

Update on monitoring COVID-19 vaccination

In the preceding week till 11.59pm on May 8, the Department of Health (DH) received 25 reports (Note 1) of adverse events following COVID-19 immunisation. No death case was reported by the Hospital Authority (HA) involving individuals who had received vaccines within 14 days before they passed away and had potential association with vaccination.

As at 8pm on May 8, around 16.26 million doses of COVID-19 vaccines had been administered for members of the public. Around 6.65 million people had received at least one dose of vaccine, including 92.9 per cent of the population aged 12 or above. The DH received 7 456 reports of adverse events (0.05 per cent of the total vaccine doses administered). Among the death cases concerning persons who had been vaccinated, including 101 cases (Note 2) with vaccination within 14 days before they passed away (0.0006 per cent of the total vaccine doses administered), none of the death cases was associated with vaccination.

As at May 8, the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation had concluded that 61 death cases had no causal relationship with vaccination, and preliminarily considered that 11 cases were not associated with vaccination. 29 cases are still pending further information for assessment. The Expert Committee considered that there is no unusual pattern identified so far, and will continue to closely monitor the relevant situation and collect data for assessment.

According to information from the HA, during the period from April 11 to May 8, the ratio of death cases out of those without a vaccination record was 291.4 cases for every 100 000 people, whereas the ratio of death cases for those with a vaccination record was 31.4 cases for every 100 000 people. Out of those without a vaccination record, the ratio of death cases with acute stroke or acute myocardial infarction was 10.6 cases for every 100 000 people, whereas the ratio of death cases under the same category for those with a vaccination record was 1.7 cases for every 100 000 people. Furthermore, the ratio of miscarriage cases out of those without a vaccination record was 120.8 cases for every 100 000 people, whereas the ratio of miscarriage cases for those who had a vaccination record was 10.8 cases for every 100 000 people. Based on the statistical analysis of the above figures, there is no evidence that vaccination increases the risk of death or miscarriage for recipients. The relevant reference statistics will be uploaded to the thematic website for the COVID-19 Vaccination Programme.

The majority of non-death cases of adverse events received so far are relatively minor cases. The relevant details can be found in the "Report on the Safety Monitoring of COVID-19 Vaccines in Hong Kong"

(www.drugoffice.gov.hk/eps/do/en/doc/Safety_Monitoring_of_COVID-19_Vaccines_in_Hong_Kong.pdf).

"Given the high transmissibility of the Omicron mutant strain, members of the public must still stay vigilant even if the epidemic situation has subsided a little recently. Deaths and severe cases involving children and elderly persons, who are our focus of protection in vaccination, have been recorded in the fifth wave of the epidemic. For elderly persons, the COVID-19 vaccination rate for the elderly aged 80 or above in Hong Kong is only around 65 per cent at present, meaning that around 35 per cent of the elderly in that age group are in a dangerous situation, which is alarming. According to preliminary data analysis, out of the cases reported in the fifth wave, the proportion of death and critical/serious condition is highest in those aged 80 or above, which increases exponentially from age 60, and most of the deceased cases are unvaccinated persons. As compared to the Hong Kong overall population, those who have received three doses of vaccine account for a much lower proportion among reported cases, and an extremely low proportion among the hospitalised critical/serious and deceased cases. This demonstrates the effectiveness of three doses of vaccine in preventing infection, serious illness and fatality from COVID-19. Even with just the first dose of vaccine, the risk of death can be significantly reduced. The latest research data from the University of Hong Kong also shows that receiving three doses of either the Comirnaty or CoronaVac vaccine is highly effective for preventing severe cases and deaths with over 90 per cent effectiveness. Members of the public who are currently eligible for a third dose should get the third dose as soon as possible. Furthermore, in response to the latest advice from experts, we have started the administration of the fourth vaccine dose for persons aged 60 or above who have received three doses of the Comirnaty or the CoronaVac vaccine. They may receive the fourth dose at least three months after their last dose. Members of the public who are eligible for a fourth dose should get it as soon as possible to further enhance protection. On the other hand, the minimum age for receiving the CoronaVac vaccine has been lowered to 3 years old, while the minimum age for receiving the Comirnaty vaccine is 5 years old. We call on parents to arrange vaccination for their children as early as possible for better protection," a Government spokesman said.

Note 1: Provisional figures. In the preceding week till 11.59pm on May 8, the DH received one report of suspected myocarditis or pericarditis involving an adolescent in the age group of three to 15. The case involved a male aged 15. He experienced chest pains within five days after receiving the Comirnaty vaccine. His condition is stable.

Note 2: In the preceding week till 11.59pm on May 8, the DH received one death report involving individuals who had received COVID-19 vaccination within 14 days before passing away. The case involved one male aged 61. There is no clinical evidence that the incident arose from vaccination.