

本署檔號 Our Ref. : (71) in DH SEB CD/10/19  
來函檔號 Your Ref :  
電話 Tel. :  
傳真 Fax No. :

14 January 2010

Dear Doctor,

**A 91-year-old Man with Lower Limb Weakness Following  
Human Swine Influenza Vaccination**

I would like to inform you that the Centre for Health Protection (CHP) received report from Princess Margaret Hospital (PMH) on 13 January 2010 regarding a 91-year-old patient who complained about lower limb weakness following human swine influenza (HSI) vaccination.

The patient's past health is unremarkable. CHP's investigations revealed that he developed cough on 8 January 2010. He complained of bilateral lower limb weakness on 9 January 2010 and was admitted to PMH on 12 January 2010. His current condition was stable. He had a history of receiving HSI vaccination on 4 January 2010 in a private clinic. Clinical assessment showed that he had decreased power in both legs. Nerve conduction study performed on 13 January 2010 revealed normal findings. Further investigations such as test of cerebrospinal fluid (CSF) and magnetic resonance imaging are ongoing to assess whether his symptoms are due to Guillain-Barre Syndrome (GBS) or other causes.

**At this point in time, a definitive diagnosis of GBS cannot be established.** CHP will closely monitor the clinical progress and further laboratory results of this patient, and convene an Expert Group meeting if further supportive evidence of GBS is available.



As of 13 January 2009, a total of 131,142 doses of HSI vaccine have been administered. So far one GBS compatible case with history of HSI vaccination was reported to CHP on 6 January 2010. His nerve conduction test showed prolonged distal motor latency, which was compatible with early phase of GBS and

other demyelinating diseases, and his CSF showed high protein content. The Expert Group concluded that it was not possible to differentiate with reasonable certainty whether the relationship between HSI vaccination and the patient's symptoms was causal or coincidental (i.e. by chance).

To date, about 60 cases of GBS have been reported following HSI vaccination worldwide, in which 37 were from the United States and 10 were from Canada. While all such cases are being investigated by overseas health authorities, the rates of GBS cases does not exceed the background rates in these countries. In fact, the rates of GBS among vaccinated persons were found to be lower than expected in Canada and the Europe. The World Health Organization (WHO) asserts that the number of GBS worldwide is in line with normal background rates of this illness.

A baseline number of GBS occurs in Hong Kong and other places in the world and it is expected that a certain number of cases may occur after vaccination coincidentally. In Hong Kong, there are about 40-60 cases of GBS admitted to public hospitals each year.

Review of the surveillance data so far continues to support the safety of HSI vaccines. CHP will closely monitor the local and global situation. **The HSI vaccination programme in Hong Kong will proceed as normal.**

Information on vaccination related reports is available at [http://www.chp.gov.hk/en/view\\_content/19605.html](http://www.chp.gov.hk/en/view_content/19605.html).

Yours sincerely,



(Dr SK CHUANG)

Consultant Community Medicine (Communicable Disease)  
Centre for Health Protection  
Department of Health

