Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2016/17 Season

Vaccination Subsidy Scheme Briefing Session for Private Doctors
25 & 26 August 2016
Outline

• Influenza activities in 2015/16 season

• SCVPD recommendations for 2016/17 season

• Adverse events following immunisation (AEFI) of seasonal influenza vaccine
Influenza activities in 2015/16 season
Overview of local influenza activity in 2015/16 winter season

• 2015/16 winter season arrived in late Jan, peaked around late Feb to early Mar, and ended in mid-May (~16 weeks)
  – Started and ended later than previous seasons

• Predominated by both A(H1N1)pdm09 & B
  – A(H1N1)pdm09 predominated initially, B increasing in proportion since Feb and replacing H1N1 to become predominating type in later phase
  – Among positive influenza detections
    • 49% A(H1N1)pdm09, 44% B (~half Victoria lineage & half Yamagata lineage)
    • A(H3N2) & C remained at low level
2015/16 winter season

- Children were relatively more affected as compared with previous seasons, as reflected by
  - Relatively high proportion of schools experienced ILI outbreak
  - High influenza admission rates in HA among 0 - 5 & 6 - 11 yrs
  - More paediatric severe cases compared with previous seasons

- Overall fewer severe & fatal cases among adults
  - 18 - 64 yrs (esp. 50 - 64 yrs) were relatively more affected than last season
  - But elderly aged ≥65 yrs was still the most affected group
SCVPD recommendations for 2016/17 season
SCVPD recommendations on priority groups for 2016/17 season

- Serious influenza infection can occur even in healthy individuals
- Seasonal influenza vaccines are safe and effective
- Seasonal influenza vaccination is recommended for personal protection against clinical influenza for all persons except those with known contraindications
Priority groups for influenza vaccination in 2016/17 season

- Pregnant women
- Elderly persons living in residential care homes
- Long-stay residents of institutions for persons with disabilities
- Persons aged 50 years or above
- Persons with chronic medical problems*
- Health care workers
- Children aged 6 months to 11 years
- Poultry workers
- Pig farmers and pig-slaughtering industry personnel
Chronic medical problems

People with chronic illnesses mainly refer to those who have:

- Chronic cardiovascular diseases (except hypertension without complication)
- Lung diseases
- Metabolic diseases
- Kidney diseases
- Obesity (BMI >= 30)
- Immunocompromised (with a weakened immune system due to disease such as HIV/AIDS or treatment such as cancer treatment)
- Children and adolescents (aged 6 months to 18 years) on long-term aspirin therapy
- 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 care for themselves
Rationale for recommendations

• **Pregnant women** are recommended to have the highest priority for vaccination

• Based on
  – Evidence of a substantial risk of severe disease in this group
  – Evidence that seasonal influenza vaccine is safe throughout pregnancy
  – Evidence that vaccine is effective in preventing influenza in the pregnant women and their young infants
WHO recommendation on seasonal influenza vaccine composition in 2016/17 (Northern hemisphere)

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Hong Kong/4801/2014 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus
- WHO also recommends that quadrivalent vaccines containing two influenza B viruses should contain the above three viruses and a B/Phuket/3073/2013-like virus
Choice of vaccine

• Both trivalent and quadrivalent inactivated influenza vaccines are recommended for use in Hong Kong

• Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B
Dosage and dosing schedule

• TIV and QIV
  – 6 – 35 months: Half the adult dose
  – 36 months or above: adult dose

• One dose is adequate for
  – Persons 9 years or above
  – Children below 9 years, who have properly received one or more doses of seasonal influenza vaccine in or before 2015/16 season

• 2-dose regimen separated by at least 28 days is recommended for vaccine naïve children below 9 years
Uploaded recommendations on CHP website

Adverse events following immunisation (AEFI) of seasonal influenza vaccine
Influenza vaccine

• Inactivated influenza vaccine has been used for more than 60 years and has an excellent safety profile

• Well tolerated apart from occasional soreness, redness or swelling at the injection site

• Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days
Severe adverse events following immunisation (AEFI)

• Rarely followed by
  – Guillain-Barré syndrome (1 to 2 cases per million vaccinees)
  – Meningitis or encephalopathy (1 in 3 million doses distributed)
  – Severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed)

• Influenza vaccination may not necessarily have causal relations with these adverse events
Reporting AEFI

- Report AEFI to Pharmacovigilance Unit of Drug Office under the Department of Health
- Reporting form available at:
- Report can also be submitted online at the above website
Pharmacovigilance Unit

AEFI reports

• CHP has been publishing AEFI of SIV reports weekly on CHP website

• Vaccination statistics and background information on adverse events following seasonal influenza vaccination are also provided
Weekly AEFI of SIV reports on CHP website

Thank you