



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

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

### **Statements on Influenza Vaccination for the 2007/08 Season**

Influenza occurs in Hong Kong throughout the year with seasonal peaks most commonly between 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**

2. 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 also helps preventing hospitalisation and pneumonia in influenza outbreaks. Influenza vaccination is thus recommended for this group of persons.

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

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



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

4. 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 Illness**

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

## **Health Care Workers**

6. To reduce the risk of transmitting influenza to patients who are at high risk of complications and mortality 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**

7. Avian influenza outbreaks (H5N1) in recent years among both poultry and humans in various countries in the region and also globally 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 and persons involved in slaughter of animals potentially infected with highly pathogenic avian influenza virus.

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

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

## **Pregnant Women**

9. 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 all pregnant women. Influenza vaccination with inactivated influenza vaccine at any

gestation age of pregnancy is considered safe by the World Health Organization and there is no evidence indicating that inactivated influenza vaccine is teratogenic even given during the first trimester.

10. *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**

11. Recommended vaccines to be used in the 2007–2008 season (northern hemisphere winter) contain an A/Solomon Islands/3/2006(H1N1)-like virus, an A/Wisconsin/67/2005(H3N2)-like virus and a B/Malaysia/2506/2004-like virus.

12. 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. Precaution should also be made to ascertain the temporal relationship if there is history of Guillain-Barre Syndrome (GBS). History of GBS is a contraindication for further use of inactivated influenza vaccine if it has developed within 8 weeks after receiving inactivated influenza vaccine.

13. Taking international practice into account, 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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