



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 29 March 2023)**

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) with the Chief Executive's expert advisory panel (EAP) discussed and updated the interim recommendations related to the use of COVID-19 vaccines in Hong Kong.

2. The JSC-EAP made the following interim recommendations based on the review of the COVID-19 epidemiology in the local context, and taking reference from the latest recommendations from the World Health Organization (WHO) and overseas practices.

COVID-19 booster vaccination for year 2023

3. Based on local studies and experience, three doses of currently available COVID-19 vaccines in Hong Kong remain highly effective against severe disease and death. JSC-EAP reiterated the importance of vaccination to achieve adequate protection and continued to recommend eligible individuals to receive the age-appropriate vaccine doses as per the recommended interval.



4. Taking reference from the latest WHO recommendation issued on 28 March 2023, healthy children and adolescents aged 6 months to 17 years without past history of COVID-19 are recommended to receive a total of three doses of COVID-19 vaccine. Following this, immunocompetent children aged 5 to 11 years without past history of COVID-19 who have previously received two doses of Comirnaty vaccine are recommended to receive an additional dose at least five months after their previous vaccine dose.

5. Taking into account the latest WHO recommendation, local situation of COVID-19, overseas practice and latest scientific evidence, JSC-EAP recommended another booster to be given at least 6 months after the last dose or COVID-19 infection (whichever is later) for the following high risk priority groups in 2023:

- i. Persons aged 50 years and above including those living in residential care homes,
- ii. Persons aged 18 to 49 years with underlying comorbidities¹,
- iii. Persons with immunocompromising conditions aged 6 months and above,
- iv. Pregnant women (once during each pregnancy), and
- v. Healthcare workers².

6. The choice of vaccine for the aforesaid 2023 booster dose could be either the Comirnaty/CoronaVac ancestral strain vaccines or Comirnaty bivalent vaccine currently available in Hong Kong as long as their use are age-appropriate.

7. For children and adolescents aged six months to 17 years with comorbidities as well as healthy adults aged 18 to 49 years, an additional booster for year 2023 may be considered based on personal choice.

¹ Persons with underlying comorbidities include individuals having chronic cardiovascular (except hypertension without complication), lung, metabolic or kidney disease, obesity (body mass index 30 or above), children and adolescents (aged six months to 18 years) on long-term aspirin therapy, and those with chronic neurological condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration or those who lack the ability to take care for themselves.

² Healthcare workers include frontline health workers, supporting staff working in the healthcare setting, staff in the residential care homes and laboratory personnel handling SARS-CoV-2 virus.

8. Related recommendations for recovered persons and adults living in residential care homes will be adjusted accordingly (Annex).

9. It should be noted that the booster recommendation for 2023 should not be positioned as an annual or regular COVID-19 vaccine booster.

Use of bivalent COVID-19 vaccine

10. In October 2022, JSC-EAP recommended those who had received at least three doses (or at least two doses with previous COVID-19 infection) of ancestral strain vaccine may choose to receive Comirnaty bivalent [Original/BA.4/5] vaccine as the subsequent dose.

11. Following the latest recommendation from the WHO, JSC-EAP considered that the Comirnaty bivalent [Original/BA.4/5] vaccine can be used as an alternative to monovalent ancestral strain CoronaVac/Comirnaty vaccine for all recommended doses. However, this is an off-label use which must be based on clinical discretion.

12. In line with the prevailing practice, eligible individuals should complete the first two doses with the same product whenever possible. In situations where the vaccine recipient is unable to complete with the same type of vaccine (e.g. due to severe side effects after the first dose, or if the vaccine is no longer available/accessible), vaccination with another COVID-19 vaccine may be considered on a case-by case basis.

13. The above interim recommendations provide a supplement on top of the previous recommendations issued on 13 October 2022 and 1 December 2022.

Future COVID-19 vaccination strategy

14. JSC-EAP will continue to monitor and review the local epidemiology of COVID-19, scientific development on COVID-19 vaccines, WHO recommendations and overseas practice to provide updated

recommendations as necessary regarding the need of additional doses for wider population in 2023 as well as the COVID-19 vaccination strategy beyond.

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COVID-19 vaccination for different groups of individuals

Comirnaty Vaccination Schedule

Category of individuals	Dosing intervals for initial doses	Additional booster in 2023	
		With underlying comorbidities	Without underlying comorbidities
6 months to 4 years	Dose 1 to 2: 56 days Dose 2 to 3: 90 days	Optional based on personal choice (at least 6 months after the last dose/infection)	Not recommended
5 to 11 years	Dose 1 to 2: 56 days Dose 2 to 3: 150 days		
12 to 17 years	Dose 1 to 2: 56 days Dose 2 to 3: 150 days		
18 to 49 years	Dose 1 to 2: 56 days Dose 2 to 3: 90 days	Recommended (at least 6 months after the last dose/infection)	Optional based on personal choice (at least 6 months after the last dose/infection)
50 years or above	Dose 1 to 2 : 28 days Dose 2 to 3: 90 days Dose 3 to 4: 90 days	Recommended (at least 6 months after the last dose/infection)	
Immunocompromised	Dose 1 to 2: 28 days Dose 2 to 3: 28 days Dose 3 to 4: 90 days	Recommended (at least 6 months after the last dose/infection)	
Pregnant women	Refer to corresponding age group	Recommended (once during each pregnancy and at least 6 months after the last dose/infection)	
Healthcare workers	Refer to corresponding age group	Recommended (at least 6 months after the last dose/infection)	

Remark:

- Adult residents of residential care homes should follow the vaccination schedule for general adults in the community (according to age groups)
- For initial doses, recovered persons should take one dose less as history of past infection is considered equivalent to one vaccination. Recovery is defined as 14 days after the date of first positive test. The recovered persons should receive the remaining doses according to the interval for the next dose. For example, a 55-year-old man with history of infection after receiving the first dose can get the next dose (equivalent to 3rd dose) 90 days upon recovery.

CoronaVac Vaccination Schedule

Category of individuals	Dosing intervals for initial doses	Additional booster in 2023	
		With underlying comorbidities	Without underlying comorbidities
6 months to 17 years	Dose 1 to 2: 28 days Dose 2 to 3: 90 days	Optional based on personal choice (at least 6 months after the last dose/infection)	Not recommended
18 to 49 years		Recommended (at least 6 months after the last dose/infection)	Optional based on personal choice (at least 6 months after the last dose/infection)
50 years or above	Dose 1 to 2: 28 days Dose 2 to 3: 90 days Dose 3 to 4: 90 days	Recommended (at least 6 months after the last dose/infection)	
Immunocompromised	Dose 1 to 2: 28 days Dose 2 to 3: 28 days Dose 3 to 4: 90 days	Recommended (at least 6 months after the last dose/infection)	
Pregnant women	Refer to corresponding age group	Recommended (once during each pregnancy and at least 6 months after the last dose/infection)	
Healthcare workers	Refer to corresponding age group	Recommended (at least 6 months after the last dose/infection)	

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- 1) Adult residents of residential care homes should follow the vaccination schedule for general adults in the community (according to age groups)
- 2) For initial doses, recovered persons should take one dose less as history of past infection is considered equivalent to one vaccination. Recovery is defined as 14 days after the date of first positive test. The recovered persons should receive the remaining doses according to the interval for the next dose. For example, a 55-year-old man with history of infection after receiving the first dose can get the next dose (equivalent to 3rd dose) 90 days upon recovery