



HKCMA Evidence-based Recommendations on Immunisation for Adults and Adolescents

With Hong Kong
Government subsidy /
free programmeRecommended /
Routinely indicatedRisk-based / Shared
clinical decisionNo routine
evidence-based
recommendation

Considerations	Specific group	Respiratory viral / bacterial infection					Other common viral / bacterial infection		
		Seasonal Influenza (Annual)	Pneumococcal	COVID-19 2026 Booster	Respiratory Syncytial Virus (RSV)	Pertussis	Herpes Zoster	Human Papillomavirus (HPV)	Meningococcal Disease
Age	12-17 years	Recommendation starts ≥6 months F1, F4, G1	Risk-based P1	C0	R0	Primary 6 T1, G4	—	Girls Primary 5,6 H1, G4 Boys H1	Travel / defined risk M1
	18-49 years	F1, F4	Risk-based P2	C0	R0	If no prior Tdap T2	—	Female Age ≤26: catch-up; Age 27-45: SCDM H2 - Female subsidy: H1, G4 Male	Travel / defined risk M1
	50-64 years	F1, F4, G1	P2	CHP-defined comorbidity C1, G3	High risk group R1	If no prior Tdap T2	Z1	H2	Travel / defined risk M1
	≥65 years	F1, F4, F5, G1	P2, G2	Booster priority C2, G3	Age 65-74: High risk group Age ≥75: routine R1, R2	If no prior Tdap T2	Z1	—	Travel / defined risk M1
Setting / exposure	Residential care home / long-term care / frailty	F4, G1	Age ≥65 P3, G2	RCHE residents C3, G3	R1, R2	—	Z1, Z2	—	—
	Healthcare / at-risk profession / relevant laboratory exposure	Healthcare workers F4, G1	—	Healthcare workers C3, G3	—	—	—	—	N. meningitidis lab exposure M2
Immune status	Immunocompromised / immunosuppressed	F4, G1	P3	Booster priority C3, G3	Age ≥50 R1	—	Age ≥19 Z2	Age ≤45 H3	M3
Chronic disease	Cardiac / respiratory / renal / liver / diabetes / neurological disease	F4, G1	P3	Age 50-64 C1, G3	Age ≥50 R1	—	Z4	—	—
Malignancy	Malignancy / cancer therapy	F4, G1	P3	C3, G3	Age ≥50 R1	—	Z2	Age ≤45 H3	M3
Special condition	Obesity	BMI ≥30 F4, G1	P3	Age 50-64 + BMI ≥30 C1, G3	Age ≥50 + BMI ≥40 R1	—	—	—	—
	Pregnancy	Any gestation F4, F6, G1	— P4	Once each pregnancy C3, G3	Maternal RSVpref R3	2nd/3rd trimester, preferably before 35 weeks T3	Z3	H4	—
	Cigarette smoking	—	P3	—	—	—	—	—	—
	Alcohol use disorder	—	P3	C5	R1	—	—	—	—
	HIV infection	F4, G1	P3	C3, G3	Age ≥50 R1	—	Age ≥19 Z2	Age ≤45 H3	Advanced HIV M3
	Asplenia / complement deficiency / complement inhibitor	F4, G1	P3	Current IC criteria met C5, G3	—	—	—	—	M3
	Cochlear implant / CSF leak	—	P3	—	—	—	—	—	—

Abbreviations: ACIP: Advisory Committee on Immunization Practices; CDC: Centers for Disease Control and Prevention; CHP: Centre for Health Protection; CSF: cerebrospinal fluid; HK: Hong Kong; HPV: human papillomavirus; IC: immunocompromised; PCV: pneumococcal conjugate vaccine; RCHE: residential care home for the elderly; RSV: respiratory syncytial virus; RZV: recombinant zoster vaccine; SCDM: shared clinical decision-making; SCDVP: Scientific Committee on Vaccine Preventable Diseases; Td: tetanus-diphtheria vaccine; Tdap: tetanus-diphtheria-acellular pertussis vaccine; US: United States; VSS: Vaccination Subsidy Scheme; WHO: World Health Organization.

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for footnotes and references. →



Footnotes

Government subsidy

- G1. — Influenza. Hong Kong Government free/subsidised influenza vaccination is available to designated groups. This includes persons aged ≥50 years, persons aged 18–49 years with specified chronic illness, schoolchildren through the school outreach programme, pregnant women and other eligible groups under current programme rules.
- G2. — Pneumococcal. Government free/subsidised pneumococcal vaccination is centred on eligible persons aged ≥65 years. Vaccine choice and sequence depend on high-risk status and previous pneumococcal vaccination history.
- G3. — COVID-19. In 2026, free booster vaccination is available to RCHE residents, community-dwelling persons aged ≥65 years, persons aged 50–64 years with HK CHP-defined underlying comorbidities, immunocompromised persons aged ≥6 months, pregnant women and healthcare workers, at least 6 months after the last vaccine dose or infection, whichever is later.
- G4. — Hong Kong Government subsidy. "Government subsidy" is used as a broad access term covering vaccination that is wholly or partly funded by the Hong Kong SAR Government, including the Vaccination Subsidy Scheme (VSS), free public vaccination programmes, school immunisation / school outreach programmes, residential-care-home programmes and the separate Government COVID-19 Vaccination Programme. The blue \$ triangle indicates that funded access is available to all or a defined eligible subgroup represented by that cell; it does not imply a stronger clinical recommendation. Eligibility, provider setting, subsidy amount and product availability should be checked against the current Government programme at the time of vaccination.

Seasonal Influenza

- F1. Seasonal influenza vaccination is recommended annually for all persons aged ≥6 months without contraindications.
- F2. For the 2026/27 Northern Hemisphere season, HK SCVPD recommends trivalent influenza vaccines; use the current HK CHP strain composition and locally registered products.
- F3. Vaccine formulation should follow the current annual HK CHP recommendation and product registration.
- F4. HK priority groups for 2026/27 include healthcare workers, persons aged ≥50 years, pregnant women, residents of residential care homes, persons with chronic medical problems and children/adolescents aged 6 months to <18 years (and persons ≥18 years studying in secondary schools in Hong Kong), among other designated groups.
- F5. Vaccine type should follow age, contraindications, product registration and availability. HK CHP notes that recombinant influenza vaccine may offer improved protection in older adults and is preferred, when available, for older adults living in residential care homes.
- F6. Inactivated influenza vaccine is considered safe at any gestation; recombinant influenza vaccine is not contraindicated in pregnancy. Live attenuated influenza vaccine should not be used in pregnancy and immunocompromised persons. For children aged <9 years who have never previously received influenza vaccine, two doses separated by at least 4 weeks are generally required; otherwise one dose is used for the season.

Pneumococcal

- P1. Adolescents are not universally age-based candidates after completion of the childhood programme; pneumococcal vaccination is recommended for defined high-risk conditions.
- P2. US CDC currently recommends PCV15, PCV20 or PCV21 for PCV-naïve adults aged ≥50 years; adults aged 19–49 years should receive pneumococcal vaccination when a recognised risk condition is present. If PCV15 is used, PPSV23 is subsequently recommended according to the current US CDC schedule.
- P3. US CDC risk indications include alcoholism, chronic heart/liver/lung disease, chronic renal failure, cigarette smoking, diabetes, cochlear implant, CSF leak, functional/anatomic asplenia, HIV, malignancy, immunodeficiency or iatrogenic immunosuppression, haematological malignancy, nephrotic syndrome, solid-organ transplant and sickle cell disease/other haemoglobinopathy. Apply current age, previous-dose and vaccine-specific scheduling rules.
- P4. Pregnancy alone is not a routine pneumococcal vaccination indication; if a compelling risk indication exists, use current local/product-specific guidance and clinical judgement.
- P5. Hong Kong serotype context and PCV20/PCV21: PCV20 contains all PCV15 serotypes plus five additional serotypes (8, 10A, 11A, 12F and 15B). PCV21 has a substantially different adult-focused composition: it retains several shared serotypes with PCV20 (including 3, 6A, 7F, 8, 10A, 11A, 12F, 15B, 19A, 22F and 33F), but adds serotypes not in PCV20 (including 9N, 17F, 20A, 15A, 15C, 16F, 23A, 23B, 24F, 31 and 35B) while omitting several legacy PCV20 serotypes (including 1, 4, 5, 6B, 9V, 14, 18C, 19F and 23F). PCV21 was developed around contemporary US adult serotype epidemiology. Hong Kong surveillance continues to show a large burden of serotype 3 (covered by both PCV20 and PCV21) and detects several serotypes included in PCV20; therefore, any serotype-coverage advantage observed in the US should not be assumed to translate directly to Hong Kong. Local epidemiology, registration, programme policy and individual history should guide product choice.

COVID-19 — 2026 booster

- C0. The matrix column refers to 2026 booster vaccination, not completion of initial vaccination. Age alone does not make persons aged 12–49 years a current HK booster-priority group unless another listed priority criterion is present.
- C1. HK CHP recommends a 2026 booster for persons aged 50–64 years with underlying comorbidities. The HK CHP definition includes chronic cardiovascular disease (except uncomplicated hypertension), lung, metabolic or kidney disease, obesity (BMI ≥30), and chronic neurological conditions that compromise respiratory function, secretion handling, aspiration risk or self-care. Healthy persons aged 50–64 years and persons aged 18–49 years with chronic illness alone are not current booster-priority groups.
- C2. Community-dwelling persons aged ≥65 years are a 2026 booster-priority group.
- C3. Other 2026 priority groups are RCHÉ residents, immunocompromised persons aged ≥6 months and pregnant women; healthcare workers are encouraged to receive vaccination for personal protection. Booster timing remains at least 6 months after the last vaccine dose or infection, whichever is later.
- C4. Current variant/vaccine context: the June 2026 HK Joint Scientific Committee paper states that locally predominant variants remain JN.1 descendants, including NB.1.8.1 and XFG. LP.8.1, XFG or NB.1.8.1 are acceptable antigen choices for 2026/27.
- C5. Alcohol use disorder and asplenia: neither alcohol use disorder nor asplenia is listed by HK CHP as a stand-alone 2026 booster-priority criterion. Shared clinical review for co-existing HK CHP-defined comorbidity, immunocompromising status or another priority criterion. If such a criterion is met, Government-funded booster access may apply.

RSV

- R0. No routine RSV vaccine recommendation applies to healthy adolescents or adults aged <50 years solely on the basis of age.
- R1. US CDC recommends one RSV vaccine dose for previously unvaccinated adults aged 50–74 years who are at increased risk of severe RSV disease. Risk factors include chronic cardiovascular or respiratory disease, end-stage renal disease/dialysis, complicated diabetes, neurological/neuromuscular conditions impairing airway clearance, chronic liver or haematological disease, severe obesity, moderate/severe immunocompromise, frailty and nursing-home residence. Alcohol use disorder by itself is not a listed US CDC RSV risk indication. RSV vaccine is not currently an annual vaccine.
- R2. US CDC recommends one dose for all adults aged ≥75 years. The January 2025 Hong Kong SCVPD interim consensus remains more conservative and states that elderly persons, especially those aged ≥75 years or living in residential care homes, may receive RSV vaccination as an individual informed decision after discussion with a doctor.
- R3. — Maternal RSVpreF vaccination. The January 2025 HK CHP/SCVPD consensus notes that clinical trials showed a numerical increase in preterm births after maternal RSVpreF (Abrysvo®) vaccination, but the increase was not statistically significant and available evidence could not establish whether it was causally related to vaccination. US CDC/ACIP recommends a single dose of maternal RSVpreF at 32 weeks 0 days to 36 weeks 6 days of gestation using seasonal administration in most of the United States to prevent severe RSV disease in infants. In the United Kingdom, the programme offers RSV vaccination from 28 weeks' gestation in each pregnancy, ideally at week 28 or soon afterwards. WHO has since issued its 2025 position paper: WHO recommends that countries introduce infant RSV prevention using maternal RSVpreF vaccination and/or a long-acting monoclonal antibody according to programme feasibility; for maternal vaccination, WHO recommends a single dose in the third trimester, from ≥28 weeks in most settings. US CDC post-licensure surveillance from the first US season did not identify an increased risk of preterm birth or small-for-gestational-age birth, while safety monitoring continues.
- R4. — Infant passive immunisation. Long-acting RSV monoclonal antibodies (e.g. nirsevimab or clesrovimab, where licensed/available) provide passive immunisation and are not vaccines. US CDC/WHO recommend infant protection using maternal vaccination or monoclonal antibodies in infants according to programme and eligibility.
- R5. Adult RSV vaccines may be co-administered with other vaccines when clinically appropriate. Delay during moderate/severe acute illness and do not administer to persons with a history of severe allergic reaction to a vaccine component.

Pertussis

- T1. Under the Hong Kong Childhood Immunisation Programme, a reduced-dose diphtheria, tetanus, acellular pertussis and inactivated poliovirus booster is routinely given in Primary 6.
- T2. Adults who have never received Tdap should receive a single Tdap dose at any time, regardless of the interval since the last Td-containing vaccine. The 10-year adult booster interval is for maintaining tetanus and diphtheria protection; it is not a recommendation for repeated 10-year pertussis booster solely to maintain pertussis immunity.
- T3. HK CHP recommends one dose of an acellular pertussis-containing vaccine during each pregnancy, at any time in the second or third trimester, preferably before 35 weeks of gestation, regardless of previous vaccination or natural infection history.

Herpes zoster

- Z1. US CDC recommends a 2-dose recombinant zoster vaccine (RZV) series for immunocompetent adults aged ≥50 years.
- Z2. US CDC recommends 2 doses of RZV for adults aged ≥19 years who are or will be immunodeficient or immunosuppressed because of disease or therapy. Residence in a long-term-care facility or frailty alone is not a separate zoster indication.
- Z3. RZV is not used to treat acute shingles or post-herpetic neuralgia and should generally be deferred during pregnancy.
- Z4. Chronic medical conditions such as diabetes, chronic kidney disease and chronic lung disease are associated with increased herpes zoster risk. WHO's 2025 position paper recommends that countries consider recombinant zoster vaccination for older adults and persons with chronic conditions where herpes zoster is an important public health problem.

HPV

- H1. HKCIP provides 9-valent HPV vaccine free of charge to Primary 5 female students, with the second school dose in Primary 6. The one-off Government catch-up programme continues through 2026 for eligible female Hong Kong residents born 2004–2008 who have not completed vaccination. US CDC recommends routine HPV vaccination for both girls and boys at age 11–12 years (may start at age 9).
- H2. US CDC recommends catch-up HPV vaccination through age 26 years if not adequately vaccinated; ages 27–45 years may be considered through shared clinical decision-making. Important: the Hong Kong Government catch-up subsidy is narrower than the US CDC age-26 catch-up recommendation—it applies to eligible females born 2004–2008 through the end of 2026. The blue triangle in the 18–49 cell therefore indicates subsidy for a defined subgroup, not all persons ≤26 years.
- H3. Immunocompromised persons should follow age-appropriate HPV vaccination recommendations; dose number and schedule are explained here rather than inside the matrix.
- H4. HPV vaccination is prophylactic and is not recommended during pregnancy; remaining doses should be deferred until after pregnancy. No pre-vaccination Pap/HPV test is required to determine eligibility.

Meningococcal disease

- M1. HK SCVPD does not recommend universal meningococcal vaccination because local invasive meningococcal disease incidence is low. Vaccination is recommended/considered for persons at increased exposure risk. Geographical/travel situations specifically highlighted by HK CHP include: sub-Saharan Africa's meningitis belt during the dry season (approximately December–June); Mecca, Saudi Arabia for Hajj or Umrah; other destinations with reported meningococcal epidemics/outbreaks; and long-term travel or study abroad where the destination country recommends vaccination. Vaccine choice should reflect prevalent serogroups and destination requirements.
- M2. Microbiologists or laboratory workers routinely exposed to Neisseria meningitidis are recommended to receive meningococcal vaccination.
- M3. HK high-risk medical groups include advanced HIV infection, terminal complement component deficiencies / complement inhibitor use, and functional or anatomic asplenia. Vaccine type (MenACWY and/or MenB), primary series and boosters should follow the specific risk, travel requirement and current schedule.

References: 1. Centre for Health Protection (CHP), Hong Kong. Scientific Committee on Vaccine Preventable Diseases — Papers Discussed / Recommendations. Current listing includes 2026/27 influenza, June 2026 COVID-19, July 2025 meningococcal and January 2025 RSV recommendations. <https://www.chp.gov.hk/en/static/24008.html> 2. CHP. Vaccination Schemes — Medical Practitioner Enrolment / programme materials, including VSS 2026/27. <https://www.chp.gov.hk/en/features/45858.html> 3. CHP/SCVPD. Recommendations on Seasonal Influenza Vaccination for the 2026-27 Season in Hong Kong. March 2026; updated 21 August 2026. https://www.chp.gov.hk/files/pdf/recommendations_on_seasonal_influenza_vaccination_for_the_2026_27_season_in_hong_kong_mar2026.pdf 4. CHP. Seasonal Influenza Vaccination School Outreach Programme — 2026/27. <https://www.chp.gov.hk/en/features/100634.html> 5. CHP. Vaccination Schemes — Persons Aged 18 to 49 Years. <https://www.chp.gov.hk/en/features/46393.html> 6. CHP. Vaccination Schemes — Persons Aged 50 Years or Above. <https://www.chp.gov.hk/en/features/18881.html> 7. Murphy C, Kwan MYW, Chan ELY, Wong JSC, Sullivan SG, Peiris M, Cowling BJ, Lee SL. Influenza vaccine effectiveness against hospitalizations associated with influenza A(H3N2) in Hong Kong children aged 9 months to 17 years, June–November 2023. *Vaccine*. 2024;42(8):1878–1882. <https://doi.org/10.1016/j.vaccine.2024.02.056> 8. Murphy C, Kwan MYW, Chan ELY, Wong JSC, Sullivan SG, Peiris M, Cowling BJ, Lee SL. Influenza vaccine effectiveness against hospitalizations associated with influenza A in Hong Kong children aged 9 months to 17 years, 2024/25. *Vaccine*. X. 2025;26:100710. <https://doi.org/10.1016/j.vaccine.2025.100710> 9. CHP/SCVPD. Recommendations on the use of PCV15 and PCV20 in Hong Kong. 27 September 2023. https://www.chp.gov.hk/files/pdf/recommendations_on_the_use_of_15valent_pneumococcal_conjugate_vaccine_and_20valent_pneumococcal_conjugate_vaccine_in_hong_kong_27sep.pdf 10. CHP. Pneumococcal Vaccination — current Hong Kong programme information. <https://www.chp.gov.hk/en/features/108124.html> 11. CDC. Pneumococcal Vaccination for Adults / current clinical guidance. <https://www.cdc.gov/pneumococcal/vaccines/adults.html> 12. Kobayashi M, et al. Expanded Recommendations for Use of Pneumococcal Conjugate Vaccines Among Adults Aged ≥50 Years: ACIP Recommendations — United States, 2024. *MMWR*. 2025;74(1):1–8. <https://www.cdc.gov/mmwr/volumes/74/wr/mm7401a1.htm> 13. CDC/ACIP. Use of 21-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Recommendations — United States, 2024. *MMWR*. <https://www.cdc.gov/mmwr/volumes/73/wr/mm7336a3.htm> 14. Chan KPF, Ma TF, Ho JCM, Hung IFN, Ip MSM, Ho PL. Pneumococcal vaccine uptake in adults before and after hospitalization for pneumococcal infections in Hong Kong, 2015 to 2024. *Vaccines*. 2025;13(5):541. <https://doi.org/10.3390/vaccines13050541> 15. CHP Joint Scientific Committee. Consensus Recommendations on the Use of COVID-19 Vaccines in Hong Kong. 20 October 2025. https://www.chp.gov.hk/files/pdf/consensus_recommendations_on_the_use_of_covid_19_vaccines_in_hong_kong_oct2025.pdf 16. CHP Joint Scientific Committee. Updated Consensus Recommendations on the Choice of COVID-19 Vaccines in Hong Kong. 12 June 2026. https://www.chp.gov.hk/files/pdf/consensus_recommendations_on_the_use_of_covid_19_vaccines_in_hong_kong_jun2026.pdf 17. CHP. Government COVID-19 Vaccination Programme statistics / current free-dose eligibility. Updated August 2026. <https://www.chp.gov.hk/en/features/106989.html> 18. CHP. Doctors' Guide for the COVID-19 Vaccination Programme at Clinics under VSS/PCVs. https://www.chp.gov.hk/files/pdf/doctorsguide_covid19_mma.pdf 19. CHP/SCVPD. Interim Consensus on the Use of Respiratory Syncytial Virus Vaccines in Hong Kong. 17 January 2025. https://www.chp.gov.hk/files/pdf/interim_consensus_on_the_use_of_respiratory_syncytial_virus_vaccines_in_hong_kong_jan2025.pdf 20. CDC. RSV Vaccine Guidance for Adults. Updated 24 February 2026. <https://www.cdc.gov/rsa/hcp/vaccine-clinical-guidance/adults.html> 21. CDC. RSV Vaccine Guidance for Pregnant Women. <https://www.cdc.gov/rsa/hcp/vaccine-clinical-guidance/pregnant-people.html> 22. CDC. Respiratory Syncytial Virus Vaccine Safety. <https://www.cdc.gov/vaccine-safety/vaccines/rsa.html> 23. WHO. Position paper on immunization to protect infants against respiratory syncytial virus disease. *Weekly Epidemiological Record*. 30 May 2025;100:193–218. <https://www.who.int/publications/i/item/who-wer-10022-193-218-24> 24. UKHSA. RSV vaccination of pregnant women for infant protection: information for healthcare practitioners. Updated August 2026. <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-programme-information-for-healthcare-professionals/rsv-vaccination-of-pregnant-women-for-infant-protection-information-for-healthcare-practitioners> 25. Kwan MYW, Chong PCY, Chua GT, Ho MHK, Poon LC. Maternal vaccination: a promising preventive strategy to protect infants from respiratory syncytial virus. *Hong Kong Med J*. 2024;30:264–267. doi:10.12809/hkmj245157. <https://doi.org/10.12809/hkmj245157> 26. American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for the prevention of RSV disease in infants and children: from the American Academy of Pediatrics policy statement. *Pediatrics*. 2025;156(5):e2025073923. <https://doi.org/10.1542/peds.2025-073923> 27. Barsosio HC, et al. How Gavi support for RSV immunization will advance health equity. *Lancet*. 2025;406. <https://doi.org/10.1016/j.lancet.2025.01117-1> 28. Kwan MYW. Prevention strategies for Respiratory Syncytial Virus (RSV) infections in the APAC region. *Asia Pac J Paediatr Child Health*. 2025;8(Jul–Sept). <https://www.apjpc.org/pdfs/25105wN092107.pdf> 29. Kwan MYW. Journal of The Society of Physicians of Hong Kong. March 2026. https://www.sophysiashk.org/Journal/2026_03.pdf 30. CHP/SCVPD. Consensus Recommendations on Pertussis Vaccination for Pregnant Women in Hong Kong. February 2026. (current listed HK recommendation). https://www.chp.gov.hk/files/pdf/recommendations_on_pertussis_vaccination_for_pregnant_women_in_hk_formatted.pdf 31. CHP. Pertussis. Updated 1 August 2025. <https://www.chp.gov.hk/en/healthtopics/content/24/35.html> 32. CHP/SCVPD. Updated schedule of the Hong Kong Childhood Immunisation Programme (HKCIP), including Primary 6 dTap-IPV booster. https://www.chp.gov.hk/files/pdf/updated_schedule_of_hkicp_recommended_by_scvpd_eng.pdf 33. CDC. Pertussis Vaccination Recommendations. <https://www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html> 34. Liese J, Guiso N, Plotkin S. The Global Pertussis Initiative: meeting report from the fourth regional roundtable meeting, France, April 14–15, 2010. *Hum Vaccin*. 2011;7(4):481–488. <https://doi.org/10.4161/hv.7.4.14528> 35. Nguyen PNT, et al; Global Pertussis Initiative Southeast Asia Network. Pertussis in Southeast Asia: country-level burden and recommendations from the Global Pertussis Initiative. *IJID Reports*. 2025;14:100559. <https://doi.org/10.1016/j.ijerep.2024.100559> 36. CDC. Shingles Vaccine Recommendations: Information for Healthcare Professionals. <https://www.cdc.gov/shingles/hcp/vaccine-considerations/index.html> 37. CDC. Clinical considerations for Shingrix Use in Immunocompromised Adults Aged ≥19 Years. <https://www.cdc.gov/shingles/hcp/vaccine-considerations/immunocompromised-adults.html> 38. WHO. Position paper on herpes zoster vaccines. *Weekly Epidemiological Record*. 2025;100(27/28):265–284. <https://www.who.int/publications/i/item/who-wer-10027-28-265-284> 39. CHP/SCVPD. Updated Recommendations on the Use of 9-valent Human Papillomavirus Vaccine in Hong Kong. 30 November 2022 (current listed local recommendation). https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_9valent_hpv_vaccines_in_hong_kong_30nov.pdf 40. CHP. Human papillomavirus (HPV) vaccination — HKCIP Primary 5 / Primary 6 female students. <https://www.chp.gov.hk/en/features/102146.html> 41. CHP. Human Papillomavirus Vaccination Catch-up Programme. Updated July 2026. <https://www.chp.gov.hk/en/features/108084.html> 42. CDC. HPV Vaccine Recommendations. <https://www.cdc.gov/hpv/hcp/vaccination-considerations/index.html> 43. Kwan MYW. Human Papilloma Virus Infection: Its Consequences and Prevention. *Journal of The Society of Physicians of Hong Kong*. April 2025. https://www.sophysiashk.org/Journal/2025_04.pdf 44. CHP/SCVPD. Updated Recommendations on the Use of Meningococcal Vaccines in Hong Kong. 28 July 2025. https://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_meningococcal_vaccines_in_hong_kong_july2025.pdf 45. CHP. Meningococcal Infection — advice to travellers and high-risk groups. <https://www.chp.gov.hk/en/healthtopics/content/24/2086.html> 46. CDC. Risk-based Indications for Meningococcal Vaccination. Updated March 2026. <https://www.cdc.gov/meningococcal/hcp/vaccine-recommendations/risk-indications.html> 47. Liu G, Gonzales MLAM, Chan WH, et al. Joint consensus on reducing the burden of invasive meningococcal disease in the Asia-Pacific region. *Hum Vaccin Immunother*. 2025;21(1):2477965. doi:10.1080/21645515.2025.2477965. <https://doi.org/10.1080/21645515.2025.2477965> 48. Kwan MYW. Prevention strategies for invasive meningococcal infections in the APAC region — A Joint Consensus. *Asia Pac J Paediatr Child Health*. 2025;8(Jan–Mar). <https://www.apjpc.org/pdfs/25513p6v121337.pdf>