衞生防護中心
Centre for Health Protection

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Department of Health

Interim Guidance Notes on
Common Medical Diseases and COVID-19 Vaccination in Primary Care Settings
Vol. 2

就基層醫療中常見疾病的新冠疫苗接種暫擬指引
第二冊

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Content

Preface

At the time of writing, more than 3.16 billion doses of COVID-19 vaccines have been administered worldwide. COVID-19 vaccine coverage in Hong Kong surpasses 35%. The Secretary for Food and Health projected a coverage rate of around 50% towards the end of August, when Community Vaccination Centres would stop giving the first doses of vaccines. That means we would still be some ways off building adequate "herd immunity" to protect the population at large.

At this point in time, two age groups deserve special notice. Vaccine coverage among the elderly, including those living in elderly homes, remains alarmingly low. Presently, less than 15% of elders aged 70 and above have received the first dose of COVID-19 vaccine, well behind the rest of the population. Yet this group carries the highest case-fatality-ratio from COVID-19 among all ages (70-79: 7.4%; 80+: 26%).[1] Also, recently, the indication for the use of Comirnaty (Fosun/BioNTech) has been extended to adolescents aged 12-15, adding another 270,000 eligible individuals for vaccination.

In this issue, the Federation of Medical Societies of Hong Kong (the Federation) publishes guidance notes for COVID-19 vaccination from four medical specialties, namely cardiology, respiratory medicine, paediatrics, and obstetrics & gynaecology. These provide a versatile reference in elderly people (many of whom suffer from cardiovascular and respiratory conditions) as well as in adolescents (including those aged 12-15).

Broadly, the guidance notes affirm that persons with stable chronic medical conditions should get vaccinated as the benefits of vaccination exceed the risks from possible adverse vaccine effects. Specific situations where medical advice should preferably be sought before vaccination are also listed. There is also guidance for BioNTech vaccination in adolescents with allergic diseases and rheumatologic conditions.

It is also worth noting that the Joint Scientific Committee of the Centre for Health Protection has updated its consensus interim recommendations on the use of COVID-19 vaccine (June 9, 2021).[2] It states that any elderly who has received the influenza vaccine before can safely receive COVID-19 vaccine.†

We are approaching the last quarter time segment in the operation of Community Vaccination Centres, and there is a great deal of catch-up work to do. Encouragingly, the pace of vaccination has picked up lately, thanks to intensified publicity and incentives from Government, businesses and various organisations. I congratulate the Federation and her member societies (namely the Hong Kong College of Cardiology, Hong Kong Thoracic Society (Ltd), Hong Kong Lung Foundation, Chest (Delegation Hong Kong and Macau), Hong Kong Society for Paediatric Rheumatology, and the Obstetrical and Gynaecological Society of Hong Kong on behalf of the Hong Kong College of Obstetricians and Gynaecologists) for compiling the versatile set of guidance notes at this crucial juncture. Let us ride on the momentum and seize every opportunity to vaccinate.

Dr. Thomas Tsang
President, Hong Kong College of Community Medicine

References

1. *https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_inhk.pdf*
2. *https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_in_hk.pdf*

† For the frailest elderly, the benefit versus risk may have to be carefully weighted.

Introduction

1. Elderly and individuals with chronic diseases have increased risk of morbidity and mortality from COVID-19 infection.[1,2] Unless with contraindications, COVID-19 vaccines are highly recommended for the elderly and individuals with stable medical diseases.

2. This document* is a living document which will be updated from time to time according to the latest development and continuous communication and consultation with relevant specialists, academic and professional organizations. This version is updated in consultation with the Scientific Committee on Emerging and Zoonotic Diseases and Scientific Committee on Vaccine Preventable Diseases, and the Chief Executive's Expert Advisory Panel.

Department of Health

Interim Guidance Notes

3. This Interim Guidance Notes aim to assist primary care and relevant doctors on their assessment and optimization of patients with common medical diseases for **CoronaVac** vaccination. It must be emphasized that the information is based on expert opinion on the management of common clinical conditions.

4. Persons with contraindications for a type of COVID-19 vaccine should not receive that vaccine. The contraindications for **Comirnaty** and **CoronaVac** are listed as below.

Do not allow vaccination, i.e. with contraindications	For **Comirnaty** Persons with hypersensitivity to previous dose of Comirnaty, or to the active substance or to any of the excipients For **CoronaVac** Persons with: • history of allergic reaction to CoronaVac or other inactivated vaccine; or any component of CoronaVac (active or inactive ingredients, or any material used in the manufacturing process); or • previous severe allergic reactions to vaccine (e.g. acute anaphylaxis, angioedema, dyspnea, etc.); or • severe neurological conditions (e.g. transverse myelitis, Guillain–Barré syndrome, demyelinating diseases, etc.); or • any adverse reaction of nervous system after CoronaVac vaccination; or • uncontrolled severe chronic diseases; or • pregnant and lactating women

*This interim guidance notes should be read together with the documents of Consensus Interim Recommendations on the Use of COVID-19 Vaccines in Hong Kong, issued jointly by the Scientific Committee on Emerging and Zoonotic Diseases and Scientific Committee on Vaccine Preventable Diseases and the Chief Executive's Expert Advisory Panel, accessible via https://www.chp.gov.hk/en/static/24008.html.

5. Subject to the modification of an individual's condition for suitability of vaccination, health service providers shall exercise clinical judgement to decide the best timing for **CoronaVac** vaccination as below.

To <u>proceed</u> to vaccination	Persons without contraindications (including persons with **stable** chronic diseases **can** proceed to vaccination)
To defer vaccination, until medical condition is in better control	Persons with: • severe chronic disease not under satisfactory control; or • acute/unstable disease requiring treatment/ medical attention; or • undergoing treatment adjustment to better control the disease

6. Pregnant women are at a higher risk of developing severe disease from COVID-19 infection, especially during the third trimester of pregnancy. Symptomatic COVID-19 also increases the risk of preterm birth by 2 to 3 fold. **Pregnant women should** be offered the mRNA COVID-19 vaccine, i.e. **Comirnaty**. Women who are **planning pregnancy**, are in the **immediate postpartum**, or are **breastfeeding can** be vaccinated with **Comirnaty**.[3] Relevant advice from The Hong Kong College of Obstetricians and Gynaecologists is at the **Annex**.

7. Regarding management of some chronic diseases, health service providers could refer to local[4,5] and overseas references[6,7] in making clinical judgement. Some examples of the local references are the Reference Frameworks[4] published by the Primary Healthcare Office at https://www.fhb.gov.hk/pho/main/frameworks.html?lang=2 and the Joint Position Statement issued by the Hong Kong College of Paediatricians and Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases.[8] For conditions requiring specialist care, reference can be made to the advice of respective professional associations (please refer to the **Annex** for details).

8. Subject to clinical judgement, patients with (a) severe chronic disease not under satisfactory control, especially those with symptoms, (b) acute/ unstable disease requiring treatment/ medical attention, and (c) undergoing treatment adjustment to better control the disease would generally have to defer vaccination. This applies to, for example, diabetes mellitus (control reflected by clinical and relevant blood monitoring) and hypertension (control reflected by repeated blood pressure monitoring, evidence of end organ damage etc.). Achieving better/ stable control of the disease(s) with appropriate therapy is recommended before considering vaccination. Evidence of clinical disease should be taken into account for assessment when **dyslipidaemia alone** is encountered. Notwithstanding individual assessment, patients with **recent acute myocardial infarction or stroke** should defer vaccination for generally 3 to 6 months with good recovery and stable control.

↑ According to the information on the package insert.

9. In particular, the following advice could be referenced for some common medical diseases.[4] Professional judgement on a patient-by-patient basis has to be exercised as is always in the case of clinical practice.

   (i) Diabetes Mellitus: Patients with stable clinical condition can proceed to vaccination. Reference for general management of diabetes mellitus in primary care settings can be available at https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download32&title=string260&titletext=string259&htmltext=string259&resources=01_en_DM_A4. One can consider deferring vaccination, until better control is achieved, having regard to
   - HbA1c, fasting blood sugar, or
   - Adjusting drug dosage for better control, or
   - Newly develop acute symptoms of complications

   (ii) Hypertension: Patients with stable clinical condition can proceed to vaccination. References for the management of hypertension in primary care settings can be available at https://www.fhb.gov.hk/pho/rfs/english/pdf_viewer.html?file=download33&title=string261&titletext=string259&htmltext=string259&resources=01_en_HT_A4. One can consider deferring vaccination, until better control is achieved, having regard to
   - Systolic blood pressure, diastolic blood pressure, or
   - Adjusting drug dosage for better control, or
   - Newly develop acute symptoms of complications

10. When patients' chronic diseases are in better control, the suitability for COVID-19 vaccination should be revisited and, where appropriate, patients should be advised for vaccination for personal protection.

11. The Department of Health would continue to engage professional input from academic and professional organizations to keep abreast of the latest development and update this guidance notes as need and as appropriate.

Department of Health
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Annex 1

Guidance Notes from The Hong Kong College of Obstetricians and Gynaecologists - Advice on COVID-19 Vaccination in Pregnant and Lactating Women (interim; updated on 5 May 2021), collated via the Federation of Medical Societies of Hong Kong

(Please refer to the link https://www.hkcog.org.hk/hkcog/news_4_65.html for the latest version)

Data show that vaccines are effective in protecting people from serious illness from COVID-19. Pregnant women are at a higher risk of developing severe adverse outcomes following SARS-CoV-2 infection, when compared with non-pregnant population. Though uncommon, severe illness due to COVID-19 is more likely to occur during the third trimester of pregnancy. Symptomatic COVID-19 also increases the risk of preterm birth by 2-3 fold.

Pregnant women should be offered the mRNA COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group.

Women who are planning pregnancy, are in the immediate postpartum, or are breastfeeding can be vaccinated with mRNA COVID-19 vaccine, depending on their age and clinical risk group.

Our consensus is based on robust real-world data from the United States showing that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised. Our consensus is in line with the advice provided by the Joint Committee on Vaccination and Immunisation (JCVI) in the United Kingdom that it is preferable for pregnant women to be offered the mRNA vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed.

The other currently available vaccine in Hong Kong, CoronaVac is an inactiviated SARS-CoV-2 vaccine, and its safety data in pregnant and lactating women have not been published in the medical literature so far. Hence, CoronaVac is not recommended for use in pregnancy and during breastfeeding at present.

Pregnant women should discuss the risks and benefits of vaccination with their clinician, including the latest evidence on safety and which vaccines they should receive.

The HKCOG COVID-19 Vaccination Committee will continue to closely monitor the evidence on COVID-19 vaccination in pregnancy and will update its advice as required.

FAQ

Q: Do I need to take a pregnancy test before receiving the vaccine?

A: There is no need to take a pregnancy test before receiving the vaccine. However, if you wish to avoid being pregnant while receiving the full course of vaccination then you should consider appropriate contraception. If you are unsure whether you are pregnant, you may wish to wait for your period before receiving the first dose of the vaccine.

Q: I am trying to become pregnant, can I be vaccinated?

A: You are recommended to complete the course of vaccination (2 doses received) before you become pregnant. This will reduce your risk of contracting the virus during pregnancy and therefore severe COVID-19-associated complications such as preterm birth.

Q: What do I do if I become pregnant after receiving one dose of the vaccine?

A: You can have the second dose after the recommended interval (3 weeks). However, if one is still concerned with the safety issue of the vaccine in early pregnancy or in pregnancy, one can defer until after pregnancy. Decision should be taken into account your personal exposure to and risks from COVID-19.

Q: Does COVID-19 vaccine affect fertility?

A: There is no evidence to suggest that COVID-19 vaccines will affect fertility.

Q: After completing the course of vaccination, do I need to wait for a few months before becoming pregnant?

A: No, there is no need to wait to try to become pregnant.

Q: I am pregnant, should I be vaccinated against SARS-CoV-2?

A: Yes, you are advised to be vaccinated against SARS-CoV-2 at the same time as the rest of the population, based on age and clinical risk group.

Q: Which vaccine is recommended for pregnant women?

A: mRNA vaccine (Current option in Hong Kong is Comirnaty).

Q: Do I need extra medical care if I get vaccinated during pregnancy?

A: You will be given one day sick leave or attendance for the day you receive the vaccine. If you feel unwell following vaccination, you are advised to seek medical attention.

Q: Do I need to tell the vaccination centre or the attending nurse/doctor that I am pregnant before the vaccination?

A: Yes.

Annex 1

Q: When should I get vaccinated during pregnancy?

A: You are advised to be vaccinated at the earliest opportunity. As symptomatic COVID-19 is associated with an increased risk of preterm birth, vaccination during the first or second trimester is advisable. However, if you are already in your third trimester, you can still be vaccinated to minimise your risk of severe COVID-19.

Q: Does COVID-19 vaccine increase the risk of miscarriage?

A: There is no evidence to suggest that COVID-19 vaccine increases the risk of miscarriage. If you are concerned about the baby's development during the first 12 weeks of pregnancy, you may wish to be vaccinated after 12 weeks' gestation.

Q: What are the side effects from the vaccine?

A: Non-pregnant specific side effects from the vaccine are common, such as injection site reactions, headache, muscle pain, fever, chills, fatigue and joint pain. You are advised to seek medical attention if you feel unwell following vaccination in order to rule out other causes of your symptoms.

Q: Do I need to stop breastfeeding in order to be vaccinated?

A: There is no need to stop breastfeeding while being vaccinated.

Q: Are there any contraindications with maternal Pertussis vaccination?

A: COVID-19 vaccines are recommended not to be administered within 14 days of receipt of another vaccine. So DTaP vaccination should be deferred for 14 days after the administration of COVID-19 vaccines.

Guidance Notes from the Hong Kong Society for Paediatric Rheumatology - Consensus Statement on BNT162B2 mRNA Vaccine in Children with Rheumatic Conditions in Hong Kong, collated via the Federation of Medical Societies of Hong Kong

Background:

On 10 May 2021, the U.S. Food and Drug Administration (FDA) amended the emergency use authorization for the Pfizer COVID-19 vaccine, allowing it to be given to children between 12 and 15. Before this, the vaccine could be administered only to individuals aged 16 or above. Emergency use authorization (EUA) is not the same as FDA approval, which typically takes much longer to obtain. A EUA is used to make treatments like vaccines available during public health emergencies, such as the COVID-19 pandemic.

Consensuses are obtained among local paediatricians taking care of rheumatology patients. The statements made are based on the most recent researches available and from the consensus or recommendations from various international bodies of the rheumatology societies. Because of the heterogeneity of paediatric rheumatic diseases and treatment options, these consensus statements are not intended to replace or supersede individual clinical judgement. Furthermore, the statements are not to override the values and perspectives of the rheumatology patients or their parents. Paediatricians are encouraged to engage their patients and discuss the COVID-19 vaccination through a shared-decision making process.

Statement 1: Rheumatic diseases alone are not observed to post children a higher risk of developing COVID-19 infection or having a more severe disease course.

- So far, since the start of the pandemic, most children with COVID-19 infection exhibit only mild to moderate symptoms. In general, children with rheumatic diseases are not at a higher risk of contracting COVID-19 or developing a more severe disease [1,2,3,4.]

Statement 2: Children are at risk of developing Multisystem Inflammatory Syndrome (MIS) associated with COVID-19 infection.

- There are reports of previously healthy children who developed multisystem inflammatory syndrome related to prior COVID-19 infection. It could be severe and even fatal [5].

Annex 2

Statement 3: COVID-19 is best prevented by vaccination in addition to stringent infection control measures.

- It is now clear that infection control measures alone, namely social distancing, hand hygiene and wearing a face mask, is not enough to prevent one from acquiring the infection.

Statement 4: The BNT162B2 mRNA vaccine is effective and safe in adolescent aged 12 or older.

- It was demonstrated in a clinical trial that the use of the BNT162B2 mRNA vaccine in adolescent aged 12 or above is both safe and effective in preventing COVID-19 infection[6]. Apart from offering protection against COVID-19 infection and its potential complications, it can also contribute to the herd immunity necessary to eliminate the pandemic.

Statement 5: Children with stable rheumatic diseases and currently not taking any medications are recommended to receive the vaccine as usual, provided there is no contradiction as stated by the vaccine manufacturer [7,8,9,10]***.***

Statement 6: Children with a stable rheumatic condition and currently under treatment, including NSAIDs, corticosteroid, Disease-Modifying Anti-Rheumatic Drugs (DMARDs), biological DMARDs, or immunosuppressants, are not contraindicated for receiving this vaccine [7,8,9,10]***.***

- Given the concomitant immunomodulating or immunosuppressing agents, there are concerns that the efficacy of the vaccines might be compromised. Current data shows that the mRNA vaccine in the adult with rheumatic diseases is safe and can elicit an immune response. The use of medication including DMARDs, biological DMARDs or immunosuppressants did not lead to particular safety concern [7,8,9,10].

Statement 7: Children currently taking multiple DMARDS, including corticosteroid, are encouraged to discuss the vaccination with their rheumatology health care providers. An adjustment to the medication schedule may be considered in individual patient.

- Theoretically, the level of immune response to a vaccine may be diminished in those receiving immunosuppressive treatment. There are also recent reports that the immune response after COVID-19 vaccination may be lower in patients with inflammatory conditions, and the use of some immunosuppressive drugs may further influence that[7,9]. Therefore, there are recommendations on rescheduling the timing of specific immunosuppressive agents. However, a lower antibody response may not be equivalent to lower vaccine efficacy. The practice of withholding treatment temporarily before or after the COVID-19 vaccine has not been fully investigated. We are not sure whether this can boost the immune response to the COVID vaccine. On the contrary, people with unstable disease may have a theoretical risk of flare. Hence, patients need to discuss with their rheumatology care providers for advice before vaccination[7,8,9,10].

Statement 8: A flare of rheumatic disease or an increase in vaccine-related side effects were not observed excessively in stable rheumatic patients who received the vaccine.

- Given that worldwide mass vaccination is only rolled out for less than a year, despite flare or excessive side effects were not observed in the rheumatology patient cohorts, we have to be cautious about the long-term safety data. This watchful attitude, however, does not undermine our recommendation for COVID 19 vaccination during this pandemic[7]. The beneficial effect has outgrown the theoretical risk.

Statement 9: It remains vital to continue stringent infection control measures whether or not one has been vaccinated against COVID-19, as the protection may not be perfect.

Statement 10: Household members or carers in close contact with rheumatic patients should consider taking the COVID-19 vaccine to facilitate the cocooning effect that may help to protect the patients.

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Guidance Notes from the Hong Kong Lung Foundation, Hong Kong Thoracic Society and CHEST Delegation Hong Kong and Macau, collated via the Federation of Medical Societies of Hong Kong

(18 May 2021)
General comments regarding COVID-19 vaccination for patients with asthma and chronic obstructive airway disease (COPD)

If I have asthma or COPD, should I receive COVID-19 vaccine?

People with asthma or COPD should have COVID-19 vaccination unless you have the conditions listed below for which you should take precautions and consult a medical professional.[1] You should continue your usual inhaled and oral medications for your asthma or COPD when you plan for vaccination. COPD patients are at higher risk of developing severe COVID-19.[2,3]

Conditions requiring special precaution for patients with asthma or COPD for COVID-19 vaccine:

1. If you are currently having worsening of asthma or COPD *symptoms despite taking the usual medications regularly*, you should wait for this worsening to settle before receiving the vaccination. You should consult a medical professional for appropriate treatment and seek advice on when you are ready to receive the vaccine.

2. If you have a *fever or any acute illness*, delay vaccination until you are fully recovered.

3. If you are currently on *biologic therapy for asthma*, COVID-19 vaccine and biologic therapy should not be given on the same day so that adverse effects of either can be more easily distinguished.[1]

4. If you have a history of *allergic reaction* to prior COVID-19 vaccine or its components, you should not receive the vaccine concerned. Evaluation by a specialist in allergy may help determine if a different COVID-19 vaccine can be administered.[4] A history of severe allergic reaction to other medications or foods is not a contraindication for COVID-19 vaccine, but caution should be exercised (particularly for people with previous anaphylaxis to multiple, different drug classes, which evaluation by a specialist in allergy may be considered) and you should be observed for 30 minutes following vaccination.[5-7]

5. *Other medical conditions* that are considered to have contraindications for COVID-19 vaccination.

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Annex 4

Guidance Notes from the Hong Kong College of Cardiology, collated via the Federation of Medical Societies of Hong Kong

1. Pre-existing cardiovascular diseases significantly increase the risk of severe complications from COVID-19 infection.

2. The benefit from COVID-19 vaccine in patients with stable cardiovascular diseases or stable cardiovascular risk factors exceeds the risk of severe adverse reaction to the vaccine. Therefore, patients with stable cardiovascular diseases or stable cardiovascular risk factors, and without other contraindications, can receive COVID-19 vaccination.

3. Patients experiencing symptoms like chest pain, shortness of breath, syncope or palpitations should seek medical attention before COVID-19 vaccination.

4. Patients having recent adjustment of medications for chronic medical conditions, e.g. hypertension, should seek the advice from doctors before COVID-19 vaccination.

5. In general, stable patients can have COVID-19 vaccination 3-6 months after acute myocardial infarction, stroke, percutaneous coronary intervention or coronary artery bypass graft surgery. Variation in the period is expected in some patients and should be recommended by the attending cardiologist or cardiac surgeon on an individualized approach.

6. Antiplatelet drugs, e.g. Aspirin, Clopidogrel, Prasugrel and Ticagrelor and oral anticoagulants, e.g. Warfarin, Dabigatran, Rivaroxaban, Apixaban and Edoxaban, should be continued during COVID-19 vaccination. Prolonged direct pressure lasting for 5 to 10 minutes should be applied to the injection site to reduce bleeding or bruising.

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