



衛生防護中心  
Centre for Health Protection

## Statement from the Expert Group on Three Cases of Neurological Symptoms

### Case 1

On 2 April 2010, the Centre for Health Protection (CHP) of Department of Health received a report of a 70-year-old male patient presenting with lower limb pain and numbness around 20 February 2010 and subsequently right ptosis as well as tendency to fall. He was admitted to Queen Elizabeth Hospital (QEH) on 18 March 2010 for further investigation.

The clinical picture and laboratory investigations such as nerve conduction test and cerebrospinal fluid findings are compatible with Guillain-Barre Syndrome (GBS). His clinical condition is stable.

He received human swine influenza (HSI) vaccine on 28 December 2009 in a public outpatient clinic, about eight weeks before onset of symptoms.

### Case 2

On 8 April 2010, CHP received a report of a 73-year-old female patient who developed numbness of hands and feet on 4 March 2010 and followed by weakness of four limbs. She was admitted to Kwong Wah Hospital on 11 March 2010 for further investigation.

The clinical picture and laboratory investigation such as nerve conduction test and cerebrospinal fluid findings are compatible with GBS. She has passed away on 9 April 2010.

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



### Case 3

In the evening of 9 April 2010, CHP received a report of a 65-year-old male patient who had onset of numbness over the soles of both feet in early March, followed by numbness of fingers of both hands. He sought medical attention at QEH on 20 March 2010 but hospitalisation was not required.

Nerve conduction test showed demyelinating polyneuropathy but examination of cerebrospinal fluid showed normal protein level. Further monitoring of clinical progression is needed to ascertain the probable diagnosis.

He received HSI vaccine on 29 December 2009 in a public outpatient clinic, about nine weeks before onset of symptoms.

### *Comments*

Literature review revealed that the majority of GBS cases that were temporally associated with influenza vaccination occur between the second and the third week. On the basis of epidemiological and biological inference, a conservative estimate of the limits of the latencies for GBS is considered to be from 5 days to 6 weeks. It is more difficult to substantiate a biological association between GBS and an antecedent influenza vaccine administered more than 6 weeks before onset of symptoms. It would be extremely unusual for a large number of GBS cases to cluster at a time point more than 6 weeks following vaccination.

In view of the fact that these patients had HSI vaccination about eight weeks and nine weeks before onset of symptoms, it is unlikely that their illnesses are related to HSI vaccination.

In Hong Kong, about 40-60 GBS cases are seen in public hospitals each year as a matter of baseline incidence. According to the World Health Organization, there has been 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.

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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.

13 April 2010