

**立法會**  
**Legislative Council**

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the Administration)

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**Panel on Health Services**

**Minutes of meeting held on  
Friday, 12 March 2021, at 10:45 am  
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (Chairman)  
Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, GBS, JP  
Hon Starry LEE Wai-king, SBS, JP  
Hon CHAN Kin-por, GBS, JP  
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Michael TIEN Puk-sun, BBS, JP  
Hon YIU Si-wing, BBS  
Hon CHAN Han-pan, BBS, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Hon SHIU Ka-fai, JP  
Dr Hon Pierre CHAN  
Dr Hon CHENG Chung-tai
- Member attending** : Hon CHOW Ho-ding, Holden
- Member absent** : Hon LEUNG Che-cheung, SBS, MH, JP

**Public Officers  
attending**

: Agenda item III

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

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

Dr Ronald LAM Man-kin, JP  
Controller, Centre for Health Protection  
Department of Health

Mr Lot CHAN Sze-tao  
Chief Pharmacist (1), Department of Health

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

Dr Benjamin LEE  
Chief Pharmacist, Hospital Authority

Agenda item IV

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

Miss Trista LIM Mei-yee  
Principal Assistant Secretary for Food and Health (Health)2  
Food and Health Bureau

Dr Deacons YEUNG  
Director (Cluster Services)  
Hospital Authority

Dr HO Hiu-fai  
Chief of Service  
Department of Accident & Emergency  
Queen Elizabeth Hospital  
Hospital Authority

Dr David SUN  
Hospital Chief Executive, North District Hospital  
Hospital Authority

Dr Chris TSANG  
Chief Manager (Planning & Commissioning)  
Kowloon West Cluster  
Hospital Authority

Dr Libby LEE  
Director (Strategy & Planning)  
Hospital Authority

Dr Flora TSANG  
Chief Manager (Strategy, Service Planning & Knowledge  
Management)  
Hospital Authority

Mr Donald LI  
Chief Manager (Capital Planning)  
Hospital Authority

Mr Andrew WONG  
Chief Project Manager (Capital Projects)  
Hospital Authority

**Clerk in  
attendance** : Mr Colin CHUI  
Chief Council Secretary (4)3

**Staff in  
attendance** : Ms Macy NG  
Senior Council Secretary (4)3

Ms Peggy CHUNG  
Council Secretary (4)3

Miss Ariel SHUM  
Legislative Assistant (4)3

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

[LC Paper Nos. CB(4)503/20-21(01) to (02)]

Members noted that the following papers had been issued since the last meeting:

- (a) Hospital Authority ("HA")'s report on the use of the one-off grant for carrying out minor works projects for 2019-2020; and
- (b) HA's planned projects for 2021-2022

**II. Items for discussion at the next meeting**

[LC Paper Nos. CB(4)600/20-21(01) to (02)]

2. The Chairman said that the item on "Healthcare manpower projection" originally scheduled for discussion at the current meeting was, at the Administration's request, deferred to a special meeting by videoconferencing to be held in March 2021 in order to enable attendance of an expatriate member, who was currently in Canada, of the University of Hong Kong's project team conducting the projection.

*(Post-meeting note: The special meeting was held on 24 March 2021.)*

3. Members agreed to discuss the following subjects at the next regular meeting of the Panel scheduled for 9 April 2021:

- (a) The development of Chinese Medicine Hospital and Government Chinese Medicines Testing Institute in Tseung Kwan O;
- (b) Health centre and social welfare facilities building in Siu Sai Wan; and
- (c) Measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong.

### **III. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong**

[LC Paper Nos. CB(4)600/20-21(03) and (04), CB(4)482/20-21(01) to (03), CB(4)521/20-21(01) and (02), and CB(4)561/20-21(01)]

4. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the measures adopted by the Administration to prevent and control the spread of COVID-19 in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(4)600/20-21(03)).

#### Viral testing

5. Mr Michael TIEN expressed concern that some service providers of testing services on COVID-19 engaged by the Centre for Health Protection ("CHP") of the Department of Health ("DH") ("testing agencies") had failed to notify people receiving tests the results within 48 hours, and some test results were released as late as 11 days. He suggested imposing a fine of \$500 for each case on the service providers for any failure to release testing results within 48 hours. He also raised concern over a news report that the electronic record of deep throat saliva test had shown wrong information on the date of collecting specimen. As a result, it appeared that the test result could be released on the same day of specimen collection.

6. SFH explained that the service lag of few testing agencies in late February 2021 was due to the sudden surge of demand for deep throat saliva specimen collection packs from catering business, scheduled premises and construction sector within a short period of time. As the testing agencies adopted various measures to uplift the testing capacity and increase manpower, the testing speed resumed normal gradually towards the end of February 2021. She added that testing agencies were good partners of the Administration and had been providing prompt service for compulsory testing. The Administration had been closely liaising with them and monitoring their performance. Currently, there was no mechanism for imposing a fine on testing agencies for failure to notify people receiving tests the results within 48 hours.

7. SFH further explained that unlike professional swab sampling, people adopting deep throat saliva test had to collect specimen by themselves. As the Administration and testing agencies could not ascertain the date and time of collecting specimen, the computer system had automatically set the uploading date of testing report as the date of collecting specimen. To avoid misunderstanding, the computer system had been refined and would no longer show the date of specimen collection for deep throat saliva test.

8. The Chairman, Ms Alice MAK and Mr Holden CHOW expressed grave concern that with the new measure to require all staff involved in the operation of catering business and scheduled premises to undergo a COVID-19 test once every 14 days, it was difficult for the public to collect specimen bottles due to high demand. They urged the Administration to increase the number of specimen bottles for distribution to the public. Ms MAK also commented that the points for returning specimens were inadequate and inconvenient. She hoped that more General Out-patient Clinics ("GOPCs") would be opened for collection and returning specimens, and their opening hours could be extended.

9. Dr Vivien CHUANG, Chief Manager (Infection, Emergency & Contingency) of HA ("CM(IEC), HA") advised that there were 47 GOPCs situated in different locations of the territory which provided or collected specimen bottles, six of them were situated on the Islands District. The coverage should be wide enough. She further said that the time for providing and returning specimen was from 9:00 am to 3:00 pm. Vending machines which provided 24-hour service were also installed at some GOPCs for the public to collect specimen bottles. She undertook that HA would continue to assess the situation.

10. SFH also undertook that the Administration would examine the arrangement of providing and collecting specimen bottles and study how it could be improved. She advised that the number of specimen collection packs distributed had been increased substantially, which amounted to 30 000 to 40 000 daily. However, the number of specimen bottles collected by the Administration was only around half of the amount distributed. She further said that persons under compulsory testing or persons in certain targeted groups could undergo free testing at the 19 community testing centres. Since the average booking rate for these centres was about 30% only, there were sufficient quotas to meet the demand.

11. Ms Alice MAK opined that the period for returning specimen (i.e. from 9:00 am to 3:00 pm) at GOPCs was too short as it could not facilitate wage earners to return specimen after work. She also queried why HA staff were not mandated to undergo testing whereas such requirement was imposed on HA's patients. She requested HA to expedite the processing time for conducting tests for patients to reduce their waiting time. She further expressed concern that face-to-face classes could not be comprehensively resumed as some teaching staff had not undergone testing due to unavailability of rapid tests or difficulty in collecting specimen bottles. She asked whether the Administration would consider mandating all teaching staff to undergo COVID-19 test and make special arrangements to facilitate them to undergo the test.

12. CM(IEC), HA advised that HA had been arranging COVID-19 tests for HA staff since 2020. It had also set up kiosks for delivering specimen collection packs to HA staff in different spots of hospitals to facilitate them to undergo the test conveniently and voluntarily. In January 2021, HA had formally arranged targeted staff who provided care for vulnerable patients to undergo regular tests according to experts' advice. Up to the present, around 5 000 HA staff members had undergone the test and the results were all negative. She further advised that an expert panel of HA was assessing whether the requirement of regular testing could be extended to other staff members. SFH undertook that she would ask HA to review the matter comprehensively.

13. Mr Tommy CHEUNG said that given that staff of many industries had to undergo regular testing, he asked whether a rapid test could be adopted to relieve the demand for the traditional test.

14. SFH advised that the Public Health Laboratory Services Branch of DH had been assessing the latest development of COVID-19 test. Currently, the Administration considered that COVID-19 nucleic acid test was in line with the standard and could not be replaced by rapid tests. Nevertheless, the Administration was studying whether a rapid test could be used in some circumstances where the nucleic acid test could not be conducted.

15. Mr POON Siu-ping asked whether the Administration would take more stringent measures to strive for "zero case", such as conducting universal compulsory testing to help identifying asymptomatic infected persons and cut the silent transmission chains in the community, as the economy and people's livelihood had been greatly affected by the epidemic.

16. SFH advised that the Administration had been taking measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic infections. Under the current approach, specified high risk groups would be required to undergo compulsory testing on a mandatory basis, whereas targeted groups would be arranged to undergo testing on an obligatory basis. Other members of the public would be encouraged to undergo testing on a voluntary basis. In other words, all members of the public could undergo testing if they wished. She said that the number of tests conducted so far was around 5 million and the Administration had been lowering the threshold of compulsory testing. Apart from testing to cut the silent transmission chains in the community, she encouraged the public to get vaccinated as soon as possible to protect themselves and other people. She advised that the supply of vaccines was adequate currently.

### Social distancing measures

17. The Chairman was concerned that there might be a new wave of the epidemic in view of the large-scale cluster outbreak in fitness centres recently. She asked about the Administration's measures to contain the epidemic situation.

18. SFH said that due to cluster outbreak in fitness centres, the Administration had promptly tightened the infection control measures in fitness centres on 11 March 2021, in particular reinstating the mask-on requirement and requiring all staff to undergo regular test in order to contain the epidemic. Controller, CHP supplemented that the number of confirmed cases associated with the cluster, which were identified through contact tracing and COVID-19 test, had been increasing in these days. The outbreak in fitness centres had reflected that there were risks brought about by mask-off gathering activities particularly in enclosed areas.

19. Mr SHIU Ka-fai urged the Administration to closely monitor whether the operators of fitness centres and other specified premises had properly implemented the anti-epidemic measures, such as measuring temperature, scanning the "LeaveHomeSafe" QR code or registering specified information of the visits before entering the premises. The Administration noted his view.

20. Mr YIU Si-wing asked whether there were indicators, such as number of confirmed cases, which the Administration would use for lifting the restrictions on group gathering in order that the economic situation could return to normal.

21. SFH advised that after the Chinese New Year, the social distancing measures had been relaxed in a gradual and orderly manner. However, in light of the outbreaks in catering premises and fitness centres, it would only be appropriate to consider further relaxation if the number of newly confirmed cases with unknown sources reduced to a very low level.

### COVID-19 Vaccination Programme

#### *Safety and quality of vaccines*

22. Dr Pierre CHAN declared that he had received the first dose of vaccine and would receive the second dose in late March 2021. He asked whether people who had received the first dose of Sinovac vaccine could switch to receive BioNTech vaccine for second dose or vice versa when making an appointment online. Referring to the last paragraph of page 10 of the Report on Evaluation of Safety, Efficacy and Quality of CoronaVac COVID-19 Vaccine (Vero Cell)



Inactivated (Sinovac vaccine) published in February 2021, he asked about the respective number of deaths following vaccination of Sinovac and Placebo under the clinical data of the vaccine. He said that such data in respect of BioNTech vaccine had been published in medical journals but not Sinovac vaccine.

23. Controller, CHP explained that the technology platforms of the two vaccines currently available in Hong Kong were different, with one developed from the inactivated virus technology platform and the other from the mRNA technology platform. The Scientific Committees under CHP of DH recommended that individuals should complete their vaccination with the same type of vaccine, and so the online booking system would not allow people who had received the first dose of vaccine switching to the other type for the second dose.

Admin

24. Controller, CHP further advised that according to the submitted clinical data, as at early March 2021, of about 45 000 000 doses of Sinovac vaccine which had been administered worldwide, about 40 fatal reports had been received. Various countries and the Mainland had concluded that those cases had no causal relationship with COVID-19 vaccination. He agreed to obtain the data in respect of Sinovac vaccine from the secretariat of the Advisory Panel on COVID-19 Vaccines ("Advisory Panel") as requested by Dr CHAN.

25. SFH supplemented that the Administration had been following the advice of the relevant Scientific Committees under CHP on the use of vaccines. The two COVID-19 vaccines authorized for emergency use in Hong Kong had been rigorously evaluated by the Advisory Panel to ensure that they were safe, efficacious and of good quality.

26. Dr CHIANG Lai-wan pointed out that there were reported cases of serious side effects associated with AstraZeneca vaccine overseas and some countries had stopped administering that vaccine. She asked whether the Administration would suspend the use of AstraZeneca vaccine and consider procuring Sinopharm vaccine.

27. SFH advised that the Administration had not yet authorized AstraZeneca vaccine for emergency use in Hong Kong. The Administration would handle the matter prudently.

*Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines*

28. Dr CHENG Chung-tai asked about the number of serious adverse events relating to vaccination of Sinovac vaccine, apart from the four death cases which had already been announced. He was concerned about whether the relevant people would be eligible for claiming the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines ("AEFI Fund") if the Expert Committee on Clinical Events Assessment following COVID-19 Immunization ("Expert Committee") had considered that the serious adverse events and the vaccination did not have direct causal relationship. He criticized that the assessment criteria for the AEFI Fund were unclear and inconsistent with the term adopted by the Expert Committee in its conclusion, and the Administration had not reminded people with 3-Highs (i.e. high blood glucose, high blood pressure and high cholesterol) not to receive vaccination beforehand. As a result, the Expert Committee might draw a conclusion that those serious adverse events were related to people's underlying diseases but not the vaccination, and nobody would be eligible to claim the AEFI Fund.

29. Mr POON Siu-ping also asked whether the AEFI Fund would make compensation to patients of those serious cases which were ruled to be not having causal association to immunization.

30. Controller, CHP explained that in line with the practice of other developed countries, DH had put in place a pharmacovigilance system for COVID-19 immunizations. Under the system, the Administration received reports of adverse events following immunization related to the COVID-19 vaccines from healthcare professionals and pharmaceutical industries, and set up the Expert Committee comprising members from different professions to provide independent assessments on the potential causal link between serious adverse events and COVID-19 vaccinations. He expected that the number of adverse events relating to COVID-19 vaccination would remain high if the pharmacovigilance system worked well.

31. Controller, CHP further said that the Expert Committee would conduct assessment based on the information of each adverse event, including timing of occurrence and medical history of patients. It would publish a report based on the algorithm of the World Health Organization ("WHO") with standard classification on "consistent with causal association to immunization", "indeterminate", "inconsistent with causal association to immunization" or "unclassifiable". He advised that the conclusion of the Expert Committee would

be taken into account during the assessment of the AEFI Fund applications. If the cases were classified as "consistent with causal association to immunization" or "indeterminate", the people concerned might apply for the AEFI Fund.

32. Controller, CHP added that to be transparent, whenever there were serious adverse events relating to COVID-19 vaccination, the Administration would publish the preliminary conclusion of the Expert Committee as soon as possible through press release. The final conclusion would be included in the report of the Expert Committee and would be published as soon as possible.

33. Chief Pharmacist (1), DH advised that as at 0.00 am on 7 March 2021, among the 90 000 odd persons who had received their first dose of COVID-19 vaccine, adverse events following immunization amounted to 0.08%. DH was following up and verifying the data of each case. As at 11 March 2021, there were four death cases reported, three cases that required admission to the Intensive Care Unit of public hospitals and a critical case, but no case was received on serious allergy. He further said that every Community Vaccination Centre recorded all cases which required medical attention after vaccination. The Administration published every day the number of people who were sent to hospital for treatment after receiving vaccination.

34. SFH added that the statistics and reports on adverse events following immunization would be verified by DH, and would be released and updated regularly. However, events involving death would be announced as soon as possible. She added that the funding paper submitted to the Finance Committee had specified the conditions of claiming the AEFI Fund. The first condition was that there was certification of the serious adverse event(s) by a registered medical practitioner; and the second condition was that the evaluation outcome of the Expert Committee could not rule out that the event was not associated with the administration of a vaccine under the Government's COVID-19 Vaccination Programme. She said that when there were applications for the AEFI Fund, the Administration would promptly process them and would take into account the final report of the Expert Committee. Meanwhile, the Administration had no information as to whether the four death cases mentioned by Dr CHENG Chung-tai were eligible for applying for the AEFI Fund.

Admin 35. Dr CHENG Chung-tai requested the Administration to provide written information after the meeting on the eligibility of claiming the AEFI Fund and how it related to the evaluation outcome of the Expert Committee, in particular when individuals had underlying diseases, e.g. 3-Highs.

*Dissemination of information relating to vaccination*

36. The Chairman noted a drop in the number of people who received vaccination recently due to various reasons such as reported serious side effects and some false information or rumors, which would affect people's confidence of vaccination. She considered that whenever there was false information or rumors relating to COVID-19 vaccination, the Administration should turn up to make clarifications, but not merely posting the information on the website.

37. Ms Alice MAK agreed that the Administration should adopt a hard-line stance towards false information or rumors relating to vaccination. She also appreciated Controller, CHP and other HA staff for turning up at midnight to explain the case after the first vaccine incident happened. She considered that the Administration should continue to respond quickly for any incidents relating to COVID-19.

38. In response, SFH said that the Information Services Department had been monitoring the information of vaccination on social media and would clarify immediately through different channels when there were false information or rumors.

39. Mr SHIU Ka-fai considered vaccination the most effective measure for preventing and controlling the epidemic in order to resume local economic activities. He and Mr Holden CHOW were concerned over vaccine hesitancy arising from the media reports on the serious adverse events relating to COVID-19 vaccination. They called on the Administration to explain clearly to the public about those cases to allay their worries. Mr SHIU Ka-fai further considered that instead of issuing press releases, the Administration should resort to more effective channels to explain to the public about the advantages and disadvantages of vaccination, such as through television or radio channels and technological platforms.

40. SFH advised that the Administration had made clarifications and explanations in public on any serious adverse events relating to COVID-19 vaccination. So far, the Expert Committee had preliminarily considered that all suspected serious adverse events following COVID-19 vaccination (except those which required autopsy to conclude the causality assessment) and the vaccination did not have direct causal association. Nevertheless, she agreed to strengthen the efforts on dissemination of information relating to COVID-19 vaccination to allay the worries of the public.

*Assessment on whether people were medically fit for vaccination*

41. The Chairman considered that clear guidelines should be issued to advise people on whether they were medically fit for receiving vaccines. Pointing out that patients of public hospitals might not be able to obtain such medical advice timely, she requested the Administration to look into the matter.

42. Controller, CHP said that there were guidelines for healthcare personnel to facilitate their assessment on whether their patients were suitable for receiving the specific type of vaccine. He further advised that the Administration had explored with the Hong Kong Academy of Medicine ("HKAM") since late February 2021 on whether clinical indicators or parameters could be set to determine whether patients were suitable for receiving vaccines or not, such as feasibility of specifying the levels of blood pressure and blood glucose. However, HKAM had advised that it was not feasible without sufficient scientific evidence. Instead, HKAM considered that doctors should make such assessment based on health conditions of the persons concerned.

43. Mr SHIU Ka-fai asked whether the Administration would arrange doctors to station at the Community Vaccination Centres to provide on-site advice to people who wanted to receive vaccination.

44. SFH advised that apart from making reference to leaflets, the public could consult on-site healthcare personnel at Community Vaccination Centres for general advice on whether they were suitable for vaccinations. However, since those healthcare personnel could not have access to the medical history of patients, the Administration advised people to consult their family doctors or attending doctors in this regard. She added that for HA patients, they could consult doctors at its GOPCs.

45. Dr CHIANG Lai-wan suggested that the Administration set up a hotline manned by healthcare personnel for public consultation on whether they were medically fit for vaccination, or organize a radio programme to answer common questions relating to vaccination. The Administration noted her suggestions.

*Coverage of vaccination priority groups*

46. Given the relatively low vaccination rate at present, the Chairman, Mr POON Siu-ping and Mr CHAN Kin-por suggested opening up the vaccination to more categories of people.

47. SFH advised that the scope of the priority groups for vaccination had recently been expanded to cover seven more categories of people who had greater risk of exposure to the virus and risk of infection. The number of people belonging to such categories was about 1 300 000. Meanwhile, the Administration would open 12 new Community Vaccination Centres for people in priority groups who wanted to receive vaccination. She undertook that the Administration would continue to review the situation and open up the Vaccination Programme to more categories of people in a timely manner.

*Providing incentives for vaccination*

48. Mr CHAN Kin-por declared that his insurance company had launched a free programme which would compensate the insured for death arising from vaccination. In his view, to protect the elderly from being infected, apart from receiving vaccination by the elderly themselves, they would also be protected indirectly if other people had been vaccinated. He considered that the Administration should opt for encouraging young people to get vaccinated. He also considered that incentives should be provided for the public to get vaccinated, for example, exemption from quarantine for travelling. He also urged the Administration to strive for international recognition of vaccines currently provided in Hong Kong to facilitate travelling in the future.

49. In reply, SFH advised that the Chief Executive was inviting different policy bureaux to work on incentives for vaccination. She said that a higher vaccination rate would give Hong Kong better leverage to negotiate with other places on the arrangements for resuming cross-boundary travel. In the meantime, the Innovation and Technology Bureau ("ITB") was working on an electronic vaccination record such that a platform would be available when cross-boundary travel resumed. The Administration was also studying whether the frequency of regular testing by staff members of specified premises and the quarantine requirements could be relaxed for people who had been vaccinated. Regarding outbound travelling, she said that the experts were reviewing the vaccination data. The Administration would also take into account WHO's advice in this regard.

50. Mr Tommy CHEUNG thanked the Administration for including staff of food and beverages premises as one of the priority groups under the COVID-19 Vaccination Programme. He suggested that incentives could be given to the catering industry for injection, for example, if staff members of the catering businesses had received the first dose of COVID-19 vaccine, the social distancing measures, including the restrictions on dine-in hours of catering businesses, could

be relaxed. If customers also received COVID-19 vaccine, the measures could be further relaxed. Consideration should also be given to exempting staff members of catering businesses from undergoing COVID-19 test once every 14 days if they had received COVID-19 vaccine.

51. SFH responded that Mr CHEUNG's suggestion was in line with the direction of the Administration. The Administration was studying with experts on whether to relax the testing requirement of staff members of catering businesses if they had been vaccinated, including extending the regular test period or lifting such requirement.

*Vaccine passport*

52. Mr YIU Si-wing considered that with the availability of COVID-19 vaccines, the epidemic situation was under control. Given that Mainland China was considering the launch of "vaccine passport", he asked whether the Administration had liaised with the Mainland Government on resumption of normal cross-boundary activities with some criteria, such as proof of vaccination and negative test results, with a view to improving economic situation and facilitating cross-boundary tourism. He also asked whether the Administration would consider relaxing the requirement of compulsory quarantine for 21 days for air crew members who had been vaccinated with a negative result proof of a nucleic acid test for COVID-19, given that the relevant requirement would affect cargo flow and passenger travel.

53. SFH advised that ITB was studying the situation of "vaccine passport" in the Mainland and the technical issues on how Hong Kong would join the scheme. She added that at present, members of the public could download their electronic vaccination or viral test records using the "iAM Smart" mobile app and the relevant record was also available in the Electronic Health Record Sharing System. Such electronic records could serve as proof of vaccination or COVID-19 test to facilitate Hong Kong people travelling to other places in the future.

54. SFH added that the Administration was taking all stringent anti-epidemic measures to guard against the importation of cases and closely monitoring the situation of mutant virus strains. With the availability of COVID-19 vaccines, the Administration would review the quarantine arrangements taking into account the relevant statistics and guidelines issued by WHO. She added that at present, no mutant virus strains had been transmitted into the community.

55. Ms Alice MAK requested the Administration to liaise with different cities or countries on arrangements to facilitate outbound travelling by people who had been vaccinated. She said that consulates in Hong Kong hoped that "travel bubble" or "vaccine passport" could be launched to facilitate travelling by people.

56. The Chairman considered that "vaccine passport" would be regarded as a travel permit which would enable travelling to the Mainland and other countries. She considered that there should be a well-established system keeping the records on vaccination, results of COVID-19 tests or tests on antibody, such that the relevant information would be immediately available when the vaccine passport was rolled out. She also considered that the Food and Health Bureau and ITB should co-operate closely and take into account mutual recognition of the vaccine passports in different countries. She further pointed out that the Smart City Consortium was working on a platform which would be mutually recognized worldwide for such purpose and would meet with ITB shortly to discuss the matter. She considered that the Administration should liaise closely with community organizations which would move faster than the Government. SFH noted the views of the Chairman.

57. Dr Pierre CHAN asked whether a person who had received one dose of vaccine would be regarded as having completed the vaccination in the vaccine passport to be put in place. He said that some members of the public who had received the first dose might be reluctant to receive the second dose due to news report on side effects. Nevertheless, he appealed to the public to receive two doses of vaccines.

58. SFH said that DH would keep an eye on WHO's advice and development on vaccine passports in other countries. She understood that some private companies and airlines had started discussing the issue.

59. Controller, CHP added that WHO did not support the use of vaccine passports for travel due to uncertainty over whether inoculation could prevent transmission of the virus and equity concerns as such use might give rise to discrimination against people who were not able to receive vaccination for whatever reason. To his understanding, there was not a standardized requirement of "vaccine passport" across different countries. Some required demonstrating proof of vaccination only but some also required the testing result of COVID-19 antibodies.



### Return2hk Scheme

60. Dr CHIANG Lai-wan noted that under the Return2hk Scheme, Hong Kong residents could return from Guangdong Province and Macao without being subject to quarantine upon fulfillment of specified conditions. As the epidemic situation in the Mainland was currently under control, she asked whether the exemption could be extended to Mainland people going to Hong Kong.

61. SFH agreed that the epidemic situation in the Mainland was under control and so some epidemic control measures guarding against the importation of cases focused on places outside Mainland China. She said that the Return2hk Scheme was under the purview of the Constitutional and Mainland Affairs Bureau. From the perspective of public health risks, she considered Dr CHIANG's suggestion of allowing Mainlanders to come to Hong Kong without quarantine requirement would not increase the risks. Nevertheless, she considered that cross-boundary activities should be resumed in a gradual and orderly manner.

*(The Chairman extended the meeting for 15 minutes.)*

#### **IV. First Ten-year Hospital Development Plan**

[LC Paper Nos. CB(4)600/20-21(07) and (08)]

62. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the following three projects under the First Ten-year Hospital Development Plan ("HDP") and an update on the First Ten-year HDP, details of which were set out in the Administration's paper (LC Paper No. CB(4)600/20-21(07)):

- (a) main works for the construction of New Acute Hospital ("NAH") at Kai Tak Development Area ("KTDA") at an estimated cost of \$36,860.0 million in money-of-the-day ("MOD") prices;
- (b) site formation and foundation works for the expansion of North District Hospital at an estimated cost of \$2,141.0 million in MOD prices; and
- (c) site formation and foundation works for the expansion of Lai King Building in Princess Margaret Hospital at an estimated cost of \$408.4 million in MOD prices.

Healthcare manpower

63. Mr Tommy CHEUNG said that the Liberal Party supported the Administration's submission of the above funding proposal to the Public Works Subcommittee ("PWSC") for further consideration. Noting that more than 6 000 additional bed spaces and 94 additional operating theatres would be provided upon completion of all the projects under the First Ten-year HDP, the Chairman, Mr Tommy CHEUNG, Mr YIU Si-wing and Mr CHAN Han-pan asked whether there would be sufficient healthcare personnel to meet the healthcare manpower needs arising from the enhanced facilities. They were concerned that the enhanced facilities would be left idle due to a lack of manpower.

64. Pointing out that Hong Kong's per capita doctor ratio was far below that in the Mainland and Singapore, Mr Tommy CHEUNG asked whether the Administration would consider his proposed Member's bill to amend the Medical Registration Ordinance (Cap. 161) to provide a pathway for certain medical graduates or practitioners who had acquired medical qualifications from abroad to become fully registered in Hong Kong. He took the view that if non-locally trained doctors to be admitted must be Hong Kong permanent residents, the number of which would be limited and far below demand. The Chairman raised the same concern. Noting that the Administration put forward at the last Panel meeting a proposed legislative framework for admission of non-locally trained doctors to practise in the public sector of Hong Kong, she asked about the Administration's timetable for presenting the relevant legislative proposal for consideration by the Legislative Council ("LegCo").

65. USFH agreed that medical facilities, manpower and resources were essential to hospital development. In this regard, HA was implementing the First Ten-year HDP and commenced planning for the Second Ten-year HDP, which would not only increase the number of bed spaces but also improve the environment to enhance the comfort of patients and enhance the medical equipment.

66. As regards manpower, USFH advised that the Administration was making every effort to retain doctors and increase manpower in the public healthcare system through various means. He said that currently, the Administration conducted manpower planning and projections for healthcare professionals once every three years. The relevant reports showed that there was a shortfall of doctors. Therefore, the Administration proposed a legislative framework as mentioned by the Chairman in paragraph 64 above. The Administration hoped that the relevant legislative proposal would be presented to LegCo within the current legislative session.

67. USFH added that apart from the above proposed legislative proposal, the Government had been increasing the number of medical training places to fill the shortfall in the long term. Currently, there were 530 medical training places offered by the local medical schools. Other short and medium term measures included rehiring retired healthcare professionals, extending the retirement age, recruiting part-time healthcare professionals, running Public-Private Partnership Programmes to relieve the pressure of public hospitals, and recruiting non-locally trained doctors under limited registration.

68. Mr CHAN Han-pan asked about the Administration's plan to lower the turnover rate of nurse. USFH advised that the Administration would continue to explore with HA measures to retain healthcare manpower.

Admin 69. At the request of Mr YIU Si-wing, the Administration agreed to provide information on the concrete manpower plan for healthcare personnel, including doctors and nurses, from the present until 2028 to meet the healthcare manpower needs arising from the provision of more than 6 000 additional bed spaces in public hospitals as well as other additional facilities and services under the First Ten-year HDP.

*(Post-meeting note: The Administration's supplementary information paper was issued to members vide LC Paper No. CB(4)817/20-21(01) on 15 April 2021.)*

#### Funding arrangements under the First Ten-year Hospital Development Plan

70. Mr YIU Si-wing asked about the concrete plan for the usage of the \$200 billion set aside for implementing the First Ten-year HDP and the current financial situation of those projects, in particular the actual cost of the preparatory works, foundation, excavation and lateral support, and basement excavation works for NAH at KTDA project, as well as the preparatory works for the North District Hospital project.

71. Chief Manager (Capital Planning) of HA ("CM(CP)/HA") advised that detailed plans of the 14 out of 16 projects under the First Ten-year HDP had been confirmed. The remaining two projects were two community health centres ("CHCs"), one in Shek Kip Mei and the other at Anderson Road. He elaborated that owing to the requirement of the historic building grading assessment on the existing Shek Kip Mei Health Centre, the project programme and the cost of the proposed CHC in Shek Kip Mei would be under review subject to the final

grading assessment by the Antiquities and Monuments Office. In addition, the progress of the CHC project at Anderson Road had been affected due to the change of site from Mong Kok to Anderson Road for establishment of a district health centre.

72. As regards the funding arrangements, CM(CP)/HA said that currently, all the 16 projects under the First Ten-year HDP were within the budget allocated. As a result of downward price movements in some projects, the number of beds to be added had been increased from 5 000 odd to more than 6 000. He added that the detailed financial implications of NAH at KTDA project and the North District Hospital project would be provided in the PWSC paper to be submitted.

73. Mr POON Siu-ping noted that if the three proposed HDP projects under discussion were approved by the Finance Committee, the cumulative commitment approved would amount to 54.8% of the \$200 billion set aside for HA to implement the First Ten-year HDP. He asked about the arrangements for the remaining fund.

74. USFH advised that the \$200 billion set aside would be solely for implementing the First Ten-year HDP. Although some projects were anticipated to be completed beyond 2025, they would still be funded under the First Ten-year HDP.

#### Construction project of New Acute Hospital at Kai Tak Development Area

75. Mr POON Siu-ping noted that upon completion of NAH at KTDA, most of the services of Queen Elizabeth Hospital ("QEH") would be relocated to NAH, and the planning of the development at the vacated King's Park site would commence as appropriate, and in alignment with the timetable of the Second Ten-year HDP. He was concerned about the detailed plan of the development at the vacated King's Park site. He also asked about how the services provided by NAH would be complementary to those of the adjacent Hong Kong Children's Hospital ("HKCH").

76. Chief of Service, Department of Accident & Emergency, QEH of HA advised that NAH at KTDA would provide radiotherapy service for patients of HKCH which did not provide such service currently, and would collaborate with HKCH to improve the coverage of laboratory tests.

77. After discussion, the Chairman concluded that no members raised objection to the Administration's submission of the funding proposal to PWSC for consideration.

**V. Any other business**

78. There being no other business, the meeting ended at 1:00 pm.

Council Business Division 4  
Legislative Council Secretariat  
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