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Seasonal Influenza Vaccination & Pneumococcal Vaccination Arrangement for 2026/27

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WHO's
Essential Programme on Immunization (EPI)

“Humanly possible”

Since 1974, the **WHO initiative** has used **vaccines** to do “everything **humanly possible** to safeguard the health and well-being of all children everywhere”

EPI has evolved to include 14 universally recommended vaccines

Milestones include **smallpox eradication** in 1980 and a 99% reduction in **polio** cases

Gavi, the Vaccine Alliance, supports the introduction of new vaccines, targeting various diseases

The program collaborates with other public health initiatives to enhance disease control and health outcomes.

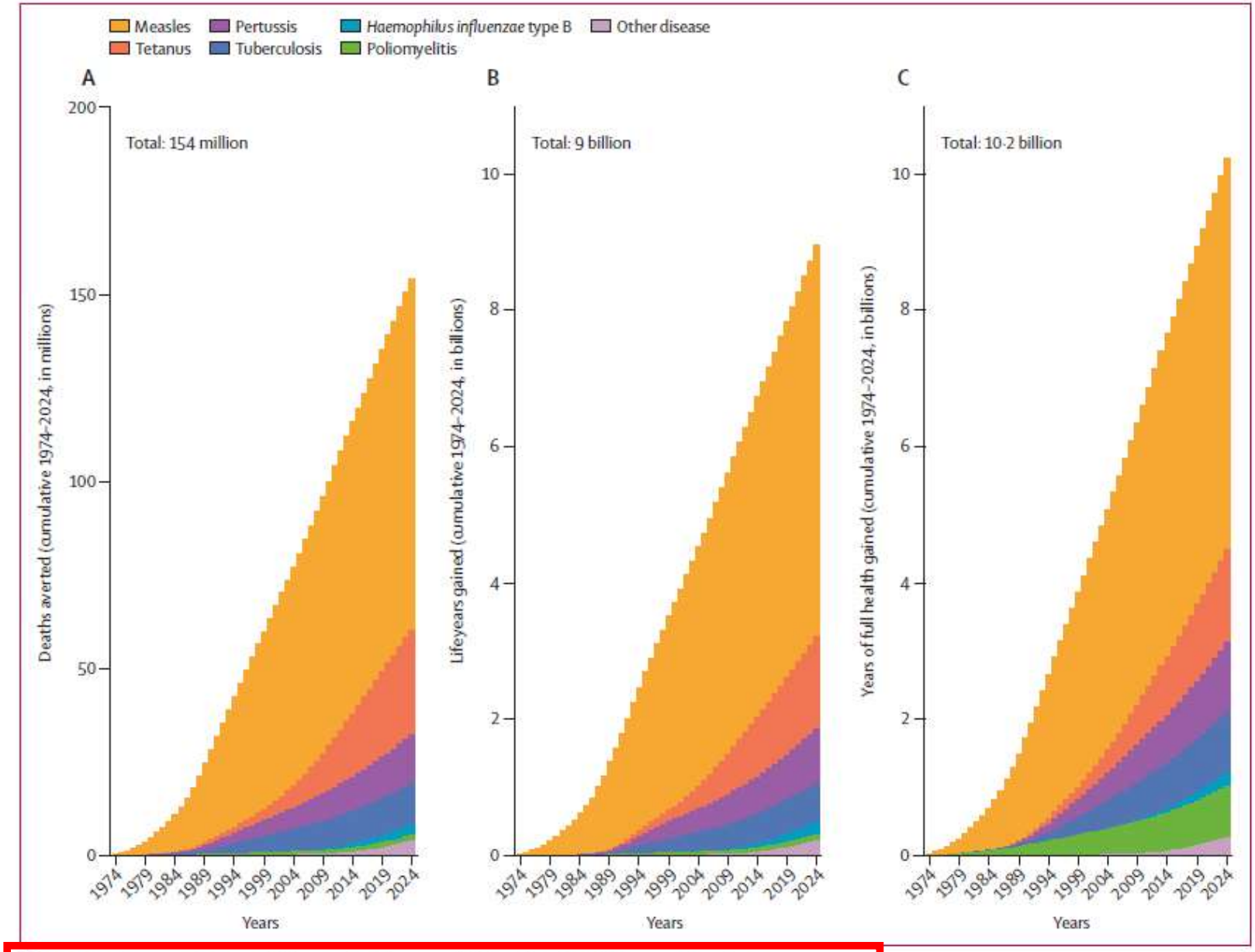

Figure 1: **Deaths averted, years of life saved, and years of full health gained due to vaccination**

Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Shattock, Andrew J et al. The Lancet, Volume 403, Issue 10441, 2307 – 2316: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00850-X/fulltext

Immunization across the Life Course

- Healthcare workers - at higher risk of influenza infection than the general population
- The WHO considers healthcare workers to be a priority target group for SIV
- SIV vaccination of healthcare workers contributes to influenza pandemic preparedness

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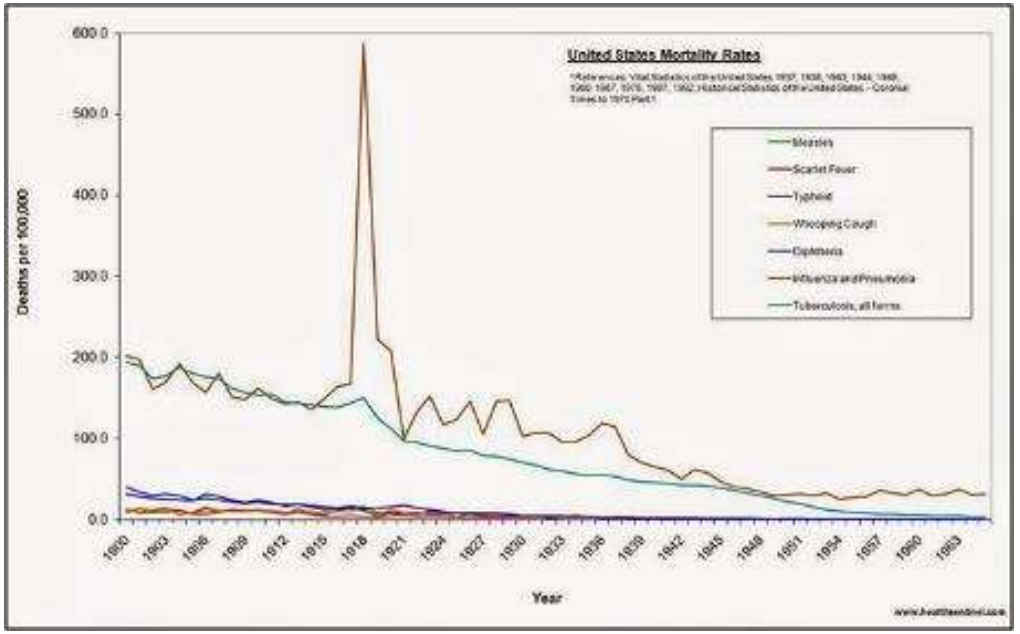
History of flu vaccine and its impact on frontline clinical care and public health

1918–19

"The mother of all pandemics"



Progress toward a vaccine

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Reference: History of influenza vaccination, WHO

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Frontline and public health perspective

- Influenza pandemics throughout history:
  - at least 3 pandemics before the 1918–19
  - another 3 pandemics in 1957–58, 1968–69 and 2009–10
- Development of new vaccine technologies
- Monitoring the virus by the World Health Organization (WHO) Global Influenza Surveillance and Response System (GISRS) and make recommendation to strains for development of vaccine
- Despite these efforts, seasonal influenza still kills up to 650,000 people a year globally

Review of Statistics of SIV 2025/26

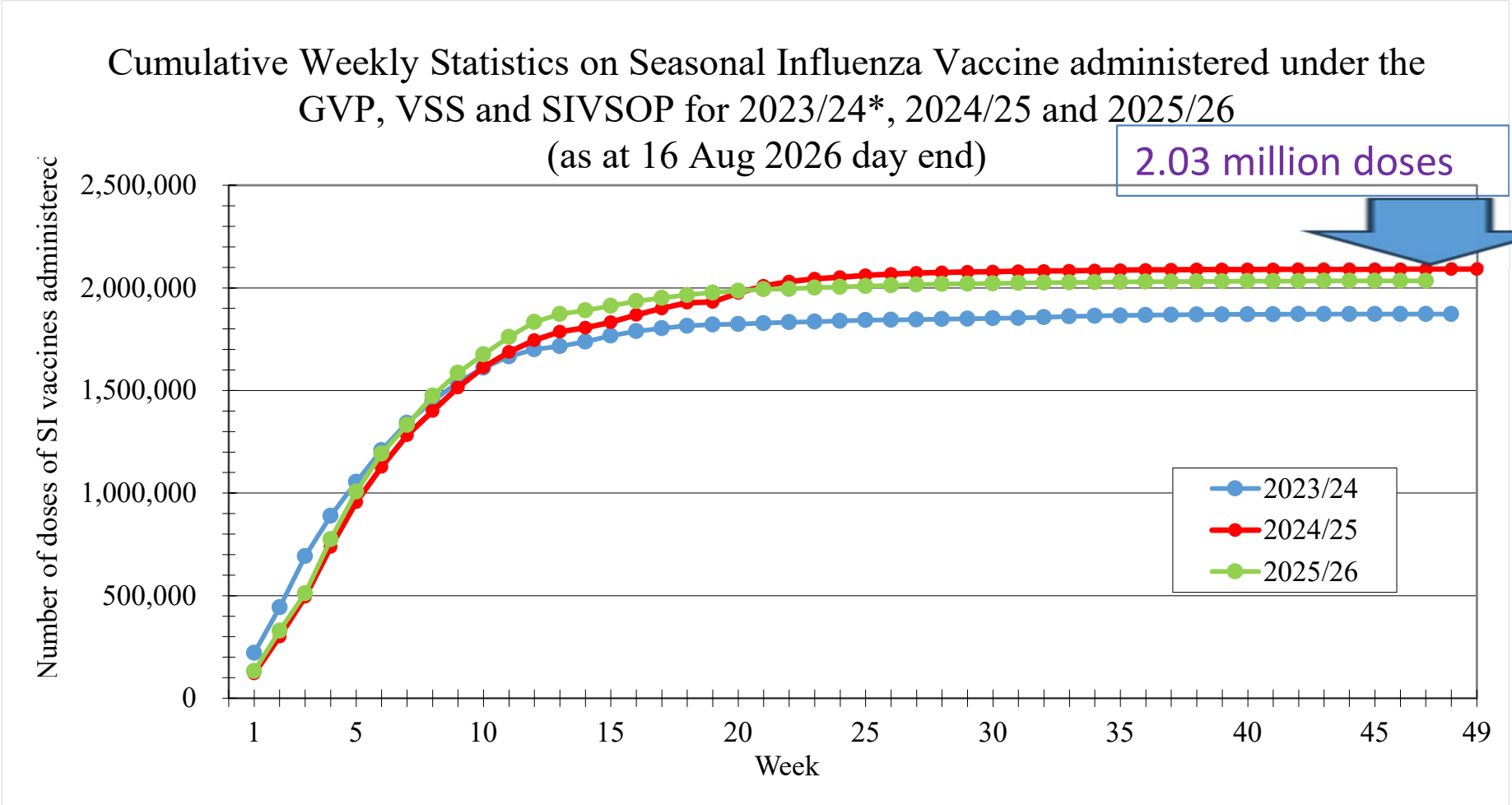
2 034 700 doses of SIV were given in 2025/26 under various SIV programmes

- Government Vaccination Programme* (GVP) 730 700
- Vaccination Subsidy Schemes (VSS) 829 400
- Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) 474 600

* Including Residential Care Home Vaccination Programme (RVP)

(as at 16 Aug 2026 day end)

Statistics of SIV all programmes – 3 years comparison



* In the 2023/24 SIV season, VSS launched on 28 September 2023, a week before GVP and SIVSOP (5 October 2023). Therefore, the Week 1 statistics included two weeks of cumulative doses for VSS.

SIV Coverage of Target Groups (2025/26 season)

50 to 64 years old

2025/26 Coverage Rate

24.5%
(438 171 doses)

+3.6%
(compared with average over 3 seasons)

Average over past 3 seasons

20.9%

Pregnant women

18.9%
(6 563 doses)

+7.7%
(compared with average over 3 seasons)

11.2%

Overall children and adolescents

64.8%
(586 204 doses)

+13.1%
(compared with average over 3 seasons)

51.7%

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(as at 16 Aug 2026 day end)

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Coverage of HCWs in Government settings and Residential Care Homes

Eligible Group	Coverage in 2025/26
Healthcare workers (DH/HA/DHC/DHCEs/RCH/DI)	50.2%

(as at 16 Aug 2026 day end)

Appeal to Healthcare workers and Clients

Scientific Committee of Vaccine Preventable Diseases (SCVPD)

Summary Statement on Vaccination Practice for Health Care Workers in Hong Kong (Sep 2017)

- **All HCW should receive seasonal influenza vaccination annually once the vaccine is available**

Why is it important for Healthcare Workers to get SIV?

- WHO stated there is scientific evidence showed a protective effect of vaccinating HCWs against influenza infection and they are one of the priority groups to receive SIV
- Reduce the overall burden of respiratory illnesses in the upcoming season

Maximizing HCWs influenza vaccination uptake:

- Occupational health: Protect HCWs who are exposing to sick patients
- Safeguarding vulnerable populations by reduce spread of influenza to vulnerable patient groups
- Maintain healthcare services during influenza epidemics

SIV of HCWs: systematic review of qualitative evidence (*BMC Health Services Research Nov 2017)*

Low uptake rate among HCWs on SIV despite a range of promotion on SIV due to a range of beliefs

- Concerns about side-effects
- Skepticism about vaccine effectiveness
- The belief that influenza is not a serious illness

Addressing concerns about side effects

- Side effects are generally mild and temporary
- Most common side effects following inactivated influenza vaccine (IIV) administration include pain, redness or swelling at the injection site. Some recipients may experience fever, chills, muscle pain and tiredness.
- The WHO considers IIV to be safe for use at any gestational age of pregnancy
- SIV is safe for breastfeeding mothers and their infants. Women who receive the influenza vaccination while pregnant or breastfeeding can develop antibodies against influenza that can be passed to their infants through their breast milk and provide some protection against influenza for infants.

Scientific evidence of flu vaccine efficacy

- A systematic review and meta-analysis of test-negative design studies (Yegorov *et al*, 2026) found that seasonal influenza vaccination reduced severe disease outcomes across past seasons:
    - Pooled estimates showed: 42% lower hospitalization, 51% lower pneumonia, 52% lower ICU admission, and 55% lower ventilatory support.
- In the United States, flu vaccination was estimated to have prevented about 10 million flu illnesses, 5 million medical visits, 180,000 hospitalizations and 12,000 deaths in the 2024/25 season. (CDC, 2025)
- VE decreases over time: Reductions in VE during the 9 months after vaccination in children, declined by 2-5 percentage points per month. Receive vaccination through vaccination programmes every year. [HKU 2018]
- Vaccine efficacy varies each year

Awareness on the seriousness of influenza

Hong Kong / Health & Environment

Boy, 7, dies in Hong Kong's first fatal paediatric flu case of 2026

Child was inoculated and had not travelled but household contact had earlier tested positive for influenza and recovered

Edith Lin

Published: 9:12pm, 4 Aug 2026 / Updated: 9:12pm, 4 Aug 2026

The CHP urges the public to remain vigilant during the flu season. Photo: Handout

Hong Kong healthcare and hospitals Hong Kong / Health & Environment

Hong Kong battles mutated flu strain surge as second child dies this season

2-MIN READ Listen

Hong Kong healthcare and hospitals Hong Kong / Health & Environment

Sixfold surge in flu outbreaks at Hong Kong schools as 13 severe cases reported

Health officials renew flu vaccination calls after three severe flu cases on consecutive days

2-MIN READ Listen

(References: https://www.scmp.com/news/hong-kong/health-environment/article/3362964/boy-7-dies-hong-kongs-first-fatal-paediatric-flu-case-2026
https://www.scmp.com/news/hong-kong/health-environment/article/3329899/12-hong-kong-children-intensive-care-flu-prompt-urgent-vaccination-calls
https://www.scmp.com/news/hong-kong/health-environment/article/3332642/mutated-flu-strain-spreading-hong-kong-vaccines-remain-key-experts-say)

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Countering Vaccine Hesitancy

Expert promulgation

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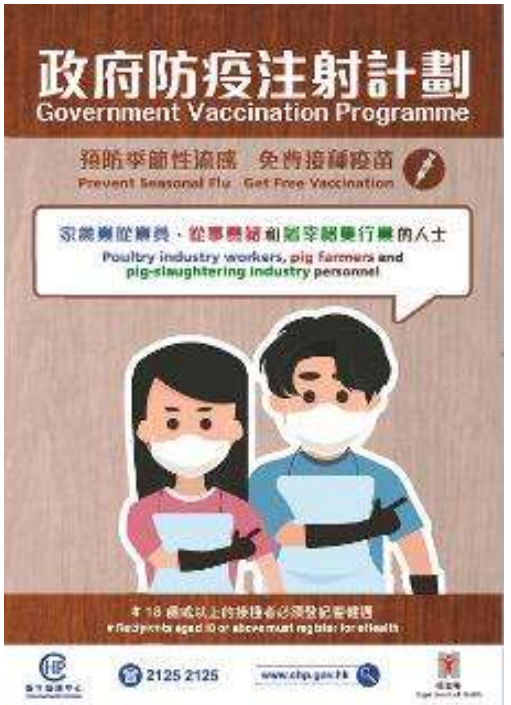
Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2026-27 Season in Hong Kong (As of March 2026)

Infographics



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Leadership Engagement

Significant others influence

Seasonal influenza vaccination coverage survey for the 2015/16 season (general public)

Reported on Communicable Disease Watch *Dec 18 – Dec 31, 2016*

Reasons for receiving

- 32.8% believed that vaccination is effective in reducing the risk of flu/ease flu-like symptoms
- 21.3% worry of getting flu/peak flu season
- 17.5% recommended by health care workers
- 16.6% have a habit to receive the vaccination every year
- 13.5% know there is free / subsidised vaccination

Reasons for not receiving

- 45.9% perceive themselves as being healthy and will not easily get the flu
- 14.1% are concerned about effectiveness of SIV
- 10.4% are concerned about the safety of SIV
- 9.7% consider vaccine is expensive
- 8.5% have no time

Role of Health Care Workers in promoting SIV

(1) Get your flu jab timely

- Reduce morbidity related to respiratory infections
- Reduce risk of transmitting influenza to patients who are at high-risk of complications and mortality
- Strengthen workforce capacity during peak season

(2) Promote SIV to patients and coworkers

- Be proactive in promoting, especially to persons in the priority groups
- Clarify main concerns about effectiveness and safety of the Vaccination

Strategies examples of SIV promotion to HCW from HA

(1) Corporate level

- Souvenir pin after vaccination
- poster, Powerpoint slideshow, informational kit
- promotion in HA internal newsletter

(2) Local level

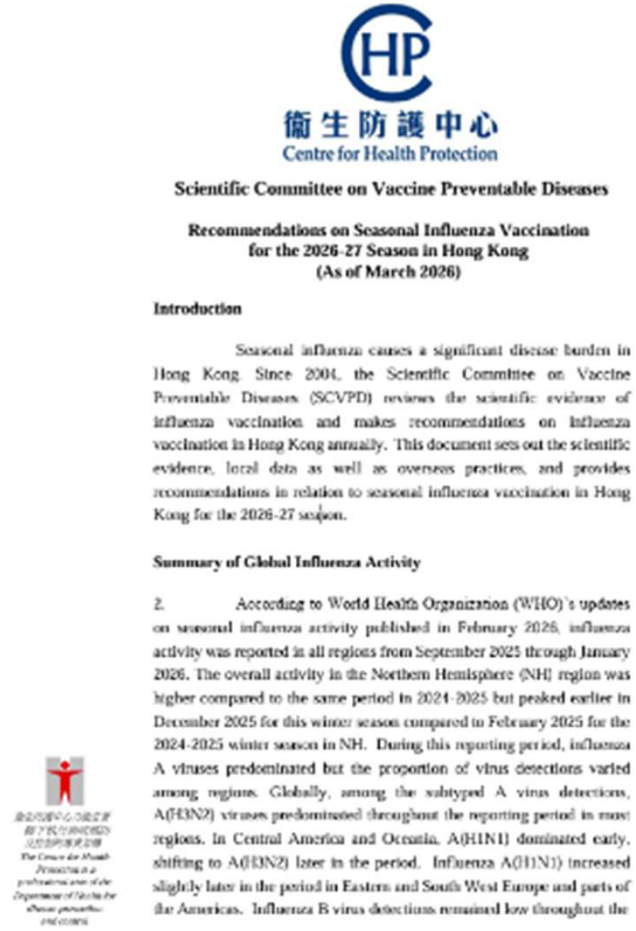
- a great diversity of local initiatives
- Service heads/Seniors roadshow
- mobile vaccine stations in clinical setting (vaccination at workplace)

Arrangement of SIV 2026/27

SCVPD recommendations for 2026-27

Scientific Committee on Vaccine Preventable Diseases (SCVPD) –

Recommendations on Seasonal Influenza Vaccination For the 2026/27 Season in Hong Kong (As of March 2026)



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Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2026-27 Season in Hong Kong (As of March 2026)

Introduction

Seasonal influenza causes a significant disease burden in Hong Kong. Since 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) reviews the scientific evidence of influenza vaccination and makes recommendations on influenza vaccination in Hong Kong annually. This document sets out the scientific evidence, local data as well as overseas practices, and provides recommendations in relation to seasonal influenza vaccination in Hong Kong for the 2026-27 season.

Summary of Global Influenza Activity

2. According to World Health Organization (WHO)'s updates on seasonal influenza activity published in February 2026, influenza activity was reported in all regions from September 2025 through January 2026. The overall activity in the Northern Hemisphere (NH) region was higher compared to the same period in 2024-2025 but peaked earlier in December 2025 for this winter season compared to February 2025 for the 2024-2025 winter season in NH. During this reporting period, influenza A viruses predominated but the proportion of virus detections varied among regions. Globally, among the subtyped A virus detections, A(H3N2) viruses predominated throughout the reporting period in most regions. In Central America and Oceania, A(H1N1) dominated early, shifting to A(H3N2) later in the period. Influenza A(H1N1) increased slightly later in the period in Eastern and South West Europe and parts of the Americas. Influenza B virus detections remained low throughout the

https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2026_27_season_in_hong_kong_mar2026.pdf

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SCVPD recommendations for 2026-27

Vaccine types

Inactivated influenza vaccine (IIV), live attenuated influenza vaccine (LAIV) and recombinant influenza vaccine (RIV) are recommended for use in Hong Kong.

Only **trivalent** vaccines should be used in the 2026-27 season.

SCVPD recommendations for 2026-27

Vaccine composition

- Follows the recommendations by the WHO for the 2026-27 Northern Hemisphere influenza season

Egg-based vaccines	• A/Missouri/11/2025 (H1N1)pdm09-like virus • A/Darwin/1454/2025 (H3N2)-like virus • B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus
Cell culture or Recombinant based vaccines	• A/Missouri/11/2025 (H1N1)pdm09-like virus • A/Darwin/1415/2025 (H3N2)-like virus • B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus

Given B/Yamagata lineage viruses are no longer circulating in the population based on WHO surveillance data, only **trivalent** vaccines should be used in the 2026/27 season.

SCVPD recommendations for 2026-27

Other recommendations

Priority groups - same as 2025-26 season

- Health care workers
- Persons aged 50 years or above
- Pregnant women
- Residents of Residential Care Homes (including Residential Care Homes for the Elderly and Residential Care Homes for Persons with Disabilities [RCHD])
- Persons with chronic medical problems
- Children and adolescents aged six months to under 18 years
- Poultry workers
- Pig farmers and pig-slaughtering industry personnel

Co-administration of SIV and COVID-19 vaccines under informed consent

Both IIV and RIV are recommended for use in the residential care home setting

More information: https://www.chp.gov.hk/en/static/24008.html


2026/27
流感疫苗接種季節又到喇！
所有年滿六個月或以上人士，除有已知禁忌症外，
每年都應該接種流感疫苗，減少出現併發症及死亡機會。
高風險組別人士可到哪裏獲免費或資助接種流感疫苗？
18歲至49歲
長期病患人士/
合資格的智障或傷殘人士：
家庭醫生
地區康健中心
定期覆診的
公營或私家診所
50歲或以上
一般人士：
家庭醫生
地區康健中心
長期病患人士：
定期覆診的
公營或私家診所
2至18歲以下
一般兒童：
家庭醫生
學節性流感疫苗
學校外展計劃
長期病患兒童：
定期覆診的
公營或私家診所
孕婦
家庭醫生
公營或私家
產前檢查診所
6個月至
未滿2歲
家庭醫生
母嬰健康院
備註：
[1] 其他人士，包括居於院舍的長友、智障長期住院病人、醫護人員、家禽業從業員及從事雞隻及屠宰雞隻行業的人士，能隨機構安排接種流感疫苗。
[2] 提供流感疫苗接種的地區康健中心名單可參閱：https://www.chp.gov.hk/tc/siv.html。
[3] 可獲免費或資助接種流感疫苗的長期病患類別可參閱：https://www.chp.gov.hk/tc/features/46393.html。
[4] 合資格的智障或傷殘人士包括持有殘疾人士登記證（註明「智障」或「弱智」）或由註冊醫生/指定機構簽發的證明書、
領取傷殘津貼人士及領取綜援標準金額類別為「殘疾程度達100%」或「需要經常護理」的人士。
[5] 6個月至未滿2歲兒童的家長可透過網頁預約在母嬰健康院接種疫苗：https://booking.covidvaccine.gov.hk/forms/sivfhs/index_tc.jsp。
18歲或以上的接種者必須登記醫健通
衞生防護中心
Centre for Health Protection
疫苗接種計劃
醫健通網頁
查詢 Enquiry | 2125 2125
衞生署
Department of Health

Pneumococcal Vaccination (PV)

Pneumococcal Vaccination Programme

- The Government's Pneumococcal Vaccination Programme will continue throughout the year, providing free or subsidised pneumococcal vaccination for eligible elderly aged 65 years or above.

PV arrangement for the elderly (all year round)

Elderly aged 65 years or above	Have not received any pneumococcal vaccination	Have received 23vPPV	Have received PCV13/15
With high-risk conditions	One dose of subsidized or free PCV 15 followed by one dose of 23vPPV one year after	One dose of subsidized or free PCV 15 one year after the previous dose of 23vPPV	One dose of free or subsidised 23vPPV one year after the previous dose of PCV13/15
Without high-risk conditions	one dose of free or subsidized 23vPPV	No need to re-vaccinate	No need to re-vaccinate

SIV commencement date for 2026/27 Season

- Eligible HCWs under GVP 10 Sep 2026
- Vaccination Programmes 17 Sep 2026

Take Actions

(1) Get your flu jab timely

- Reduce morbidity related to respiratory infections
- Reduce risk of transmitting influenza to patients who are at high-risk of complications and mortality
- Strengthen workforce capacity during peak season

(2) Promote SIV to colleagues and clients

- Be proactive in promoting, especially to persons in the priority groups
- Clarify main concerns about effectiveness and safety of the vaccination

Thank You

Please visit CHP website for more details:
https://www.chp.gov.hk/en/features/17980.html

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