

立法會
Legislative Council

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the Administration)

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Panel on Health Services

**Minutes of special meeting held on
Tuesday, 4 May 2021, at 2:30 pm
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 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 YIU Si-wing, BBS
Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, 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
- Members attending** : Dr Hon Junius HO Kwan-yiu, JP
Hon LUK Chung-hung, JP
- Members absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Michael TIEN Puk-sun, BBS, JP

**Public Officers
attending**

: Agenda item I

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

Miss Diane WONG Shuk-han, JP
Deputy Director of Food & Environmental
Hygiene (Environmental Hygiene)

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

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

Miss Karen FUNG Lai-hing
Senior Labour Officer (Foreign Domestic Helpers)
Labour Department

**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

Action

I. Measures for the prevention and control of coronavirus disease 2019 in Hong Kong

[LC Paper Nos. CB(4)940/20-21(01) to (03) and CB(4)856/20-21(01) to (09)]

At the Chairman's invitation, Secretary for Food and Health ("SFH") briefed members on the latest measures being taken by the Administration to deal with the importation of coronavirus disease 2019 ("COVID-19") cases with mutant strains, details of which were set out in the Administration's paper (LC Paper No. CB(4)940/20-21(01)).

Border control measures and quarantine arrangements for inbound travellers

Promptness of taking border control measures and review of flight suspension mechanism

2. The Chairman criticized the Administration for failing to bar entry of persons from India with outbreaks of COVID-19 mutant strains by upgrading the country to the highest risk specified place and suspending flights from there. She asked whether the Administration would review the criteria for upgrading countries to the highest risk specified places and the flight suspension mechanism.

3. In response, SFH said that the Centre for Health Protection of the Department of Health ("CHP") had been assessing the overseas epidemic situation and reviewing the border control measures in Hong Kong on an on-going basis. She advised that the flight-specific suspension mechanism and place-specific flight suspension mechanism took effect in parallel, and all passenger flights from India had already been suspended from 20 April 2021 under the latter mechanism.

4. Controller, CHP advised that the Administration had been strengthening the border control measures to prevent importation of cases and had implemented the flight-specific suspension mechanism since 15 July 2020. He said that a new place-specific flight suspension mechanism had been implemented on 14 April 2021 and tightened on 29 April 2021. Under the tightened mechanism, if among all passenger flights from the same place, regardless of airline, a total of five or more passengers were confirmed positive by arrival tests for COVID-19 with the N501Y mutant strain or other relevant virus mutation which might potentially pose similar risks to Hong Kong's public health within a seven-day period, or a total of 10 or more passengers were confirmed positive by any tests (including tests conducted during quarantine) with the N501Y mutant strain or relevant virus mutation within a seven-day period, the Administration would prohibit all

passenger flights from that place from landing in Hong Kong, and would specify that place as an extremely high-risk Group A1 specified place, so as to stop persons from that place from travelling to Hong Kong via transit. He believed that the tightened mechanism would speed up the process of suspending flights from high-risk countries. He added that the Administration would conduct risk assessment every two weeks for a comprehensive review of relevant factors before determining whether it was appropriate to remove the flight suspension arrangement.

5. The Chairman commented that the flight suspension mechanism could not effectively prevent importation of cases from countries with outbreaks of COVID-19, as the mechanism would only be triggered after the cases had been imported to Hong Kong. She urged the Administration to improve the above mechanism to prevent cases from importing to Hong Kong.

Measures to prevent infection at designated quarantine hotels and length of quarantine period

6. Dr Priscilla LEUNG asked whether the Administration would make reference to Mainland's quarantine arrangements with a view to putting in place measures to prevent inbound travellers from infection at designated quarantine hotels ("DQHs").

7. In reply, SFH said that the arrangements of DQH Scheme and designated transport to DQHs had been smooth and effective since their introduction in late 2020. Nevertheless, improvement measures had been taken at DQHs to address the concern over possible cross-infection at DQHs. Those measures included improving air quality at the corridor by installing air purifiers; reminding hotel guests to close windows before opening doors; accommodating hotel guests from high-risk and medium-risk places in different floors; and refining the guidelines on infection control at DQHs. She added that apart from undergoing "test and hold" at the airport, inbound travellers were subject to more frequent tests upon arrival. The number of such tests had increased from two to three, i.e. on the 7th, 12th and 19th days upon arrival.

8. Mr YIU Si-wing asked about the occupancy rate of DQHs since the introduction of the DQH Scheme, the number of confirmed cases identified during the quarantine period of inbound travellers at DQHs and the number of confirmed cases involving DQH staff. He also asked whether there were DQHs being warned or punished by the Department of Health ("DH") due to violation of DH's requirements.

9. SFH advised that even though some confirmed cases were identified during the quarantine period at DQHs, the persons concerned might not be infected at DQHs as there was an incubation period of the virus. The Administration would monitor whether DQHs had strictly followed the infection control measures.

10. Controller, CHP advised that there were 72 imported cases recorded in the past two weeks. He added that the frequency of regular tests undergone by DQH staff had increased from 14 days to seven days. So far, no confirmed case involving DQH staff had been identified.

11. Some members raised concern that some cases could only be identified after the quarantine period and several tests. Mr POON Siu-ping enquired about whether the current quarantine arrangement would be strengthened and whether the Administration had successfully traced the source of infection for all confirmed cases. Dr CHIANG Lai-wan and Dr Junius HO suggested that the Administration should consider extending the compulsory quarantine period. Mr SHIU Ka-fai asked how the Administration set the current 21-day compulsory quarantine period.

12. In response, Controller, CHP reported that as at 4 May 2021, there were five local confirmed cases involving COVID-19 mutant strains. The first case involving a male traveller from Dubai ("Dubai traveller") was confirmed after the 21-day compulsory quarantine period. His female friend living with him (the second case) was confirmed COVID-19 afterwards. The third case involved a foreign domestic helper ("FDH") who had completed the compulsory quarantine period. She was tested positive on the 26th day upon arrival in Hong Kong. Controller, CHP stated that as she was also tested positive for COVID-19 antibody, it was possible that she had been infected with COVID-19 before coming to Hong Kong. He added that the fourth and fifth cases involved an FDH in Tung Chung and a 10-month-old baby girl who lived with her. It was believed that the fourth case was related to the first case upon epidemiology investigations and genetic sequencing.

13. Controller, CHP further advised that experts had identified three possible reasons for late identification of the first case, which were prolonged incubation period of the virus, cross-infection at DQH or infection in the community. He said that two guests on the same floor of the hotel where the Dubai traveller had stayed were also found infected with the South African variant. The whole genome genetic sequencing had shown that the three cases were highly similar. Therefore, the Dubai traveller might have caught the virus at the relevant DQH.

He added that DH and experts had respectively conducted an on-site investigation at the relevant DQH upon identification of confirmed cases with mutant strains. They found that there was a chance of cross-infection through hooks placed on the hotel room doors or through airborne transmission of the virus at corridor when hotel guests opened the door and the window at the same time.

14. Controller, CHP added that the incubation period of COVID-19 could be as long as 14 days as advised by the World Health Organization ("WHO"). Although there was no evidence indicating a longer incubation period of the new virus variant, experts recommended taking a more cautious approach and extending the original 14-day compulsory quarantine period by seven days to 21 days. He explained that the majority of imported cases were identified within 21 days upon arrival in Hong Kong, with 2.4% of 250 imported cases with mutant strains being identified on the 19th day upon arrival in Hong Kong.

15. The Chairman asked whether the Administration would perform contact tracing for the five confirmed cases with mutant strains and arrange testing and quarantine for relevant persons. SFH replied in the affirmative.

Measures to prevent transmission of virus through handling cargoes

16. Mr LUK Chung-hung asked about the Administration's measures to prevent infection and transmission of COVID-19 through handling aircraft cargoes. SFH advised that the Centre for Food Safety ("CFS") of the Food and Environmental Hygiene Department ("FEHD") had been taking samples of imported foods for testing to prevent importing COVID-19. Besides, the Administration had been arranging practitioners who handled imported foods and staff members of the Airport Authority to undergo regular COVID-19 tests. She reported that so far, there were no positive testing results. She added that CFS had also provided advice and guidelines to cold chain logistics sector on infection control measures in the work place.

Hong Kong people being stranded in overseas countries

17. Dr Priscilla LEUNG took the view that the Administration should consider showing care to Hong Kong people being stranded in India and Nepal. She asked about the number of such Hong Kong people in the two countries. SFH said that the Food and Health Bureau ("FHB") did not have such information and would explore whether other relevant bureaux would have such information.

18. Mr YIU Si-wing enquired about whether the Administration would arrange more designated flights from the United Kingdom ("UK") to Hong Kong to facilitate local students studying abroad returning to Hong Kong. SFH said that the Administration had been monitoring the epidemic situation in UK. It planned to downgrade UK to a very high-risk Group A2 specified place in early May 2021 due to its easing epidemic situation.

Quarantine arrangements for close contacts of confirmed cases and inbound travellers who had been fully vaccinated

19. Dr CHIANG Lai-wan raised concern that fully vaccinated residents of buildings with reported cases of COVID-19 mutant strains were subject to 21-day compulsory quarantine, which was the same as unvaccinated residents thereof. The Chairman asked whether it was feasible to shorten the quarantine period for close contacts of confirmed cases who had been fully vaccinated.

20. SFH said that the two vaccines available in Hong Kong were effective to prevent COVID-19 mutant strains as advised by WHO. Experts therefore agreed to the arrangement of shortening the quarantine period for close contacts who had been fully vaccinated. The Administration would announce the arrangement in due course.

21. Controller, CHP advised that vaccinated persons would have milder symptoms after infection and their risk of becoming seriously ill or death was generally lower. He advised that the effectiveness of vaccine could be demonstrated by the drastic decrease in infection rate in overseas countries with a high vaccination rate.

22. Dr CHIANG Lai-wan requested the Administration to also consider shortening the compulsory quarantine period for fully vaccinated inbound travellers from low-risk places to provide an incentive for vaccination. SFH said that to encourage vaccination, fully vaccinated persons would be subject to more relaxed social distancing measures under the "vaccine bubble", and people of targeted groups would be exempted from regular tests. She said that the Administration was making arrangement to shorten the quarantine period for fully vaccinated persons arriving in Hong Kong based on the recommendation of experts.

Coronavirus disease 2019 test

Testing arrangement for foreign domestic helpers

23. The Chairman and Ms Alice MAK expressed dissatisfaction with the Secretary for Labour and Welfare for ignoring their suggestions made at the Council meeting of 13 January 2021 about measures to deal with the health risk brought by FDHs' gathering on holidays. They considered that if the Administration had duly taken actions to tackle such gathering problem, it would not have led to local COVID-19 virus transmission involving FDHs. They also criticized the Administration for not having increased the testing capacity despite the requirement of all FDHs to undergo a compulsory test within nine days ("FDH compulsory test"), which had led to long waiting time for undergoing the test and increased the risk of infection while queuing. Ms MAK suggested that the Administration should increase the testing capacity and consider delivering specimen collection packs to FDHs at large residential estates in the coming weekend to meet the demand.

24. SFH explained that from the perspective of public health risk, the Administration considered it necessary to require all FDHs to undergo a test by 9 May 2021. She understood that many FDHs had made online booking for such test. The Administration would monitor the demand for community testing centres ("CTCs") services and encourage employers to let their FDHs undergo the test during weekdays.

25. Senior Labour Officer (Foreign Domestic Helpers) of the Labour Department (LD) ("SLO(FDH)/LD") reported that on Sunday, 3 May 2021, LD set up four mobile specimen collection stations at Chater Garden, Lai Chi Kok Park, Tsuen Wan Park and Victoria Park to provide free testing service for FDHs. The same arrangement would be made on Sunday, 10 May 2021. She said that LD also disseminated information on locations for testing to Consulates-General of FDH-sending countries in Hong Kong, FDH employment agent groups and FDH employer groups.

26. Mr YIU Si-wing asked whether the laboratories were capable of handling a sudden surge in demand for their service arising from the FDH compulsory test. He was concerned about the possible delay in releasing test results for targeted groups.

27. SFH advised that 169 000 out of around 300 000 FDHs had already undergone the FDH compulsory test as at 4 May 2021. She further advised that

currently, there were 30 mobile specimen collection stations and 21 CTCs providing testing service across the territory, with the opening hours of some CTCs extended to 10:00 pm. She added that the Administration had not received any reports on delay in releasing test results.

Sufficiency and rationalization of testing services

28. Mr LUK Chung-hung raised concern over the problem of insufficient deep throat saliva specimen collection packs. He asked whether such packs could be delivered to large public utilities, which provided essential service for Hong Kong people, to facilitate taking the COVID-19 test by their staff.

29. SFH advised that different government bureaux were arranging regular COVID-19 tests for their own stakeholders. She agreed to relay the view of Mr LUK to the relevant government bureaux. She added that under the current three-pronged approach testing strategy, collection of deep throat saliva specimen collection packs was a channel for testing by the public on a voluntary basis.

30. Mr CHAN Han-pan remarked that there was a lack of professional swabbing service provided on outlying islands, which had caused much inconvenience to residents there and catering staff working there. He asked whether such service could be provided by private or public clinics located in those islands.

31. SFH replied that the Administration noted the concern of the residents concerned and had arranged a mobile specimen collection station at Cheung Chau to facilitate taking COVID-19 tests by those residents. She advised that staff members of catering premises could undergo test by collecting specimen packs or swabbing, but the latter was required under the "vaccine bubble" for relaxed social distancing measures. She undertook to review the matter raised by Mr CHAN.

32. Ms Alice MAK raised concern over the uneven demand for services at different CTCs and mobile specimen collection stations. She requested the Administration to make the information about the utilization rate of testing service more transparent, so that demand for such service could be rationalized. SFH advised that the Administration would liaise with testing service contractors on releasing more information about the utilization rate of respective CTCs.

Measures to ensure the quality of testing service

33. Mr POON Siu-ping, Mr LEUNG Che-cheung and Dr Pierre CHAN raised concern over a recent incident of false positive virus test results by a private laboratory. They asked about the Administration's measures to ensure the accuracy of COVID-19 test results. Mr LEUNG and Dr CHAN further asked about the Administration's follow up actions on false test results.

34. In response, SFH said that there was a stringent mechanism for recognizing qualified private laboratories, including that all of them should have attained international accreditation. She advised that the specimens of all positive test results would be sent to the Public Health Laboratory Service Branch of DH for confirmation test. The Administration had also engaged a third party to verify the test results. For any false negative result cases, the Administration would investigate them, and require the relevant laboratories/testing service contractors to submit a report for DH's review and follow up actions according to the contract. It would also give recommendations for follow up by the relevant laboratories/testing service contractors. She added that the Administration would strengthen the inspection on ascertaining whether the terms of contract of testing services had been complied with. It might terminate the contract with the relevant laboratories/testing service providers for any non-compliance case.

35. Dr Priscilla LEUNG referred to the case of about 800 citizens who had failed to receive a short message service ("SMS") message containing their negative COVID-19 test results after receiving a free COVID-19 test provided by the Government from late November to late December 2020. She said that she was informed by a reply letter from the Administration to her that two out of the 800 citizens ("the two citizens") had later received positive testing results, one of whom was deceased. She asked about the name of the CTC involved in the above case, and whether only the two citizens had not received an SMS message on 10 December 2021. SFH advised that she did not have the information requested by Dr LEUNG and agreed to provide supplementary information after the meeting.

(Post-meeting note: The Administration made a reply to Dr Priscilla LEUNG on 7 May 2021 and a copy of the reply was issued to members vide Annex C to LC Paper No. CB(4)1554/20-21(01) on 17 September 2021.)

Requirement of Hospital Authority staff to undergo tests and universal compulsory testing

36. Ms Alice MAK asked when the Hospital Authority ("HA") would require all its staff to undergo a COVID-19 test. Director (Quality and Safety) of HA advised that starting from the week of 10 May 2021, all frontline HA staff were required to undergo COVID-19 test weekly. Staff who had been fully vaccinated would be exempted from undergoing such test.

37. Dr Junius HO considered that the Administration should be determined to set a target on the timing of achieving "zero local case" and carry out universal compulsory testing. He urged the Administration to show its determination on infection control by strengthening the anti-epidemic measures with a view to resuming travel between Hong Kong and the Mainland as soon as possible, rather than pursuing the plan to resume travel between Hong Kong and Singapore.

38. SFH advised that the Administration had so far conducted more than 10 million tests for targeted groups and members of the public through various means. She pointed out that according to the 7-day moving average of daily local confirmed cases in the past 14 days, the number of cases was 0.9 to about one, among which about 0.1 were cases with unknown source. The Administration would strive to achieve the target of "zero local case" by promptly cutting the transmission link for any confirmed case with a view to resuming travel between Hong Kong and the Mainland as soon as possible.

Social distancing measures

39. Ms Alice MAK commented that the four modes of operation of catering premises under the "vaccine bubble" were too complicated. She requested the Food and Environmental Hygiene Department ("FEHD") to conduct on-site visits to catering premises to understand their difficulties in operation according to these operating modes.

40. The Chairman pointed out that the electronic vaccination record of a person could be used to determine whether the person concerned could take the relaxed social distancing measures under the "vaccine bubble". She asked how the record could cater for the situations where people had received vaccination outside Hong Kong or recovered COVID-19 patients who were only required to receive one dose of vaccine.

41. SFH advised that the Office of the Government Chief Information Officer was working on incorporating the vaccination records of people receiving vaccination outside Hong Kong and of recovered COVID-19 patients into the electronic system. Meanwhile, vaccination record in hard copy could be used.

42. Deputy Director of Food and Environmental Hygiene (Environmental Hygiene) added that FEHD had introduced a form for declaration by people who had received vaccination outside Hong Kong to facilitate their visits to restaurants or bars. Where necessary, FEHD would verify the vaccination records with relevant government departments.

Vaccination

Vaccination requirement on foreign domestic helpers

43. The Chairman, Ms Alice MAK, Dr CHENG Chung-tai and Dr Pierre CHAN raised concern over the Administration's earlier plan to require FDHs applying for work visas from overseas countries to have been vaccinated there first ("FDH vaccination plan").

44. The Chairman criticized the FDH vaccination plan for not being thorough enough. She said that members strongly supported pursuing testing and vaccination, but requiring FDHs to have been vaccinated before coming to Hong Kong would lead to shortage of FDHs in Hong Kong.

45. Ms Alice MAK considered it appropriate to impose a vaccination requirement on FDHs who were in Hong Kong for visa renewal. Nevertheless, she was of the view that imposing such requirement on newly employed FDHs who were currently in their countries of origin might not be practicable as vaccines might not be readily available in those countries.

46. Dr CHENG Chung-tai and Dr Pierre CHAN queried the FDH vaccination plan as a way to force FDHs to receive vaccination which, in their view, was not acceptable. Noting that the Chief Executive had asked the Labour and Welfare Bureau ("LWB") to review the above plan, they respectively asked about the details of the review and whether the review would cover vaccination requirements for non-Hong Kong residents working or studying in Hong Kong. Dr CHENG further queried the Administration's intention behind the plan to shorten the 21-day quarantine period for close contacts of confirmed cases with mutant strains. He took the view that the Administration might intend to force Hong Kong people to receive vaccination too, as the 21-day quarantine period would cause much inconvenience to people.

47. Dr Pierre CHAN indicated that he, his family and his FDH had received vaccination for 14 days. He asked about the views which had been given by FHB and DH to LWB on the FDH vaccination plan. He also asked about the responsibility to be borne by employers of FDHs for any serious side effects on their FDHs after receiving vaccination.

48. SFH clarified that the Administration had been encouraging people to receive vaccination to protect themselves, their family and the community through providing incentives, and had never forced anyone to receive vaccination. The quarantine period for vaccinated persons would be determined based on a scientific approach. She further said that there was not a vaccination requirement on non-Hong Kong residents working or studying in Hong Kong. SLO(FDH)/LD added that LWB was reviewing the FDH vaccination plan and would announce the review result when available.

Measures to boost the vaccination rate

49. Mr POON Siu-ping raised concern over the unsatisfactory vaccination rate and asked about the Administration's measure to boost the rate when there were people insisting on not receiving vaccination.

50. Dr Junius HO suggested that the Administration should charge people for receiving vaccination after a specified date. He considered that from the perspective of national security and in the interest of the whole community, mandating people to receive vaccination would not infringe human rights. He also suggested that the Administration should consult the Department of Justice and introduce legislation to provide legal backing for compulsory vaccination.

51. SFH advised that the Administration had announced the closure of Community Vaccination Centres ("CVCs") which provided BioNTech vaccine from September 2021. She further said that the Administration would make reference to WHO and international practice for the suggestion of charging people for injection. She believed that providing incentives and encouragement to people would increase their motivation for receiving vaccination.

Requirement of civil servants and Hospital Authority staff to receive vaccination

52. The Chairman and Mr YIU Si-wing remarked that the Administration should consider requiring civil servants to receive vaccination. The Chairman suggested that apart from civil servants, HA staff should also take the lead in receiving vaccination to encourage other sectors to follow.

53. In reply, SFH said that currently 1.5 million people had been vaccinated. Among them 900 000 odd had received two doses of vaccines. The Administration would provide more information on vaccination to facilitate people's understanding of whether they were suitable for receiving vaccination. She added that when the Vaccination Programme was launched, vaccination was only provided for priority groups according to experts' advice. After opening up the Vaccination Programme to people aged 16 and above, appointments for vaccination had increased. She further said that the Administration would also encourage some sectors to take the lead in receiving vaccination. In this regard, the Civil Service Bureau had written to civil servants several times encouraging them to receive vaccination and had put in place some designated centres to facilitate their vaccination.

(At 4:25 pm, the Chairman extended the meeting for 15 minutes beyond the appointed ending time thereof.)

Administration of vaccines

54. Dr Pierre CHAN raised concern over the irregularities of vaccination. He said that there were cases where a person had been administered three doses of mixed vaccines or wrong vaccine. He asked whether there was a problem in the current vaccination system.

55. Controller, CHP advised that the medical school of The University of Hong Kong was studying the effectiveness of mixing different vaccines. He further referred to an incident where a man had been wrongly administered three doses of mixed vaccines. He explained that the man had been administered a dose of Sinovac vaccine by a private doctor after receiving his first dose of BioNtech vaccine at a CVC. The man was further administered another dose of BioNtech vaccine at the CVC subsequently. He said that due to a technical issue, CVC staff was unable to view the second dose record when administering the third dose vaccine. He advised that the relevant technical issue had been rectified.

56. SFH added that the Administration had also improved the display of the kind of vaccine administered by each CVC and improved the flow of work to prevent recurrence of irregularities.

57. In response to Dr Pierre CHAN's enquiry about whether the third phase clinical data of the two vaccines currently administered in Hong Kong was available, SFH said that FHB had received a letter from Dr CHAN in this regard and DH was preparing a reply to him.

II. Any other business

58. There being no other business, the meeting ended at 4:46 pm.

Council Business Division 4
Legislative Council Secretariat
28 December 2021