

# **2025/26 Vaccination Subsidy Scheme**

**For Private Doctors**

**July 2025**

# Today's rundown

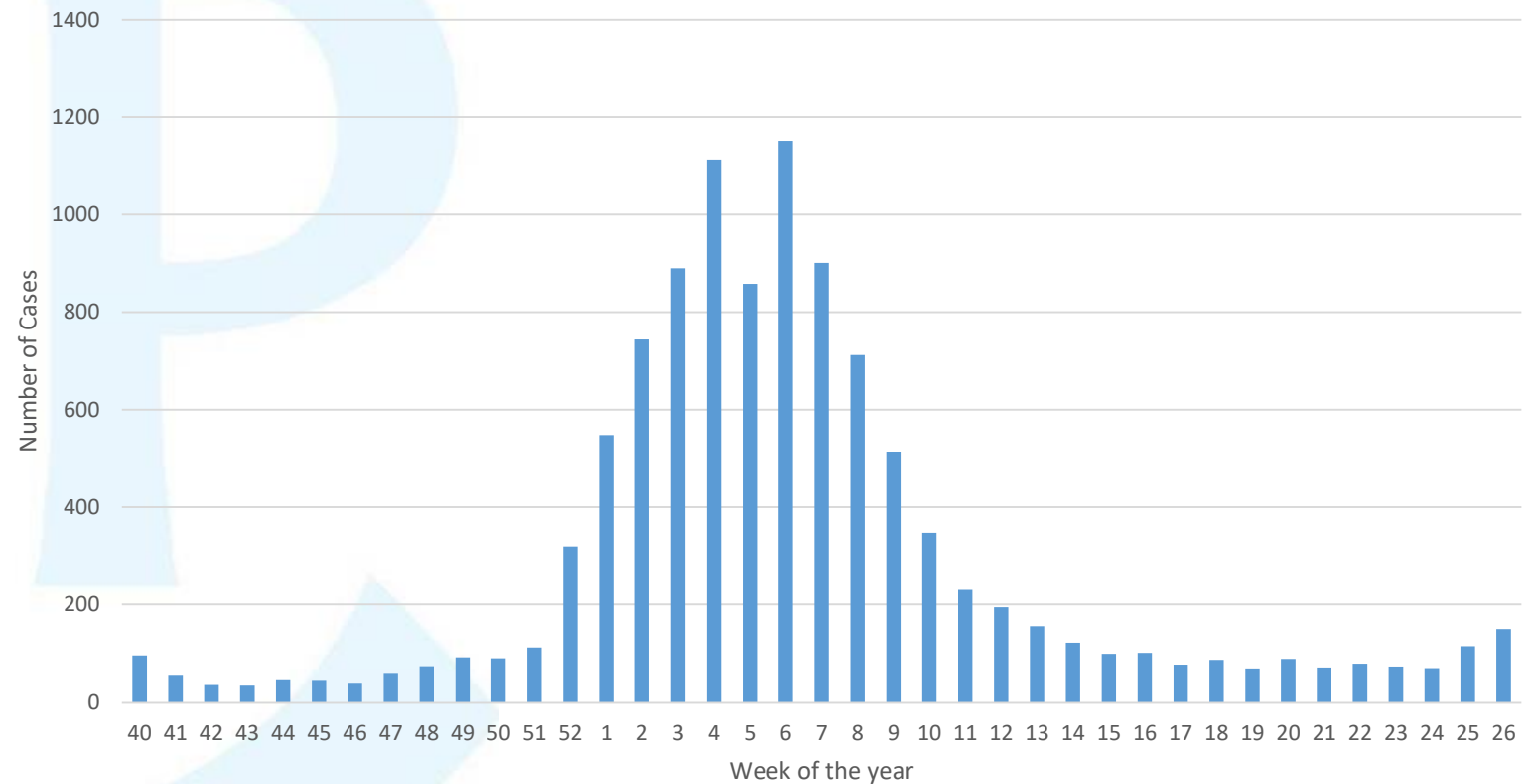
- Review of Vaccination Subsidy Scheme 2024/25 and overview of Vaccination Subsidy Scheme 2025/26
- Chronic Disease Co-Care Pilot Scheme (CDCC) and Development of Primary Healthcare
- Government Vaccine Contract for VSS Doctors enrolled in the Chronic Disease Co-Care Pilot Scheme
- Doctor Enrolment and Ordering Seasonal Influenza Vaccine through Government Contract (Arrangement and IT guides)
- Vaccination Service in Clinic and Non-clinic Setting (workflow and IT guides)
- Vaccine storage requirement for VSS 2025/26
- Clinical Waste Management
- Promotion of Elderly Health Voucher Scheme
- Q&A

# Review of 2024/25

# 2024/25 flu season

- The season started in last week of 2024 and ended in March 2025

Temporal Distribution of Influenza Cases  
2024/25



## Surveillance of severe influenza cases

- During this influenza season, 488 adult cases of ICU admission/death with laboratory confirmation of influenza were recorded, in which 330 of them were fatal.
- Majority of cases (70% of adult cases/ 89% of fatal cases) were elderly of 65 year old or above.
- Large proportion of cases did not receive the 2024/25 SIV.
- Among the adult fatal cases with available clinical information, about 81% had chronic diseases.

Year	Season	Duration (Week)	Required ICU admission/death adult case	Death adult case
2017/18	Winter	Average of 11 weeks	Average of 438 cases	Average of 280 cases
2018/19	Winter			
2023	April			
2023	Summer			
2023/24	Winter	28 weeks	1152	780
<b>2024/2025</b>	<b>Winter</b>	<b>13 weeks</b>	<b>488</b>	<b>330</b>

## Surveillance of severe influenza cases

- During this influenza season, 10 paediatric cases of influenza-associated complication/death were reported, in which four of them were fatal.
- Seven cases had infections with influenza A(H1), one with influenza A(H3), two with influenza B.
- Majority of them (70%) did not receive the 2024/25 SIV.

Year	Season	Duration(Week)	Severe paediatric influenza-associated complication/death case	Paediatric influenza-associated death
2017/18	Winter	Average of 11 weeks	Average of 16 cases	Average of 2 cases
2018/19	Winter			
2023	April			
2023	Summer			
2023/24	Winter	28	32	6
2024/25	Winter	13	10	0

# Summary of Vaccination Statistics 2024/25 - SIV

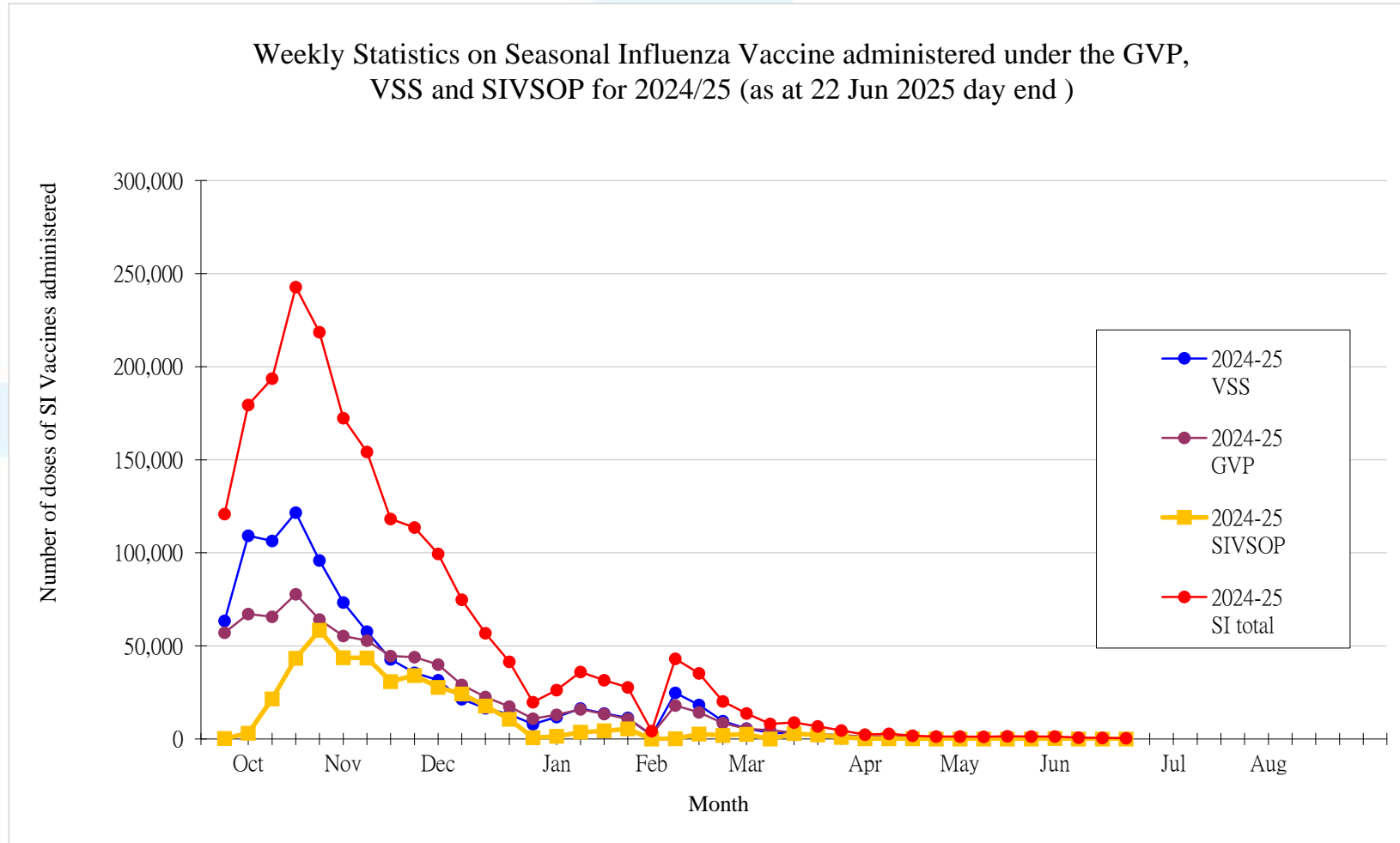
Around **2,089,500** doses **(+11.8%)** administered under different vaccination programmes **(record high)**

Overall increase of around **54,500** doses **(+6.3%)** under VSS as compared to same period last year

(as at 22 June 2025 day end)

# Statistics of SIV 2024/25 – all programmes

- To prepare for continuing SIV provision for high risk groups beyond January





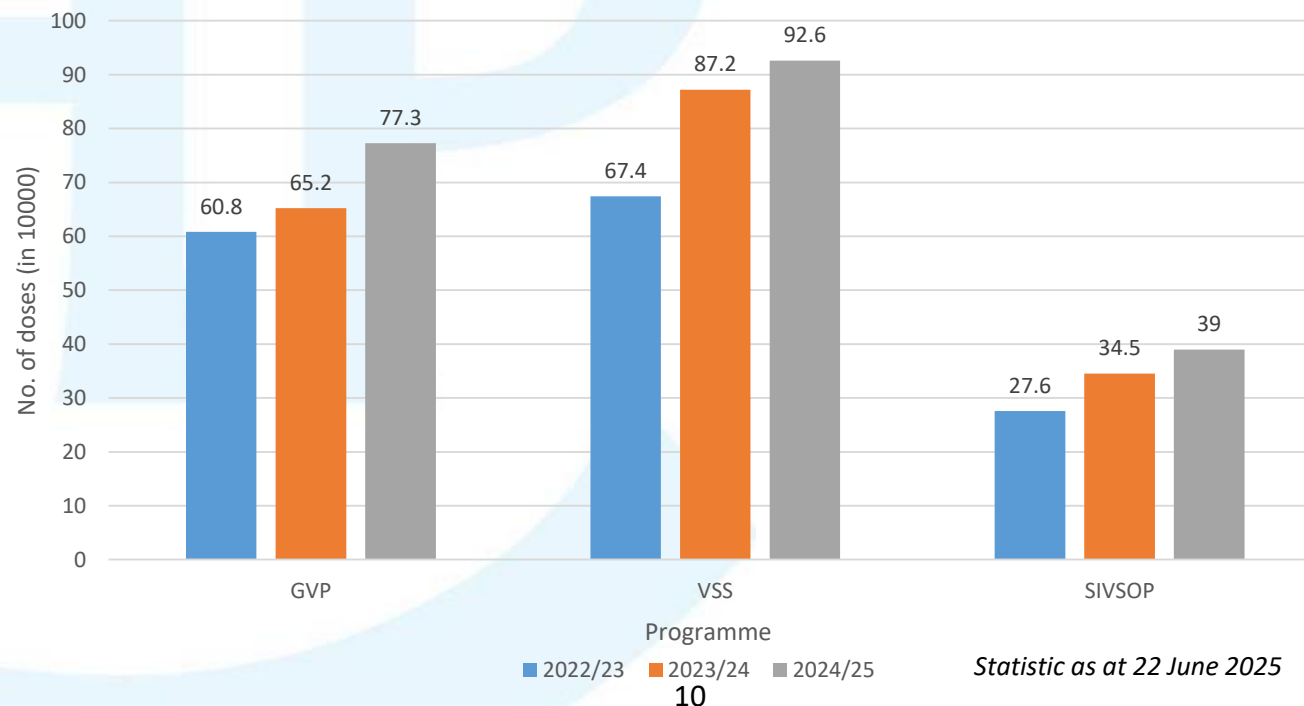
# Coverage rate of recent 3 yrs by major eligible groups (as at 22 June 2025)

Age group	Coverage in 2022/23	Coverage in 2023/24	Coverage in 2024/25 (Compare in doses with same period in 2023/24)
65 years or above	48.3%	51.5%	51.7% (+5.5%)
50 to 64 years	17.8%	19.2%	25.6% (+33.1%)
6 months to less than 2 years	9.1%	22.1%	28.4% (+19.5%)
2 years to less than 6 years	45.8%	56.3%	63.1% (-2.3%)
6 years to less than 12 years	60.2%	68.0%	73.8% (+3.4%)
12 years to less than 18 years	19.3%	40.9%	56.3% (+42.3%)
Pregnant women	4.1%	9.4%	19.3% (+111.2%)

# What we achieved together in 2024/25

- **Record high number of SIV doses administered!**
- A total of about 2.08 million doses of vaccine was administered under all SIV programmes
  - 11.8% increase compared with same period last year

Seasonal Influenza Vaccination Statistics  
from 2022/23 to 2024/25, by vaccination programme/schemes



## 2024/25 PV statistics under various programmes

	2022/23	2023/24	2024/25
Number of PV vaccine <sup>#</sup> recipients (Including GVP, RVP & VSS)	82,000 <sup>^</sup>	115,300 <sup>*</sup>	120,700 <sup>&amp;</sup> (as at 22 June 2025)
Cumulative % among elderly population <sup>+</sup>	41.7%	41.5%	43.8% <sup>@</sup> (as at 28 Feb 2025)
<p># 23vPPV , PCV13 &amp; PCV15</p> <p>+ Refers to the cumulative percentage of surviving elderly, among elderly population, who had received at least a dose of 23vPPV , PCV13 or PCV15 under the programmes.</p> <p><sup>^</sup> Including 39 800 doses of 23vPPV and 42 200 doses of PCV13.</p> <p><sup>*</sup> Including 56 500 doses of 23vPPV, 50 100 doses of PCV13 and 8 700 doses of PCV15.</p> <p><sup>&amp;</sup> Including 64 900 doses of 23vPPV, 4 900 doses of PCV13 and 50 900 doses of PCV15</p>			

<sup>@</sup> The relevant figures are calculated based on the accumulative number of persons vaccinated (excluding those deceased) as at 28 February 2025.

# Overview of 2025/26

# SCVPD recommendations for 2025/26

- Scientific Committee on Vaccine Preventable Diseases (SCVPD) – Recommendations on Seasonal Influenza Vaccination For the 2025/26 Season in Hong Kong
- Inactivated influenza vaccine (IIV), live attenuated influenza vaccine (LAIV) and recombinant influenza vaccine (RIV) are recommended for use in Hong Kong
- Both trivalent and quadrivalent vaccines can be used



<https://www.chp.gov.hk/en/static/24008.html>

# SCVPD recommendations for 2025-26

## Vaccine composition

- Follows the recommendations by the WHO for the 2025-26 Northern Hemisphere influenza season

	Trivalent vaccine	Quadrivalent vaccine
Egg-based vaccines	<ul style="list-style-type: none"><li>A/Victoria/4897/2022 (H1N1)pdm09-like virus</li><li>A/Croatia/10136RV/2023 (H3N2)-like virus</li><li>B/Austria/1359417/2021 (B/Victoria lineage)-like virus</li></ul>	<ul style="list-style-type: none"><li>A/Victoria/4897/2022 (H1N1)pdm09-like virus</li><li>A/Croatia/10136RV/2023 (H3N2)-like virus</li><li>B/Austria/1359417/2021 (B/Victoria lineage)-like virus</li><li>B/Phuket/3073/2013 (B/Yamagata lineage)-like virus</li></ul>
Cell culture or Recombinant based vaccines	<ul style="list-style-type: none"><li>A/Wisconsin/67/2022 (H1N1)pdm09-like virus</li><li>A/District of Columbia/27/2023 (H3N2)-like virus</li><li>B/Austria/1359417/2021 (B/Victoria lineage)-like virus</li></ul>	<ul style="list-style-type: none"><li>A/Wisconsin/67/2022 (H1N1)pdm09-like virus</li><li>A/District of Columbia/27/2023 (H3N2)-like virus</li><li>B/Austria/1359417/2021 (B/Victoria lineage)-like virus</li><li>B/Phuket/3073/2013 (B/Yamagata lineage)-like virus</li></ul>

Given B/Yamagata lineage viruses are no longer circulating in the population, both **trivalent** and **quadrivalent** vaccines could be used in 2025-26 season

# SCVPD recommendations for 2025-26

## Other recommendations

- Priority groups - same as 2024-25 season
- Co-administration of SIV and COVID-19 vaccines under informed consent
- Both IIV and RIV are recommended for use in the residential care home setting
- More information: <https://www.chp.gov.hk/en/static/24008.html>

# Launch date

- 25 Sept 2025 (tentative)
- Vaccines vaccinated on or after 25 Sept would be reimbursed



# Subsidy level

- \$260 for SIV
- \$400 for 23vPPV
- \$800 for PCV15
- PCV13 no longer applicable

# New initiatives of 2025/26 seasonal influenza vaccination

- Extended eligible group: All persons aged 18-49 years with chronic medical problems
- eHealth is mandatory for vaccine recipients aged 18 years old or above
  - eHealth is “opt-out” for vaccine recipients aged below 18 years old

# New initiatives of VSS for 2025/26

- IT system migration to eHealth
  - All doctors must register with eHealth
  - Doctors enrollment and subsidy claim make on eHealth
- New requirements on co-payment
  - Two levels of co-payment only: adult and paediatric
  - Doctors need to set maximum co-payment level at enrollment. The co-payment level cannot be revised after confirmation of enrollment
  - Vaccine recipients will receive SMS regarding co-payment charged
- Option for VSS doctors who participated CDCC to draw seasonal influenza vaccines (SIV) through Government contract

# VSS as an Evolving Public-Private Partnership

- VSS, a public-private-partnership, is one of primary healthcare efforts.
- Starting VSS 2025/26,
  - Centre for Health Protection (**CHP**) of DH will continue to be the overall administrator of VSS
  - Strategic Purchasing Office (**SPO**) will coordinate the doctor enrollment and reimbursement
  - Primary Healthcare Commission (**PHCC**) will take the lead in promoting primary care and family doctors' role