



衛生防護中心
Centre for Health Protection

Scientific Committee on Emerging and Zoonotic Diseases

**Recommendations on Influenza H5N1 Pre-pandemic and
Pandemic Vaccines**

Background

On 16 October 2012, the Scientific Committee on Emerging and Zoonotic Diseases examined the latest information on Influenza H5N1 pre-pandemic and pandemic vaccines. The Scientific Committee provides the following recommendations.

Recommendations

Pre-pandemic H5N1 Vaccine

2. Taking into account the latest scientific data including local disease epidemiology, international experience, the World Health Organization (WHO) recommendations, the Scientific Committee recommends providing influenza H5N1 pre-pandemic vaccine for the protection of specific laboratory workers¹ at higher risk of exposure to avian influenza H5N1 virus during the inter-pandemic phase.

¹ Specific laboratory workers are those involved in:

- (i) large-scale production or manipulation of highly pathogenic avian influenza (HPAI) H5N1 virus;
- (ii) working with the virus over a long period;
- (iii) working with HPAI H5N1 virus strains that are resistant to licensed antiviral compounds; or
- (iv) working with strains with the potential for increased transmissibility in mammalian species.

(World Health Organization Strategic Advisory Group of Experts on immunization, “Use of licensed H5N1 influenza vaccines in the interpandemic period”, April 2009.
http://www.who.int/immunization/sage/SAGE_H5N1_26Mayb.pdf)



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Vaccine and Dosing Schedule

3. A locally registered influenza H5N1 pre-pandemic vaccine, which is based on the currently more widely circulating strain (i.e. clade 2.1) and demonstrated cross-reactivity to more clades should be the choice of vaccines.

4. Currently available data suggests that a two-dose regimen 21 days apart induced optimal seroresponses in adults. It is agreed to follow the recommendations made from respective manufacturer. Laboratory workers should be warned that this vaccine may not provide adequate protection against other clades of H5N1 viruses used in their experiments. All biosafety procedures and post-exposure antiviral prophylaxis must be complied.

Stockpiling of Pre-pandemic and Pandemic Vaccines

5. Given there are uncertainties about the timing and the virus subtype or strain of the next pandemic, the Scientific Committee does not recommend physical stockpiling additional influenza H5N1 pre-pandemic vaccine. The Hong Kong Special Administrative Region Government maintains a sufficient antiviral stockpile of 20 million doses (oseltamivir / zanamivir) for the treatment of patients as well as chemoprophylaxis of certain target groups including health care workers in case of pandemic.

6. After reviewing the pros and cons of acquiring a “virtual” stockpile, i.e. an advance purchase agreement (APA) of pandemic vaccines, the Scientific Committee was of the view that the benefits of entering into an agreement to guarantee pandemic vaccine supplies in advance must justify the immediate costs to be incurred. Advance purchase agreement of pandemic vaccine is not recommended at present in view of the doubtful benefit based on currently available information.

7. The developments and trend of vaccine and advance purchase agreement should be closely monitored and recommendation is subject to review if new evidence/option becomes available.

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This statement represents a consensus view of members of the Scientific Committee reached in the light of scientific information accessible and examined at the time of its release.

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