



**HKAM webinar:  
Joint HKCFP – HKCP Forum on  
COVID-19 vaccination in elderly**

**31 July 2021  
Saturday  
16:20 - 17:00**

# COVID-19 Vaccination in Elderly – Physician perspectives



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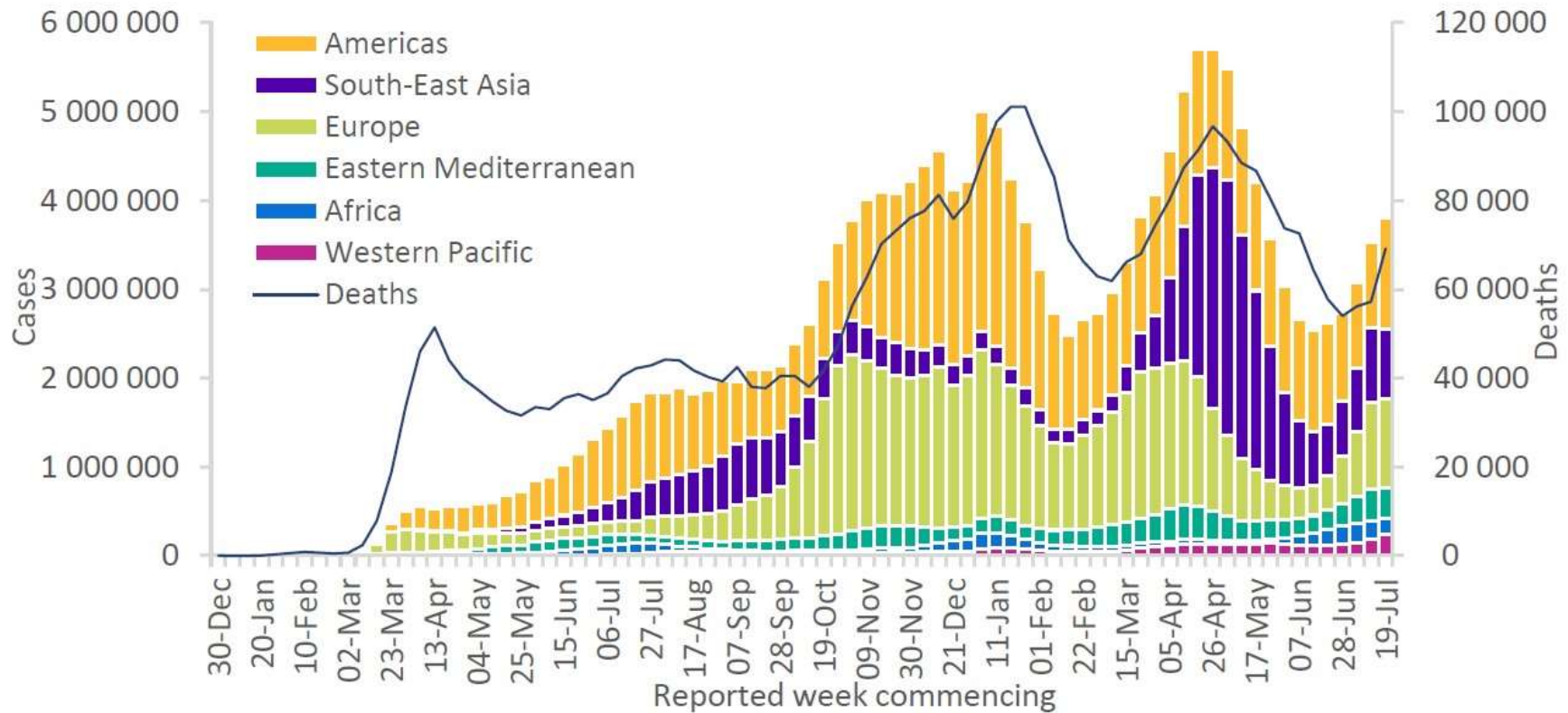
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**Chinese University of Hong Kong**

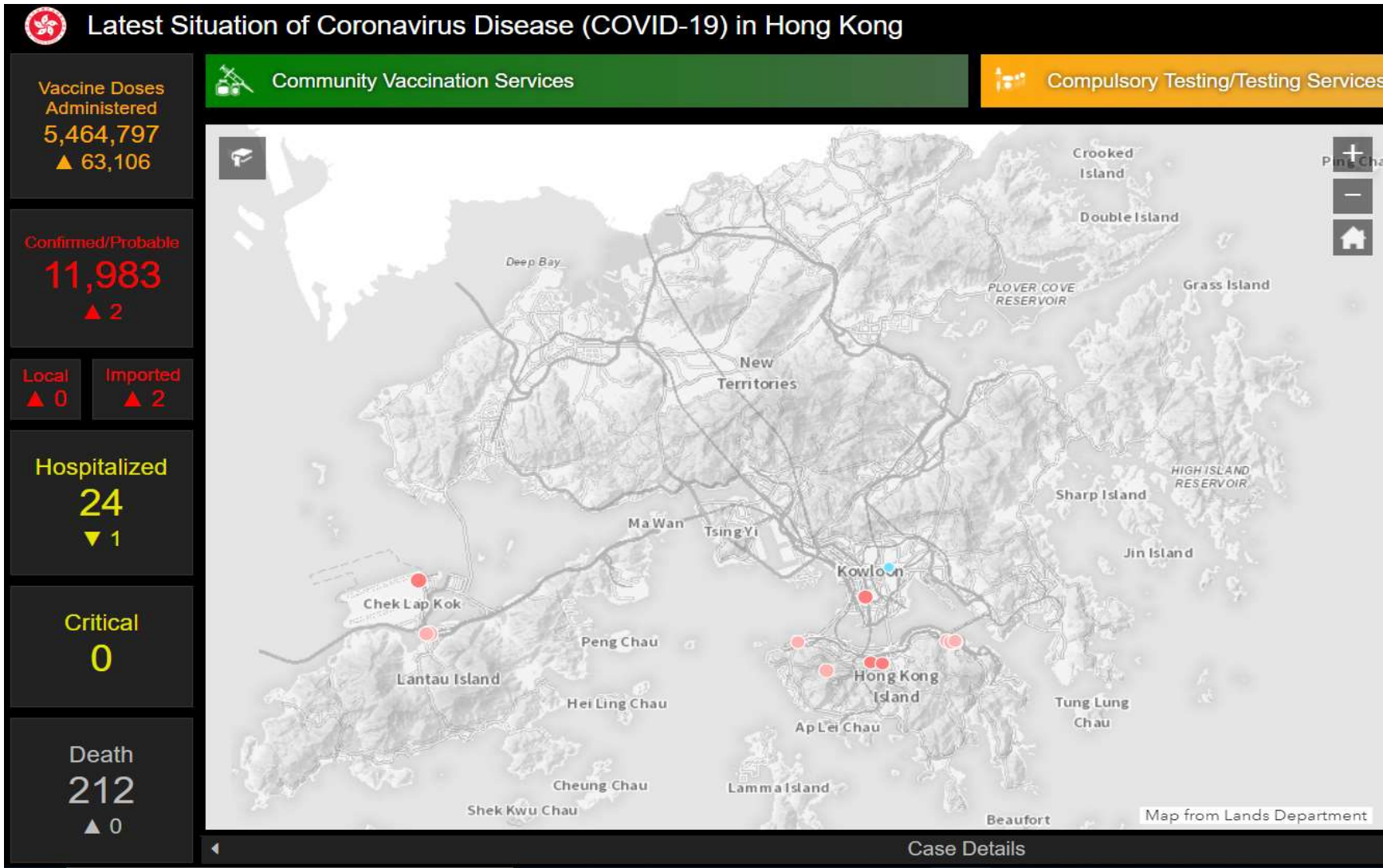
COVID-19 cases reported weekly by WHO Region, and global deaths, as of 25 July 2021\*\*



The cumulative number of cases reported globally is now nearly 194 million

Number of cumulative deaths exceeds 4 million.

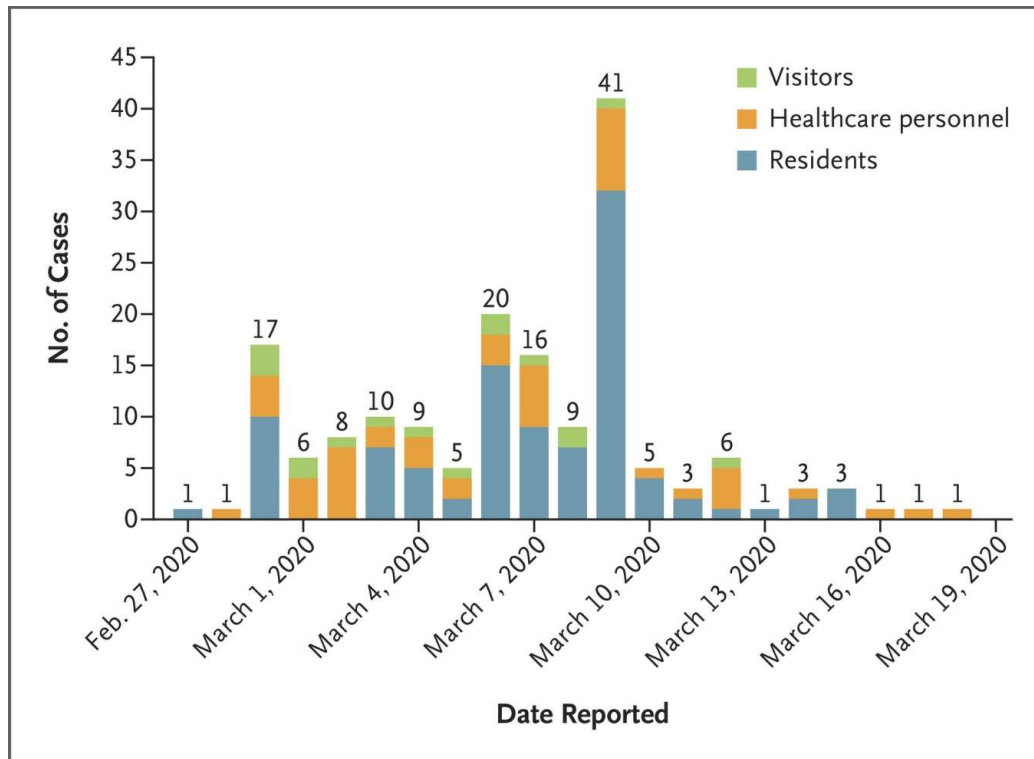
HK  
July 29, 2021



## **COVID-19 Vaccination in Elderly – Physician perspectives**

1. Morbidity and mortality of COVID-19 Infection in the Elderly
2. Psychological Effects of COVID-19 infection on the Elderly
3. COVID-19 Vaccination rate in Elderly – global and local data
4. Protection and Safety of the COVID – 19 Vaccine
5. Recommendations and appeals of the Hong Kong College of Physicians

## Long-term care facilities are high-risk settings for severe outcomes from outbreaks of Covid-19



Long-term care facilities are high-risk settings for severe outcomes from outbreaks of Covid-19, owing to both the advanced age and frequent chronic underlying health conditions of the residents and the movement of health care personnel among facilities in a region.

When the **index case** was identified on February 28, at least 45 residents and staff dispersed across Facility A had symptoms of respiratory illness;

March 18, a total of **167 confirmed cases of Covid-19** affecting **101 residents, 50 health care personnel, and 16 visitors** were found to be epidemiologically linked to the facility

McMichael TM et al. Epidemiology of Covid-19 in a long-term care facility in King County, Washington. N Engl J Med 2020;382:2005-2011.

Long-term care facilities are high-risk settings for severe outcomes from outbreaks of Covid-19 – USA

High Hospitalization rate and High fatality

**Hospitalization** rates for **facility residents**, visitors, and staff were **54.5%**, 50.0%, and 6.0%, respectively.

The case **fatality** rate for residents was **33.7%** (34 of 101).

McMichael TM et al. Epidemiology of Covid-19 in a long-term care facility in King County, Washington. N Engl J Med 2020;382:2005-2011.

## 3<sup>rd</sup> wave in Hong Kong: case in residential home

個案	性別	歲數	院舍人士		病徵出現日期	陽性樣本				入院日期	病情及結果		
			職員	院友		深喉唾液	咽喉樣本	鼻咽和咽喉拭子	日期		出院	死亡	日期
1	女	56	X		16/07/2020	X			19/07/2020	21/07/2020	X		02/08/2020
2	女	56	X		無病徵		X		22/07/2020	23/07/2020	X		31/07/2020
3	男	87		X	22/07/2020		X	X	23/07/2020	22/07/2020	X		12/08/2020
4	女	91		X	23/07/2020		X	X	23/07/2020	23/07/2020		X	12/08/2020
5	男	90		X	25/07/2020		X	X	23/07/2020	23/07/2020		X	08/09/2020
6	女	91		X	無病徵	X			25/07/2020	26/07/2020	X		09/08/2020
7	男	32	X		28/07/2020	X			25/07/2020	30/07/2020	X		04/08/2020
8	女	100		X	無病徵		X		02/08/2020	02/08/2020	X		26/08/2020
9	女	82		X	07/08/2020		X	X	13/08/2020	11/08/2020		X	22/08/2020

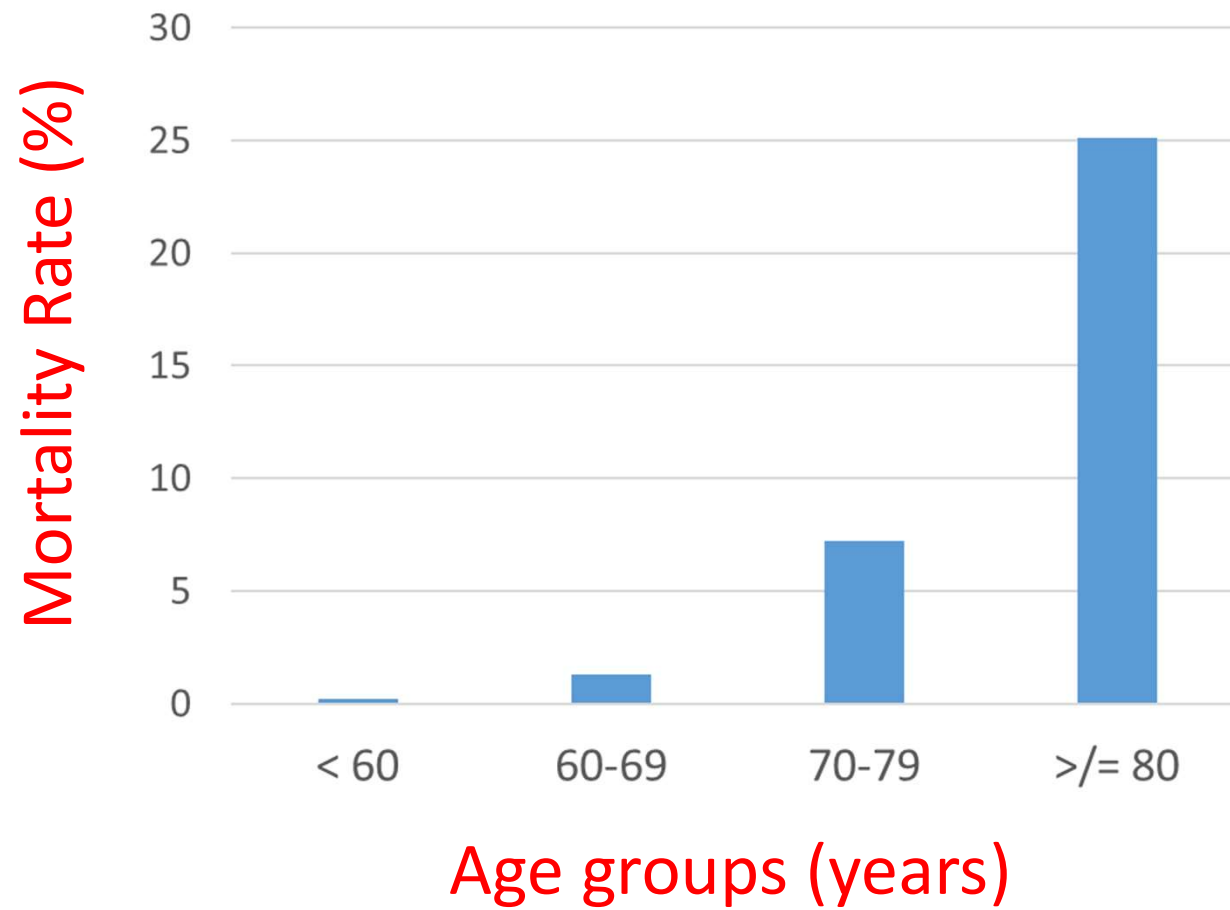
Fatality Rate: 3/7 (42%)



# COVID 19 infection in HK

	Mortality rate	Serious case requiring ICU care	Severe pneumonia requiring ventilator care
All patients	159/8675 (1.8%)	410/8675 (4.7%)	200/8675 (2.3)
<60 歲	10/6335 (0.2%)	117/6335 (1.8%)	47/6335 (0.7%)
60-69 歲	18/1381 (1.3%)	141/1381 (10.2%)	68/1381 (4.9%)
70-79 歲	44/612 (7.2%)	110/612 (18.0%)	60/612 (9.8%)
≥80 歲	87/347 (25.1%)	42/347 (12.1%)	25/347 (7.2%)

## SARS CoV- 2 infected patient mortality rate in HK



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# Psycho-social impact of Covid-19 in elderly

- Infection control measures such as **social distancing** impose significant morbidity and adverse effect on the **psychosocial well-being of older people**
- **Community dwelling elderly rendered homebound**
- **Residents in care home** suffer consequences of **visitor restriction** resulting in **social isolation, depression, worsening of behavioral symptoms in demented elderly and feeding problem.**

Shum CK, et. al. Poor feeding due to visitor restrictions in long-term care facilities during the coronavirus disease 2019 pandemic. *Psychogeriatrics*. 2020 Nov;20(6):929-930.

## Worsening behavioral and psychological symptoms of dementia during the COVID-19

### Behavioural and psychological symptoms of dementia (BPSD)

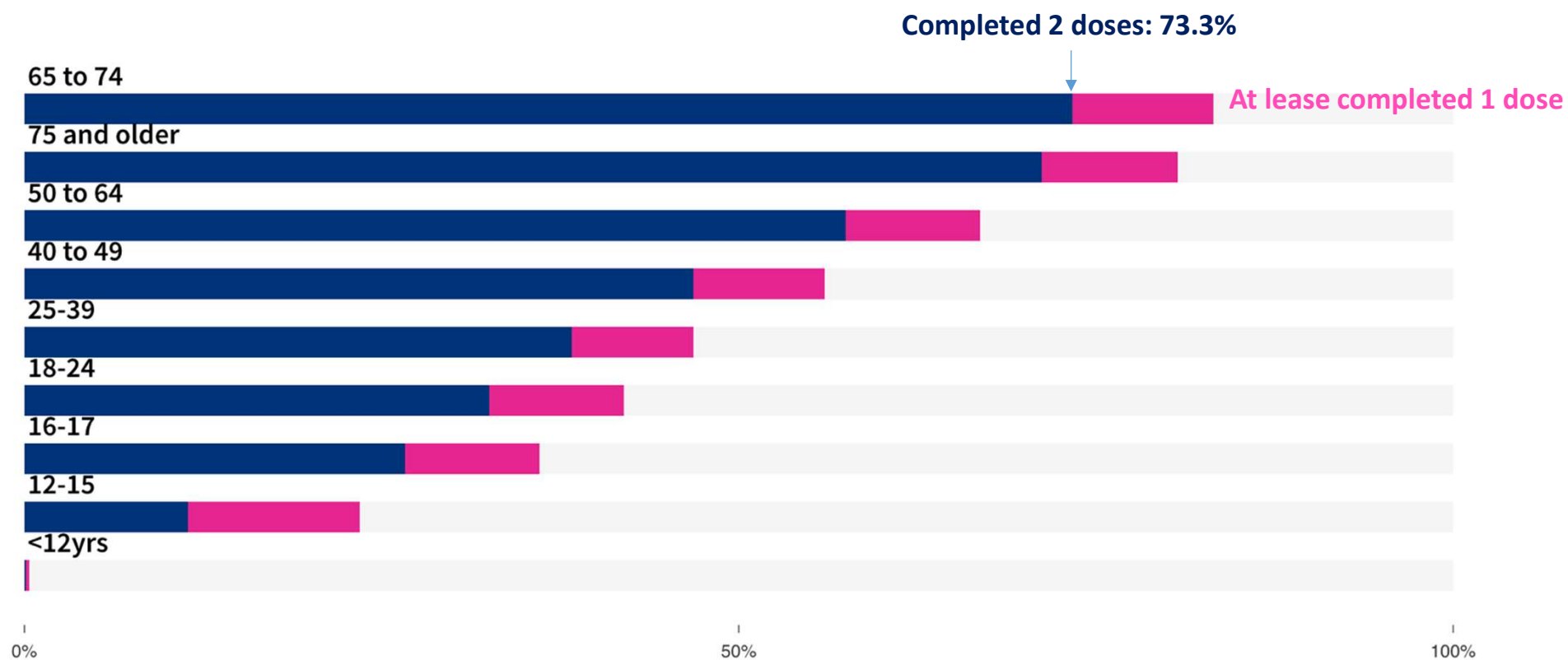
- **Social distancing and home isolation** disrupt the normal routines of patients with dementia, potentially causing **agitation, wandering, prosopagnosia (面容失認症), dysphoria (煩躁不安), and even violent behaviour.**
- The unprecedented **closure of the day-care centres** has greatly **limited** the opportunity for patients with dementia and their caregivers to engage in **meaningful activities, get out of the house, and strengthen social connections,** possibly worsening BPSD.

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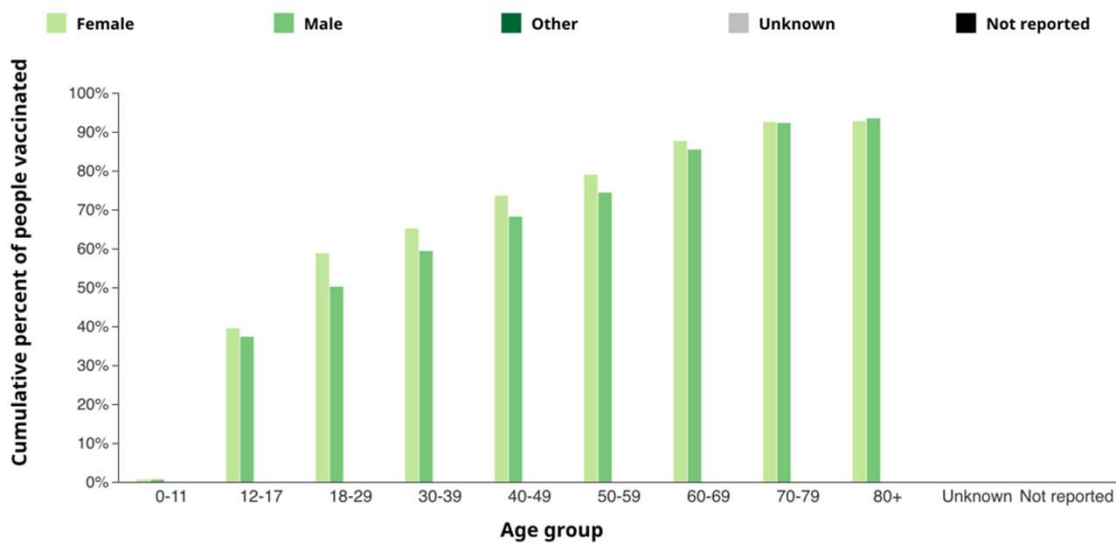
# Vaccination rate by age: USA



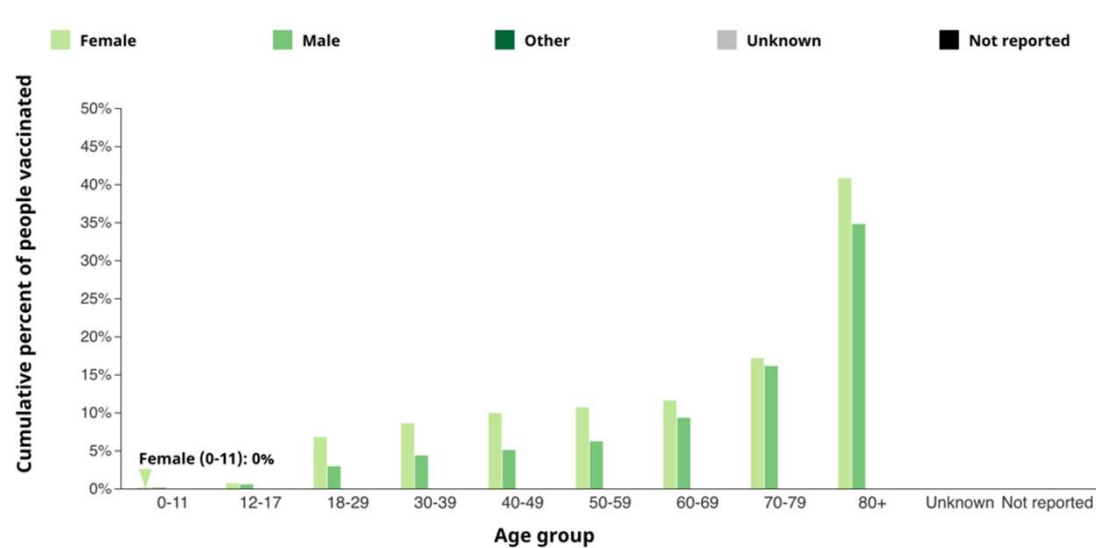


# Vaccination rate by age: Canada

**Age 60 years or above: > 80%**



At least 1 dose



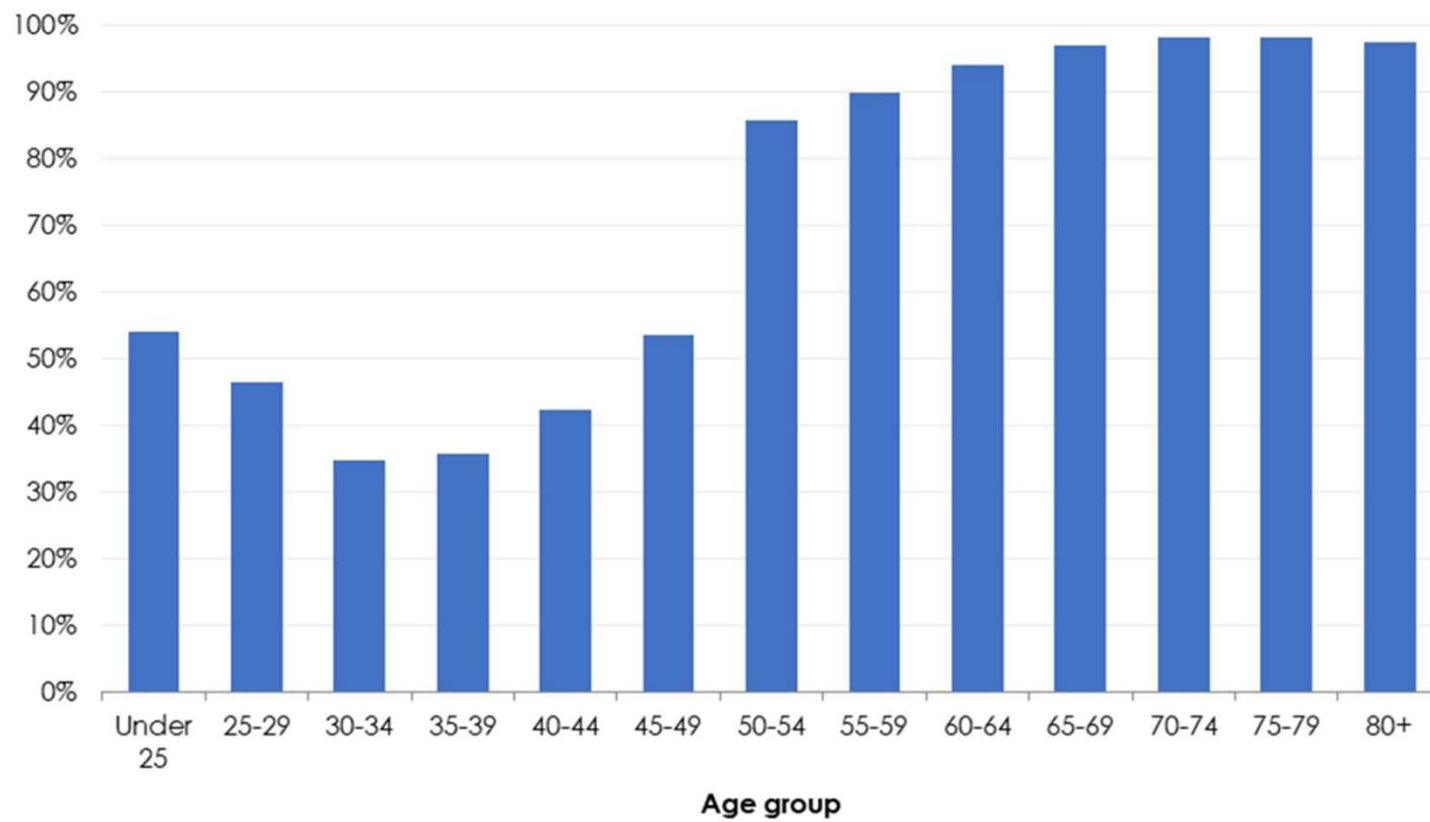
completed 2 doses





# Vaccination rate by age: UK

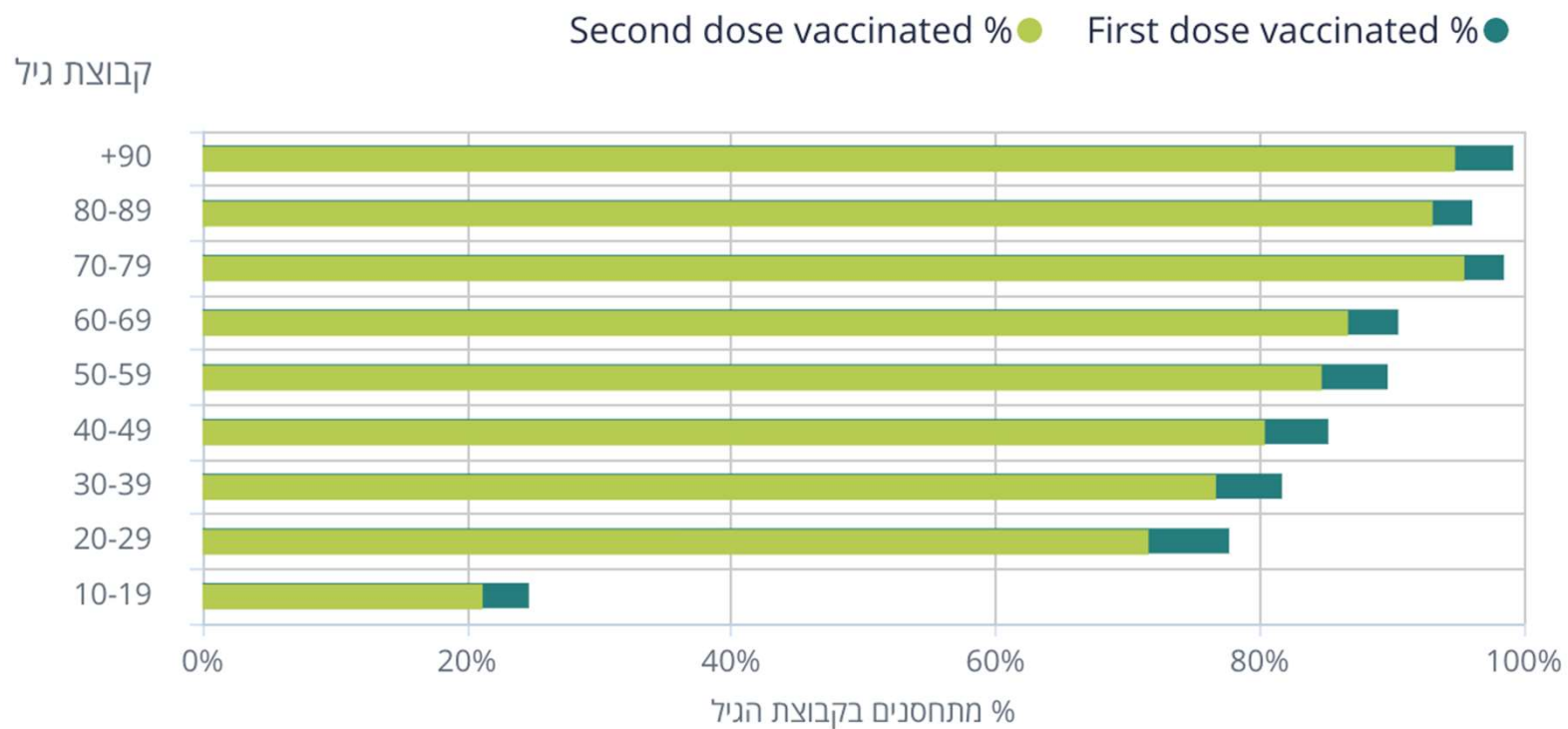
**Completed 2 doses: Age 60 years or above: > 90%**





# Vaccination rate by age: Israel

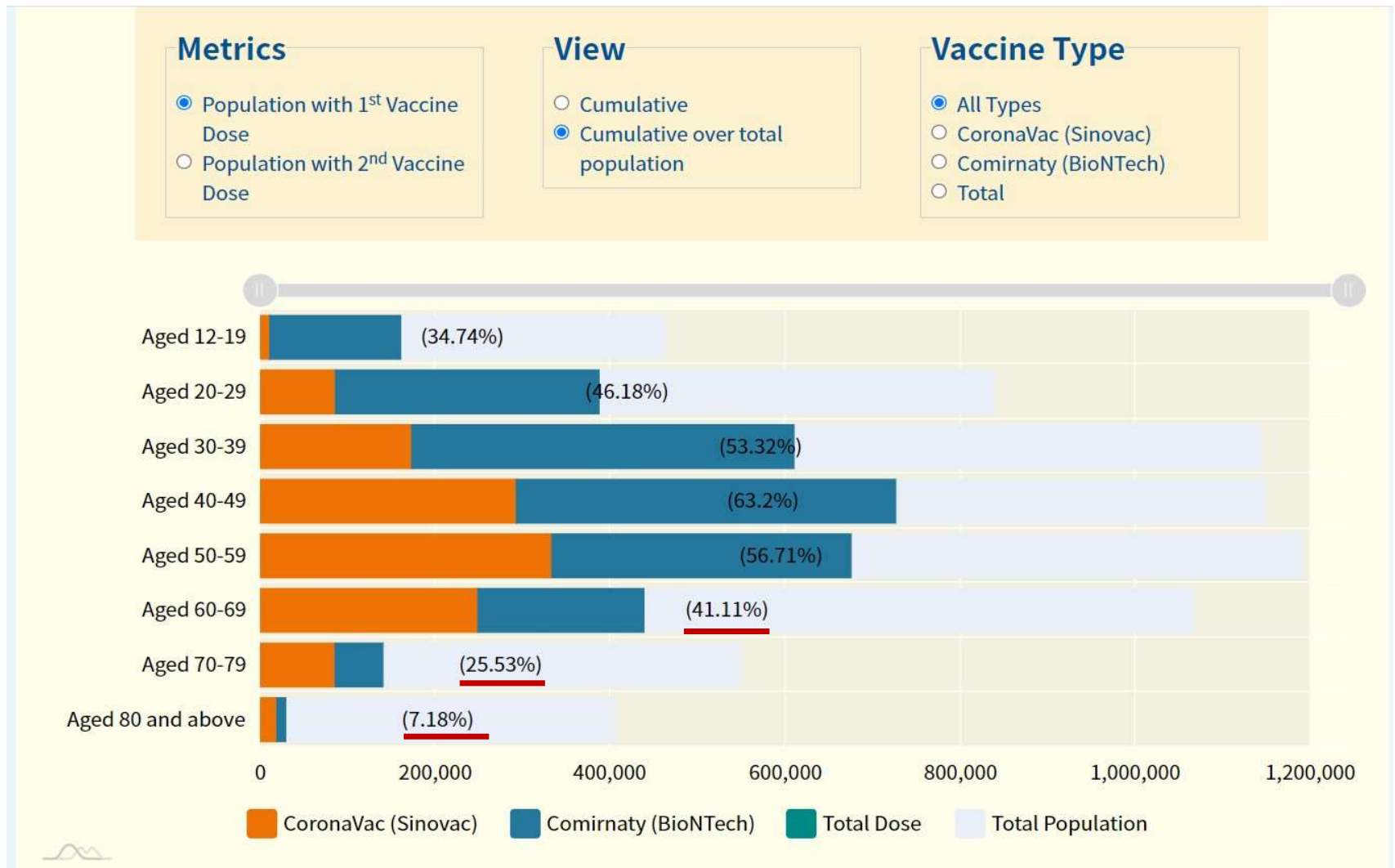
**Completed 2 doses: Age 60 years or above: > 90%**



## Vaccination Rate in Elderly in HK (21 June, 2021)

- 70- 79 years old                      5%
- $\geq$  80 years old                      1%

## % having 1<sup>st</sup> vaccine (Sinovac + BioNTec) in HK by age (July 29, 2021)



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## Summary



One dose of either vaccine provides 60-70% protection against symptomatic covid-19 and about 80% protection against hospital admission

## Study design



Test negative case-control | Included whole population of **over 70s in England** (approx. 7.5 million)

## Population



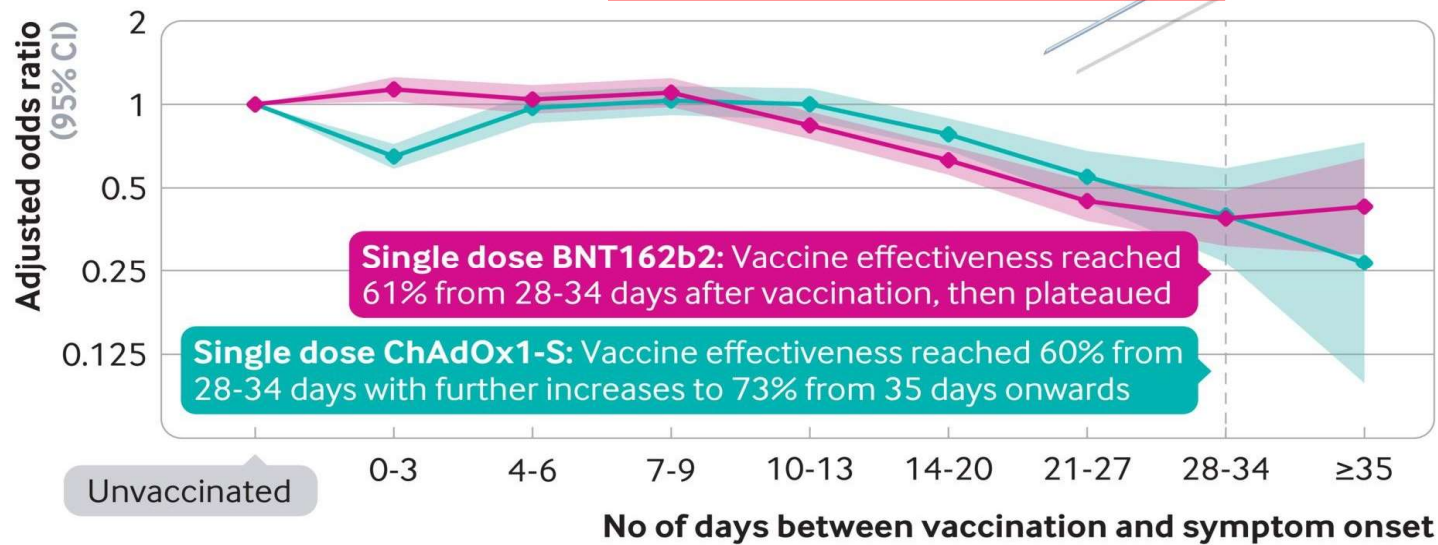
153 441 individuals developed symptoms and were tested through community testing (8 Dec to 19 Feb 2021)

## Outcomes

- ◆ BNT162b2 (Pfizer-BioNTech)
- ◆ ChAdOx1-S (Oxford-AstraZeneca)

### Symptomatic covid-19 disease

Adjusted odds ratio for confirmed case by interval after vaccination dose 1, administered from 4 January 2021



UK

Bernal JL, et al. Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study. BMJ 2021;373:n1088.

# BNT162b2 in 80 years and older - UK

- Vaccinations with BNT162b2 administered to **those aged 80 years and older**
- Compared with an unvaccinated baseline group, **vaccine effectiveness after the 1<sup>st</sup> dose** equivalent to **70%**.
- From 14 days **after the second dose**, equivalent to a vaccine effectiveness of **89%**.

Bernal JL, et al. Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study. BMJ 2021;373:n1088.

## Participants 70 years or older - UK

- Combined with the effect against symptomatic disease, a **single dose** of BNT162b2 vaccine was
  - about **80% effective at preventing admission** to hospital with covid-19
  - **85% effective at preventing death** with covid-19.

Bernal JL, et al. Effectiveness of the Pfizer-BioNTech and Oxford-AstraZeneca vaccines on covid-19 related symptoms, hospital admissions, and mortality in older adults in England: test negative case-control study. BMJ 2021;373:n1088.



Estimated effectiveness of two doses of BNT162b2 ( $\geq 7$  days after the second dose) against laboratory-confirmed SARS-CoV-2 outcomes in the oldest age groups –  
Israel

<b>Vaccine effectiveness*</b>	<b><u>Age <math>\geq 65</math> years</u></b>	<b><u>Age <math>\geq 75</math> years</u></b>	<b><u>Age <math>\geq 85</math> years</u></b>
1. SARS-CoV-2 infection <sup>†</sup>	94.8% (93.9–95.5)	95.1% (93.9–96.0)	94.1% (91.9–95.7)
2. Asymptomatic SARS-CoV-2 infection	88.5% (86.4–90.3)	87.5% (84.2–90.1)	83.2% (76.3–88.1)
3. Symptomatic COVID-19	96.4% (95.9–97.0)	96.7% (95.9–97.4)	96.6% (95.2–97.6)
4. COVID-19-related hospitalization	96.8% (96.2–97.3)	97.0% (96.2–97.7)	96.9% (95.5–97.9)
5. Severe or critical COVID-19-related hospitalization	97.3% (96.8–97.8)	97.6% (96.8–98.1)	97.4% (95.9–98.3)
6. COVID-19-related death	96.9% (96.0–97.6)	97.1% (96.0–97.9)	97.0% (94.9–98.3)

Haas EJ et al. Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data. Lancet 2021;397:1819-1829.

## Incident SARS-CoV-2 Infection among mRNA-Vaccinated and Unvaccinated Nursing Home Residents (USA)

**Table 1. Incident SARS-CoV-2 Infection among Nursing Home Residents According to Vaccination Status.\***

Variable	Total	Asymptomatic SARS-CoV-2 Infection	Symptomatic SARS-CoV-2 Infection	Percent of Infected Residents Who Were Asymptomatic
<b><u>Residents vaccinated with ≥1 dose</u></b>				
No. of residents	18,242			
Positive test after receipt of first dose — no. (%)				
At 0–14 days	822 (4.5)	587 (3.2)	235 (1.3)	71.4
At 15–28 days	250 (1.4)	179 (1.0)	71 (0.4)	71.6
<b><u>Residents vaccinated with 2 doses</u></b>				
No. of residents	13,048			
Positive test after receipt of second dose — no. (%)				
At 0–14 days	130 (1.0)	110 (0.8)	20 (0.2)	84.6
At >14 days	38 (0.3)	29 (0.2)	9 (0.1)	76.3
<b><u>Unvaccinated residents</u></b>				
No. of residents	3,990			
Positive test after first vaccination clinic — no. (%)				
At 0–14 days	173 (4.3)	115 (2.9)	58 (1.5)	66.5
At 15–28 days	69 (1.7)	42 (1.1)	27 (0.7)	60.9
At 29–42 days	16 (0.4)	13 (0.3)	3 (0.1)	81.2
At >42 days	12 (0.3)	10 (0.3)	2 (0.1)	83.3

White EM, et al. Incident SARS-CoV-2 infection among mRNA-vaccinated and unvaccinated nursing home residents. N Engl J Med 2021 May Online ahead of print.

real-world effectiveness of the mRNA vaccines in reducing the incidence of asymptomatic and symptomatic SARS-CoV-2 infections in a vulnerable nursing home population.

- Of these 18,242 residents, 13,048 also received the second dose of vaccine.
- A total of 3990 residents were unvaccinated.
- Among the 13,048 residents who **received both doses of vaccine**, there were 130 incident cases (1.0% of vaccinated residents) within 0 to 14 days after receipt of the second dose and 38 cases **(0.3%) after 14 days**
- Among **unvaccinated residents**, incident cases decreased from 173 cases **(4.3% of unvaccinated residents) within 0 to 14 days after the first vaccination clinic** to 12 cases **(0.3%) at more than 42 days after the clinic**.

White EM, et al. Incident SARS-CoV-2 infection among mRNA-vaccinated and unvaccinated nursing home residents. N Engl J Med 2021 May  
Online ahead of print.

# Residents in nursing homes

- Nursing home residents are disproportionately affected by Covid-19 with more severe disease and higher mortality
- Increase in vulnerability related to advanced age, comorbid illness and high-risk environment in nursing home
  - Residents with dementia cannot adhere to face masking, hand hygiene
  - Close contact between care workers and dependent residents during personal care
- Robust vaccine coverage among residents and staff, together with use of face mask and other infection control measures afforded protection to both vaccinated and unvaccinated residents

White EM, et al. Incident SARS-CoV-2 infection among mRNA-vaccinated and unvaccinated nursing home residents. N Engl J Med 2021 May Online ahead of print.

Chidambaram P, et al. New COVID-19 cases and deaths among nursing home residents have dropped since vaccinations began. Kaiser Family Foundation. March 3, 2021

## Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine

**Table 3.** Vaccine Efficacy Overall and by Subgroup in Participants without Evidence of Infection before 7 Days after Dose 2.

Efficacy End-Point Subgroup	BNT162b2 (N=18,198)		Placebo (N=18,325)		<u>Vaccine Efficacy, % (95% CI)†</u>
	No. of Cases	Surveillance Time (No. at Risk)*	No. of Cases	Surveillance Time (No. at Risk)*	
Overall	8	2.214 (17,411)	162	2.222 (17,511)	95.0 (90.0–97.9)
Age group					
16 to 55 yr	5	1.234 (9,897)	114	1.239 (9,955)	95.6 (89.4–98.6)
>55 yr	3	0.980 (7,500)	48	0.983 (7,543)	93.7 (80.6–98.8)
≥65 yr	1	0.508 (3,848)	19	0.511 (3,880)	<u>94.7 (66.7–99.9)</u>
≥75 yr	0	0.102 (774)	5	0.106 (785)	<u>100.0 (–13.1–100.0)</u>

Polack FP et al. Safety and Efficacy of the BNT162b2 mRNA Covid Vaccine. N Eng J Med 2020;383:2603-2615

# Efficacy of Covid-19 vaccination in elderly

- BioNTech
- Multinational, placebo-controlled, observer-blinded trial (RCT)
- Subjects aged 65 and above, 7 days after 2<sup>nd</sup> dose
- Overall vaccine efficacy was 94.7% (95% CI 66.7 to 99.9) in preventing confirmed Covid-19
- Equally effective in older persons with at least one of the Charlson Comorbidity Index categories or obesity with vaccine efficacy 91.7% (95% CI 44.2 to 99.8)

Polack FP et al. Safety and Efficacy of the BNT162b2 mRNA Covid Vaccine. N Eng J Med 2020;383:2603-2615

Outcome and Immunization Status	Subgroup Cohort	Persons with Covid-19		Vaccine Effectiveness (95% CI)		
		No. of Person-Days	No. of Persons	Incidence Rate <i>no. of events/ 1000 person-days</i>	Analysis Adjusted for Sex and Age	Analysis Adjusted for All Covariates*
<b><u>Covid-19</u></b>						
Unvaccinated	75,707,905	15,597	0.2060	—	—	—
Partially immunized	35,675,604	8,333	0.2336	3.9 (0.9–6.8)	9.7 (6.9–12.4)	12.7 (9.8–15.5)
Fully immunized	66,563,272	7,510	0.1128	63.4 (62.0–64.6)	66.6 (65.4–67.8)	67.2 (66.0–68.4)
<b><u>Hospitalization</u></b>						
Unvaccinated	76,047,640	5,304	0.0697	—	—	—
Partially immunized	35,961,593	2,168	0.0603	29.2 (25.1–33.1)	35.0 (31.3–38.6)	38.6 (34.8–42.2)
Fully immunized	66,986,859	1,344	0.0201	83.4 (82.2–84.5)	85.3 (84.3–86.3)	85.4 (84.3–86.4)
<b><u>Admission to ICU</u></b>						
Unvaccinated	76,194,648	1,811	0.0238	—	—	—
Partially immunized	36,062,081	672	0.0186	38.2 (31.9–44.0)	44.5 (38.7–49.7)	47.0 (41.2–52.2)
Fully immunized	67,051,769	331	0.0049	87.5 (85.7–89.0)	89.2 (87.6–90.6)	89.3 (87.8–90.7)
<b><u>Confirmed death</u></b>						
Unvaccinated	76,169,386	1,999	0.0262	—	—	—
Partially immunized	36,053,806	768	0.0213	39.7 (33.8–45.1)	45.8 (40.4–50.7)	46.1 (40.5–51.2)
Fully immunized	67,045,620	402	0.0060	84.4 (82.3–86.2)	86.5 (84.6–88.1)	86.8 (85.0–88.4)

## Effectiveness of CoronaVac Vaccine in Preventing Covid-19 Outcomes among Cohort Participants 60 Years of Age or Older, According to Immunization Status.



Age Group	Cohort participants	% vaccinated with 2 doses
60-69:	1,365,940	80.7%
70-79:	870,082	85.3%
>= 80:	476,521	80.9%

Jara A, et al. Effectiveness of an Inactivated SARS-Co-2 Vaccine in Chile. NEJM published on July 7, 2021.

# Effectiveness of Sinovac Vaccine in Chile

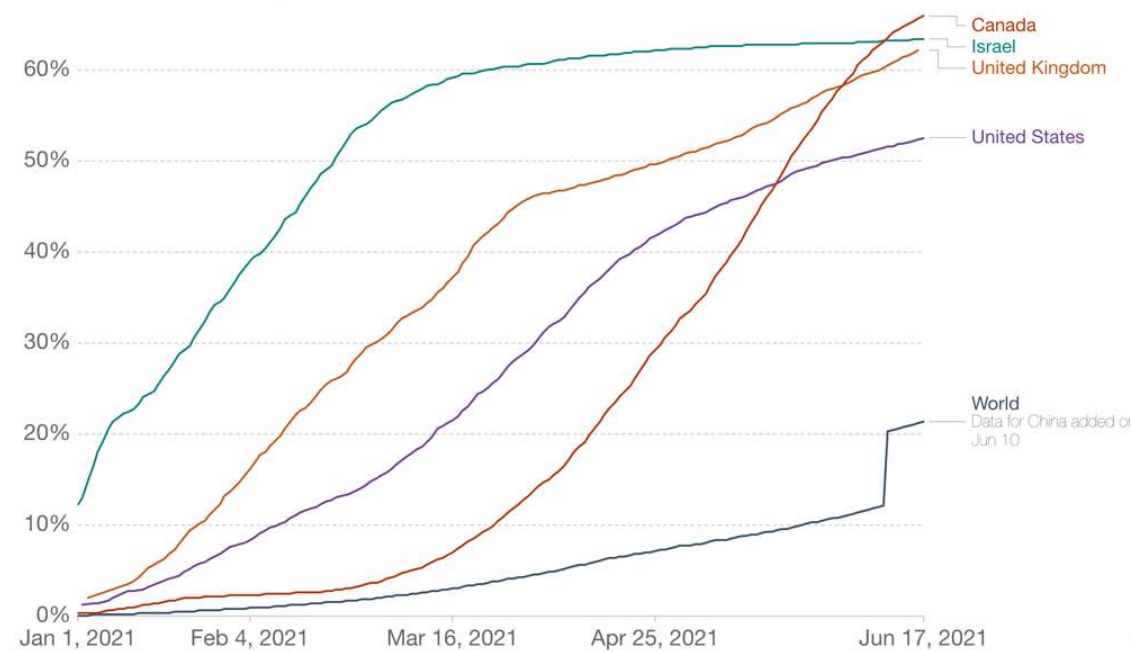
- Prospective observational cohort study in Chile
- 10.2 million persons
- Consistent effectiveness of vaccine across all age-groups
- **In persons aged 60 years and over**, vaccine effectiveness starting 14 days after dose 2 was
  - **66.6% (95% CI 65.4 to 67.8) against symptomatic Covid-19**
  - **85.3% (95% CI 84.3 to 86.3) against hospitalization**
  - **89.2% (95% CI 87.6 to 90.6) against ICU admission**
  - **86.5% (95% CI 84.6 to 88.1) against death**

Jara A, et al. Effectiveness of an Inactivated SARS-Co-2 Vaccine in Chile. NEJM published on July 7, 2021.

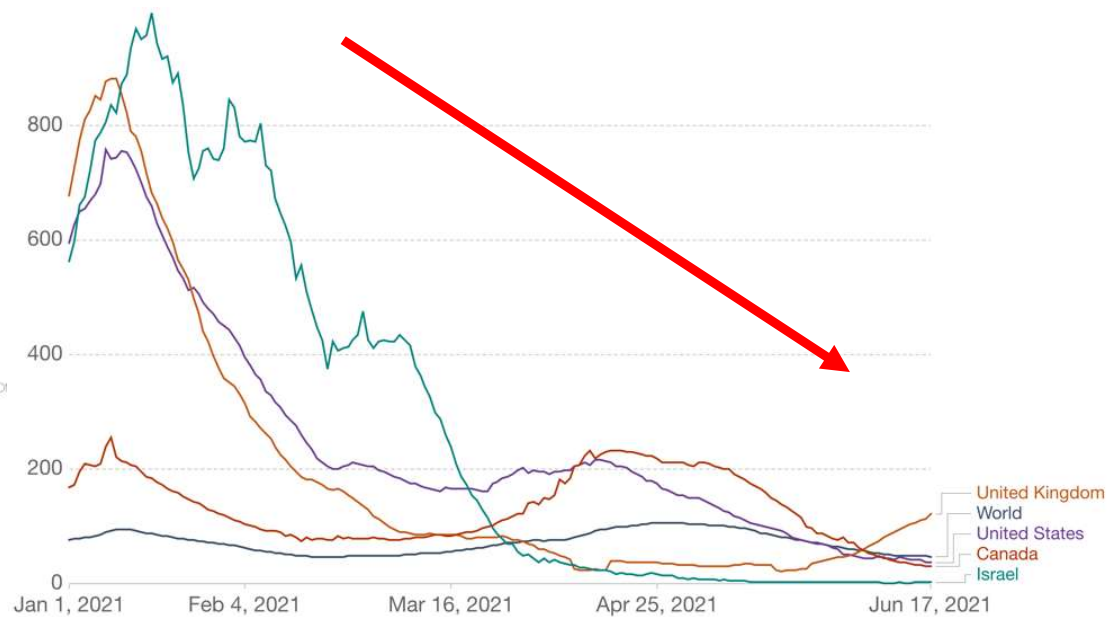


# World vaccination rate and number of newly confirmed cases

## Vaccination rate



## Newly confirmed cases



Source: Official data collated by Our World in Data

CC Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

## Safety of Covid-19 vaccine (BioNTech and Moderna)

- First month of Covid-19 vaccine monitoring in US
- Vaccine Adverse Event Reporting System (VAERS)
- Nearly 14 million doses of BioNTech and Moderna were administered
- Anaphylaxis: 4.5/ 1,000,000
- Reported causes of death were consistent with background all-cause mortality
- No unexpected pattern suggesting a casual relationship with the vaccines

# Safety of Covid-19 vaccine (Sinovac)

- As of March 2021
- A total of 76 million doses of **Sinovac** were vaccinated globally
- **Over 20 million doses were administered to elderly at or above 60 years of age**
- **No new safety signals** were identified
- The incidence of death cases after vaccination is lower than the general annualized mortality rate
- **No abnormal increase of death rate** after vaccination.

# Adverse-effects of vaccines (Reactogenicity)

- **Local**: pain or swelling
- **Systemic**: fatigue, headache, myalgia, joint pain & fever
- Mild to moderate
- Short-lasting
- **Side-effects less common in older adults**
  - Fever ( older: 11%, younger: 16%, after 2<sup>nd</sup> dose)
  - Pain (older: 71%; younger: 83%, after 1<sup>st</sup> dose)
- **Less frequent side-effect for Sinovac**

Polack FP et al. Safety and Efficacy of the BNT162b2 mRNA Covid Vaccine.  
N Eng J Med 2020;383:2603-2615

## Daily Average No. of Adverse Events in Public Hospitals

Selected Adverse Events in Public Hospitals	14/06 to 11/07 in 2021	Historical Figures		
		14/06 to 11/07 in 2020	14/06 to 11/07 in 2019	14/06 to 11/07 in 2018
<b>Deaths<sup>†</sup> in Public Hospitals / Day</b>	122.3	113.5	117.3	108.6
<i>Inpatient Deaths / Day</i>	104.4	96.5	103	96.3
<i>Deaths at AED / Day</i>	18	17	14.3	12.3
<b>Acute Stroke</b>				
<i>Inpatient Discharges &amp; Deaths / Day</i>	42.1	44.1	47.9	43.8
<i>Inpatient Deaths / Day</i>	3.9	4.3	4.4	3.5
<b>Acute Myocardial Infarction</b>				
<i>Inpatient Discharges &amp; Deaths / Day</i>	21.2	19.9	21.5	21
<i>Inpatient Deaths / Day</i>	2.7	2.3	2.8	3.6

<sup>†</sup> Refers to inpatient deaths and deaths at AED

No excess mortality, stroke or myocardial infarction were observed when compared with same period in previous years.

Reference data of adverse events in public hospitals. The HKSAR  
<https://www.covidvaccine.gov.hk/en/dashboard/referenceData>

## Adverse events diagnosed after vaccinated and unvaccinated nursing home residents

	147 Facilities			137 Facilities			137 Facilities		
	Vaccinated Residents (first dose) n = 8553			Vaccinated Residents (second dose) n = 8371			Unvaccinated Residents n = 11,072		
	n	Unadjusted Per 100,000 <sup>1</sup>	First dose vs unvaccinated Adjusted Risk Ratio 95%CI	n	Unadjusted Per 100,000 <sup>1</sup>	Second dose vs first dose Adjusted Risk Ratio	Second dose vs unvaccinated Adjusted Risk Ratio	n	Unadjusted Per 100,000 <sup>1</sup>
<b>15-day event rates</b>									
Acute Myocardial Infarction (AMI)	0			1	12 (2, 68)			0	
Bell's Palsy	1	12 (2, 66)		0				0	
Stroke, ischemic	1	12 (2, 66)		0				0	
Venous thromboembolism (VTE)	2	23 (6, 85)	2.41 (0.22, 26.3)	0				1	9 (2,51)
Pulmonary Embolism (PE)	1	12 (2, 66)	1.14 (0.07, 18.0)	0				1	9 (2,51)
<b>7-day event rates</b>									
Death	32	374 (265, 528)	0.34 (0.22, 0.54)	44	526 (392, 705)	1.51 (0.96, 2.38)	0.49 (0.34, 0.71)	126	1138 (957, 1353)
Hospital Transfer	128	1497 (1260, 1777)	0.95 (0.72, 1.24)	84	1003 (811, 1241)	0.66 (0.51, 0.86)	0.57 (0.43, 0.75)	179	1617 (1398, 1869)

First dose of vaccine rates of adverse events were among those vaccinated between December 18, 2020 and January 3, 2021 followed 15 days through January 18, 2021 (except mortality and hospital transfers were within 7 days).

Second dose of vaccine rates of adverse events are among those vaccinated January 8, 2021 through February 20, 2021.

Unvaccinated rates of adverse events are during the period before vaccination, including residents in the SNFs that began vaccinating after January 3, 2015, followed for 15 days through January 18, 2021 (except mortality and hospital transfers were followed for 7 days).

Adjusted risk ratios: Inverse probability weighting was used to adjust the probability of vaccination by age, gender, race/ethnicity, diabetes, COPD, renal disease, hypertension, congestive heart failure, coronary heart disease, dementia, cognitive function and physical function.

Note: Residents with a positive COVID-19 test within 20 days of vaccination (since they should not have been vaccinated) or start date, or who were on monoclonal antibodies within 90 days of vaccination or start date were excluded.

<sup>1</sup> Wilson's 95% Confidence Intervals.

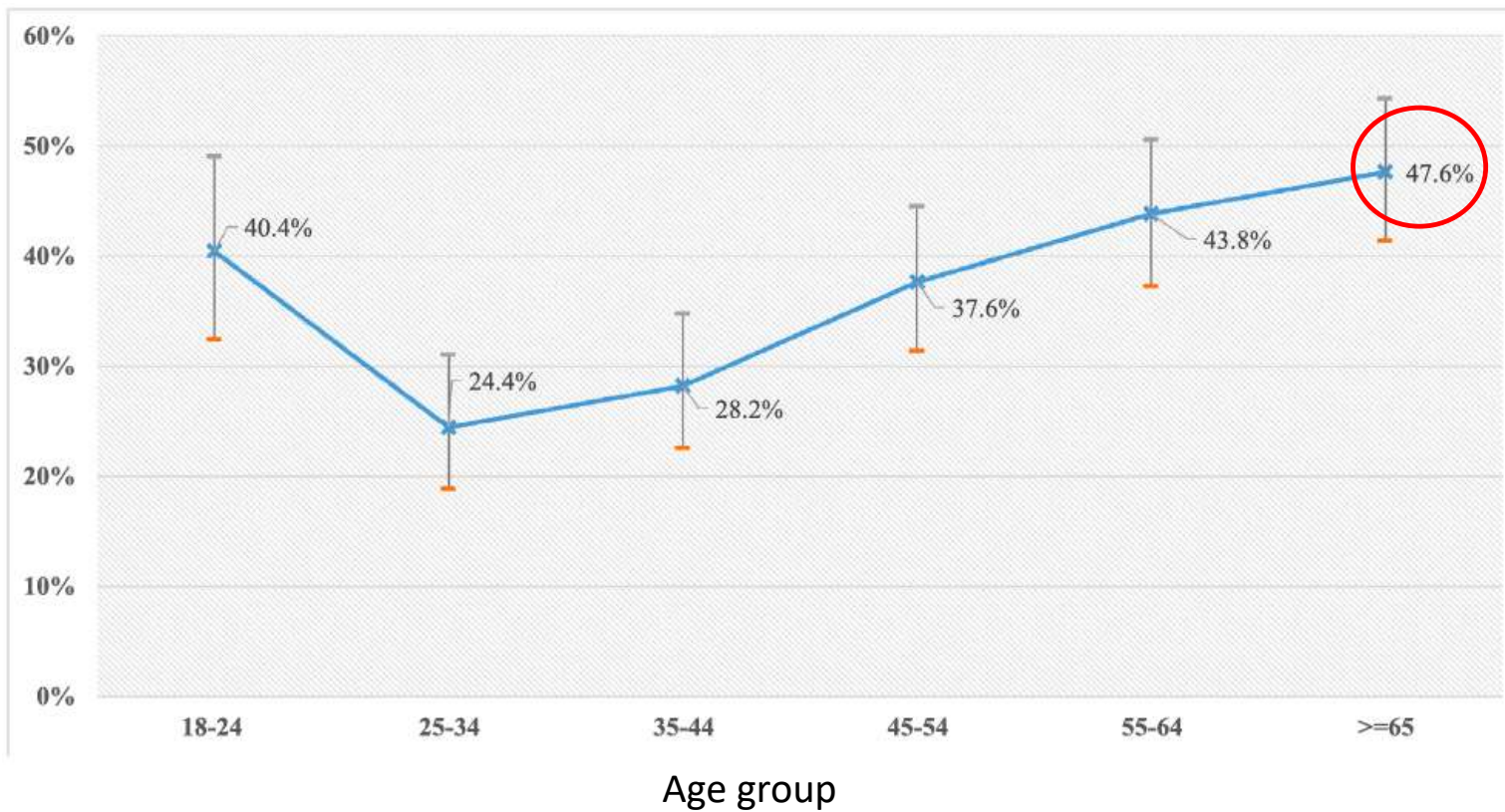
Bardenheier BH et al. Adverse events following mRNA SARS-CoV-2 vaccination among U.S. nursing home residents. *Vaccine* 2021; 39: 3844–3851

# Adverse events following mRNA SARS-CoV-2 vaccination among U.S. nursing home residents

- As of January 3, 2021, 8553 NH residents had received one dose of SARS-CoV-2 vaccine and by February 20, 2021, 8371 residents had received their second dose of vaccine; 11,072 were included in the unvaccinated comparator group.
- No significant associations were noted for **neurologic outcomes (like demyelinating disease, Guillain-Barrie Syndrome and peripheral nervous system disorders , anaphylaxis, or cardiac events.**
- Conclusions: **No major safety problems** were detected following the first or second dose of the vaccine to prevent COVID-19



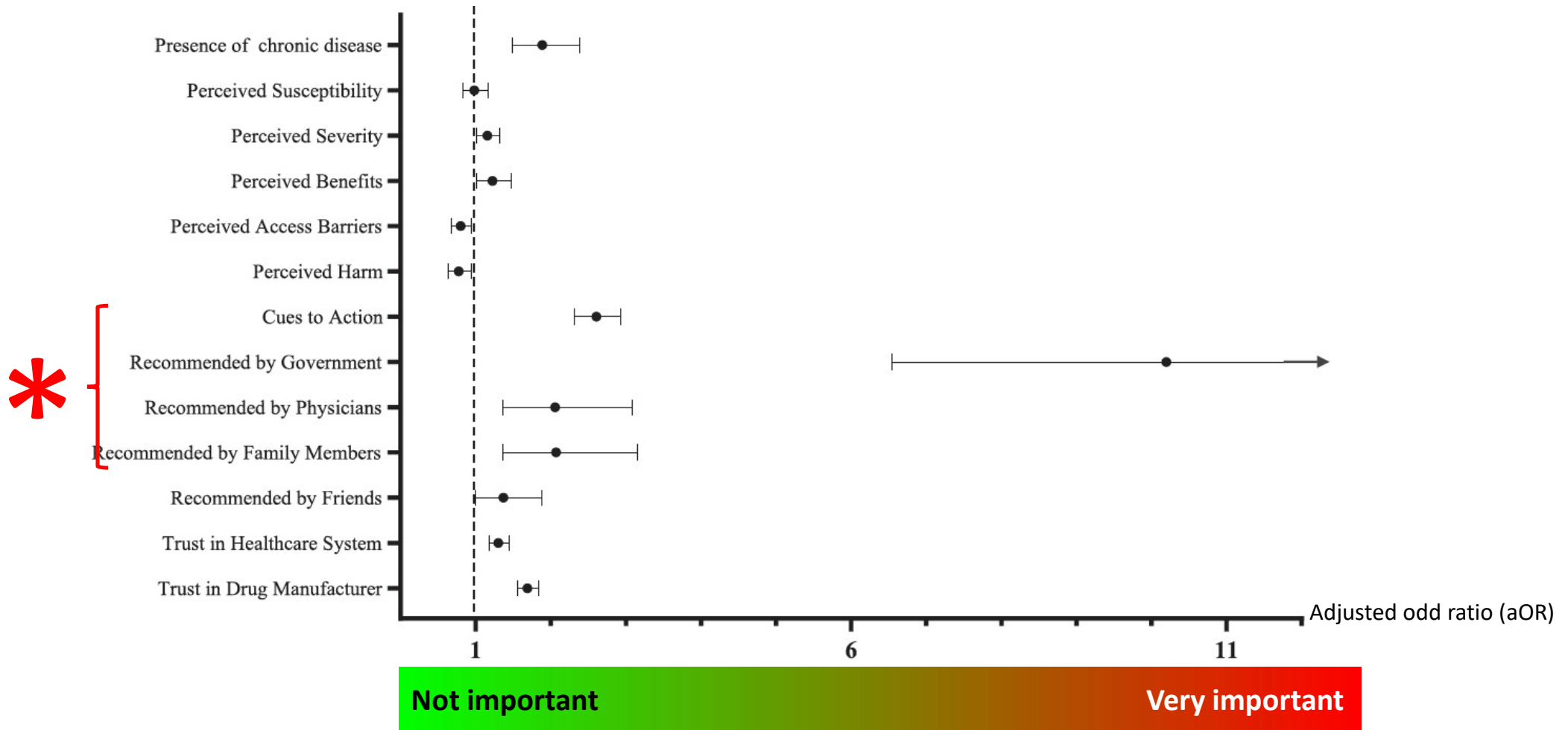
## Local study on acceptance of COVID-19 vaccination



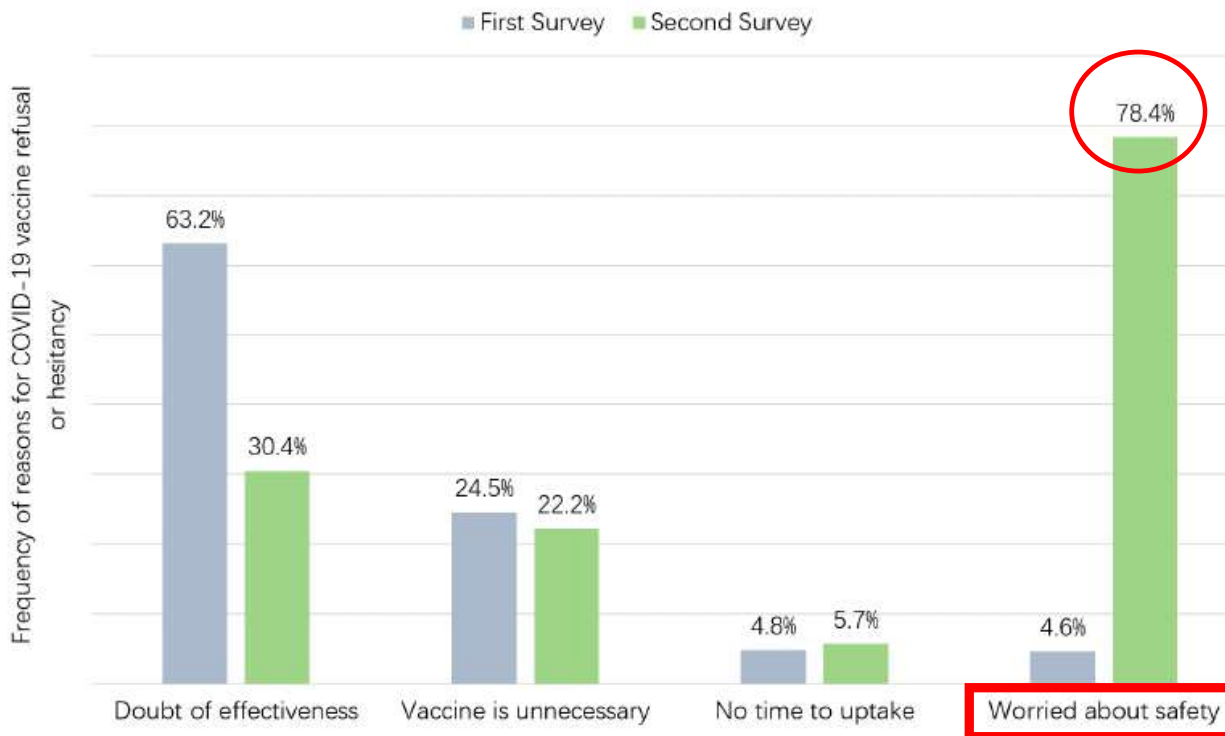
- Telephone interview from 27 July to 27 August 2020
- During the 3<sup>rd</sup> wave
- Sample size: 1200
- **High percentage of elderly expressed wishes to get vaccinated**



# Keep factors for vaccine acceptance



# Reasons for hesitancy



- In general, the rate of acceptance was low
- 3<sup>rd</sup> wave: 34.8%; 1<sup>st</sup> wave: 44.2%
- A much significantly higher percentage of patients worried about the vaccine safety

**However, based on the phase III studies and real world data, the vaccine is considered to be safe and effective.**

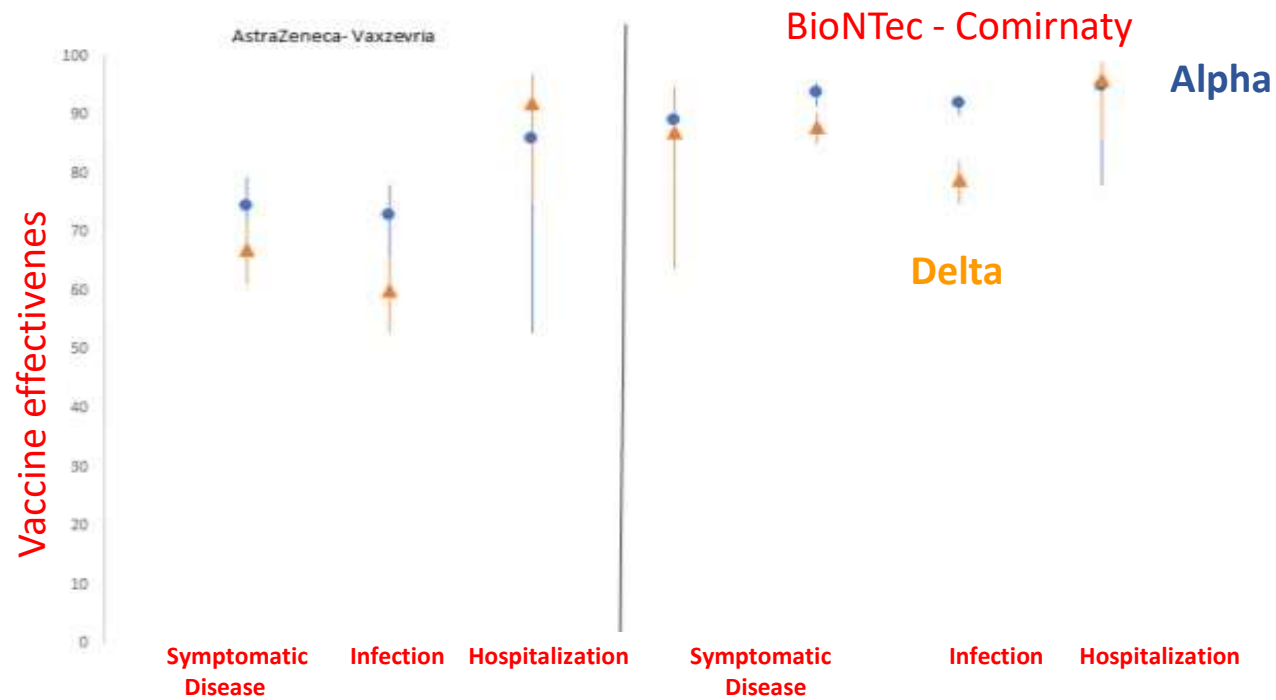
# Medical Professionals' role

- Promote to elderly to get vaccinated
- Elderly people with chronic diseases should be vaccinated
  - Patients with chronic disease should be encouraged to take the vaccine. The benefit from taking the vaccine is larger than the risk to these chronic disease patients.
  - if their chronic disease does not require major changes of treatment and management, then the chronic diseases of these patients are stable and the elderly can receive vaccination.

# Variants of Concern

# Vaccine Effectiveness towards Variants of Concern

Figure 5. Comparison of Vaccine Effectiveness of Variants of Concern Alpha and Delta among fully vaccinated persons<sup>3,4,12,13</sup>



Variant Alpha is shown as a blue circle and variant Delta is shown as an orange arrow.

## Expert Opinion



China's top epidemiologist Zhong Nanshan said on Friday that Chinese vaccines are effective against the Delta COVID-19 variant first detected in India, urging more people to get vaccinated.

Zhong said the epidemic resurgence in Guangzhou, the capital city of south China's Guangdong Province, was the first time that China had to cope with the Delta variant spreading in communities. The variant has a shorter incubation period and those who are infected take a longer time to recover.

A total of 153 cases were reported in Guangzhou starting in May, but no new local cases were reported from June 19 to 24.

"More people need to be vaccinated to establish herd immunity," said Zhong.

As of Thursday, more than 1.1 billion doses of vaccines have been administered on the Chinese mainland.

## **COVID-19 Vaccination in Elderly – Physician perspectives**

1. Morbidity and mortality of COVID-19 Infection in the Elderly
2. Psychological Effects of COVID-19 infection on the Elderly
3. COVID-19 Vaccination rate in Elderly – global and local data
4. Protection and Safety of the COVID – 19 Vaccine
5. Recommendations and appeals of the Hong Kong College of Physicians

HONG KONG COLLEGE OF PHYSICIANS  
香港內科醫學院



*Sapientia et Humanitas*

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梁如鴻

12 March 2021

HONG KONG COLLEGE OF PHYSICIANS

香港內科醫學院

(Incorporated in Hong Kong with limited liability)

Hong Kong College of Physicians

Statement on COVID-19 Vaccination

- (1) Hong Kong College of Physicians strongly encourages the general public to join the COVID-19 vaccination programme.
- (2) Patients with chronic diseases should be encouraged to receive COVID-19 vaccination. The benefit from protection conferred by vaccination far exceeds the potential risk of adverse reactions to vaccines, which are very uncommon.
- (3) For patients who feel unwell, or who have been informed that their medical conditions are not under satisfactory control and require earlier medical attention and treatment, it is advisable to defer vaccination until their health conditions have been stabilized.



13 Mar 2021

經濟日報 (P. A11)

內科醫學院 籲慢性病受控應打針

<https://paper.hket.com/article/2900349/內科醫學院%20籲慢性病受控應打針>

## 內科醫學院 籲慢性病受控應打針

發表聲明

新冠疫苗接種計劃上月展開，惟出現多宗懷疑涉及與接種新冠疫苗後出現嚴重異常事件的報告，香港內科醫學院昨就接種新冠肺炎疫苗發聲明，指患有慢性疾病的患者應接種疫苗，惟病情未受控制應延接種。

### 病情未受控應延接種

香港內科醫學院昨日發聲明積極鼓勵公眾參與新冠肺炎疫苗接種計劃，指一般而言，患有慢性疾病的患者應該接種疫苗，強調疫苗接種的保護作用所帶來的好處，遠超於疫苗產生不良反應的潛在風險，而有關的不良反應屬非常罕見。

然而，如慢性疾病患者感到不適或其醫療狀況未得到滿意的控制，並且需要及早就醫和治療，學院則建議將疫苗接種的計劃推遲至患者健康狀況得到穩定為止。

■本報記者 陳麗娜



香港內科醫學院表示，患有慢性疾病的患者應接種疫苗，惟病情未受控應延接種。  
(資料圖片)

## Vaccination Rate in Elderly in HK (21 June, 2021)

- 70- 79 years old                      5%
- $\geq$  80 years old                      1%

# Recommendations and appeals of the Hong Kong College of Physicians on improving elderly vaccination against SARS COV-2 Virus infection

## Recommendations

- Elderly people with chronic diseases should be vaccinated
- Elderly who had flu shots are suitable for COVID vaccination

## Appeals

- No booking appointment is required for over 60 years old to get COVID vaccination
- Elderlies and staff of Old Age Homes should get COVID vaccination to improve both the physical and mental health of Elderlies.

21 June, 2021



香港內科醫學院再次呼籲長者接種疫苗。

## 內科醫學院倡60歲以上打針免預約

【本報訊】香港內科醫學院昨日再次呼籲長者接種疫苗。院長李錫浩教授建議，慢性病的患者如曾接種流感疫苗，都適合接種新冠疫苗。他又建議六十歲以上人士，毋須預約亦可到疫苗接種中心接種疫苗。雖然本港疫情穩定，但他認為香港人應居安思危，盡快接種疫苗，「沒有人知下一波疫情是何時。」

本港疫苗接種速度緩慢，作為高風險群組的長者疫苗覆蓋率亦不足。七十歲至七十九歲組別只有逾百分之五，八十歲以上更低至百分之一。內科醫學院委員會委員周啟明昨表示，雖然以往院舍只有少數人在醫生評估後可以接種疫苗，但認為現時最重要是令不願意接種疫苗者重新考慮接種疫苗，重申九成社區長者均適合接種疫苗。他認為，在打針前做身體檢查並非壞事，因或能及早發現和治療慢性病。

### 副作用比例較少

內科醫學院老人科專科委員會秘書陳德揚補充，不少長者因為誤解而沒有接種疫苗，但其實長者一旦感染新冠病毒，病情會較其他年齡組別人士嚴重，八十歲以上死亡率達兩成半；而根據醫管局數據，新冠疫苗並無引起死亡、中風及心臟病的問題，長者出現副作用的比例亦較年輕人少。

被問到為何長者接種指引由以往不建議患有未控制好慢性病患者接種，到現時曾接種流感疫苗均可接種新冠疫苗，李錫浩解釋，由三月到現在，多地都有不同數據證明疫苗的安全，故作出相關調整。

他又指，相信政府會有方法協調各疫苗中心，令長者可以不用預約便可接種疫苗，或預約在家接種疫苗。

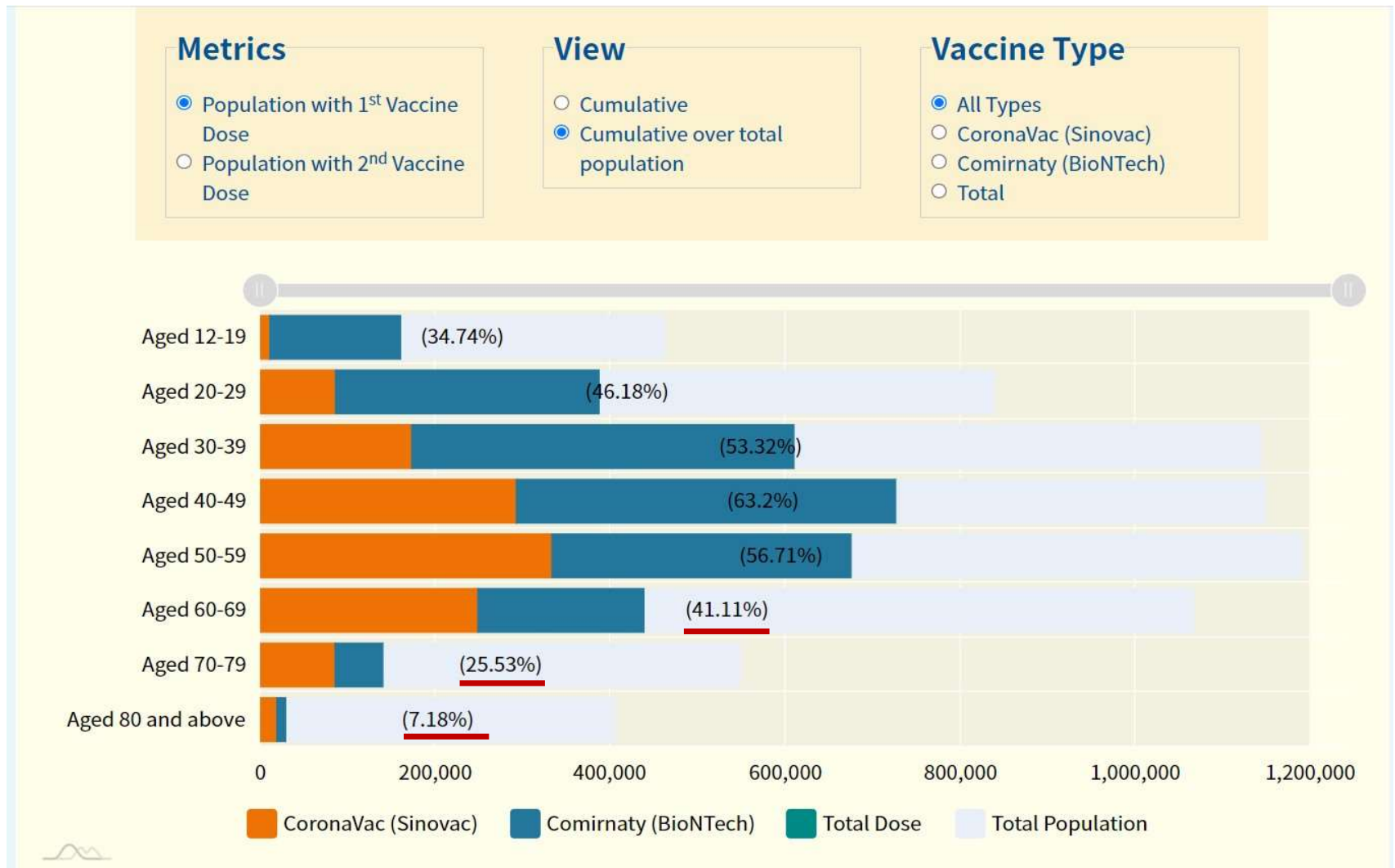
SINGAPORE

# 星島日報

2021年 星期二  
06 22  
第 2731 號  
星島日報 102  
電話 2538 8222  
www.sthdaily.com

22 Jun 2021

## % having 1<sup>st</sup> vaccine (Sinovac + BioNTec) in HK by age (July 29, 2021)



# Recommendations and appeals of the Hong Kong College of Physicians on improving elderly vaccination against SARS COV-2 Virus infection

## Appeals

- No booking appointment is required for over 60 years old to get COVID vaccination
  - In order to facilitate the vaccinations for the elderly, the vaccination center can allow elderlies over the age of 60 to receive immediate vaccination without making an appointment.
  - Before such arrangements are made, voluntary agencies such as social welfare groups, community centers, and councillors' offices can provide appointment assistance to the elderly in need.

21 June, 2021



29 July 2021

### Same-day tickets

- Starting from 29 July 2021, same-day tickets will be distributed at 24 CVCs (except those run by private hospitals) under the COVID-19 Vaccination Programme to persons aged 70 or above who have not made any prior booking so that they can receive COVID-19 vaccination in a CVC at a designated timeslot on the day of distribution.
- The limited number of same-day tickets for the elderly will be distributed daily from 7.45am on a first-come, first-served basis. The CVCs will be closed between 1.30pm and 2.30pm daily for cleaning and disinfection and the last session of vaccination will be held from 7pm to 7.30pm.
- Elderly persons aged 70 or above can present their Hong Kong identity cards (HKID cards) to get a same-day ticket at CVCs. They can also authorise their family members or carers to get a ticket on their behalf, provided that the authorised person can present a copy of the authoriser's HKID card for registration. When receiving the first dose of vaccination, elderly persons will be informed of the date and time for the second dose. Each elderly person can be accompanied by a maximum of two carers to receive vaccination. The carers can also receive vaccination together.
- Same-day tickets are non-transferrable and will not be re-issued. In case of loss, please queue afresh.

## Recommendations and appeals of the Hong Kong College of Physicians on improving elderly vaccination against SARS COV-2 Virus infection

### Appeals

- Elderlies and staff of Old Age Homes should get COVID vaccination to improve both the physical and mental health of Elderlies.
  - Actively encourage the elderly and staff of the residential homes to be vaccinated to increase the protection rate, so that the residential homes can open more visiting hours and allow elderly residents to go out, so that they can be healthier and happier.





## **COVID-19 Vaccination in Elderly – Physician perspectives**

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- Dr Kai Ming CHOW
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