



**衛生防護中心**  
Centre for Health Protection

## **Scientific Committee on Vaccine Preventable Diseases**

### **Statements on Influenza Vaccination for the 2005/06 Season**

Influenza occurs in Hong Kong throughout the year with seasonal peaks most commonly in February and March, sometimes July and August. Influenza causes significant disease burden in some population groups where it is associated with increased risk of complications. Influenza vaccination is one of the effective means in preventing influenza and its complications. The following statements are made by Scientific Committee on Vaccine Preventable Diseases in relation to target groups for influenza vaccination in Hong Kong.

#### **Elderly Persons Living in Residential Care Homes**

There is strong local and overseas evidence that influenza vaccination is effective in reducing the risk of complications from influenza among elderly persons living in residential care homes. Not only preventing the illness, the vaccination helps preventing hospitalization and pneumonia in influenza outbreaks. Influenza vaccination is thus recommended for this group of persons.

#### **Long-stay Residents of Institutions for the Disabled**

Local data shows that long-stay residents of institutions for the mentally and physically disabled have high rates of hospitalization during influenza outbreaks. Their disability hinders them from undertaking adequate hygiene measures in an institutional environment which favors the transmission of influenza. Influenza vaccination is thus recommended for this group of persons.



## **Elderly Persons Aged 65 Years or Above**

Elderly persons aged 65 years or above are at high risk of complications and excess hospital admissions and death from influenza. Influenza vaccination is thus recommended for this group of persons.

## **Persons with Chronic Illnesses**

Based on overseas evidence and recommendations by the World Health Organization, influenza vaccination is recommended for persons aged > 6 months who have chronic cardiovascular, pulmonary, metabolic or renal disease, who are immunocompromised, or children and adolescents (aged 6 months to 18 years) on long-term aspirin therapy.

## **Health Care Workers**

To reduce the risk of transmitting influenza to patients who are at high risk of complications from influenza and to reduce absenteeism among health care workers related to respiratory infections, influenza vaccination is recommended for all health care workers.

## **Poultry Workers**

The recent upsurge of avian influenza outbreaks (H5N1) in 2005 among both poultry and humans in Western Pacific and Southeast Asia region countries is a cause for concern. It is hoped that by preventing dual infections by the human influenza and avian influenza viruses in humans, the risk of reassortment and eventual emergence of a novel influenza virus with pandemic potential could be reduced to a minimum. Thus, influenza vaccination is recommended for poultry workers who are at increased risk of exposure to avian influenza.

## **Children Aged 6 to 23 Months**

Local and overseas evidence shows that children aged 6 to 23 months have excess hospitalizations associated with influenza. Influenza vaccination is recommended for personal protection for this group of persons.

## **Pregnant Women**

Taking into consideration current scientific evidence, overseas practices and vaccine safety for pregnant women, influenza vaccination by inactivated influenza vaccine may reduce cardiopulmonary complications leading to hospital admissions and is thus recommended for pregnant women in the second or third trimester.

*All other members of the public are advised to consult their doctors for the need for vaccination for personal protection and/or reducing the risk of transmitting influenza to high risk persons with whom they regularly come into contact.*

## **Recommended Vaccine Composition and Use**

Recommended vaccines to be used in the 2005–2006 season (northern hemisphere winter) contain an A/New Caledonia/20/99(H1N1)-like virus, an A/California/7/2004(H3N2)-like virus and a B/Shanghai/361/2002-like virus.

Inactivated influenza vaccine is recommended to be used for target groups annually, at least two weeks prior to the anticipated seasonal peak of influenza. It is contraindicated for those with history of hypersensitivity to eggs or other components of the vaccine.

Taking into account international practice, the recommended dosage schedule for inactivated influenza vaccine is 2 doses with an interval of 4 weeks for previously unvaccinated children aged below 9 years and 1 dose for the rest. Half dose (0.25ml) is recommended for children below 3 years.

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