衞生防護中心
Centre for Health Protection

Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2016/17 Season

Vaccination Subsidy Scheme Briefing Session for Private Doctors

25 & 26 August 2016

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Outline

- Influenza activities in 2015/16 season
- SCVPD recommendations for 2016/17 season
- Adverse events following immunisation (AEFI) of seasonal influenza vaccine

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Influenza activities in 2015/16 season

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Overview of local influenza activity in 2015/16 winter season

- 2015/16 winter season arrived in late Jan, peaked around late Feb to early Mar, and ended in mid-May (~16 weeks)
  - Started and ended later than previous seasons

- Predominated by both **A(H1N1)pdm09** & **B**
  - A(H1N1)pdm09 predominated initially, B increasing in proportion since Feb and replacing H1N1 to become predominating type in later phase
  - Among positive influenza detections
    - **49% A(H1N1)pdm09**, **44% B** (~half Victoria lineage & half Yamagata lineage)
    - A(H3N2) & C remained at low level

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2015/16 winter season

- Children were relatively more affected as compared with previous seasons, as reflected by
  - Relatively high proportion of schools experienced ILI outbreak
  - High influenza admission rates in HA among 0 - 5 & 6 - 11 yrs
  - More paediatric severe cases compared with previous seasons
- Overall fewer severe & fatal cases among adults
  - 18 - 64 yrs (esp. 50 - 64 yrs) were relatively more affected than last season
  - But elderly aged ≥65 yrs was still the most affected group

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SCVPD recommendations for 2016/17 season

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SCVPD recommendations on priority groups for 2016/17 season

- Serious influenza infection can occur even in healthy individuals
- Seasonal influenza vaccines are safe and effective
- Seasonal influenza vaccination is recommended for personal protection against clinical influenza for all persons except those with known contraindications

Priority groups for influenza vaccination in 2016/17 season

- Pregnant women
- Elderly persons living in residential care homes
- Long-stay residents of institutions for persons with disabilities
- Persons aged 50 years or above
- Persons with chronic medical problems*
- Health care workers
- Children aged 6 months to 11 years
- Poultry workers
- Pig farmers and pig-slaughtering industry personnel

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Chronic medical problems*

People with chronic illnesses mainly refer to those who have:-

- Chronic cardiovascular diseases (except hypertension without complication)
- Lung diseases
- Metabolic diseases
- Kidney diseases
- Obesity (BMI >= 30)
- Immunocompromised (with a weakened immune system due to disease such as HIV/AIDS or treatment such as cancer treatment)
- Children and adolescents (aged 6 months to 18 years) on long-term aspirin therapy
- Chronic neurological condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration or those who lack the ability to care for themselves

Rationale for recommendations

- **Pregnant women** are recommended to have the highest priority for vaccination

- Based on
  - Evidence of a substantial risk of severe disease in this group
  - Evidence that seasonal influenza vaccine is safe throughout pregnancy
  - Evidence that vaccine is effective in preventing influenza in the pregnant women and their young infants

WHO recommendation on seasonal influenza vaccine composition in 2016/17 (Northern hemisphere)

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus
- WHO also recommends that quadrivalent vaccines containing two influenza B viruses should contain the above three viruses and a B/Phuket/3073/2013-like virus

Choice of vaccine

- Both trivalent and quadrivalent inactivated influenza vaccines are recommended for use in Hong Kong

- Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B

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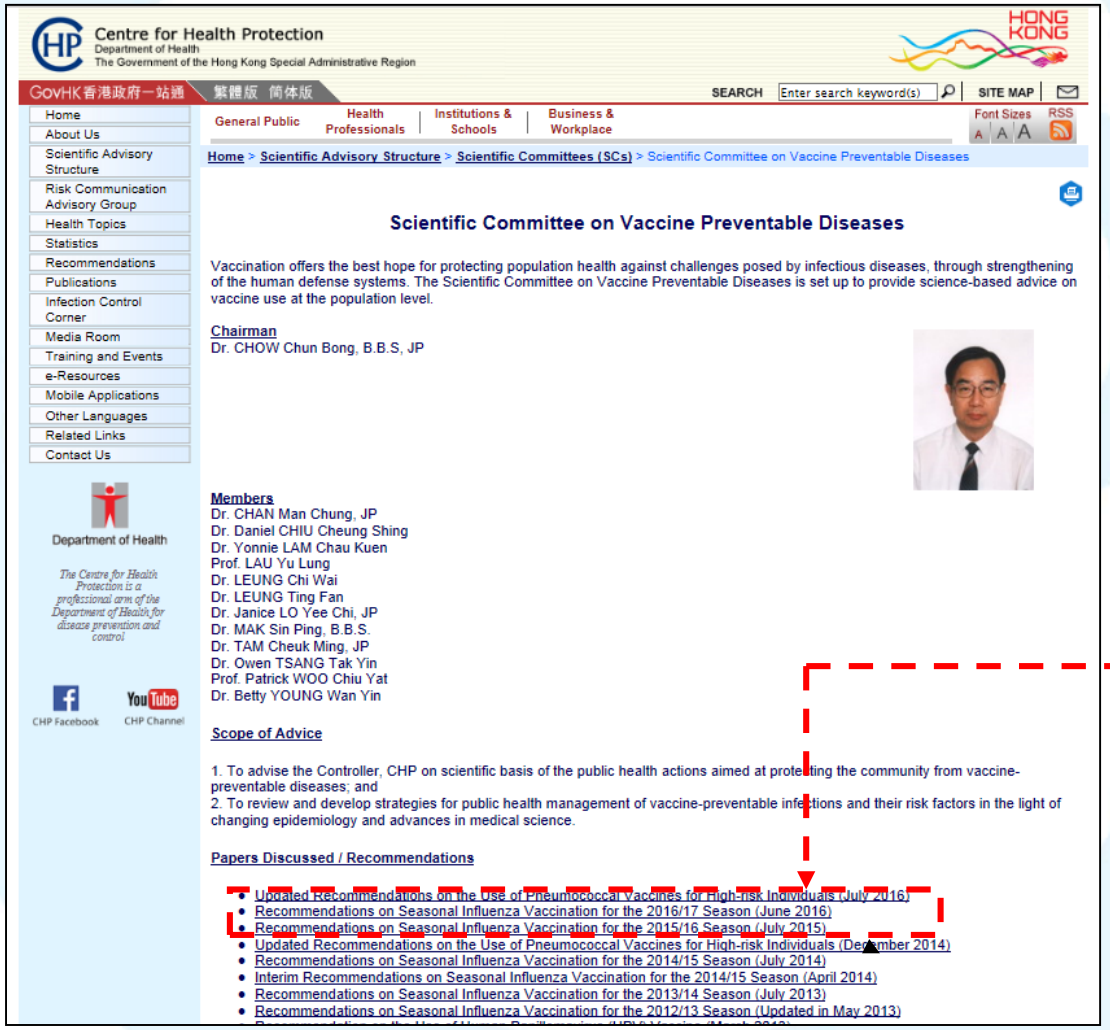
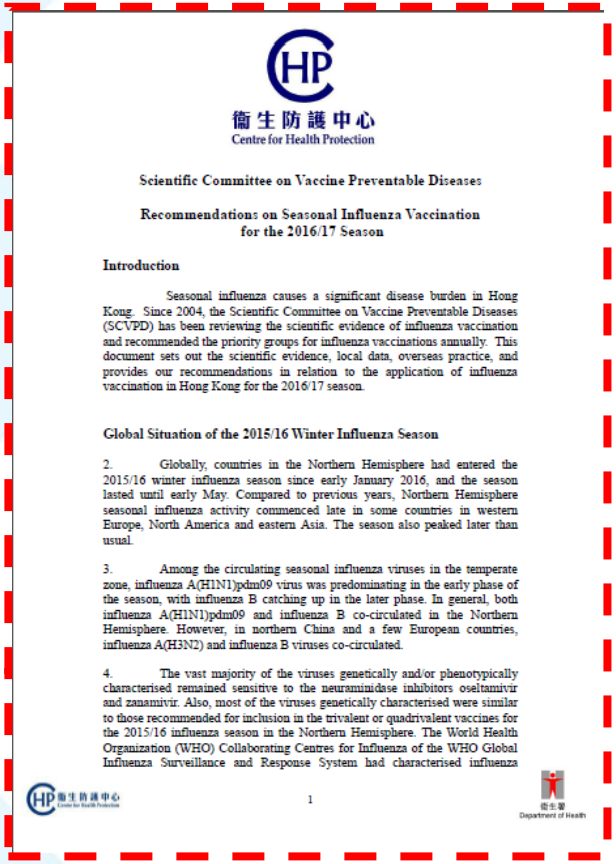
Dosage and dosing schedule

- TIV and QIV
  - 6 – 35 months : Half the adult dose
  - 36 months or above : adult dose
- One dose is adequate for
  - Persons 9 years or above
  - Children below 9 years, who have properly received one or more doses of seasonal influenza vaccine in or before 2015/16 season
- 2-dose regimen separated by at least 28 days is recommended for vaccine naïve children below 9 years

Uploaded recommendations on CHP website

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Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2016/17 Season

Introduction

Seasonal influenza causes a significant disease burden in Hong Kong. Since 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) has been reviewing the scientific evidence of influenza vaccination and recommended the priority groups for influenza vaccinations annually. This document sets out the scientific evidence, local data, overseas practice, and provides our recommendations in relation to the application of influenza vaccination in Hong Kong for the 2016/17 season.

Global Situation of the 2015/16 Winter Influenza Season

2. Globally, countries in the Northern Hemisphere had entered the 2015/16 winter influenza season since early January 2016, and the season lasted until early May. Compared to previous years, Northern Hemisphere seasonal influenza activity commenced late in some countries in western Europe, North America and eastern Asia. The season also peaked later than usual.

3. Among the circulating seasonal influenza viruses in the temperate zone, influenza A(H1N1)pdm09 virus was predominating in the early phase of the season, with influenza B catching up in the later phase. In general, both influenza A(H1N1)pdm09 and influenza B co-circulated in the Northern Hemisphere. However, in northern China and a few European countries, influenza A(H3N2) and influenza B viruses co-circulated.

4. The vast majority of the viruses genetically and/or phenotypically characterised remained sensitive to the neuraminidase inhibitors oseltamivir and zanamivir. Also, most of the viruses genetically characterised were similar to those recommended for inclusion in the trivalent or quadrivalent vaccines for the 2015/16 influenza season in the Northern Hemisphere. The World Health Organization (WHO) Collaborating Centres for Influenza of the WHO Global Influenza Surveillance and Response System had characterised influenza

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http://www.chp.gov.hk/files/pdf/short_version_of_recommendations_on_seasonal_influenza_vaccination_for_the_2016_17.pdf

Adverse events following immunisation (AEFI) of seasonal influenza vaccine

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Influenza vaccine

- 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 and joint pains, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days

Severe adverse events following immunisation (AEFI)

- Rarely followed by
  - Guillain-Barré syndrome (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)

- Influenza vaccination **may not** necessarily have **causal relations** with these adverse events

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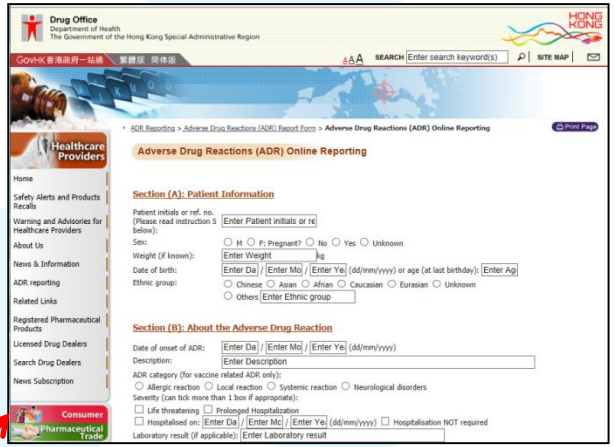
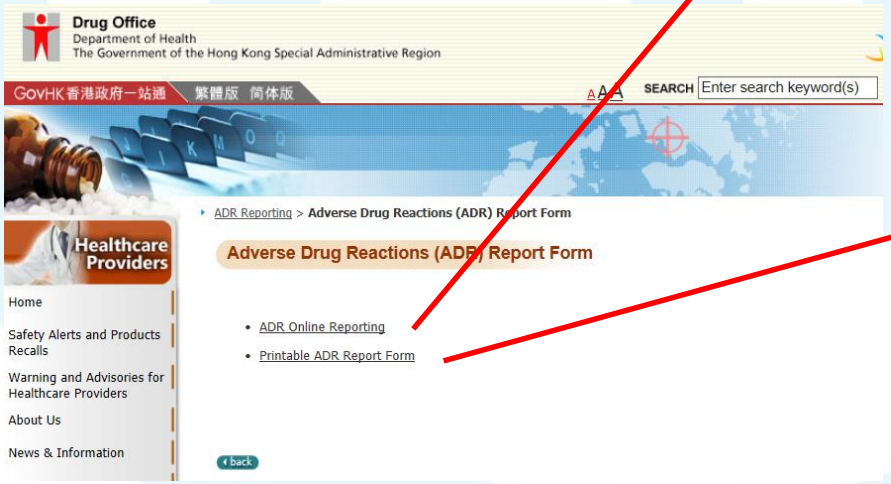
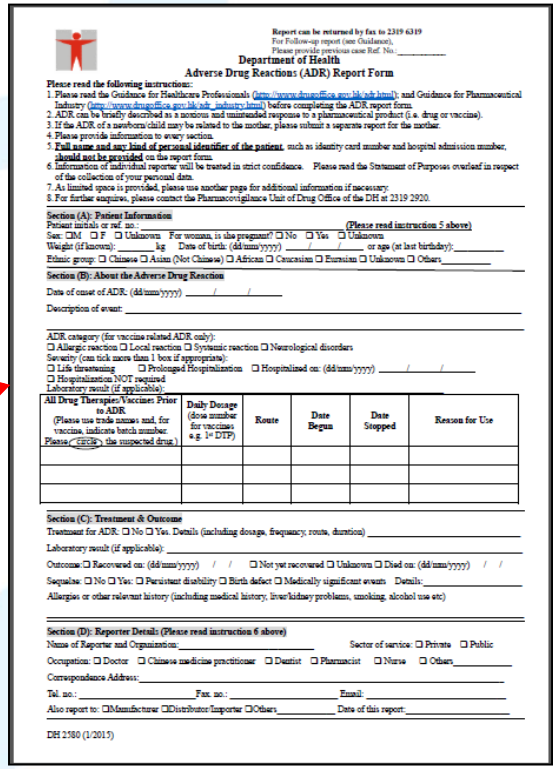
Reporting AEFI

- Report AEFI to **Pharmacovigilance Unit** of Drug Office under the Department of Health
- Reporting form available at:
  - http://www.drugoffice.gov.hk/adr.html
- Report can also be submitted online at the above website







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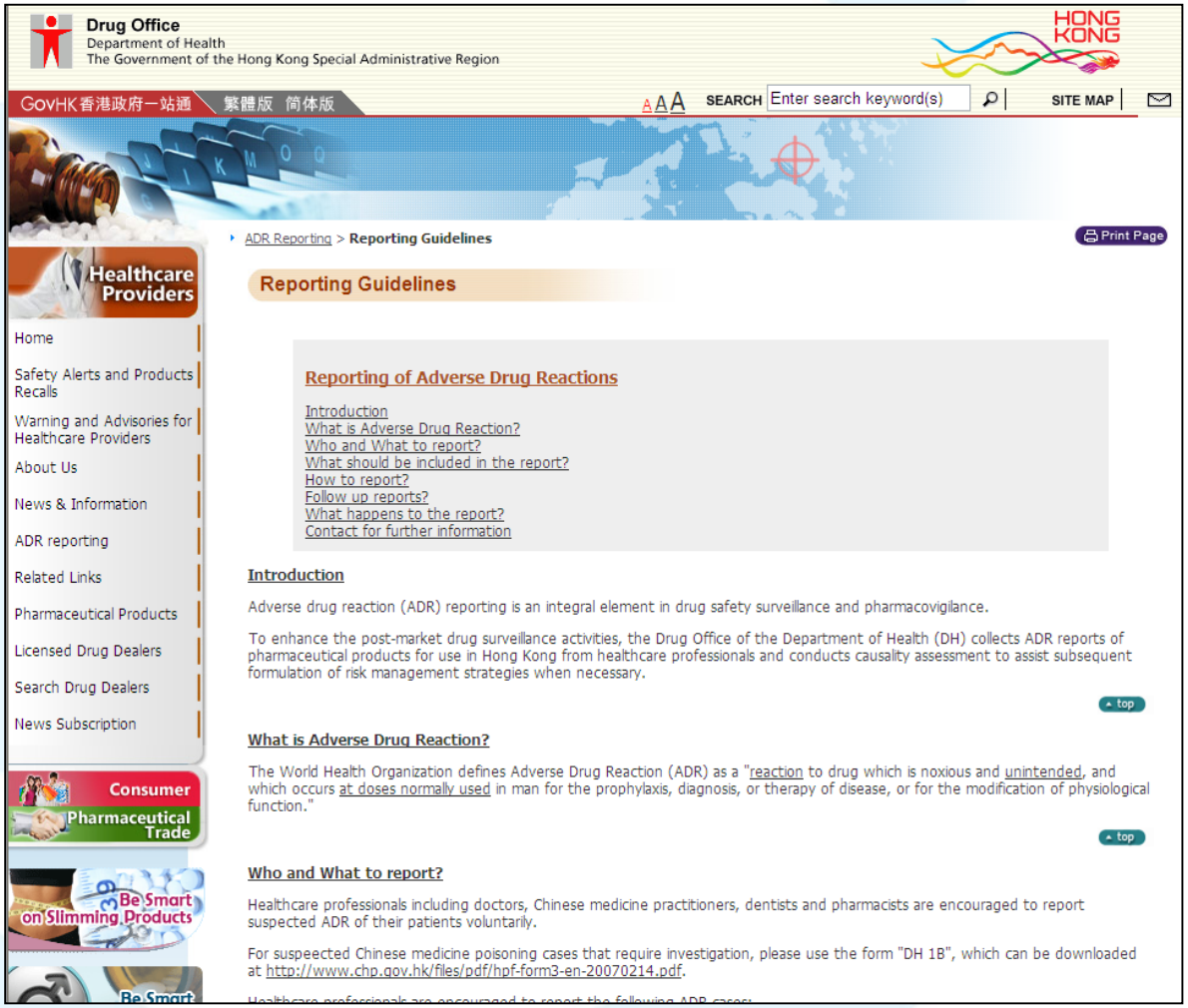
Pharmacovigilance Unit



http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/reporting_guideline.html

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AEFI reports

- CHP has been publishing AEFI of SIV reports weekly on CHP website

- Vaccination statistics and background information on adverse events following seasonal influenza vaccination are also provided

Weekly AEFI of SIV reports on CHP website

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Vaccination Schemes

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VACCINATION SCHEMES

Public

- Vaccination schemes at a glance
- Vaccination statistics and background information on adverse events following seasonal influenza vaccination

List of Participating Doc

- Children aged less than 6 years
- Persons aged 6 - 49 years
- Persons aged 50 years or above
- Pregnant women
- Health care workers
- Workers in poultry, pig farming or slaughtering industry
- Persons with intellectual disability

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Background Information on Adverse Events following seasonal influenza vaccination

1. The 2015/16 seasonal influenza vaccine contains A/California/7/2009 (H1N1) pdm09-like virus A/Switzerland/9715293/2013 (H3N2)-like virus and B/Phuket/3073/2013-like virus antigens. If quadrivalent influenza vaccine is being used, it shall contain the above three viruses and B/Brisbane/60/2008-like virus.

2. Seasonal influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site (inactivated vaccine). Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days.

3. An adverse event is a health problem that is reported after someone gets vaccinated. It may or may not have been caused by the vaccine. Some of these events may occur by chance during the post-vaccination period and are unrelated to vaccination. Report of adverse event does not mean that a vaccine caused the event.

About 40-80 cases of Guillain-Barré Syndrome (GBS) are seen in public hospitals each year (click here for the monthly number of newly admitted GBS cases in Hong Kong). The incidence of GBS is higher among elderly persons and during the winter season. During the 2009/10 HSI vaccination programme, the Expert Group based on statistical analysis using local GBS data, concluded that the observed number of GBS cases that occurred in vaccinated persons lies within normal expectation of baseline incidence. During the 2010/11 to 2014/15 seasonal influenza vaccination programmes, the number of GBS recorded in public hospitals has not deviated from the baseline.

Number of GBS (within the period of 5 days and 6 weeks after vaccination) and other serious neurological adverse events reported among vaccinated person since 15 October 2015 (as of 12 noon, 25 July 2016):

Guillain-Barré Syndrome	Other serious neurological adverse events
1*	0

*Batch number of the seasonal influenza vaccine cannot be ascertained

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http://www.chp.gov.hk/en/view_content/26734.html#

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Thank you

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