Dear Editor,

I refer to your editorial titled "China's zero-Covid goal is no longer sustainable" (March 29) and wish to point out that it is misleading to say that Hong Kong experienced higher death rates among those who had received one or two doses of China's Sinovac vaccine, compared with those who received internationally-developed versions based on mRNA technology.

First and foremost, both COVID-19 vaccines available in Hong Kong are safe and highly effective in protecting against severe effects and death from this infection.

In accordance to the provisional analysis of the reported death cases published by the Centre for Health Protection of Hong Kong's Department of Health on March 26, 2022, about 88% of the first 6,748 fatal cases in the fifth wave of the epidemic had not received two or three doses of COVID-19 vaccines. The fatality rate of patients aged over 60, who had received two or three doses, is at least 10 times lower than those who had not. Even only with one dose, the fatality rate across all age groups can still be reduced. This shows that vaccination has been effective in reducing the overall fatality rate.

It is important to bear in mind that comparatively more elderly people received CoronaVac (Sinovac). Currently, about 77% of elderly people aged 80 or above have received CoronaVac and about 23% Comirnaty as first dose of vaccine. It is worth mentioning that elderly with more chronic conditions or other co-morbidities are advised and more likely to choose CoronaVac over Comirnaty and so the difference in death rate may not represent difference in effectiveness.

Preliminary analysis of the 4,790 deaths involving elderly aged 80 or above (accounting for about 71% of all fatal cases) shows that about 71% (3,422 cases) were unvaccinated and it amounts to a fatality rate of 16% after infection. The fatality rate among people aged 80 or above who have received two or three doses of COVID-19 vaccine is 3.12% and those who got a single dose 5.98%.

An important point of comparison – the fatality rate among elderly over 80 years who had received one dose of CoronaVac and one dose of Comirnaty is 5.83% and 3.44%, respectively. Among those who received two doses of CoronaVac and Comirnaty, fatalities dropped to 2.95% and 1.51%, respectively.

The analysis of the type of vaccine administered to people who died is a somewhat complicated matter, involving careful investigation of an individual's general condition, such as age and history of chronic disease. In view of the above, a conclusion should not be drawn casually.

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