



衛生防護中心
Centre for Health Protection

Statement from the Expert Group on 25 February 2010

Case 1

This was a case of intrauterine death (IUD) affecting a 28-year-old pregnant woman at 39 weeks of gestation. She received Human Swine Influenza (HSI) vaccine on 21 December 2009, more than 7 weeks before the diagnosis of IUD, at a Maternal and Child Health Centre. Pathological examinations on the placenta and fetus have been done and final results are pending.

Conclusion

About 150-220 cases of IUD occur in Hong Kong every year. A significant proportion (15%-70%) of them does not have identifiable causes.

As of 22 February 2010, 1,423 pregnant women have received HSI vaccine. So far, the proportion of IUD among vaccinated women has not exceeded the local baseline incidence of IUD which is about 0.2%-0.4% of total deliveries (including live births and stillbirths). Monitoring of hospital records of IUD from Hospital Authority (HA) showed that incidence of IUD is within the background level in Hong Kong.



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Extensive overseas experience and the World Health Organization (WHO) have confirmed the lack of any demonstrable association of HSI vaccination with IUD.

There is currently no evidence that HSI vaccines increase the chance of IUD based on

both local data and international experience.

It is unlikely that this IUD case was caused by HSI vaccination.

Case 2

The patient was a 75-year-old woman who presented with bilateral lower limb weakness on 8 February 2010 and was admitted to Queen Elizabeth Hospital. The clinical picture and laboratory investigations of this patient are compatible with Guillain-Barre Syndrome (GBS). Tracheal aspirate taken on 17 February 2010 grew *Haemophilus Influenzae*.

She received HSI vaccine on 31 December 2009 in a public outpatient clinic, more than 5 weeks before onset of symptoms.

Conclusion

Literature review revealed that the majority of GBS cases that were temporally associated with seasonal influenza vaccination occur between the second and the third week, with a median latency of 13 days.

To date, the WHO has found no evidence suggesting a causal relationship between GBS and HSI vaccination and the reported number of GBS cases worldwide has been in line with usual background rates prior to the introduction of such vaccines.



In Hong Kong, about 40-60 GBS cases are seen in public hospitals each year as a matter of baseline incidence. The incidence of GBS is higher among elderly persons and during the winter season. A statistical analysis was performed using local GBS

data to ascertain if there is higher than expected incidence of GBS among vaccinated persons in Hong Kong. The observed number of 2 GBS cases among vaccinated persons so far lies within normal expectation of baseline incidence that would occur in a population of 170,000 (regardless of vaccination history), adjusted for age and seasonal effects. In other words, HSI vaccination is not associated with increased incidence of GBS.

Case 3

The patient was a 34-year-old man with unremarkable past health who developed headache on 20 February 2010 followed by diplopia on 21 February 2010. He received HSI vaccine on 21 December 2009, more than 8 weeks before onset of symptoms. His condition improved after treatment in hospital and he was discharged on 24 February 2010. He is now being investigated and followed up to ascertain the final diagnosis.

Conclusion

According to the medical literature, the majority of acute disseminated encephalomyelitis (ADEM) cases that were temporally associated (not necessarily causally related) with vaccination occur between 5 days and 6 weeks. His illness is unlikely to be caused by HSI vaccination.

Case 4

The patient was an 80-year-old man with history of hypertension, ischaemic heart disease, renal impairment and asthma. He presented with sudden onset of limb paralysis and loss of voice on 5 February 2010 and was admitted to hospital on the same day. He received HSI vaccination on 29 December 2009, about six weeks



before onset of symptoms. His present condition is listed as critical.

Conclusion

Current clinical features of this case are compatible with ADEM.

Based on discharge records of HA, preliminary data shows that between some 40 and 70 cases of ADEM, transverse myelitis and encephalomyelitis were recorded every year in Hong Kong. To date, the WHO has found no evidence suggesting a causal relationship between these neurological conditions and HSI vaccination.

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

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