



衛生防護中心 Centre for Health Protection

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

Updated Consensus Recommendations on the Use of COVID-19 Vaccines in Hong Kong (As of 20 October 2025)

On 20 October 2025, 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 recommendations on booster COVID-19 vaccination and composition of COVID-19 vaccine for 2026.

Updated epidemiology of COVID-19

2. COVID-19 has become endemic, with periodic surges in activity approximately every six to nine months in Hong Kong, primarily driven by newly emerging SARS-CoV-2 variants and changes in herd immunity.

3. Since 2023, COVID-19 activity has shown a progressive decline in hospitalisation rates, incidence rates of severe cases, and mortality rates. However, the related rates remain significantly higher among residents of Residential Care Homes for the Elderly (RCHE) and elderly aged 65 years and above.



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4. Local surveillance data show that the NB.1.8.1 variant is the dominant strain in Hong Kong currently. NB.1.8.1 is a descendant lineage of JN.1. There is no evidence to suggest that NB.1.8.1 causes more severe disease.

5. The COVID-19 pandemic has highlighted the importance of maintaining a reliable healthcare workforce. While healthcare workers (HCWs) have similar risk of COVID-19 infection as the general population, preventing a large number of sick HCWs through COVID-19 vaccination would reduce significant pressure on the healthcare system during surges.

Initial vaccination

6. The regimen for initial vaccination as stipulated in the July 2024 recommendation remains valid. That is, members of the public are recommended to receive age-appropriate initial doses of COVID-19 vaccine with reference to the schedule from respective vaccine manufacturers.

Booster vaccination

7. Noting the latest local COVID-19 epidemiology, the World Health Organization recommendations and overseas practices, the JSC has reviewed the current high-risk priority groups and continues to recommend COVID-19 booster vaccination in 2026 for the following persons:

- (i) RCHE residents;
- (ii) Community dwelling elderly aged 65 years and above;
- (iii) Persons aged 50 to 64 years with underlying comorbidities¹;

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), and those with chronic neurological condition that can compromise respiratory function or the

- (iv) Persons with immunocompromising conditions aged 6 months and above; and
- (v) Pregnant women (once during each pregnancy).

8. Healthcare workers² (HCWs) are encouraged to receive the COVID-19 vaccine for personal protection.

9. The timing for receiving a booster dose (i.e. at least six months since the last dose or infection, whichever is later), stipulated in July 2024, remains valid for 2026.

10. The JSC will continue to provide advice on booster vaccination in future according to evolving scientific evidence, epidemiology, clinical outcomes and new variants, alongside vaccine effectiveness and safety.

Choice of COVID-19 vaccine

11. Overseas studies show that during periods of JN.1 descendant lineage circulation, monovalent JN.1 vaccines provided additional protection against symptomatic and severe COVID-19 compared to pre-existing immunity, with protection waning gradually over time after vaccination.

12. Preclinical studies in mice suggest that the updated monovalent LP.8.1 vaccine induces improved neutralising antibody responses against NB.1.8.1 and other JN.1 subvariants compared to the JN.1 vaccine.

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 for elderly/residential care homes for persons with disabilities and laboratory personnel handling SARS-CoV-2 virus.

13. Based on the latest scientific evidence, the JSC recommends either monovalent JN.1 vaccine or LP.8.1 vaccine as the vaccine choice in 2026.

14. The above interim recommendations on booster vaccination and choice of COVID-19 vaccine supersede the relevant parts in the JSC recommendations in July 2024.

October 2025

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