influenza vaccines should be made available by the Government to school children so as to address concerns of parental resistance due to panic or pain at the injection site encountered by their children. There have been suggestions that both nasal and injectable influenza vaccines should be provided to schools, and that outreach vaccination services should be provided to schools earlier.

6. The Administration has advised in June 2024 that DH would conduct survey every year to enquire about schools’ willingness to participate in the coming school outreach programme and the types of vaccines they would choose before vaccines procurement. According to the arrangement under SIVSOP, kindergarten and child care centres could choose to receive the injectable inactivated influenza vaccines (“IIV”) or nasal live-attenuated influenza vaccines (“LAIV”), while primary and secondary schools could arrange injectable IIV only.<sup>1</sup> Under the Outreach Programme, schools could only choose either nasal spray or injection vaccines, taking into account school arrangements and reducing the risk of incorrect vaccination.

7. After listening to the views of Members, DH advised on 19 September 2024 that special arrangements would be implemented for the 2024-2025 SIVSOP: kindergartens and child-care centres could choose both

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<sup>1</sup> IIV and LAIV are suitable for slightly different people. There were more restrictions and precautions for nasal spray vaccines, and the expiration date is shorter. Nasal LAIV is suitable for people aged 2 to 49 and is not suitable for people with weak immunity, etc.

injectable IIV and nasal LAIV for the same or different outreach vaccination activities; and as a pilot scheme, nasal LAIV would also be provided to selected primary and secondary schools which had indicated their preference for nasal LAIV.

*Expanding the subsidized age groups*

8. Some Members hold the view that the Administration should consider a gradual expansion of the age range eligible for subsidized influenza vaccines to all age groups to reduce the number of severe cases of influenza, thereby alleviating the burden on public medical services.

9. In response, the Administration has pointed out that the Scientific Committee on Vaccine Preventable Diseases (“SCVPD”) under the Centre for Health Protection (“CHP”) of DH issues recommendations on SIV composition, type of vaccine as well as the priority groups for receiving vaccine in regard to the influenza season in Hong Kong on an annual basis after reviewing scientific evidence, local data, latest recommendations of the World Health Organization (“WHO”) and overseas practices. The Government would consider SCVPD’s recommendations, cost effectiveness, the financial affordability of the public and other public health considerations to assess the possibility of expanding the coverage of the subsidized target groups under influenza vaccination programmes/schemes.

*Increasing the vaccination uptake rates among children and the elderly*

10. Expressing concern about the SIV uptake rates in the two groups of children aged six months to under six and persons aged 65 or above are relatively low, some Members have enquired about the measures the Administration has in place to step up promotion among these groups, and whether vaccination targets would be set. There has been a suggestion that the Administration should change their publicity methods to allay public concerns about the side effects of vaccines. Other members have suggested transporting school children to nearby hospitals for vaccination, holding lucky draws to encourage vaccination, and stepping up efforts to encourage community organizations to help the public get vaccinated.

11. The Administration has advised that it has already implemented targeted measures for the high-risk groups:

- (a) for children, CHP has solicited assistance from the Education Bureau, parent teacher associations and district-based school associations in encouraging more schools to participate in the school outreach vaccination, and also contacted schools that have not enrolled to provide targeted assistance;

- (b) as for the elderly living in the community, DH's Visiting Health Teams has promoted the prevention of influenza and COVID-19 to the elderly and their carers. Fourteen designated Elderly Health Centres have been providing SIV for members as well as all the elderly aged 65 or above; and
- (c) as regards residents of residential care homes ("RCHs") for the elderly and persons with disabilities, DH has adopted an opt-out approach for its outreach vaccination for those residents. The Social Welfare Department has also urged RCHs to proactively arrange vaccination by visiting medical officers for timely vaccination of residents.

Besides, District Health Centres have held events to promote vaccination, providing members of the public with information on the list of private doctors enrolled in VSS, assisting vaccination booking, and providing SIV at their centres in collaboration with private doctors

12. As for the target of vaccination rate, the Administration has advised that the relevant Scientific Committees have not set a specific target on the SIV rate.

#### *Disposal rate of vaccines*

13. Expressing concern that the disposal rate of nasal spray vaccines in 2022-2023 was as high as 22.7%, some Members have suggested that members of the public should be urged to receive the vaccine prior to the expiry date. The Administration has pointed out that the overall disposal rate in 2023-2024 was only 4%, and explained that the number of people receiving vaccination each year varies. The Administration has strived to achieve a balance when procuring vaccines. To avoid wastage, there is a risk of insufficient procurement, which may result in some members of the public not being able to receive vaccination.

#### *Type of vaccines*

14. Some members have enquired whether the Administration could arrange for the public to receive another vaccine if it was found that the type of vaccine procured is not effective against the current influenza virus type. The Administration has advised that after WHO's announcement in about February or March each year on the proposed strains for influenza vaccines to be used, the manufacturers would start preparing for the production of vaccines. Due to the time required for culturing the virus strains and inactivation, it is impossible to produce two or more different types of vaccines within one year.

### Prevention and control measures

15. A question has been raised on whether the Health Bureau has issued guidelines to other policy bureaux and government departments to assist them in preventing a large scale outbreak of respiratory tract infections on the front of public disease prevention and coping with the relevant situation.

16. The Administration has responded that CHP has been working with various government departments and stakeholders for better prevention and control of the risks of respiratory infectious diseases. Relevant measures include:

- (a) formulation of health guidelines on the prevention of and responses to seasonal influenza and COVID-19, etc, for reference of various sectors including schools, RCHs, employers and employees, etc;
- (b) issuance of a guideline on the prevention of influenza and COVID-19 in RCHs for the elderly and persons with disabilities;
- (c) issuance of letters to schools, RCHs and healthcare organizations, etc. to remind them to take preventive measures and report outbreaks for prompt epidemiological investigation;
- (d) having held press conferences to appeal to and help the public heighten vigilance; and
- (e) dissemination of the latest information on the prevention of and responses to respiratory infectious diseases to the public through other departments, such as conveying information to the District Councils and stakeholders including Care Teams (District Services and Community Care Teams).

In addition, HA has formulated a phasic response plan to review the service demand, and deploy manpower and resources in response.

### Publicity

17. A question has been raised as to whether the Administration would consider setting up a one-stop platform to provide parents, school children and schools with information regarding seasonal influenza, including the

availability of vaccines at individual clinics. There has been another suggestion that, apart from vaccination, the Administration should also step up publicity on other measures to prevent influenza, such as wearing masks.

18. The Administration has pointed out that CHP has created thematic webpages about seasonal influenza<sup>2</sup> and vaccination programmes/schemes<sup>3</sup> to provide the general public, parents and schools with the latest information. CHP has also been promoting health messages on personal and environmental hygiene as well as prevention of respiratory diseases including seasonal influenza through various channels, including Announcements in the Public Interest on television. CHP also produces various health education materials, such as leaflets, to enhance promotion. In addition, CHP published a summary of the influenza surveillance data in the weekly online publication “COVID-19 and Flu Express”.

19. Pointing out that as schools are currently required to arrange for influenza vaccine administration for their students, which creates additional workload for teachers, some Members have enquired whether the Administration would consider digitalizing the administrative procedures, such as the distribution of electronic forms to schools to enable parents to apply for in-school vaccination through an online platform.

20. According to the Administration, DH has a strong advocate for digitalization and has been actively assisting the Health Bureau in implementing the Electronic Health Record Sharing System (“eHealth”). In the 2023-2024 school year, registration consent forms for eHealth were distributed together with that for SIV at schools. Students could then sign up for eHealth in one go and start building up an electronic health record from an early age. Members of the public could store and access the vaccination record of various government vaccination programmes via the eHealth mobile application, saving the trouble of handling paper records.

## **Relevant papers**

21. A list of the relevant papers on the LegCo website is in the **Appendix**.

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<sup>2</sup> <https://www.chp.gov.hk/en/features/14843.html>

<sup>3</sup> <https://www.chp.gov.hk/en/features/17980.html>

## **Recent developments**

22. The 2024-2025 Seasonal Influenza Vaccination Programmes, including SIVSOP and the RCH Vaccination Programme, have begun on 26 September 2024. The Administration will brief the Panel on 8 November 2024 on the latest situation of seasonal influenza and response measures.

Council Business Divisions  
Legislative Council Secretariat  
1 November 2024

**Seasonal influenza and response measures**

**List of relevant papers**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	13 October 2023	<a href="#">Agenda</a> Item III: Preparation for winter surge <a href="#">Minutes</a>
	14 June 2024	<a href="#">Agenda</a> Item III: Latest situation and response measures for seasonal influenza <a href="#">Minutes</a>
Finance Committee	17 April 2024	<a href="#">Administration's written replies to Members' initial questions on the Estimates of Expenditure 2024-2025</a> (Reply serial numbers: HHB 210, 239, 277 and 299)

<b>Council meeting</b>	<b>Paper</b>
15 November 2023	<a href="#">Question 19</a> : Seasonal influenza vaccination
17 January 2024	<a href="#">Question 6</a> : Measures to cope with the peak period of respiratory tract infections
5 June 2024	<a href="#">Question 3</a> : Seasonal influenza

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