



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
Use of COVID-19 Vaccines in Hong Kong
(As of 17 July 2024)**

On 16 July 2024, 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) discussed and updated the interim recommendations on initial COVID-19 vaccination and future vaccine composition of COVID-19 vaccine.

Updated regimen for initial vaccination

2. Against the background of the COVID-19 pandemic in the past four years, high population immunity has been achieved locally through high vaccination coverage and natural infection.

3. In November 2023, the World Health Organization (WHO) Strategic Advisory Group on Immunization (SAGE) issued updated recommendations on COVID-19 vaccination in the context of extensive population immunity resulting from vaccination and/or infection. Under the rationale that the vast majority of people have experienced at least one SAR-CoV-2 infection, a simplified regimen can be considered for those who have not yet received COVID-19 vaccination:



- i. A single-dose regime for initial vaccination is recommended for most COVID-19 vaccines, except for inactivated vaccines which require two doses.
 - ii. For persons with moderate to severe immunocompromising conditions, two and even three doses are required for initial doses subject to consultation with their health care provider.
 - iii. If countries opt to vaccinate healthy children and adolescents aged 6 months to 17 years whom are considered as low priority-use group, they could consider single initial dose for children aged 5 years and above or two initial doses for children aged 6 months to 4 years (refer to product-specific recommendations).
4. Following the release of WHO SAGE’s updated recommendations, some COVID-19 vaccine manufacturers have updated the dosing regimen for initial vaccination in the package inserts that followed WHO’s recommendation of a simplified initial vaccination regimen.
5. Taking into account local context and programmatic ease, in conjunction with updated dosing regimen of locally available COVID-19 vaccines that closely aligned with WHO recommendations, JSC considered the COVID-19 initial vaccination regimen can be simplified and recommended for members of the public to receive age-appropriate initial doses of COVID-19 vaccine with reference to the schedule from respective vaccine manufacturers.
6. The above interim recommendation supersedes the previous relevant JSC recommendations in relation to initial doses of COVID-19 vaccines.

Booster vaccination for 2024/25

7. The prevailing JSC recommendations on booster doses for 2024 issued in February 2024 would remain unchanged for 2024/25. In other words, the definition of high risk priority groups for COVID-19 vaccination¹ as well as timing for receiving a booster dose (i.e. at least six months since the last dose

¹ High-risk priority groups comprising (i) Persons aged 50 years and above including those living in residential care homes, (ii) Persons aged 18 to 49 years with underlying comorbidities, (iii) Persons with immunocompromising conditions aged 6 months and above, (iv) Pregnant women (once during each pregnancy), and (v) Healthcare workers.

or infection, whichever is later) remain valid for year 2024/25.

8. It should be noted that this recommendation on booster vaccination for year 2024/25 should not be positioned as an annual or regular COVID-19 vaccination. JSC will continue to provide advice on booster vaccination according to evolving scientific evidence, epidemiology, clinical outcomes and new variants, alongside vaccine effectiveness and safety.

Choice of COVID-19 vaccine

9. The latest local surveillance data showed that JN.1 variant is predominant in Hong Kong, while KP.2 (a descendant of JN.1) has also been detected in COVID-19 cases. However, current information does not suggest either JN.1 or KP.2 variants cause more severe disease than the previous prevalent XBB and its descendant lineages.

10. Preclinical studies in mice suggest that both the updated monovalent JN.1 and KP.2 vaccines confer improved neutralizing responses over XBB.1.5 vaccine against JN.1 and other co-circulating JN.1 subvariants.

11. Taking into account the latest scientific evidence, WHO and overseas recommendations as well as local situation, JSC considered the monovalent JN.1-lineage vaccine, when available, a preferred vaccine choice in appropriate age group according to manufacturer's recommendation. Individuals at greatest risk of severe COVID-19, such as elderly persons living in residential care homes, should be given a higher priority to receive the monovalent JN.1-lineage vaccine in case of limited local supply. On the other hand, individuals may still choose other COVID-19 vaccines for both initial and booster vaccination for personal reasons where appropriate.

12. The above interim recommendation supersedes the JSC recommendations in relation to choice of COVID-19 vaccine in February 2024.

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