

立法會
Legislative Council

LC Paper No. CB(4)534/20-21
(These minutes have been seen
by the Administration)

Ref : CB4/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 10 July 2020, at 10:45 am
in Conference Room 2 of the Legislative Council Complex

- Members present** :
- Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
 - Hon CHAN Hoi-yan (Deputy Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Prof Hon Joseph LEE Kok-long, SBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon CHAN Chi-chuen
 - Hon CHAN Han-pan, BBS, JP
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Helena WONG Pik-wan
 - Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai, JP
 - Hon SHIU Ka-chun
 - Dr Hon Pierre CHAN
 - Hon KWONG Chun-yu
- Members attending** :
- Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
 - Hon Claudia MO
 - Hon Michael TIEN Puk-sun, BBS, JP
 - Ir Dr Hon LO Wai-kwok, SBS, MH, JP
 - Hon Holden CHOW Ho-ding

Hon Wilson OR Chong-shing, MH
Hon Vincent CHENG Wing-shun, MH, JP

Member : Hon CHAN Kin-por, GBS, JP
Absent

Public Officers : Item II
attending

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health)1
Food and Health Bureau

Dr WONG Ka-hing, JP
Controller, Centre for Health Protection
Department of Health

Dr K L CHUNG
Director (Quality & Safety)
Hospital Authority

Dr Vivien CHUANG
Chief Manager (Infection, Emergency & Contingency)
Hospital Authority

Mr Tommy YUEN Man-chung, JP
Director (Constitutional and Mainland Affairs) Special Duties
Constitutional and Mainland Affairs Bureau

Dr Verena LAU Wing-yin
Principal Education Officer (NTW)
Education Bureau

Ms WONG Yin-yee
Assistant Director (Licensing & Regulation)
Social Welfare Department

Item III

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health)1
Food and Health Bureau

Ms Angel FAN On-ki
Head, Research Office
Food and Health Bureau

Dr Rita HO Ka-wai
Head, Non-Communicable Disease Branch
Department of Health

Prof Gabriel LEUNG
Chair Professor of Public Health Medicine
Li Ka Shing Faculty of Medicine
The University of Hong Kong

Prof Ava KWONG
Chief, Division of Breast Surgery
Department of Surgery
Li Ka Shing Faculty of Medicine
The University of Hong Kong

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

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II. Measures for the prevention and control of Coronavirus disease 2019 in Hong Kong

[LC Paper Nos. CB(2)1269/19-20(01) to (02), CB(2)1319/19-20(01) and CB(2)1336/19-20(01) to (02)]

2. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the responses and measures adopted by the Administration to prevent and control the spread of coronavirus disease 2019 ("COVID-19") in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1269/19-20(01)).

3. Members noted the following papers on the subject under discussion:

- (a) letters dated 7 and 8 July 2020 from Dr Fernando CHEUNG (LC Paper Nos. CB(2)1319/19-20(01) and CB(2)1336/19-20(01));
- (b) letter dated 9 July 2020 from Dr Pierre CHAN (LC Paper No. CB(2)1336/19-20(02)); and
- (c) updated background brief prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1269/19-20(02)).

[At 10:57 am, the Deputy Chairman took the chair in the temporary absence of the Chairman.]

Immigration control measures and quarantine arrangements

4. Mr WONG Ting-kwong commended the anti-epidemic work of the Administration which had kept Hong Kong's epidemic situation remained stable when comparing to other places. He was concerned about whether the latest community outbreak was caused by the return of many Hong Kong residents from South Asia or the arrangement to exempt certain categories of persons arriving from the Mainland and Macao from the 14-day quarantine arrangement under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C). Mr Michael TIEN expressed concern that among the persons exempted from the quarantine arrangement under the above Regulation and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), only air crew and sea crew personnel who arrived Hong Kong by air were required to have their deep throat saliva samples collected at the Temporary Specimen Collection Centre set up by the Department of Health ("DH") at AsiaWorld-Expo upon arrival under the latest arrangements. Expressing appreciation for the efforts made by DH, the Centre for Health Protection ("CHP"), the Hospital Authority ("HA")

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and the academic sector to combat COVID-19, Dr Pierre CHAN was of the view that the recent resurgence of COVID-19 cases was attributable to the previous exemption arrangement whereby the exempted persons were not required to undergo viral tests upon entering Hong Kong that unidentified imported cases had caused locally acquired infections.

5. SFH advised that owing to the adoption of very stringent control measures, there had not been a single imported confirmed case from the Mainland or Macao under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation. At present, CHP's epidemiological investigations and relevant contact tracing on the confirmed local cases to identify possible sources of infection were ongoing. In the light of the latest situation of the COVID-19 outbreak in Hong Kong, the testing arrangement for persons exempted from quarantine under the above two Regulations had been enhanced. Apart from the arrangement for air crew and sea crew personnel referred to by Mr Michael TIEN, starting from 8 July 2020, all persons exempted from quarantine entering Hong Kong by air had to proceed to DH's Temporary Specimen Collection Centre to have their deep throat saliva samples collected, or collect their samples at home and return it according to instructions. It should be noted that according to the World Health Organization and some health experts, COVID-19 would not be eradicated without effective treatment and vaccination. It was expected that the epidemic situation in Hong Kong would continue to fluctuate with local cases emerging from time to time. The target of the Administration was to keep the infection and caseload to a level where Hong Kong's public healthcare system could cope with through the implementation of various disease prevention and control measures.

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6. Referring to the Administration's remark that air crew and sea crew personnel made up the largest group of exempted persons, Mr Michael TIEN sought information on the respective numbers of monthly arrivals in May and June 2020 who were exempted from the quarantine requirements under the two Regulations, with a breakdown by categories of persons.

7. In view of the local outbreak in Hong Kong, Ir Dr LO Wai-kwok and Mr Holden CHOW were concerned about whether the Administration would continue to take forward the pilot scheme on mutual exemption from compulsory quarantine in Hong Kong, Guangdong and Macao through the introduction of the "Hong Kong Health Code" system and lower the price of testing that many sectors and grass-root families had strongly called for. Stressing that the preparation work in this regard should be continued amid the latest epidemic development, Ms Starry LEE asked about the timetable for the introduction of the "Hong Kong Health Code" system, the quota under the pilot scheme and the efforts made by the Administration to lower

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the price of testing. Mr WONG Ting-kwong remarked that many persons having business activities in the Mainland had been longing for the introduction of mutual exemption from compulsory quarantine between Hong Kong and the Mainland.

8. Director (Constitutional and Mainland Affairs) Special Duties, Constitutional and Mainland Affairs Bureau advised that the Administration had maintained discussion with the relevant authorities of Guangdong and Macao on matters relating to the mutual exemption of compulsory quarantine requirement including the system development works associated with the "Hong Kong Health Code". SFH added that while the "Hong Kong Health Code" was technically ready for use, the details and the implementation of the pilot scheme would depend on the epidemic development and the discussion among the authorities of the three places. With the increase in the testing capacity of local private laboratories, market competition had increased and the price of testing had decreased, as shown by the fact that the testing fee of some individual laboratories was now below \$1,000.

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9. Ms Starry LEE requested the Administration to advise in writing whether persons who had to commute between the Mainland and Hong Kong on compassionate ground could be exempted from the respective compulsory quarantine requirements of the two places. The Chairman proposed the setting up of a committee to vet the applications for one-off exemption on compassionate ground.

10. In response to Mrs Regina IP's query on the quarantine arrangement for foreign domestic helpers arriving at Hong Kong in view of the small living area per capita in Hong Kong, SFH advised that new arrangement would be introduced to require foreign domestic helpers arriving at Hong Kong to obtain a negative result of nucleic acid test for COVID-19 prior to boarding and observe the compulsory quarantine requirement at a hotel starting on the day of the arrival. The cost for the test and hotel accommodation expenses should be borne by the employers for their foreign domestic helpers. A list of licensed hotels would be provided for employers' reference.

11. Expressing concern that there might be a continuous growth in demand for quarantine facilities in view of the recent development of the epidemic, Mr Michael TIEN suggested that the Administration should consider using hotels and cruise ships as quarantine centres after ceasing the use of the quarantine centre at Chun Yeung Estate in end-July. SFH advised that the Administration would strive to expedite the construction of additional quarantine facilities, including an additional 800 quarantine units

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at the Penny's Bay Government site which was scheduled to be put to use in end-July 2020, and continue to examine ways to further enhance the overall quarantine capacity.

Community surveillance and viral testing capacity for COVID-19

12. Prof Joseph LEE asked whether and, if so, how the Administration would enhance its viral testing capacity for COVID-19 to around 7 500 tests per day, which, according to experts' advice, would help reducing the risk of virus transmission in the community. Dr Helena WONG queried about the daily testing target of the Administration. Dr Pierre CHAN raised a similar question and queried about the use of the \$220 million provided under the Anti-epidemic Fund to enhance the testing capability.

13. SFH advised that as at 8 July 2020, Hong Kong had performed over 384 500 virus tests, or over 51 200 tests per million population. With the funding of around \$220 million provided under the Anti-epidemic Fund for DH to procure testing equipment and enhance manpower support so as to step up its testing capability, and to the medical schools of The University of Hong Kong ("HKU") and The Chinese University of Hong Kong to procure testing equipment in order to provide more virus testing services, it was expected that an additional 2 400 tests could be provided per day. The Administration's short-term target was to enhance the testing capacity of public institutions to 7 500 virus tests a day by end-July 2020. Apart from increasing the testing capacity, efforts had also been made by DH and HA to expand the coverage of testing to include more asymptomatic persons. In May 2020, the Enhanced Laboratory Surveillance Programme had been extended to cover the asymptomatic high-risk groups for early detection of possible cases of COVID-19 infection and reduce the risk of community outbreaks. The results of the 9 000-odd tests conducted so far were negative. As a precautionary measure for early detection of possible transmission in the community, deep throat saliva specimen bottles were distributed by CHP to residents of buildings where the confirmed cases lived, as well as to those whom they might have had contact with during the infectious period.

14. Mr Wilson OR urged the Administration to expedite its work to enhance the testing capacity of public institutions. He criticized that CHP had initially failed to provide adequate deep throat saliva specimen bottles to residents of Ping Shek Estate where confirmed cases lived. In addition, no timetable was provided for the distribution of deep throat saliva specimen bottles to residents of Shun On Estate, On Tat Estate, Choi Fai Estate and Yau Tong Estate. Mr CHAN Han-pan expressed a similar concern and asked about the time required for being notified of the test

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results after submitting the specimen bottle to designated collection points.

15. Controller, CHP advised that given that this wave of epidemic was mainly community infection with a widespread distribution geographically and across sectors and given that the testing capacity of CHP remained limited, it took time for CHP to arrange the distribution of deep throat saliva specimen bottles for testing. Laboratory reports would normally be available the same day or on the next day upon receipt of specimens.

16. Ms Alice MAK asked whether the Administration would make reference to the arrangement of Beijing and Wuhan to provide viral test to all Hong Kong citizens and seek the support of the Central Government in this regard, so as to facilitate the implementation of a "Hong Kong Health Code" system and mutual recognition of COVID-19 test result between Hong Kong and Guangdong, and between Hong Kong and Macao. Expressing concern that virus tests of local private institutions were inadequate and expensive, Ms Elizabeth QUAT urged the Administration to tap on the test support team of Wuhan to significantly enhance Hong Kong's testing capability in a short period of time and in an economic way. Expressing concern that about one-third of the recent confirmed cases were with unknown sources of infection, Ms CHAN Hoi-yan suggested that the Administration should procure services from the University of Hong Kong-Shenzhen Hospital, which had indicated that it could carry out 3 000 viral tests a day for Hong Kong, to enhance its testing capacity so as to identify the silent or sub-clinical transmission chains prevalent in the community. Citing her testing experience in the Mainland as a reference, Dr Priscilla LEUNG called on the Administration to make reference to the practice of the Mainland to raise considerably its testing capacity. Citing a medical expert's view that the number of confirmed cases identified under a community-wide viral test vis-à-vis targeted higher-risk group viral tests was expected to be one out of 10 000 and 500 persons respectively, Mr Tommy CHEUNG queried about how to strike the right balance between cost-effectiveness and public health protection.

17. SFH advised that the latest situation in Hong Kong indicated that silent transmission chains were prevalent in the community. Viral testing targeting the general asymptomatic population could help identify the asymptomatic infected persons in the community. Given the current limited testing capacity, the Administration would focus on performing targeted tests on those higher-risk groups involved in the recent community cluster cases. The Administration welcomed any efforts, including those from the Mainland and the private sector, to enhance Hong Kong's overall testing capability. A case in point was the engagement of three private institutions to take over the large-scale voluntary community testing for the

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designated higher-risk groups, including staff members of residential care homes for the elderly ("RCHEs"), residential care homes for persons with disabilities ("RCHDs") as well as nursing homes; restaurant staff; and taxi drivers. Ms Elizabeth QUAT was of the view that the Administration should expand the scope of viral testing to cover drivers of all public transport vehicles, provide subsidy to support operators of all public transport vehicles to give their vehicles an anti-virus coating spray, and mandate all drivers and passengers on board to wear surgical masks to avoid the spread of the disease in the community.

18. Ms Starry LEE was concerned about whether frequent and close contact with the general public due to the job nature was a criterion to classify whether a sector was of higher risk. Mrs Regina IP considered that persons living in subdivided units with a poor and crowded living environment were of higher risk. Mr CHAN Han-pan remarked that the Administration should address the environmental hygiene problems arising from damaged foul water pipes of subdivided units and public sewers of old districts. Mr Holden CHOW called on the Administration to strengthen the disinfection and cleansing work of the buildings and the public places of those regions with confirmed cases.

19. SFH advised that persons who experienced mild discomfort could seek medical attention at the public general outpatient clinics. Separately, with the extension of the Enhanced Laboratory Surveillance Programme, asymptomatic persons who perceived themselves to have a higher risk of exposure could take a specimen collection package at various distribution points, such as the 18 Chinese Medicine Clinics cum Training and Research Centres, and submit a deep throat saliva specimen for COVID-19 testing. The Administration would step up publicity on the Programme. Mrs Regina IP suggested that the District Offices under the Home Affairs Department could play a role in this regard. SFH undertook to relay the view to the Home Affairs Department for consideration.

Enhancing social distancing

20. Ms Elizabeth QUAT held the view that to curb the community outbreak, the Administration should take measures to minimize the public health risk arising from the taking place of religious activities, the opening of theme parks, and the holding of the annual Hong Kong Book Fair in mid-July 2020. Pointing out that Hong Kong was on the verge of community outbreak with social distancing measures to be tightened for a period of 14 days with effect from 11 July 2020, Mr KWONG Chun-yu was concerned about whether the upcoming Hong Kong Book Fair, which would attract huge number of visitors, would be held as scheduled and the

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compensation, if any, for the exhibitors if the event would be cancelled. Mr WONG Ting-kwong urged the Administration to announce as early as possible as to whether the Hong Kong Book Fair would be pressed ahead.

21. SFH advised that theme parks and the Hong Kong Book Fair, which were respectively operated with a place of public entertainment licence and a temporary place of public entertainment licence, were a type of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F). According to Schedule 1 to the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G), a group gathering at any premises that were allowed to be opened or reopened, and to which a direction was issued under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation was an exempted group gathering. However, the Hong Kong Book Fair had to observe the latest requirements imposed on place of amusement as set out in the directions issued under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation. The Commerce and Economic Development Bureau was working with the organizer of the Hong Kong Book Fair on the precautionary measures to be put in place.

22. Mr Michael TIEN considered that the factor of public health should outweigh the factor of economic impact when the Administration devised the appropriate social distancing measures. Mr Tommy CHEUNG remarked that the catering sector had been hard hit by the pandemic and the anti-epidemic measures introduced by the Administration. Dr Priscilla LEUNG called for the injection of another \$30 billion into the Anti-epidemic Fund to provide funding for a third round of relief measures targeted at persons not covered by the first two rounds of relief measures, such as the self-employed persons. Expressing appreciation for the Administration's efforts in balancing the factors of economic impact and public health when adjusting the control measures, Mr SHIU Ka-fai asked for advice from the Administration on how the general public and the industries could curb the current wave of epidemic. SFH appealed to members of the public and different sectors to stay vigilant and maintain at all times strict personal and environmental hygiene. On a personal level, members of the public should wear a mask at all times at catering premises except when consuming food or drinks. Pointing out that many members of the public had recently let down their guard in terms of mask-wearing for epidemic prevention and control, Dr Priscilla LEUNG urged the Administration to step up public education in this regard.

23. Mr CHAN Chi-chuen shared his recent experience of being one of the about 200 persons detained under police custody for some 30 hours in a

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poorly ventilated underground carpark of the North Point Police Station. Pointing out that there was almost no distance between the detainees and some persons, including police officers, did not wear a surgical mask, he considered that the Administration should issue internal infection control guidelines for those government premises of higher public health risk. SFH took note of the concern, adding that the Environment Bureau would conduct environmental audit to assess compliance with relevant internal requirements.

Outbreak of COVID-19 in RCHE

24. Referring to the recent emergence of confirmed cases in an RCHE (i.e. Kong Tai Care for the Aged Centre Limited in Tsz Wan Shan) for the first time, Prof Joseph LEE asked about the efforts made by the Administration to ensure that appropriate infection control measures had been put in place by RCHEs. Mrs Regina IP expressed concern about the outbreak in RCHE. Mr Wilson OR called on the Administration to ensure that there was adequate personal protective equipment ("PPE") for staff members and residents of contract homes, private homes for the elderly participating in Enhanced Bought Place Scheme and private homes issued with licence.

25. Assistant Director (Licensing & Regulation), Social Welfare Department ("AD(LR), SWD") advised that the Social Welfare Department ("SWD") had provided all RCHEs and RCHDs with four rounds of special allowance (at a rate of \$5,000 or \$3,000 per round for the first two rounds and \$10,000 or \$6,000 for the third and fourth round) for the procurement of PPE and sanitising items since January 2020; distributed a total of 10 million face masks for the staff of subsidized, contract, self-financing and private residential service units (including all RCHEs and RCHDs) since February 2020; and launched an Anti-virus Coating Spray Subsidy under the Anti-epidemic Fund in May 2020 to support all RCHEs and RCHDs to apply an anti-virus coating spray to their premises on or before 31 August 2020. SWD would provide over 4 million face masks to all RCHEs and RCHDs in mid-July 2020 for use by their residents in need. Due to the time constraint, Prof Joseph LEE requested the Administration to advise in writing details of measures put in place by SWD to ensure that appropriate infection control measures had been put in place by RCHEs to minimise the risk of contracting and spreading COVID-19.

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26. Mr SHIU Ka-chun expressed concern about the earlier arrangement made by CHP in May 2020 under the Enhanced Laboratory Surveillance Programme to invite each institution to arrange for three staff members to collect deep throat saliva samples for testing of COVID-19. He asked

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about the scope of the viral testing arrangement in view of the current outbreak, including whether residents of Winfair Building where the RCHE concerned was located at would be arranged to undergo testing, as well as the caring arrangement for residents subject to compulsory quarantine.

27. Controller, CHP assured members that CHP would work with the relevant RCHE to arrange all their staff members and residents who were identified as close contacts of confirmed cases to undergo viral testing. In general, laboratory reports would be available the same day or the next day depending on the timing of receipt of the specimens. AD(LR), SWD advised that with the activation of the Hong Kong PHAB Association Jockey Club PHAB Camp as a quarantine centre for residents of the RCHE concerned who were close contacts of the confirmed case and were bedridden or requiring special care during the 14-day quarantine period, SWD would arrange for a care team to attend to the needs of residents who need to be admitted to this quarantine centre. The medical needs of these residents would be taken care of by DH and HA. Mr SHIU Ka-chun was discontent with the outstanding reply from the Director of Social Welfare to his letter dated 7 July 2020 on the relevant issues. AD(LR), SWD agreed to provide a reply in due course.

28. Expressing concern about the high mortality rate of elders during epidemic as suggested by the experience of the outbreak of severe acute respiratory syndrome in 2003, Dr Fernando CHEUNG was concerned about the measures taken by the Administration to address the mental health needs of residents of residential service units when visiting arrangements were suspended; the not uncommon problem of residential care units to deploy their staff to work in more than one institution which increased the risk of cross-infection; and the poor and crowded living environment of hostels for imported workers of residential care homes under the Supplementary Labour Scheme.

29. AD(LR), SWD advised that while visiting arrangement (except on compassionate ground) had been suspended (except official visits) under the latest epidemic situation, SWD would continue to encourage operators of residential care homes to facilitate residents to communicate with their family members through telephone and video calls. According to the Labour Department, imported workers had to work in the specific workplace as stipulated in the standard Employment Contract and employers were required to provide accommodation to the imported workers in compliance with the standard as stipulated in the Schedule to the standard Employment Contract.

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Updates on local situation of COVID-19

30. Referring to the existing arrangement that a press conference would be held each day for CHP and HA to provide daily updates on local situation of COVID-19, Mr CHAN Chi-chuen was concerned that unofficial information on the updated number of and list of buildings with confirmed cases was reported by the media from time to time before the holding of the next press conference. He asked whether CHP could announce the latest local situation of COVID-19 in a more timely manner. Pointing out that this morning's media report had already revealed that there were at least 10 additional cases which were tested preliminarily positive to COVID-19 in Shui Chuen O Estate and two schools had just been notified by the Education Bureau ("EDB") that their students were confirmed with COVID-19 and were arranging for the suspension of classes, Ms CHAN Hoi-yan asked for the reason why CHP could not make announcements in this regard before the holding of the press conference. Mr Wilson OR opined that CHP should improve their communication mechanism to enable the public to grasp the latest situation of the epidemic as early as possible. Mr CHAN Han-pan held the view that information concerning the whereabouts of the confirmed cases should be provided in a timely and more detailed manner to enable members of the public to better comprehend whether they had come into contact with a confirmed case and their risk of exposure.

31. SFH advised that the Administration would explore stepping up active and timely release through suitable platform of information on new cases and their close contacts. Controller, CHP explained that since it took time for CHP to conduct epidemiological investigations on cases which were tested preliminarily positive to COVID-19, the current arrangement was for CHP to provide updates on the number of confirmed cases identified in the past 24 hours at the daily press conference or through press release.

[At 12:25 pm, the Chairman re-took the chair.]

Advancing summer holiday

32. Pointing out that many parents were worried about the health risk of their children in the school setting given the soaring numbers of local infection cases and increasing number of students who were tested positive to COVID-19, Ms Elizabeth QUAT and Ms CHAN Hoi-yan urged the Administration to decide without further delay that all schools should advance the commencement of summer holiday. Mr WONG Ting-kwong relayed the concern expressed by many parents to the Democratic Alliance

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for the Betterment and Progress of Hong Kong on the health risk of school children. Dr Helena WONG queried about the party responsible and circumstances for deciding whether classes should be suspended.

33. SFH advised that CHP had issued health advice to schools on the precautionary measures to minimize the risk of contracting and spreading COVID-19 after class resumption. The possibility of early commencement of summer holiday for all schools could not be ruled out. CHP had maintained close communication with EDB in the latter's decision on the arrangement. She understood that EDB would make an announcement in this regard in due course. Dr Priscilla LEUNG urged EDB to announce the arrangement as early as possible. Principal Education Officer (NTW), EDB supplemented that at present, in view of the special circumstances caused by the epidemic, schools could take into account their school-based circumstances and learning progress of students to decide their summer holiday arrangement if it would commence not earlier than the original schedule with approval from the Incorporated Management Committee or School Management Committee.

Response measures of HA

34. Referring to the recent incidents of interruptions of the negative pressure system in isolation wards, Prof Joseph LEE was concerned about the measures to be put in place by HA to ensure the availability of adequate isolation beds for use. He asked for an update on HA's stockpile of PPE and the arrangement for facial contour fit tests for all clinical healthcare staff who needed to wear N95 respirators. Expressing concern about the severe epidemic situation of COVID-19 in Hong Kong, Mr POON Siu-ping called on HA to, on top of the provision of two surgical masks for every three service trips, give each personnel providing non-emergency ambulance transfer services additional surgical masks for replacement under the hot weather. There was also a call from these personnel that N95 respirators should be provided for use to minimize their risk of infection.

35. Director (Quality & Safety), HA advised that HA's existing stockpile of surgical masks and N95 respirators had maintained at the three month's consumption level. HA would ensure that frontline staff members would be provided with appropriate PPE according to the nature of their duties and surgical masks that were damaged or soiled would not be reused.

Distribution of surgical masks

36. Mr KWONG Chun-yu expressed concern about a media report concerning the hygienic problem involved in the production and packaging

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of the masks procured by the Administration under the Anti-epidemic Fund's Local Mask Production Subsidy Scheme for delivery free-of-charge to all residential households covered by Hongkong Post's delivery service. Due to the time constraint, the Administration was requested to provide a written response in this regard.

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III. Breast cancer screening

[LC Paper Nos. CB(2)1269/19-20(03) to (04), CB(2)1336/19-20(03) and CB(2)1344/19-20(01)]

[At 12:37 pm, the Chairman informed members of her decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

37. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the background of the commissioned study conducted by HKU on the risk factors associated with breast cancer for local women ("the Study") and the revised recommendations on breast cancer screening made by the Cancer Expert Working Group on Cancer Prevention and Screening ("the Working Group"). Chair Professor of Public Health Medicine, Li Ka Shing Faculty of Medicine, HKU ("Chair Professor of Public Health Medicine, HKU") then briefed members on the key findings of the Study and the personalized risk stratification model developed for local women for estimating the risk of developing breast cancer. Details of the above briefings were set out in the Administration's paper (LC Paper No. CB(2)1269/19-20(03)).

38. Members noted the background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1269/19-20(04)) and the two submissions from the Hong Kong Breast Cancer Foundation and the Cancer Strategy Concern Group respectively on the subject under discussion (LC Paper Nos. CB(2)1336/19-20(03) and CB(2)1344/19-20(01)).

Approach to be adopted for breast cancer screening

39. While welcoming the Working Group's revised recommendations on breast cancer screening for women at increased risk that this group of women should have mammography every two years, Dr Helena WONG asked for the reason why the Administration still refused to adopt an age-based approach on breast cancer screening as practised in Taiwan and some other places, in order to build up a breast cancer database for local women.

40. USFH advised that prior to the Study, the Working Group considered

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that there was insufficient scientific evidence to recommend for or against population-based mammography screening for women at average risk in Hong Kong. The Study had provided scientific evidence for the Working Group to consider the approach to breast cancer screening that best suited the local situation. Based on the findings of the Study and the Working Group's revised recommendations, the Administration would adopt a risk-based approach, instead of an age-based or population-based approach, in determining the next step for breast cancer screening in Hong Kong.

41. Chief, Division of Breast Surgery, Department of Surgery, Li Ka Shing Faculty of Medicine, HKU ("Chief of Division of Breast Surgery, HKU") remarked that studies showed that population-based breast cancer screening might result in overdiagnosis. A percentage of the cancers so detected through screening might never have progressed to become symptomatic during a woman's life and hence unlikely to contribute to mortality. A risk-based screening programme could contribute to a higher detection rate and hence, was more effective than a population-based screening programme in reducing the morbidity and mortality of breast cancer.

Implementation of a screening programme

42. Dr Helena WONG noted that for other women at general population, a revised recommendation of the Working Group was that, those women aged 44 to 69 with certain combinations of personalized risk factors (including presence of history of breast cancer among first degree relatives, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography screening every two years. She asked whether any subsidy would be provided to this group of women to undergo the screening. Dr Fernando CHEUNG expressed concern that women from grass-root families, no matter which risk group did they belonged to, would have difficulties to undergo the screening due to lack of means. He urged the Administration to take this into account when mapping out the way forward for breast cancer screening.

43. USFH advised that at present, the Women Health Services ("WHS") provided by DH to eligible women included mammography screening. The annual fee for the Women Health Services and the charge for mammography screening were \$310 and \$225 per episode, respectively. Recipients of Comprehensive Social Security Assistance and holders of the Certificate for Waiver of Medical Charges would be waived from payment of the fees and charges. Chair Professor of Public Health Medicine, HKU

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added that scientific studies on cancer screening had long stressed the need for a wide coverage by reducing the foreseeable barriers (including financial barriers) for the general public to undergo screening. A case in Hong Kong was the implementation of the Colorectal Cancer Screening Programme to subsidize asymptomatic Hong Kong residents aged 50 to 75 to receive screening service in private sector for prevention of colorectal cancer. On the implementation of breast cancer screening in Hong Kong, he considered that a prerequisite was to reduce as far as possible the barriers for women at general population to undergo screening.

[At 12:56 pm, the Chairman suggested and members agreed that the meeting be further extended until the completion of the discussion on the item.]

44. The Chairman suggested that the Administration should step up publicity and provide incentive to encourage grass-root women to undergo breast cancer screening. Pointing out that she had been striving for the implementation of breast cancer screening in Hong Kong on behalf of the Women Affairs Committee of the Democratic Alliance for the Betterment and Progress of Hong Kong for over a decade, Ms Elizabeth QUAT welcomed the revised recommendations of the Working Group on breast cancer screening for women at moderate risk and other women at general population. In her view, the Administration had to increase the awareness of women on their risk of developing breast cancer by utilizing the network of relevant community organizations to promote the use of the personalized risk stratification model developed by HKU for risk assessment, subsidized women of different risk profiles to receive screening under public-private partnership, and provide further investigations and treatment where appropriate.

45. Chair Professor of Public Health Medicine, HKU advised that experience of the Mainland and other places suggested that, in implementing a breast cancer screening programme, there was a need to increase the awareness of members of the public. Women with negative results had to undergo regular screening whereas women with positive results should be able to receive subsequent breast cancer diagnosis and timely surgery or other types of treatment. USFH assured members that publicity would be stepped up to enable target groups of women and healthcare professionals to be aware of the Working Group's latest recommendations. The Administration would take into account, among others, the capacity of the healthcare system with respect to resources, manpower and infrastructure when determining the way forward for breast cancer screening in Hong Kong. Dr Helena WONG expressed concern about whether the capacity of the healthcare system would hinder the

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implementation of the screening programme. In her view, early detection and early diagnosis improved cancer outcomes by providing care at the earliest possible stage and could lower the overall burden of the healthcare system.

Screening tool

46. Pointing out that 3D mammography reduced the number of false-positive results, Dr Fernando CHEUNG asked whether 2D or 3D mammography machines should be employed for the screening. Pointing out that 3D mammography caused less discomfort when comparing to conventional mammography, Ms Elizabeth QUAT asked whether the public healthcare system would procure more 3D mammography machines.

47. Chair Professor of Public Health Medicine, HKU advised that as far as international studies were concerned, there were hard clinical outcomes such as morbidity and mortality to show the effectiveness of conventional mammography which was available for years. Studies on latest generations of mammography were mainly on their precision but not hard clinical outcomes. It should also be noted that Magnetic Resonance Imaging and ultrasonography were a diagnostic but not a screening tool for breast cancer. Chief of Division of Breast Surgery, HKU shared her experience in HA and remarked that HA would procure 3D mammography machines when making procurement in this regard.

Way forward

48. Dr Helena WONG asked when HKU would submit the findings of the Study to the Administration for consideration. Chair Professor of Public Health Medicine, HKU advised that the draft report was available in end-2019. However, the original target to finalize the report with fine-tuning of the personalized risk stratification model in the first quarter of 2020 had been deferred due to the outbreak of COVID-19 in Hong Kong. Dr Helena WONG requested the Administration to provide the final report of the Study for members' information once available.

Admin

49. Ms Elizabeth QUAT was concerned about when the Administration could hammer out the way forward for breast cancer screening in Hong Kong. USFH assured members that the Administration would announce further details within 2020. The Chairman hoped that the details would be announced in the Chief Executive's Policy Address.

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IV. Any other business

50. This being the last meeting of the Panel in the current legislative session as well as in the Sixth LegCo, the Chairman thanked the Administration and members of the Panel for their support to the work of the Panel.

51. There being no other business, the meeting ended at 1:16 pm.

Council Business Division 4
Legislative Council Secretariat
18 February 2021