

## **The 2017/18 Government Vaccination Programme and Vaccination Subsidy Scheme**

### **Issue**

This paper aims to introduce the implementation arrangement of the seasonal influenza vaccination (SIV) and the new initiatives of pneumococcal vaccination (PV) under 2017/18 Government Vaccination Programme (GVP) including Residential Care Home Vaccination Programme (RVP), and Vaccination Subsidy Scheme (VSS) and solicit support from members of District Councils (DC) on these programmes.

### **Background**

2. In order to lower the risk of serious complications and hospitalisation from seasonal influenza infection, the Government has been providing free and subsidised SIV to specified target groups annually under the GVP and VSS. In addition, free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV) has been provided to eligible elderly persons under these programmes since 2009 to reduce their risk of contracting invasive pneumococcal diseases.

3. In 2017/18, SIV under GVP, including RVP, and VSS will continue to cover last year's expanded eligible groups. GVP and VSS will tentatively launch on 25 and 18 October 2017 respectively to continue protecting high-risk groups from getting infected in the possible winter influenza season. Furthermore, free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) will be provided to the eligible high-risk elderly persons starting from the coming vaccination programmes.

4. In the 2016/17, the Government expanded the eligible groups under vaccination programmes for free or subsidised SIV to children aged 6 months to under 12 years and all recipients of Disability Allowance, as well as subsidised vaccination for all pregnant women.

5. With unyielding support from DC members and community partners in promoting the vaccination programme and organising outreach vaccination activities,

more members of the public were facilitated to receive vaccination. In 2016/17, a total of over 700,000 doses of SIV were administered under the Government vaccination programmes and it was an increase of around 20% (110,000 doses) compared with 2015/16. Overall coverage for elderly was more than 40% (about 480,000 doses); about 80% of the elderly living in residential care homes were vaccinated. Continuous support from DC members in the upcoming season is crucial to maintain SIV coverage, in particular for the elderly in the community.

### **Seasonal influenza vaccination in 2017/18**

6. Taking into consideration local epidemiology, the latest scientific evidence and overseas practices, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) continues to recommend the current priority groups to receive SIV. Under the 2017/18 programmes, the eligible groups and arrangements for free and subsidised SIV under GVP, RVP and VSS will be the same as last year. The eligible groups and programmes are detailed in the Annex 1.

7. Under GVP and RVP, eligible persons can receive free Quadrivalent influenza vaccination from clinics under Hospital Authority (HA) and Department of Health (DH), designated institutions serving persons with intellectual disability or Residential Care Homes for the Elderly (RCHE) and Residential Care Homes for the Disabled (RCHD) as appropriate.

8. Under VSS, eligible persons can receive subsidised influenza vaccination from private doctors who have joined the VSS. The subsidy level will remain at \$190 per dose of SIV. A maximum of two doses will be subsidised for eligible persons aged below 9 years who have never received seasonal influenza vaccination before.

### **New Initiative of PCV13 vaccination in 2017/18**

9. Invasive pneumococcal diseases (IPD) can occur in persons of any age but the outcomes for the diseases are usually more severe among young children and elderly. In addition, dual vaccination of SIV and PV can lower the risk of hospitalization and mortality among the elderly.

10. Reviewing scientific evidence and recommendations across the

international community, the SCVPD has updated its recommendation on PV. High-risk individuals aged 2 or above should receive a dose of PCV13, followed by a dose of 23vPPV a year later. Those who have received either one of the two vaccines should be administered with one dose of the other a year later. Those without high-risk conditions should receive either one dose of PCV13 or 23vPPV.

11. While eligible young children have already been covered by the Hong Kong Childhood Immunisation Programme, based on the updated recommendation, the Government will implement the enhanced PV to eligible high-risk elderly persons and those yet to receive any PV (newly turned up) accordingly.

12. Vaccination of 23vPPV and PCV13 are both safe and effective means to prevent pneumococcal diseases. The Government has considered and accepted SCVPD's recommendation and included PCV13 vaccination to elderly with high-risk conditions under GVP and VSS, so as to enhance their immunity against pneumococcal infections, thereby reducing the disease burden of IPD on the public healthcare system.

13. Under the new PV programme, the Government will continue to provide free or subsidised 23vPPV vaccination to all eligible elderly aged 65 or above who have never received pneumococcal vaccination, it will also provide an additional dose of PCV13 for elderly with high-risk conditions. Vaccination arrangements are as follows:

Eligible elderly aged 65 or above	Arrangement under Vaccination Programmes
<ul style="list-style-type: none"> <li>With high-risk conditions but never received pneumococcal vaccination before</li> </ul>	<ul style="list-style-type: none"> <li>One free or subsidised dose of PCV13 and one dose of 23vPPV 1 year later</li> </ul>
<ul style="list-style-type: none"> <li>With high-risk conditions and have received 23vPPV before</li> </ul>	<ul style="list-style-type: none"> <li>The government will provide one mop-up dose of free or subsidised PCV13 in phases</li> </ul>
<ul style="list-style-type: none"> <li>Without high-risk conditions and never received pneumococcal vaccination before</li> </ul>	<ul style="list-style-type: none"> <li>The government will continue to subsidise one dose of 23vPPV</li> </ul>

The PV programmes are detailed in Annex 2.

14. The programmes for the newly turned up eligible elderly persons will be carried out concurrently with the SIV programmes which tentatively will commence in October 2017. Mop-up PCV13 will be introduced in two phases. Free (DH clinics and elderly homes) and subsidised (enrolled private doctors) mop-up will tie in with SIV programmes while free mop-up under HA will be launched around late March 2018.

15. In consideration of the vaccine cost, affordability of the target elderly persons and the services rendered, the subsidy levels of PCV13 and 23vPPV in the VSS are set at \$730 and \$190 per dose respectively.

16. Enrolled doctors of VSS will display the designated logo near the entrance of their clinics and a pricing poster showing their charges. The list of enrolled doctors and their service fees after deducting the government's subsidy will be uploaded to the eHealth System (Subsidies) (<https://apps.hcv.gov.hk/SDIR/EN>) around two weeks before its launch. The participating elderly persons can use their Elderly Health Care Voucher (HCV) in payments if the doctor has also joined the HCV Scheme.

## **Publicity**

17. The Government has an early announcement on the 2017/18 Vaccination Programme for SIV and the new initiative on PV through press releases issued on 22 June and 31 July, respectively. It was aimed to provide doctors, schools, other stakeholders and the public the latest information and facilitating private doctors to secure their vaccine stock ahead of time. Announcement of the launching dates for VSS and GVP through press will be arranged in due course.

18. During the preparation, close liaison with working partners and stakeholders, including the HA, the Social Welfare Department, the Education Bureau, education sector, institutions serving persons with intellectual disability, RCHEs, RCHDs as well as the healthcare sector are maintained, and briefings are held for them to solicit their support to promote the vaccination.

19. Information about the vaccination programme/ schemes will be promoted through a series of publicity activities, e.g., press conference, broadcast of APIs (TV

and radio), media interviews, Facebook, distribution of publicity materials/ health education tools to encourage eligible groups to receive influenza vaccination and/or pneumococcal vaccination.

20. The DH has set up a 24-hour Health Education Hotline (2833 0111) to provide more information about the programmes /schemes, and uploaded the information onto CHP websites: ([http://www.chp.gov.hk/en/view\\_content/18870.html](http://www.chp.gov.hk/en/view_content/18870.html)). A hotline (2125 2125) is also set up for public enquiry.

### **Vaccination at Non-clinic Settings**

21. There had been community-based vaccination activities organised for eligible persons under VSS. As vaccination is invasive in nature, community groups and personnel and health care professionals should give due consideration to safety and liability issues when organising vaccination service in non-clinic settings.

22. When planning or organising vaccination in non-clinic setting, relevant parties are advised to refer to the Guideline for organisers to arrange vaccination activities at non-clinic settings (Annex 3) and the VSS Doctors' Guide on the CHP website. Both guides have important information regarding proper vaccine storage and handling such as cold chain management, infection control practices and disposal of clinical waste to ensure the safety and quality of the outreach vaccination activities. DC members who are interested in organising outreaching vaccination activities are requested to read the guides carefully. Staff of the Vaccination Office might conduct site inspection to ensure the guidelines are being followed.

### **Vaccination Period**

23. As it takes about 2 weeks after influenza vaccination for antibodies to develop in the body, members of the public are encouraged to get vaccinated early to protect from getting infected during the peak influenza season in winter. For pneumococcal vaccination for the elderly, there is no special vaccination period, the new vaccination programme will be continuous throughout the year.

**Department of Health**  
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