2017/18 Seasonal Influenza Vaccination Programme/
Vaccination Schemes and Role of Health Care Workers

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6 September 2017
# Vaccination Programme/ Schemes 2017/18

<table>
<thead>
<tr>
<th>Type of Programme</th>
<th>Tentative Launch Date</th>
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<tbody>
<tr>
<td>- Government Vaccination Programme (GVP)</td>
<td>25 October 2017</td>
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<tr>
<td></td>
<td>(** For Health Care Workers – 2 weeks before the launch date)</td>
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<tr>
<td>- Vaccination Subsidy Scheme (VSS)</td>
<td>18 October 2017</td>
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## Type of Vaccines Covered in 2017/18:
- Seasonal influenza vaccine
- Pneumococcal vaccines
Aims

- Protect public health
- Reduce risk of severe disease and mortality arising from influenza infection and its complications in high-risk people
- Minimise chance of invasive pneumococcal disease in elderly people
Government Vaccination Programme (GVP)
SIV programme implementation

- Follow GVP 2016/17, no change in eligibility
- Implementation schedule: similar to last year by phases - e.g. health care workers
  ➔ existing clients
  ➔ community elderly
  (to be announced later)
Influenza vaccine used under GVP 2017/18

Quadrivalent influenza vaccine

- May potentially prevent majority of influenza burden in Hong Kong AND
- Potentially offer additional protection against influenza B
Eligible groups of SIV under GVP 2017/18

(Eligible groups same as 2016/17 – no change)

- Pregnant women receiving CSSA/holding medical waivers
- Elderly persons living in residential care home
- Long-stay residents of institutions for the persons with disabilities
- Elderly aged 65 years or above
- Persons aged 50 to 64 years receiving CSSA/holding medical waivers
- Persons under 50 years with high-risk conditions who are receiving CSSA/holding medical waivers; long-stay HA in-patients; or persons with intellectual disability
- Healthcare workers in public sector and residential care homes
- Children between age 6 months and below 12 years on CSSA/holding medical waivers
- Poultry workers/ staff involved in poultry-culling operation
- Pig farmers/ pig-slaughtering industry personnel
High-risk conditions (under GVP/VSS)

High-risk conditions include both risk factors for seasonal influenza and invasive pneumococcal diseases

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant;
- Chronic cardiovascular (except hypertension without complications), lung, liver or kidney diseases;
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome or cancer/steroid treatment;
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions, or increase the risk of aspiration, or those who lack the ability to take care of themselves
- Children and adolescents (aged 6 months to 18 years) on long-term therapy.
Government Vaccination Programme

- **Place of vaccinations**
  - HA clinics and hospitals
  - DH clinics
  - Residential care homes (under Residential Care Home Vaccination Programme)
  - For HCW, arranged by service unit

- For details: [www.chp.gov.hk](http://www.chp.gov.hk)
Residential Care Home Vaccination Programme 2017/18

- Part of Government Vaccination Programme
- Eligibility (Eligible groups same as 2016/17 – no change)

- Seasonal influenza vaccination
  - All residents and staff in residential care homes for elderly (RCHE) and residential care homes for persons with disabilities (RCHD)
  - Non-institutionalized persons with intellectual disabilities (PID) receiving services at designated institutions (DI) (day centres, sheltered workshops and special schools)
Government provides free vaccines to RCHEs/ RCHDs

RCHEs/ RCHDs invite VMO to provide on-site vaccination

VMO claims a fee of $50 per injection via eHealth System (Subsidies) after service
Vaccination Subsidy Scheme (VSS)
Target groups under VSS 2017/18

- Subsidised seasonal influenza vaccination for the following target groups:
  1. Pregnant women
  2. Children (aged 6 months to under 12 years)
  3. Elderly aged 65 years or above
  4. Persons with intellectual disability
  5. Persons receiving Disability Allowance
VSS 2017/18

Level of Government subsidy
(subsidy level – same as 2016/17, no change)

- Seasonal influenza vaccine:
  HK$190 (up to 2 doses in 2017/18)
VSS 2017/18

- No restriction on doctors’ fees on top of subsidy
  - DH encourage no extra charge

- Require transparency in doctor’s pricing
  - Display price posters at clinic
  - Publish in CHP website (www.chp.gov.hk)
Pneumococcal Vaccination for the Elderly
New arrangement on Pneumococcal Vaccination in 2017/18

- The Government has considered the recommendations of SCVPD and made new arrangement starting from 2017/18

<table>
<thead>
<tr>
<th>Elderly aged 65 years or above</th>
<th>No pneumococcal vaccination before</th>
<th>Have had 23vPPV before</th>
</tr>
</thead>
</table>
| **With** high-risk conditions  | - one dose of free or subsidised PCV 13  
|                                 |   - followed by one dose of 23vPPV one year after | - one dose of free or subsidised PCV13 mop-up vaccination one year after the previous dose of 23vPPV (In phases) |
| **Without** high-risk conditions | - continue to provide one dose of free or subsidized 23vPPV | - **no need to re-vaccinate** |
High-risk conditions (under GVP/VSS)

High-risk conditions include both risk factors for invasive pneumococcal diseases and seasonal influenza

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant;
- Chronic cardiovascular (except hypertension without complications), lung, liver or kidney diseases;
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome or cancer/steroid treatment;
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions, or increase the risk of aspiration, or those who lack the ability to take care of themselves
### Eligible elderly under GVP (Free)

<table>
<thead>
<tr>
<th>Eligible elderly under GVP (elderly aged 65 years or above)</th>
<th>2017/18</th>
</tr>
</thead>
</table>
| 1) Community-living elderly **with** high-risk conditions attending public clinics | a) **New turn-up** (No PV before):  
- one dose **PCV13**  
- followed by one dose of **23vPPV** one year after |
| 2) Community-living elderly who are CSSA recipients or holders of a valid Certificate for Waiver of Medical Charges (**regardless if they have high-risk conditions or not**) | b) **Mop-up** (Have had 23vPPV before):  
- one dose of **PCV13**  
  one year after the previous 23vPPV |
| 3) Residents of elderly homes/ elderly aged 65 years or above in disabled homes | |
| 4) Elderly in-patients under HA  
**with** high-risk conditions; or in-patients in infirmary, psycho-geriatric, mentally ill or mentally handicapped units/ wards) | |
### Proposed implementation schedule of Vaccination Schemes in 2017/18

<table>
<thead>
<tr>
<th>Date</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2017</td>
<td>Announcement of vaccination scheme</td>
</tr>
</tbody>
</table>
| Oct 2017   | GVP and VSS start for
|            | ● **new turn-up** -------------------- under RVP/ DH/ HA (No PV before)                                                                       |
|            | ● **mop-up** ------------------------- under RVP/ DH (Have had 23vPPV before)                                                               |
| March 2018 | PCV13 mop-up vaccination in HA starts                                                                                                       |
## Eligible elderly under VSS (Subsidised)

<table>
<thead>
<tr>
<th>Eligible groups of VSS 2017/18</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a) New turn-up (No PV before)</strong></td>
<td></td>
</tr>
<tr>
<td>- Community-living elderly, who are Hong Kong residents, <strong>without</strong> high-risk conditions</td>
<td>- one dose of <strong>23vPPV</strong></td>
</tr>
<tr>
<td>- Community-living elderly, who are Hong Kong residents, <strong>with</strong> high-risk conditions</td>
<td>- one dose of <strong>PCV13</strong></td>
</tr>
<tr>
<td></td>
<td>- followed by one dose of <strong>23vPPV</strong> one year after</td>
</tr>
<tr>
<td><strong>b) Mop-up (Have had 23vPPV before)</strong></td>
<td></td>
</tr>
<tr>
<td>- Community-living elderly, who are Hong Kong residents, <strong>with</strong> high-risk conditions and <strong>23vPPV</strong> before</td>
<td>- one dose of <strong>PCV13</strong> after the previous dose of <strong>23vPPV</strong></td>
</tr>
</tbody>
</table>
VSS 2017/18

Level of Government subsidy

- 23vPPV --- HK$ 190 (per dose)
- PCV 13 --- HK$ 730 (per dose)
Role of Health Care Workers
Role of Health Care Workers (1)

1) Promote the vaccination to patients

- According to survey, “healthcare workers’ recommendation” is an important facilitator factor
- promote vaccination during consultations/ medical appointments
- clarify main concerns: about the effectiveness and safety of the vaccination
Role of Health Care Workers (2)

2) Get vaccination themselves:
   Seasonal influenza vaccination is recommended for health care workers to:
   
   - reduce morbidity and hence reduce absenteeism among health care workers related to respiratory infections
   - reduce the risk of transmitting influenza to patients who are at high-risk of complications and mortality from influenza
## Vaccination statistics for eligible HCWs

<table>
<thead>
<tr>
<th>Category of target groups</th>
<th>No. of doses administered</th>
<th>2015/16</th>
<th>2016/17 (as at 6 Aug 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Workers in public sector and residential care homes</td>
<td>~ 35400 (overall coverage ~ 31.5%)</td>
<td>~ 41400 (overall coverage ~ 35.5%)</td>
<td></td>
</tr>
</tbody>
</table>
# Coverage of Health Care Workers under GVP 2016/17

(According to Phase III statistical return from HSS)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>2015/16 Coverage</th>
<th>2016/17 Coverage</th>
<th>Grade</th>
<th>2015/16 Coverage</th>
<th>2016/17 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>35.1%</td>
<td>44.0%</td>
<td>Doctors</td>
<td>64.1%</td>
<td>68.6%</td>
</tr>
<tr>
<td>Nursing</td>
<td>20.3%</td>
<td>24.5%</td>
<td>Nursing</td>
<td>38.9%</td>
<td>39.5%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>22.1%</td>
<td>26.2%</td>
<td>Dental Officer Grade</td>
<td>49.5%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Supporting Staff (care-related)</td>
<td>29.9%</td>
<td>39.6%</td>
<td>Paradental/ Supplementary Medical</td>
<td>39.3%</td>
<td>38.7%</td>
</tr>
<tr>
<td>Others</td>
<td>17.5%</td>
<td></td>
<td>Others</td>
<td>35.0%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>26.3%</td>
<td>27.2%</td>
<td>Overall</td>
<td>38.9%</td>
<td>40.3%</td>
</tr>
</tbody>
</table>
Barriers to receive Seasonal Influenza Vaccination
## Reasons for DH staff NOT consent to receive SIV in GVP 2016/17

<table>
<thead>
<tr>
<th>Reasons for NOT consent to receive SIV</th>
<th>Per cent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy to egg</td>
<td>0.6</td>
</tr>
<tr>
<td>Allergy to neomycin</td>
<td>0.7</td>
</tr>
<tr>
<td>Previous allergy to SI vaccines</td>
<td>2.1</td>
</tr>
<tr>
<td>Do not consider flu vaccine as useful</td>
<td>23.8</td>
</tr>
<tr>
<td>Afraid of side-effect</td>
<td>65.8</td>
</tr>
<tr>
<td>Prefer other vaccine brand</td>
<td>0.9</td>
</tr>
<tr>
<td>Other reasons</td>
<td>7.8</td>
</tr>
</tbody>
</table>
Influenza vaccine

- Seasonal influenza vaccine is very safe.

- Influenza vaccine can prevent influenza and its complications effectively, and reduce associated hospitalizations and deaths.

- Inactivated influenza vaccine has been used for more than 60 years and has an excellent safety profile

- Well tolerated apart from occasional soreness, redness or swelling at the injection site

- Some recipients may experience fever, muscle pain and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days
Severe adverse events following immunisation (AEFI)

- Severe adverse event is rare
  - Guillain-Barré syndrome (GBS) (approx. 1 to 2 cases per million vaccinees)
  - Meningitis or encephalopathy (1 in 3 million doses distributed)
  - Severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed)

- The **causal relationship** of influenza vaccination with these adverse events is **not** established
Severe adverse events following immunisation (AEFI)

- Studies have shown that the risk of Guillian-Barré Syndrome after influenza infection (17.20 per million) is much higher than after influenza vaccination (1.03 per million)

GBS after Influenza Infection (17.20 per million) > GBS after Influenza vaccination (1.03 per million)
To facilitate staff vaccination...

- **Location:**
  - Convenient vaccination location arranged by service units
  - Mobile vaccination team

- **Vaccination dates:**
  - Multiple sessions to allow for choices
  - Mop-up period

- **Publicity:**
  - Briefing session targeted at health care workers on influenza vaccination
  - Liaise with medical professional associations for support to promulgate influenza vaccination
  - Senior officials taking the lead to receive flu vaccination
  - Video, poster, email, circular etc.
Publicity to health care workers

- Government officials took the lead as role models with frontline staff to receive vaccination
- DoH took the lead as role models and participated in the promotion video
- Briefing session for health care workers (explain safety and importance of vaccination)
  - SFH, senior officials and frontline HCWs of HA and DH receive vaccination at Ha Kwai Chung GOPC and appeal to public for vaccination
  - Visit of USFH to PYNEH to inspect staff vaccination arrangement and give recognition to HCW for getting SIV
For more information

Vaccination Office

Tel : 2125 2125
Fax : 2713 9576
Email : vacs@dh.gov.hk
Address : Block A, 2/F, 147c Argyle Street, Kowloon

http://www.chp.gov.hk
Get Vaccination

- Receiving vaccines can protect health care workers, as well as their family members, friends, colleagues and patients from influenza infection and its complications.

- To protect ourselves and people around us, get influenza vaccination now.
THANK YOU