



**衛生防護中心**  
Centre for Health Protection

## **Scientific Committee on Vaccine Preventable Diseases**

### **Interim Consensus Statement on Use of Seasonal Influenza Vaccine in Hong Kong in Remaining Period of 2017/18 Season**

#### **Background**

According to estimated coverage of seasonal influenza vaccine (SIV) under the 2017/18 Government Vaccination Programme and Vaccination Subsidy Scheme, a significant proportion of the local population have not yet received the SIV for the 2017/18 Northern Hemisphere (NH) season, especially children under 12 years who are one of the priority groups.

2. In view of the recent upsurge in demand of the 2017/18 NH SIV in the local market, it is anticipated that all the available stocks of the 2017/18 NH SIV in Hong Kong may possibly be used up in the coming one to two months and this SIV will become unavailable on the market by then. On the other hand, the SIV for the 2018 Southern Hemisphere (SH) season is expected to be available on the market since April 2018 the earliest.

3. The trivalent SIV for the 2018 SH season comprises an A/Michigan/45/2015(H1N1)pdm09-like virus, an A/Singapore/INFIMH-16-0019/2016(H3N2)-like virus and a B/Phuket/3073/2013-like virus (belonging to the Yamagata lineage), whereas the quadrivalent SIV contains the above three viruses and a B/Brisbane/60/2008-like virus (belonging to the Victoria lineage). For the quadrivalent SIV, the difference between the 2018 SH SIV and the 2017/18 NH SIV is that the influenza A (H3N2) component has been changed from an A/Hong Kong/4801/2014(H3N2)-like virus to an A/Singapore/INFIMH-16-0019/2016(H3N2)-like virus. Of note, both strains are antigenically similar. For the trivalent SIV, in addition to the above change in the



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influenza A (H3N2) component, the influenza B component has also been changed from a B/Brisbane/60/2008-like virus to a B/Phuket/3073/2013-like virus. In summary, the SIVs for both seasons are similar especially the quadrivalent SIVs (**Annex**).

### **Consensus of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) on seasonal influenza vaccination**

4. The 2017/18 NH SIV is shown to be effective against the circulating influenza B in the local setting, as shown by the interim estimates of vaccine effectiveness (VE) of about 40% in private out-patient settings by the Centre for Health Protection and 66% in hospitalised children by the University of Hong Kong. The SCVPD also noted that a recently published report revealed an interim VE estimate of about 55% against influenza B in out-patient settings in Canada\*.

5. All members of the public aged six months or above who have not yet received any SIV in the 2017/18 season, except those with known contraindications, should still receive it **as early as possible**. The recommendations on vaccine type, vaccine precaution and priority group laid down in the “**Recommendations on Seasonal Influenza Vaccination for the 2017/18 Season**” ([https://www.chp.gov.hk/files/pdf/short\\_version\\_of\\_recommendations\\_on\\_seasonal\\_influenza\\_vaccination\\_for\\_the\\_2017\\_18.pdf](https://www.chp.gov.hk/files/pdf/short_version_of_recommendations_on_seasonal_influenza_vaccination_for_the_2017_18.pdf)) issued by the SCVPD in June 2017 remain valid. The dosage and dosing schedule specified in the insert should be followed.

6. If the 2017/18 NH SIV become unavailable later this year in Hong Kong, the SH SIV can be used by people who require influenza vaccination (i.e. persons aged six months or above who have not yet received any SIV in the 2017/18 season, except those with known contraindications), noting that the vaccine components in both SIVs are either the same or antigenically similar (refer to Paragraph 3 above and **Annex**).

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\* Skowronski DM, Chambers C, De Serres G, et al. Early season co-circulation of influenza A(H3N2) and B(Yamagata): interim estimates of 2017/18 vaccine effectiveness, Canada, January 2018. Euro Surveill. 2018 Feb;23(5).

7. Persons who had already completed seasonal influenza vaccination in the 2017/18 season (i.e. received one dose in the 2017/18 season for all persons  $\geq 9$  years and children  $< 9$  years who have had received one or more doses of SIV in previous seasons) **are not** recommended to receive further dose of SIV within the 2017/18 season irrespective of the type of the 2017/18 NH SIV received, as there is no scientific consensus on receiving SIV twice a year.

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## Annex

### Compositions of the SIVs for the 2017/18 NH and the 2018 SH SIV:

Type		2017/18 NH SIV	2018 SH SIV
<b>Trivalent SIV</b>	<b>H1</b>	an A/Michigan/45/2015 (H1N1)pdm09-like virus	
	<b>H3</b>	an A/Hong Kong/4801/2014 (H3N2)-like virus	an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
	<b>B</b>	a B/Brisbane/60/2008-like virus	a B/Phuket/3073/2013-like virus
<b>Additional influenza B component in quadrivalent SIV</b>		a B/Phuket/3073/2013-like virus	a B/Brisbane/60/2008-like virus