Chapter 1 - Vaccines covered, subsidy level and eligible groups under VSS

1.1 Introduction

The Vaccination Subsidy Scheme (VSS), administered by the Department of Health (DH), is a scheme that subsidises Hong Kong residents of target groups to receive vaccinations from private medical doctors enrolled in VSS. The Government would reimburse vaccination subsidies to enrolled doctors for each dose of vaccination administered to eligible persons. The 2023/24 VSS starts on 28 September 2023 and covers:

(1) **Seasonal influenza vaccination** for seven target groups:
   (a) persons aged 50 to 64 years
   (b) elderly aged of 65 years or above
   (c) children aged 6 months to less than 18 years or studying at a secondary school in Hong Kong
   (d) pregnant women
   (e) persons receiving disability allowance
   (f) persons with intellectual disability
   (g) Recipients of standard rate of "100% disabled" or "requiring constant attendance" under the Comprehensive Social Security Assistance (CSSA) Scheme of the Social Welfare Department.

   Please find details in **Section 1.4.1** and **1.4.2** of Chapter 1

(2) **Pneumococcal vaccination** (23-valent pneumococcal polysaccharide vaccine (23vPPV), 13-valent pneumococcal conjugate vaccine (PCV13) or 15-valent pneumococcal conjugate vaccine (PCV15)) (vaccination for PCV15 will start from 30 November 2023) for eligible elderly aged 65 or above.

   Please find details in **Section 1.4.3** and **1.4.4** of Chapter 1

Please note that VSS doctors should purchase vaccines from pharmaceutical manufacturers/ suppliers. VSS doctors should estimate the required quantity of influenza vaccines and place order early to secure sufficient quantities of vaccines. The Government does not supply vaccines to VSS doctors.

1.2 Subsidy level

(1) In 2023/24 season, the Government will provide subsidies as follow for vaccinations given to eligible person (see **Section 1.4.2** and **1.4.4** of Chapter 1) under VSS.
   (a) HK$ 260 per dose of seasonal influenza vaccine;

(b) HK$ 400 per dose of 23vPPV; and
(c) HK$ 800 per dose of PCV13; and
(d) HK$ 800 per dose of PCV15 (starting from 30 November 2023)

(2) The Government will continue to implement the Vaccination Subsidy Scheme (VSS) School Outreach (Extra charge allowed) (Details are in Chapter 3). All students of the participating schools (secondary schools, primary schools, kindergartens, child care centres), irrespective of HK resident status, are eligible for subsidised vaccination. The subsidy will be HK$260 for each dose of SIV.

1.3 Responsibilities of doctors enrolled in VSS

(1) It is the prime responsibility of enrolled doctor in-charge (the doctor/ healthcare provider) to give due consideration to safety and liability issues when providing vaccination service at clinics or at non-clinic settings to ensure quality vaccination service delivered to recipients. The enrolled doctor is overall responsible for vaccination activities.

(2) The use of logos of DH, CHP and VSS without prior permission of DH on any materials issued by service providers is prohibited. Moreover, organisers of vaccination activity and the enrolled doctor should stay clear of associating with any improper financial (or advantage) transactions.

(3) All enrolled doctors should follow the Code of Practice issued by the Medical Council of Hong Kong (http://www.mchk.org.hk/english/code/index.html) as the standard for locally registered medical practitioners to provide quality health care.

(4) Regarding delegation of medical duties to staff, doctors should comply with Part II E21 "Covering or improper delegation of medical duties to non-qualified persons" of the Code of Professional Conduct. The doctors should observe in particular the following sections to acquaint thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by the Medical Council:-

(a) part II A1 "Medical records and confidentiality";
(b) part II C9 "Prescription and labelling of dispensed medicines";
(c) part II B5 "Professional Communication and Information Dissemination"
(d) part II D12 "Fees";
(e) part II D14 "Improper financial transactions";
(f) part II E21 "Covering or improper delegation of medical duties to non-qualified persons";
(g) part II G26 "Untrue or misleading certificates and similar documents" and
(h) others, as relevant.

1.4 Types of vaccines covered and eligible groups in VSS

1.4.1 Seasonal influenza vaccines

Under VSS, eligible persons are recommended to receive one dose of seasonal influenza vaccine in 2023/24, except for vaccine-naïve children aged below 9 years. For children below 9 years old and have not received seasonal influenza vaccine before, two doses at an interval of 4 weeks are required and will be subsidised by the Government.

There are different vaccine preparations with different recommendations, indications and contraindication. Before administration, enrolled doctors should pay special attention to the product insert, in particular the **age-range registered** for use, contraindication and precautions, the **recommended dosage and route of administration**.

Please refer to Recommendations on Seasonal Influenza Vaccination for the 2023-24 Season in Hong Kong (April 2023) of the Scientific Committee on Vaccine Preventable Diseases (https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2023_24_season_in_hong_kong_19apr.pdf) for details about recommendations on seasonal influenza vaccine for use in 2023/24.

For reference, please refer to the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25_Module_on_Immunisation_Children)

(1) Vaccine composition

For the 2023/24 season, the egg-based quadrivalent influenza vaccines recommended by the SCVPD for the 2023-24 season contain the following:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus
- an A/Darwin/9/2021(H3N2)-like virus
- a B/Austria/1359417/2021(B/Victoria lineage)-like virus
- a B/Phuket/3073/2013(B/Yamagata lineage)-like virus

The recombinant-based quadrivalent influenza vaccines recommended by the SCVPD for the 2023-24 season contain the following:

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus
- an A/Darwin/6/2021 (H3N2)-like virus
- a B/Austria/1359417/2021(B/Victoria lineage)-like virus
- a B/Phuket/3073/2013(B/Yamagata lineage)-like virus

If trivalent influenza vaccine is being used, the influenza B component shall contain a B/Austria/1359417/2021 (B/Victoria lineage) -like virus.

(2) Vaccine type

VSS will cover the types of seasonal influenza vaccines recommended by the SCVPD that are registered and supplied for use in Hong Kong. Three types of seasonal influenza vaccines are currently registered in Hong Kong:

- inactivated influenza vaccine (IIV) is a quadrivalent injectable vaccine;
- live attenuated influenza vaccine (LAIV) is a quadrivalent nasal spray vaccine; and
- recombinant influenza vaccine (RIV) is a quadrivalent injectable vaccine.

IIV, LAIV and RIV are all recommended for use in Hong Kong by SCVPD.

IIV are recommended for use among people **aged six months of age or older**, except those with known contraindications (depending on individual brands).

For LAIV, it can be used for people **2-49 years of age** except those who are pregnant, immunocompromised or with other contraindications.

For RIV, it can be used for people **aged 18 years or above**, except those with known contraindications.

The package inserts for individual products should always be referred to when deciding which vaccine to give.

(3) Vaccination precautions/ contraindications/ interval with other vaccines

(a) Inactivated Influenza Vaccine (IIV) and Recombinant Influenza Vaccine (RIV)

(i) People who have history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine are not suitable to have SIV.

(ii) For IIV, individuals with mild egg allergy who are considering influenza vaccination can be given IIV in primary care settings. Individuals with history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions.

(iii) IIV contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. RIV contains no egg protein.

(iv) Those with bleeding disorders or are on anticoagulants should consult their doctors for advice and may receive the vaccine by deep subcutaneous injection.

(v) If an individual suffers from fever on the day of vaccination, the vaccination should be deferred till recovery.

(vi) SIV administration may rarely be followed by serious adverse events such as Guillain-Barré syndrome (GBS) (1 to 2 cases per million vaccines) or severe allergic reaction (anaphylaxis) (9 per 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. Studies have shown that the risk of GBS after influenza infection (17.20 per million infected persons) is much higher than after influenza vaccination (1.03 per million vaccine recipients).

(vii) IIV or RIV may be administered **simultaneously** or **at any interval** with other **LIVE** or inactivated vaccines.

(viii) COVID-19 vaccines can be co-administered with, or at any time before or after, SIV (including inactivated influenza vaccine, live attenuated influenza vaccines and recombinant influenza vaccine) under informed consent. If clients or parents of children wish to space out COVID-19 vaccine with live attenuated vaccines, an interval of 14 days is sufficient. (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_coadministration_of_covid19_vaccine_with_other_vaccines_in_hong_kong_11_aug.pdf)

(ix) Both IIV and RIV are recommended for use in the residential care home setting. When available, RIV which may offer improved protection against influenza illness in older adults is preferred for older adults living in residential care homes.

(b) Live Attenuated Influenza Vaccine (LAIV)

(i) Live attenuated influenza vaccine is generally contraindicated in the following conditions, taking reference from recommendations of the United States, United Kingdom and Canada:

- History of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine;
- Concomitant aspirin or salicylate-containing therapy in children and adolescents;
- Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 month**;
- Children and adults who are immunocompromised due to any cause;
- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment;
- Pregnancy; and
- Receipt of influenza antiviral medication within previous 48 hours.

** *The UK recommended the use of IIV instead of LAIV for children with increased wheezing and/or needed additional bronchodilator treatment in previous 72 hours. Also, specialist advice should be sought on giving LAIV for children who require regular oral steroid for maintenance of asthma control or who have previously required intensive care for asthmatic attack. Canada recommended that individuals with severe asthma (currently on oral or high-dose inhaled glucocorticosteroids or active wheezing) or those with medically attended wheezing in the 7 days prior to vaccination should not use LAIV.*

(ii) Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV in primary care setting.

(iii) Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions.

(iv) Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination.

(v) The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults). The safety in pregnant women has not been established. Children aged below 5 years with recurrent wheezing/ persons of any age with asthma may

be at increased risk of wheezing following administration.

(vi) LAIV should be administered on the **same day** or **at least 4 weeks apart** from other **LIVE** vaccine, and can be administered simultaneously or at any interval with other inactivated vaccines.

(vii) COVID-19 vaccines can be co-administered with, or at any time before or after, SIV (including inactivated influenza vaccine, live attenuated influenza vaccines and recombinant influenza vaccine) under informed consent. If clients or parents of children wish to space out COVID-19 vaccine with live attenuated vaccines, an interval of 14 days is sufficient. (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_coadministration_of_covid19_vaccine_with_other_vaccines_in_hong_kong_11_aug.pdf)

(viii) There is no requirement or recommendation for wearing full personal protective equipment when administering LAIV. Healthcare providers should follow standard precautions, wear surgical mask and gloves when administering intranasal vaccines because of the increased likelihood of coming in contact with a patient's mucous membranes and body fluids. Healthcare providers should also change their gloves and wash their hands between patients.

(ix) Giving that LAIV is not considered an aerosol-generating procedure, the use of an N95 or higher-level respirator is not recommended.

Note: All doctors are advised to read carefully the product insert of the vaccines they have procured, noting especially the age range registered for use, recommendations, contraindications, route of administration, dosage and expiry date, storage and handling.

To avoid administering expired vaccines to clients, doctors should check the expiry date before administration and dispose the expired vaccines properly.

1.4.2 Eligible groups for subsidised seasonal influenza vaccination under VSS

(1) PREGNANT WOMEN

A pregnant woman is eligible if she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) holds a medical certificate certifying that the person is pregnant issued by a registered medical practitioner; **OR**

her pregnancy status is confirmed by the attending enrolled doctor.

(2) ELDERLY AGED 65 YEARS OR ABOVE

An elderly aged 65 years or above is eligible if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) age of 65 years or above in the year of receiving the vaccine.

(3) PERSONS AGED 50 TO 64 YEARS

A person aged 50 to 64 years is eligible if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) age of 50 years or above to 64 years in the **year** of receiving the vaccine.

(4) CHILDREN

A child is eligible to VSS if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status (please refer to **Appendix A** for samples of the identity/ travel documents);

AND

(b) meets either of the following conditions:-

- between the age of 6 months and less than 18 years on the day receiving the first dose of seasonal influenza vaccine; **OR**
- 18 years old or above attending a secondary school in Hong Kong (documentation by student handbook or student card).

(c) Under VSS School Outreach (Extra charge allowed) conducted at secondary school, primary schools, kindergartens or child care centres, a child who meets the criteria (b), irrespective of HK resident status, will be eligible

(5) PERSONS WITH INTELLECTUAL DISABILITY (PID)

A PID is eligible to VSS if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) meets one of the following conditions:-

- holds a valid Registration Card for People with Disabilities (with indication of intellectual disability or mentally handicap) issued by the Labour and Welfare Bureau (Central Registry for Rehabilitation). Please refer to **Appendix C** for a sample of the Registration Card; **OR**
- holds a medical certificate issued by a Registered Medical Practitioner certifying that the PID is entitled for subsidised vaccination. Please refer to **Appendix C** for a sample of the medical certificate; **OR**

(You may wish to base on the medical history, clinical assessment and documents provided by the parents/ guardians, taking reference to the

American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 4th edition, 1994 (DSM-IV) or 5th edition (DSM-V) to certify the eligibility. Please refer to **Appendix B** for DSM-IV and DSM-V.)

- holds a certificate issued by the Person-in-charge of institutions serving persons with intellectual disability certifying that the PID is a service user of the institution. Please refer to **Appendix C** for a sample of the certificate.

(6) PERSONS RECEIVING DISABILITY ALLOWANCE (PDA)

A PDA is eligible if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) is a recipient of the Social Welfare Department's Disability Allowance. Please refer to **Appendix D (1)** for a sample of a valid Letter of Notification of Successful Application for Disability Allowance issued by the Social Welfare Department.

(7) RECIPIENTS OF STANDARD RATE OF "100% DISABLED" OR "REQUIRING CONSTANT ATTENDANCE" UNDER THE CSSA SCHEME (CSSA RECIPIENT)

An CSSA recipient is eligible if he/ she fulfils criteria (a), (b) and (c) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) CSSA recipient of age 18 to below 50 have to show the document to prove the eligibility of CSSA. Please refer to **Appendix D (2)** for a sample of valid CSSA documents issued by the Social Welfare Department;

AND

(c) CSSA recipient of age 18 to below 50 have to sign a self-declaration form provided by the doctor enrolled in VSS to declare his/her eligibility status as in receipt of standard rate of payment as being certified of 100% disabled or requiring constant attendance under the CSSA Scheme.

1.4.3 Pneumococcal vaccines

(1) Vaccine Type

Both (23-valent pneumococcal polysaccharide vaccine (23vPPV) and 13-valent pneumococcal conjugate vaccine (PCV13) or 15-valent pneumococcal conjugate vaccine (PCV15) are included in the scope of VSS in 2023/24 season. Vaccination for PCV15 will start from 30 November 2023.

(2) Vaccination precautions and contraindications

(a) Pneumococcal vaccine has demonstrated good safety and side effect profiles. Common adverse reactions include slight swelling and tenderness at the injection site that may occur shortly following injection.

(b) After 23vPPV vaccination, fever, muscle aches or more severe local reactions are uncommon; while after PCV13 or PCV15 vaccination, some may experience mild fever, fatigue, headache, chills, or muscle pain. Severe pain or difficulty in moving the arm where the shot was given was very rare.

(c) Severe allergic reaction to a vaccine component or following a prior dose, or any diphtheria toxoid-containing vaccine, is a contraindication to further doses of vaccine.

(d) Persons with moderate or severe acute illness should not be vaccinated until their condition improves.

(e) For individuals who will undergo elective splenectomy, pneumococcal vaccines should be given at least 2 weeks before the procedures if possible.

(f) Pneumococcal vaccines should ideally be given before or after completion of chemotherapy/ radiotherapy but they may still be given as clinically indicated during long term use of chemotherapeutic agents.

(g) 23-valent pneumococcal polysaccharide vaccine (23vPPV), 13-valent pneumococcal conjugate vaccine (PCV13) and 15-valent pneumococcal conjugate vaccine (PCV15) can be given together with other vaccines, including influenza vaccine, but they should be administered with a different syringe and at a different injection site.

(h) For reference, please refer to the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?file=download107&title=string127&titletext=string84&htmltext=string84&resources=25_

Module_on_Immunisation_Children)

****Note: All doctors are advised to read carefully the product insert of the vaccines they have procured, noting especially the age range registered for use, recommendations, contraindications, route of administration, dosage and expiry date, storage and handling. To avoid administering expired vaccines to clients, doctors should check the expiry date before administration and dispose the expired vaccines properly.**

1.4.4 Eligible groups for pneumococcal vaccination under VSS

(1) Elderly who are eligible to receive pneumococcal vaccination

An elderly is eligible for 23vPPV, PCV13 or PCV15 (depending on conditions listed in **section 1.4.4 (2)** and **1.4.4 (3)** under VSS if he/ she fulfils criteria (a) and (b) listed as follows:-

(a) holds valid identity/ travel documents proving Hong Kong resident status. Please refer to **Appendix A** for samples of the identity/ travel documents;

AND

(b) age of 65 years or above in the year of receiving the vaccine.

(2) Elderly who has *never* received pneumococcal vaccination before (FIG. 1.)

The eligibility of an elderly to receive 23vPPV, PCV13 or PCV15 under VSS also depends on whether he/ she has received the vaccination before and whether he/ she has high-risk conditions*. Health assessments should be done to confirm the presence of high-risk conditions in an elderly before PCV13 or PCV15 vaccination is given.

Relevant part of the *Consent To Use Vaccination Subsidy* Form should be completed and signed by the enrolled doctor. If there are any changes made to data (eg. high risk or not, PCV13, PCV15 or 23vPPV having been used) recorded on this particular section of the form subsequent to the signing by the recipient, the amendments should be countersigned by recipient as well.

(a) Elderly without high-risk conditions*

An elderly without high-risk conditions* who has never received pneumococcal vaccination before is eligible to receive a single dose of 23vPPV, with subsidy under VSS.

(b) Elderly with high-risk conditions*

An elderly with high-risk conditions who has never received pneumococcal vaccination before is eligible to receive a single dose of 23vPPV and a single dose of PCV13 or PCV15 with subsidy under VSS. SCVPD recommends one dose of PCV13 or PCV15 first and a dose of 23vPPV one year later.

(3) Elderly who *has* received pneumococcal vaccination before (FIG. 1.)

(a) Elderly with 23vPPV given before

An elderly with high-risk conditions* who has received 23vPPV before is eligible to receive a dose of PCV13 or PCV15 a year after the 23vPPV under VSS.

(b) Elderly with PCV13 or PCV15 given before

An elderly with high-risk conditions* who has received PCV13 or PCV15 before is eligible to receive a dose of 23vPPV a year after the PCV13 or PCV15 under VSS.

(c) Elderly with 23vPPV and PCV13 or PCV15 given before

An elderly with high-risk conditions* who has received both 23vPPV and PCV13 or PCV15 before is not eligible to receive further pneumococcal vaccination under VSS.

(d) Elderly who recall a dose of pneumococcal vaccination given but no documented vaccination history (vaccination card or electronic record) available

For an elderly with high-risk conditions* who recalls a dose of pneumococcal vaccination given but cannot recall the type, and has no documented vaccination history, please take a thorough history or trace past vaccination record. If no vaccination card or other record is available, encourage the elderly to go back to the clinic where the first dose was given. If no record is available after tracing, doctors may assume 23vPPV was given and the elderly is eligible for a dose of PCV13 or PCV15 under VSS one year after that pneumococcal vaccination, if he/she fulfils the eligibility criteria mentioned above.

FIG. 1. – Types of subsidised pneumococcal vaccinations for elderly with different vaccination history

Vaccination history / Have high-risk conditions or not	Have not received any pneumococcal vaccination	Have received 23vPPV	Have received PCV13 or PCV15	Have received both PCV13 or PCV15 and 23vPPV
Without high-risk conditions*	Subsidise one dose of 23vPPV	No subsidised vaccination needed	No subsidised vaccination needed	No subsidised pneumococcal vaccination needed
With high-risk conditions*	Subsidise one dose of PCV13 or PCV15 followed by one dose of 23vPPV one year after	Subsidise one dose of PCV13 or PCV15 one year after the previous 23vPPV	Subsidise one dose of 23vPPV one year after the previous PCV13 or PCV15	No subsidised pneumococcal vaccination needed

* List of high-risk conditions:

- history of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant.
- chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases.
- metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above).
- immunocompromised states related to weakened immune system due to conditions such as asplenia, HIV/AIDS or cancer/steroid treatment.
- chronic neurological conditions that can compromise respiratory functions, the handling of respiratory secretions, increase the risk for aspiration or those who lack the ability to take care of themselves.