



衛生防護中心
Centre for Health Protection

**Scientific Committee on Emerging and Zoonotic Diseases
and
Scientific Committee on Vaccine Preventable Diseases**

**Consensus Interim Recommendations on the Use of
Comirnaty Vaccine in Hong Kong
(As of 23 December 2021)**

Introduction

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) under the Centre for Health Protection of the Department of Health (JSC), joined by the Chief Executive's expert advisory panel (EAP), discussed and updated the interim recommendations related to the administration of Comirnaty vaccine in Hong Kong.

Administration of an additional dose of Comirnaty vaccine in the general adult population

2. COVID-19 vaccines protect individuals from severe illnesses and complications from COVID-19. In view of the latest Omicron situation and overseas experience, individuals who are not vaccinated should receive vaccination as soon as possible.

3. For individuals aged 18 years and above who had received two doses of Comirnaty or CoronaVac vaccine, a third dose of Comirnaty vaccine is strongly recommended*. Personal choice for the vaccines for the third dose is respected.



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*Immunocompromised individuals should follow previous interim recommendation issued on 27 October 2021 (updated on 19 November 2021).

https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid_19_vaccines_in_hong_kong.pdf

4. The third dose is recommended to be administered as soon as possible six months after the second dose. Individuals with personal needs (e.g. travel to overseas countries) can receive an additional dose earlier with informed consent, but not less than three months after the second dose.

5. The aforesaid consensus interim recommendations provided an update on top of the previous JSC-EAP interim recommendation dated 27 October 2021 (updated on 19 November 2021).

Administration of an additional dose of Comirnaty vaccine in pregnant and lactating women

6. Considering overseas recommendations and accumulating real world data on the safety of mRNA COVID-19 vaccines in pregnant and lactating women, they are recommended to receive the mRNA vaccines, including a third dose, as for the rest of the population.

7. The aforesaid consensus interim recommendations provided an update on top of the previous JSC-EAP interim recommendation dated 22 April 2021.

Use of an additional dose of Comirnaty vaccine in persons with previous COVID-19 infection

8. Individuals with previous COVID-19 infection are recommended to receive the first dose of Comirnaty vaccine at least 90 days after discharge from previous infection. For those who wish to receive CoronaVac vaccine, the first dose should be administered at least six months after discharge from previous infection.

9. A second dose of Comirnaty vaccine at six months after the first dose is recommended. Personal choice for the vaccines for the second dose is respected. Individuals with personal needs (e.g. travel to overseas countries) can receive the second dose earlier, but not less than three months after the first dose.

10. The aforesaid consensus interim recommendations superseded the previous JSC-EAP interim recommendation dated 27 October 2021 (updated on 19 November 2021).

Use of Comirnaty vaccine in children and adolescents

11. In September 2021, to balance the risk and benefit in the local setting, the JSC-EAP recommended persons aged 12 to 17 years to receive one dose of the Comirnaty vaccine, instead of two doses.

12. Emerging data suggest that two doses of Comirnaty vaccine with a longer interval would result in better immune response. The risk of myocarditis and/or pericarditis is also lowered when compared with a shorter interval.

13. In view of the emergence of the Omicron variant, JSC-EAP recommended persons aged 12 to 17 years to receive the second dose of the Comirnaty vaccine, at least 12 weeks between the two doses.

14. The JSC-EAP recommended intramuscular injection of the Comirnaty vaccine at mid-anterolateral thigh, especially for male children and adolescents.

15. This consensus interim recommendations provided an update on top of the previous JSC-EAP interim recommendation dated 15 September 2021.

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