

**OPENING REMARKS BY KENNETH MAK, DIRECTOR OF MEDICAL SERVICES (DMS),
MOH, AT THE MTF PRESS CONFERENCE ON MONDAY, 31 MAY 2021**

DMS: We have had the vaccination program going on quite smoothly. Minister has announced that we have vaccinated just over 4 million doses being given out, and the total number of persons vaccinated being over 2.2 million. This is nearly 40% of our population. Our vaccination centres made good progress in vaccinating eligible Singaporeans, since we started at the end of December 2020, and about 73% of the elderly over 60 years of age have booked their appointments or received their vaccinations.

The majority of frontline workers have also received their vaccinations. Amongst eligible healthcare workers more than 87 per cent have booked or received their vaccinations. The proportion of essential workers in other sectors receiving their vaccinations is also high. We have been working closely with the HSA and the Expert Committee on COVID-19 Vaccination to review the eligibility criteria for vaccinations.

I am pleased to share that MOH is satisfied that the COVID-19 vaccinations are safe and efficacious for more people with health needs. We are issuing an updated guidance today, which allows vaccinations to be given to the categories that Minister Ong has mentioned. In particular, patients who have previously experienced severe cutaneous adverse or severe skin allergic reactions to medications other than the mRNA vaccines or components of those vaccines, can now receive vaccination. These will include specific medical conditions like Stevens-Johnson Syndrome, toxic epidermal necrolysis – these are very severe reactions that occur as a result of taking various types of medications. If you have previously had such a severe allergic reaction to medications like antibiotics, you will now be eligible to receive your COVID-19 vaccination.

Secondly, women who are pregnant may receive vaccination after they discuss and receive endorsement from their obstetrician. This applies irrespective of the stage of pregnancy. Also, if a woman had become pregnant after receiving her first vaccine dose, she may proceed with her second vaccination after discussion with her obstetrician. Women who are breastfeeding are eligible for vaccination. They can continue to breastfeed their baby throughout the period for first and second dose vaccinations, and there is no need to stop breastfeeding.

For patients with active cancer and are undergoing chemotherapy, immunotherapy or radiation therapy presently, or recently in the past three months, we had previously exercised considerable caution and advised that they complete their treatment before getting vaccinated. We have since reviewed the data and experience in other countries and will now allow them to get vaccinated after they are assessed by their treating

doctors on their suitability for vaccination. At this time, we prefer for these patients to be vaccinated in a hospital setting, where they can be better monitored for their health status. We will review later whether these conditions can be revised.

Patients who are soon to start chemotherapy, immunotherapy or radiation therapy in the next two months should similarly consult their oncologist for their suitability for vaccination. But patients with a past history of cancer and who are no longer on active treatment can apply for vaccination in any of our vaccination centres.

We hope that these adjustments to our guidance will offer vaccination opportunities for more people, and allow them to benefit from the enhanced immune protection that vaccination offers, as we see more cases arising in the community and with the emergence of more cases due to viral variants of concern.

In our last media conference, we had announced that the HSA had extended the authorisation of the Pfizer-BioNTech COVID-19 vaccine for use in adolescents between the age of 12 and 16 years. The vaccination regime for those within this age group is the same as that for adults. The approval, under HSA's PSAR Approval Framework has also been endorsed by MOH's Expert Committee on COVID-19 Vaccination, which also looked very closely at the data for safety and efficacy of the vaccine.

The data available for review was very similar to that submitted to other regulatory authorities in the US and other countries and was based on the ongoing phase three studies that involve nearly 2,300 adolescents between the ages of 12 and 16 years of age. There was a very high vaccine efficacy shown in the vaccinated group, with no COVID-19 infections being reported in this group, compared to 16 cases of infection in the unvaccinated control group. This is a result that was consistent with the results reported in the adult vaccinated population.

As in adults, vaccination offers a good protection for children of 12 to 16 years of age – protecting them from getting infected but may not prevent all infections. But the data provides great confidence that those who are vaccinated will be protected from getting severe infections. Vaccinating children also carries the secondary benefit of reducing the risk that others within the same household will be exposed and infected with COVID-19 infection.

The safety analysis from the study also showed that within the period of follow-up, which was at least two months for many of the adolescents in the study, adverse effects were not common, and were generally mild. In fact, the safety profile was very similar to other vaccines that are normally offered to children.

Children generally have a stronger immune system compared to adults, and they may experience a slightly higher incidence of minor effects like fever, injection site pain,

tiredness and headaches as compared to adults. This is a common phenomenon for children for all types of vaccines that they receive, not just the Pfizer vaccine. These reactions will resolve within an average of one to two days. In fact, these reactions demonstrate that their immune system is functioning well and responding to the vaccines.

There have been very isolated reports of adolescents with a known history of depression, who reported their symptoms worsening after their vaccination. But there is insufficient data to assess whether this is due to the vaccine or not. Nonetheless, we recommend that children with a history of depression or anxiety should first be assessed by their doctors and are sure that their condition is stable and under control before they go for vaccination.

There have been isolated reports of myocarditis being reported following COVID-19 vaccination. Myocarditis is a condition characterised by an inflammation of the heart muscles. It has been reported in patients who have had the COVID-19 infection, not just vaccination. It can occur due to a variety of causes unrelated to COVID-19 infection or vaccination. So far, the number of cases reported does not appear to be more common than what is generally present in the unvaccinated children population. We are monitoring this trend closely and will see if our vaccination strategies need to be adjusted over time as more data emerges.

But at this time, based on the overwhelming assessed benefit of vaccination over the risks that have been reported, HAS, the Expert Committee on COVID-19 Vaccination and MOH remain confident that the COVID-19 vaccination can be offered to our children between the ages of 12 and 16 years. This is the same position adopted by other countries like the US. In fact, in the US, since approval had been granted by the FDA, there have been more than 6 million adolescents vaccinated between the ages of 12 and 18 years. We will be watching very closely the experience of others, such as in the US and Israel, and it will guide our policy even as we start our own programme to offer vaccination to our school children.