



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 COVID-19 Vaccines in Hong Kong (As of 27 October 2021)

Introduction

On 27 October 2021, 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 (DH) (JSC) convened a meeting, joined by the Chief Executive's expert advisory panel (EAP), to discuss interim recommendations related to the administration of a third dose of COVID-19 vaccine and the co-administration of COVID-19 vaccine with other vaccines.

Administration of a third dose of COVID-19 vaccine

Immunocompromised individuals

2. The JSC-EAP recommended **three doses of COVID-19 vaccine (Comirnaty vaccine for ≥ 12 years of age and CoronaVac vaccine for ≥ 18 years of age) for the following immunocompromised patients¹:**



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¹ WHO Interim recommendations for an extended primary series with an additional vaccine dose for COVID-19 vaccination in immunocompromised persons. 26 October 2021. Available at: <https://apps.who.int/iris/bitstream/handle/10665/347079/WHO-2019-nCoV-Vaccination-SAGE-recommendation-Immunocompromised-persons-2021.1-eng.pdf?sequence=2&isAllowed=y>

Group	Details
Active cancer	Active immunosuppressive treatment for solid tumour or haematological malignancy (including leukaemia, lymphoma, and myeloma), or within 12 months of ending such treatment
Transplant recipients	- Receipt of solid organ transplant and taking immunosuppressive therapy - Receipt of stem cell transplant (within 2 years of transplantation, or taking immunosuppressive therapy)
Immunodeficiency	- Severe primary immunodeficiency - Chronic dialysis
HIV	HIV with a current CD4 cell count of <200 cells/μl, evidence of an opportunistic infection, not on HIV treatment, and/or with a detectable viral load (i.e. advanced HIV disease)
Immunosuppressives	- Active treatment causing significant immunosuppression, including high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, tumour-necrosis factor (TNF) blockers, or other highly immunosuppressive drugs - Immunosuppressive chemotherapy or radiotherapy within the past 6 months

3. The third dose should be administered at least four weeks from the second dose. For those who had received two doses of CoronaVac vaccine, a third dose of Comirnaty vaccine may elicit a better immune response than CoronaVac vaccine. Comirnaty vaccine offers greater protection but personal preference is respected.

Individuals receiving two doses of COVID-19 vaccine

4. For **individuals who had received two doses of CoronaVac vaccine**, an additional dose of COVID-19 vaccine is generally recommended. This is especially important for the following higher risk populations:

- Elderly ≥ 60 years old

- Healthcare workers
- Workers at increased risk for COVID-19 exposure and transmission because of occupational setting (personnel participating in anti-epidemic related work; personnel providing cross-boundary transportation or working at control points and ports)
- Persons with chronic illnesses

5. The third dose should be administered at least six months from the second dose. A third dose of Comirnaty vaccine may elicit a better immune response than CoronaVac vaccine. Comirnaty vaccine offers greater protection but personal preference is respected.

6. For **individuals aged ≥ 18 years old who had received two doses of Comirnaty vaccine**, an additional dose of Comirnaty vaccine is recommended to be administered at least six months from the second dose for the following higher risk populations:

- Elderly ≥ 60 years old
- Healthcare workers
- Workers at increased risk for COVID-19 exposure and transmission because of occupational setting (personnel participating in anti-epidemic related work; personnel providing cross-boundary transportation or working at control points and ports)
- Persons with chronic illnesses

Persons with previous COVID-19 infection

7. There is currently a lack of data on the administration of additional dose(s) in **individuals who are fully recovered from COVID-19**, they should discuss with their physician on whether two doses of COVID-19 vaccine are required after recovery, and an interval of six months between the two doses is recommended.

8. This recommendation supersedes the previous interim

recommendation on the administration of a third dose of COVID-19 vaccine for fully vaccinated persons issued on 15 September 2021, and previous recommendations on COVID-19 vaccination for persons with previous COVID-19 infection issued on 18 March 2021 and 6 May 2021.

Co-administration of COVID-19 vaccine with other vaccines

9. Given the local context, it is suggested to maintain the minimal interval of at least 14 days between the administration of COVID-19 vaccine (Comirnaty or CoronaVac) and any other vaccines including seasonal influenza vaccine.

10. There are circumstances when shortening the interval between the administration of COVID-19 vaccines and other vaccines are justified. These include:

- situations when there are increased risk of COVID-19 and other vaccine-preventable disease;
- when another vaccine is required for post-exposure prophylaxis, such as tetanus and rabies.

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