

立法會
Legislative Council

LC Paper No. CB(4)1764/20-21
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the Administration)

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Panel on Health Services

**Minutes of meeting held on
Friday, 14 May 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 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
- 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

Dr Heston KWONG Kwok-wai, JP
Head, Emergency Response and Programme Management
Branch
Department of Health

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

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

Agenda item IV

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

Miss Trista LIM
Principal Assistant Secretary for Food and Health
(Health) 2

Dr Deacons YEUNG
Director (Cluster Services)
Hospital Authority

Dr Benjamin LEE
Chief Pharmacist
Hospital Authority

Mr Daniel LO
Chief Manager (Allied Health)
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

Action

I. Information paper(s) issued since the last meeting
[LC Paper Nos. CB(4)754/20-21(01) and CB(4)985/20-21(01)]

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

- (a) Administration's response to the letter from Dr CHIANG Lai-wan on early discussion of two items on the Panel's list of outstanding items for discussion; and
- (b) Letter dated 10 May 2021 from Ms Alice MAK requesting the Panel to discuss the handling of patients' privacy by the Hospital Authority ("HA").

II. Items for discussion at the next meeting
[LC Paper Nos. CB(4)973/20-21(01) and (02)]

2. Members agreed to discuss the following subjects at the next regular meeting of the Panel scheduled for 11 June 2021:

- (a) Measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong; and
- (b) Women's health.

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

[LC Paper Nos. CB(4)973/20-21(03) to (04), CB(4)988/20-21(01), CB(4)955/20-21(02) to (08), (10) to (13) and CB(4)990/20-21(01) to (05)]

3. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the latest situation and measures being taken 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)973/20-21(03)). She further informed members that in view of the worsening epidemic situation in Taiwan with the continued rise of confirmed case incidence, the quarantine and testing arrangements for persons arriving from Taiwan would be tightened. In brief, persons arriving from Taiwan would be subject to quarantine at designated quarantine hotels instead of quarantine at home.

Border control measures

Medical surveillance for persons arriving from Taiwan

4. The Chairman and Dr CHIANG Lai-wan raised concern over the infection control measures towards Taiwan arrivals before the tightened measures towards them came into effect. The Chairman asked whether the Administration would consider requiring persons arriving from Taiwan in the past one or two weeks to undergo testing. Dr CHIANG suggested that the Administration should strengthen the medical surveillance for them.

5. SFH advised that implementation of the tightened infection control measures towards Taiwan arrivals required publication in the gazette, and would take effect in one to two days. She added that stringent quarantine and testing requirements for persons arriving at Hong Kong were in place. Those persons arriving from Taiwan to Hong Kong before the tightened measures took effect were subject to the "test-and-hold" arrangement and they could only proceed to quarantine at home with negative test results.

(Post-meeting note: On 18 May 2021, the Administration arranged for persons who arrived at Hong Kong from Taiwan on or before 15 May 2021 and were still undergoing home quarantine to complete the remaining compulsory quarantine periods at the quarantine hotels of the Department of Health ("DH") as a measure to prevent any such imported case from spreading to the community as far as possible.)

6. Controller, Centre for Health Protection ("CHP") of DH ("Controller, CHP") added that since 1 May 2021, there had been 489 Taiwan arrivals. Under the current arrangements, those persons were required to undergo a compulsory test on the 12th day during the 14-day quarantine at home.

Promptness in implementing measures to prevent importation of cases

7. The Chairman pointed out that there had been reports that the local epidemic situation in some places, such as India, Nepal and Malaysia, had been worsening but the Administration had failed to tighten the immigration control measures for those places promptly. She asked about the criteria for specifying a place as an extremely high-risk place to prevent persons there from coming to Hong Kong. Mr LEUNG Che-cheung raised the same concern.

8. SFH explained that CHP assessed both the epidemic situation of the place concerned and its health risks to Hong Kong, factors for consideration included, among others, the number and frequency of flights which would arrive from that place to Hong Kong. She pointed out that flight suspension was one of the measures to guard against importation of cases, and would make the information regarding flight suspension arrangements more transparent in the future. She added that at present all inbound travellers arriving at the Hong Kong airport, including exempted persons, must be subject to the "test-and-hold" arrangement.

9. Controller, CHP added that the Administration was closely monitoring the epidemic situation in Malaysia through the network under the International Health Regulations. He advised that the number of travellers arriving at Hong Kong from Malaysia was minimal. The Administration would handle any imported case from Malaysia in accordance with the established mechanism.

10. Mr LEUNG Che-cheung considered that all persons arriving at Hong Kong from overseas should be subject to compulsory quarantine at designated quarantine hotels for at least 14 days or more and measures should be established to prevent transmission of virus at quarantine hotels. SFH said that a number of enhancement measures were being put in place to further strengthen the infection control at designated quarantine hotels, including air change requirements and testing arrangements.

Antibody tests

11. Mr Michael TIEN expressed his dissatisfaction with the Administration's plan to shorten the compulsory quarantine periods by seven days for vaccinated persons arriving at Hong Kong from low-risk, medium-risk and high-risk specified places outside China without requiring them to undergo antibody tests, whereas vaccinated close contacts of locally acquired COVID-19 cases were required to do so in order to shorten the quarantine period. He strongly requested the Administration to require all persons arriving at Hong Kong, including both vaccinated and unvaccinated persons, to undergo antibody tests. He also asked whether there were statistics indicating that the incidence rate of close contacts of confirmed cases was higher than that of inbound travellers, which was reported to be 2% in April 2021.

12. SFH advised that the Administration had all along been adjusting the infection control measures under a risk-based principle. CHP had been analyzing the statistics of confirmed cases involving close contacts, as well as confirmed cases identified during the quarantine period of inbound travellers. Controller, CHP added that according to the statistics recorded since the fourth wave of the epidemic, about 25% of close contacts of confirmed cases were infected with COVID-19. He said that whether there was a need to undergo antibody test was assessed by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases ("Joint Scientific Committee"). The Joint Scientific Committee was studying whether inbound travellers via airport should be required to undergo antibody test, factors for consideration included, among others, standardization of antibody testing methods and the availability of such testing service in the market.

Mobile application for contact tracing

13. Mr CHAN Han-pan asked whether the Administration would consider requiring all persons arriving at Hong Kong from high-risk places to install a mobile application to facilitate the contact tracing work of the Administration.

14. SFH advised that at present, travellers could not board flights for Hong Kong from extremely high-risk Group A1 specified places. As for very high-risk Group A2 specified places, vaccinated persons could not shorten their quarantine period and were subject to 21-day compulsory quarantine at designated quarantine hotels and several tests until the 26th day of arrival at Hong Kong. She said that since the manpower of the Contact Tracing Office of CHP had been strengthened, the efficiency of contract tracing work had improved a lot.

Although there was not a mobile application to trace the whereabouts of importers, the "LeaveHomeSafe" mobile application could help the contact tracing work. She undertook to discuss with the Innovation and Technology Bureau the aforesaid suggestion by Mr CHAN Han-pan.

15. Dr Pierre CHAN asked whether the Administration would consider requiring all inbound travellers to use the "LeaveHomeSafe" mobile application. SFH said that there was no such requirement at present but the Administration would explore whether such requirement should be imposed.

Resumption of cross-border activities with Mainland and Macao

16. Mr Michael TIEN was concerned that the quarantine arrangement for Hong Kong people returning from the Mainland under the Return2hk Scheme was different from those returning from the Mainland not under the Scheme. He considered that the Administration should standardize the arrangements such that all Hong Kong people returning from the Mainland should be exempted from quarantine arrangements but undergo a COVID-19 test.

17. SFH replied that the Return2hk Scheme was under the purview of the Constitutional and Mainland Affairs Bureau ("CMAB"). The Scheme was launched before vaccines were available in Hong Kong. The Food and Health Bureau ("FHB") would offer its advice on public health to CMAB in its review of the Scheme.

18. Mr YIU Si-wing asked about the progress of the Administration's discussion with the Macao authority on resumption of cross-border activities. SFH advised that the Commerce and Economic Development Bureau ("CEDB") was following up the above matter.

Hong Kong-Singapore Air Travel Bubble

19. Ms Alice MAK, Mr YIU Si-wing, Dr Priscilla LEUNG and Mr Tommy CHEUNG raised concern over the recent surge of confirmed cases in Singapore and asked whether the Administration would review the implementation of the Hong Kong-Singapore Air Travel Bubble ("ATB"). Dr LEUNG urged the Administration to suspend ATB to protect Hong Kong people. In the view of Mr CHEUNG, the economic benefits brought by ATB would be limited, but the local trades would suffer from any imported cases which had spread in the local community.

20. In reply, SFH said that CHP was assessing the epidemic situation in Singapore and CEDB was closely liaising with Singapore on the way forward of ATB. She said that CEDB would announce the way forward of ATB when there was a decision.

Quarantine arrangements for close contacts of confirmed cases

21. Dr CHENG Chung-tai expressed concern over the recent suspected food poisoning cases at the Penny's Bay Quarantine Centre. He queried why the Administration engaged the caterer concerned with a history of providing sub-standard food which led to a food poisoning incident in 2019, and why the government officials involved in selecting the caterer were not held responsible for the incident. He asked how the Administration would sue the caterer under the contract and require the caterer to compensate the victims, and whether staff members serving the quarantine centre would eat the boxed lunch provided by the caterer concerned, and if so, whether they had identified the problem of the sub-standard food.

22. Head, Emergency Response and Programme Management Branch of DH advised that the caterer concerned was selected through the standing procurement procedures, under which the Administration had invited several suppliers to provide quotations. In the process of selecting caterers, the Administration had considered non-price factors such as food menus, as well as storage and transportation of food. The caterer concerned was a licensed food provider and had obtained accreditation for its service. It had experience in providing food for quarantine centres in 2020 and no food poisoning incidents had happened. He added that persons who were subject to quarantine at quarantine centres were allowed to order outside food and were not mandated to eat the food provided by the Government.

23. SFH explained that the food provided for persons in quarantine at the quarantine centre was funded by public money. Staff members providing service at the quarantine centre were therefore not provided with such food and should arrange their meals themselves. She advised that prosecution against the caterer concerned in relation to its food quality was underway by the Food and Environmental Hygiene Department ("FEHD"). The Administration would study the contract and relevant legislation to see if the caterer concerned could be asked to compensate the victims of the food poisoning incident.

24. Dr Pierre CHAN expressed concern that while the Administration had explained on 2 May 2021 that arranging a 21-day compulsory quarantine for

asymptomatic residents of buildings with reported cases of the COVID-19 mutant strain was essential to stop the virus from spreading in the community, there was a drastic policy change on 7 May 2021 that residents who resided in the same building as mutant strain cases, other than those who resided in the same unit, would not be classified as close contacts and placed under quarantine. He asked about the scientific justifications for the drastic policy change and who made the decision. He also noted the Administration's previous explanation of arranging compulsory quarantine for asymptomatic residents of buildings with confirmed cases that all residents of the buildings concerned could have been exposed to the risk of contracting COVID-19 through sharing of common facilities within the building, and the possibility of a vertical transmission within the building. He asked about the scientific foundation for the above explanation.

25. Controller, CHP explained that the confirmed case of COVID-19 involving N501Y mutant strain recorded at Parkes Building of Jordan was the first case involving mutant strain recorded in the community. As the source of infection was unknown at the first instance and N501Y mutant strain carried higher transmissibility, the Administration implemented stringent quarantine arrangements for that case, as well as subsequent cases involving mutant strain. Subsequently, following further analysis of epidemiological data of the patients concerned and acknowledgment that the virus was transmitted through family gatherings and social activities, the Administration decided to relax the 21-day compulsory quarantine arrangement. However, residents of the buildings concerned were still subject to several compulsory testings. The Administration would continue to adjust the strategy of infection control having regard to the latest situation.

26. The Chairman considered that the Administration had failed to explain clearly to the public the rationale behind the drastic policy change in respect of compulsory quarantine arrangements. She and Mr POON Siu-ping urged the Administration to comprehensively review the quarantine arrangements, including communication and food supply.

27. SFH replied that DH would review the quarantine arrangements for close contacts, including food supply and provision of wifi service at the close-contact quarantine centres. At the request of the Chairman, SFH agreed to provide written information on the specific measures to improve the quarantine arrangements.

Coronavirus disease 2019 test

28. Ms Alice MAK requested the Administration to provide information on the daily number of specimen collection packs distributed at each distribution point and the daily time taken to finish distribution of all collection packs after commencement of distribution. With the resumption of half-day classes at schools, she strongly requested the Education Bureau to commission a testing service provider to conduct tests for schools' personnel and deliver specimen bottles to them.

29. The Chairman asked whether the Administration would consider requiring registration of people who collected specimen bottles, so as to address the problem of selling specimen bottles for profits.

30. SFH advised that the Administration would review the demand for specimen collection packs and would arrange more packs to be distributed at some remote locations or spots with higher demand. Nevertheless, the Administration encouraged the public to undergo testing at community testing centres ("CTCs") which had sufficient quotas to meet the demand. She added that various policy bureaux had been engaging testing service contractors to conduct tests for their stakeholders.

31. Mr SHIU Ka-fai noted that unvaccinated staff members of scheduled premises had to undergo regular testing pursuant to directions issued under the relevant regulation. He asked whether the Administration planned to continue providing testing to them free of charge, and whether the specimens collected must be through combined nasal and throat swabs.

32. SFH replied that free tests would be provided to unvaccinated staff members of scheduled premises for the time being. The specimens collected must be through combined nasal and throat swabs.

33. Mr CHAN Han-pan pointed out that there was not a CTC on Islands. He asked whether the Administration would arrange mobile specimen collection vessels for residents on Islands or accept self-collect deep throat saliva specimens for the time being.

34. SFH advised that the Administration might have difficulty in setting up a CTC on Islands or arranging mobile specimen collection vessels having regard to the capacity of testing service providers. She encouraged staff members of scheduled premises to receive vaccination in order to exempt from undergoing tests.

35. Dr Priscilla LEUNG referred to a letter from the Administration to her in response to her enquiries raised at the Panel meeting on 4 May 2021 relating 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. Having been informed that Madam Yung Fung Shee Health Centre received about 400 specimens on 10 December 2020, she said that the Administration had not advised whether all of the 400 citizens concerned had not received an SMS message containing their negative COVID-19 test results. She also cast doubt on whether the Administration was trying to conceal something by spanning the period of the incident to around one month but in fact the incident might happen within a few days.

36. SFH replied that the above-mentioned incident was due to the problem of computer system, and was unrelated to the distribution of specimen collection points. Among the 800 citizens who had failed to receive an 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, 400 odd citizens received a free COVID-19 test at Madam Yung Fung Shee Health Centre on 10 December 2020. Among the 800 citizens mentioned above, except two citizens with re-positive testing results, there was no confirmed case until December 2020. At the request of Dr Priscilla LEUNG, SFH agreed to provide a written response to Dr LEUNG's enquiry.

Admin

(Post-meeting note: The Administration's response was issued to members vide LC Paper No. CB(4)1554/20-21(01) on 17 September 2021.)

37. Dr Pierre CHAN enquired about how DH would monitor the performance of testing service contractors which had repeatedly given false positive results. He pointed out that as a result of false testing results, some members of the public had been forced to put under compulsory quarantine for 21 days unnecessarily.

38. SFH responded that the Administration had requested a third party to review the testing results given by private laboratories. A mechanism for punishment of testing service contractors for their sub-standard performance was in place.

Vaccination Programme

Measures to boost the vaccination rate

39. Ms Alice MAK pointed out that some employers of foreign domestic helpers ("FDHs") were reluctant to let their FDHs receive vaccination because they worried about their responsibility for any adverse events following vaccination. She suggested that FHB should ask the Labour and Welfare Bureau ("LWB") to give clear information to employers in this regard to allay their worries. SFH undertook to relay the above suggestion to LWB.

40. In response to the enquiries of Ms Alice MAK, Dr CHIANG Lai-wan and Mrs Regina IP about allowing non-Hong Kong people, including holders of recognisance form, to receive vaccination, SFH said that the Administration considered it an advantage to allow non-Hong Kong people to receive vaccination from the perspective of public health. She said that the Administration was handling some technical issues and would announce the measure in due course.

41. The Chairman, Mrs Regina IP, Mr SHIU Ka-fai, Mr LEUNG Che-cheung and Mr Tommy CHEUNG urged the Administration to provide more incentives to encourage more people to receive vaccination. Mrs IP considered that the incentives could be financial, such as lucky draw or coupons. Mr SHIU suggested that, apart from providing incentive measures, the Administration might consider taking punitive measures and set a deadline for vaccination.

42. The Chairman suggested that the Administration should consider providing more vaccination points such as shopping malls to enhance the convenience of receiving vaccination, resuming cross-border travel for vaccinated persons, and cooperating with the commercial sector to provide incentives. She considered that all civil servants, HA staff as well as all staff of subvented organizations should take the lead to receive vaccination. Mr LEUNG Che-cheung enquired about whether the Administration would provide incentives for civil servants to get vaccinated.

43. Dr Priscilla LEUNG considered receiving vaccination and undergoing testing a matter of civic mindedness. She called on the Administration to take tougher measures to require civil servants and teachers to receive vaccination or undergo testing.

44. Mr Tommy CHEUNG said that the catering sector intended to offer discounts to vaccinated customers. He suggested that the Administration should

provide incentives for both staff members and customers of catering premises and scheduled premises to receive vaccination, such as relaxing the number of persons per table to four for bars, and relaxing the respective restrictions applicable to the four modes of operation in catering business if customers had been vaccinated.

45. SFH advised that the Administration would discuss with the trades and work on providing more incentives for the public to get vaccinated, and convey clear information about vaccines to the general public. She added that the Administration was conducting a radio programme with doctors answering enquiries from the public relating to vaccination. The programme was well received by the public. In addition, she had met with the six major charity groups recently and they had promised to encourage their staff members to receive vaccination. The Civil Service Bureau had also called on civil servants to get vaccinated as early as possible to protect themselves and others against COVID-19. In respect of resuming cross-boundary travel, she responded that the Administration was striving for 'zero infection' to give Hong Kong better leverage to negotiate with the Mainland in this regard.

46. Mr SHIU Ka-fai appreciated the efforts of the Administration to explain to the public to allay their worries on vaccination and expressed his hope that the Administration would continue the relevant work.

Procurement and donation of vaccines

47. Mr POON Siu-ping asked whether the Administration would consider procuring a vaccine which allowed vaccination by 12 to 15-year old teenagers. SFH advised that the United States Food and Drug Administration had recently authorized the use of BioNTech vaccine for kids aged 12 to 15. The Administration was actively contacting the vaccine developer to obtain the relevant data for the experts to consider whether the age of receiving the vaccine could be lowered.

48. Dr CHIANG Lai-wan asked whether the Administration would consider procuring Sinopharm vaccine in place of Sinovac vaccine and BioNTech vaccine which had yet been delivered to Hong Kong.

49. SFH advised that given that the two vaccines (i.e. Sinovac vaccine and BioNTech vaccine) procured and authorized for emergency use by the Government were already sufficient for vaccination by the entire population of Hong Kong, there was no need for other vaccines to be supplied to Hong Kong within 2021 to avoid wastage amid tight global supply. She added that the Administration had started to consider procuring the next generation COVID-19

vaccines with better efficacy in terms of protection, with a view to planning for the next phase of vaccination programme in Hong Kong. The protection power of the vaccines against mutant virus strains was an important factor of consideration by the Administration in authorizing and procuring COVID-19 vaccines in the future.

50. Mrs Regina IP asked about the estimated quantity of vaccines which would be left unused on their expiry dates. Given the relatively low vaccination rate in Hong Kong, she asked whether the Administration would consider donating unused vaccines or those near to expiry to other countries in need. Dr Priscilla LEUNG shared the above suggestion.

51. SFH said that the Administration would discuss with vaccine developers the schedule of delivering vaccines to Hong Kong and would liaise with the World Health Organization to see whether a donation mechanism was in place.

Serious adverse events following immunization

52. Ms Alice MAK was dissatisfied with the way of media's reports on serious adverse events following vaccination, which might give a wrong impression to the public that those events were directly associated with vaccination. She requested the Administration to convey correct messages relating to COVID-19 vaccination to the public in a way which was easily understood.

53. Mr Tommy CHEUNG pointed out that many people with 3-Highs (i.e. high blood glucose, high blood pressure and high cholesterol) died every year. He considered that when publishing statistics on adverse events following COVID-19 vaccination, comparison figures of adverse events out of those with and without vaccination should also be provided.

54. SFH responded that the Administration would continue to provide clear information to the public regarding vaccination. She said that so far, there was no death case identified by the Expert Committee on Clinical Events Assessment Following COVID-19 Immunization as having a causal relationship with COVID-19 vaccination. She added that the Administration had previously enhanced the way of publishing statistics on serious adverse events following vaccination. Based on the information provided by HA, the Administration regularly published updated statistics and relevant information on monitoring COVID-19 vaccination. The comparison figures of adverse events out of those with and without vaccination for persons with pre-existing disease would be published. The statistics had shown that the ratio of death cases out of those without a vaccination record was far higher than that with a vaccination record.

Social distancing measures

55. Mr Tommy CHEUNG suggested that in drawing up the restrictions and requirements applicable to scheduled premises, the Administration should make reference to the arrangement for catering premises where businesses might opt for one of the four different modes of operation. Under such modes of operation, the applicable requirements concerning vaccination, the use of LeaveHomeSafe, etc. would be more stringent in return for less restrictions on operation. He explained that the scheduled premises which were currently only allowed to resume operation under the "vaccine bubble" might not be able to meet all the requirements imposed. He therefore suggested allowing different modes of operation, where there might be a mode of operation that required only the use of the "LeaveHomeSafe" mobile application (instead of requiring all staff members to get vaccinated), and another mode of operation with the restrictions on the number of persons per table and business hours relaxed if customers had been vaccinated.

56. SFH said that the Chief Executive had earlier announced the new direction in fighting the COVID-19 pandemic. Under the new direction, the Administration had adjusted social distancing measures with "vaccine bubble" as the basis. She understood that the trade had some views on the social distancing measures and said that FEHD would discuss the matter with the trade.

57. Mr YIU Si-wing asked whether the Administration would allow cruise lines to resume "cruise-to-nowhere" itineraries which did not involve calling at ports outside Hong Kong for Hong Kong residents, as cruise operators would adopt stringent infection control measures. He also pointed out that with the current limit of not more than 30 persons per local tour, the trade could only earn a very low profit. He asked whether the restriction on the number of persons per local tour could be relaxed to 50 persons.

58. SFH said that the above matters were under the purview of CEDB, which would liaise with FHB in assessing the feasibility of the above relaxation proposal. The Administration would consider the local epidemic situation and the relevant public health risks, and whether the element of "vaccine bubble" could be included in the proposal.

Medical treatment for patients

59. Mr POON Siu-ping asked whether the medical treatments for COVID-19 and its mutant strains were different, whether there were residual defects for

discharged COVID-19 patients, and whether such disease would be regarded as occupational disease if the source of infection was work place.

60. Chief Manager (Infection, Emergency & Contingency), HA replied that almost all COVID-19 patients were in stable conditions without receiving oxygen therapy, and were recovering well. The majority of patients did not have disease complication and could be discharged from hospital after 10 odd days. HA would arrange follow-up appointments for those people who had recovered from a previous COVID-19 infection and would arrange physiotherapy for patients with reduced lung function.

(At 12:23 pm, the Chairman extended the meeting for 15 minutes to 1 pm.)

IV. Drug Formulary of the Hospital Authority and drug subsidies

[LC Paper Nos. CB(4)973/20-21(05) to (06) and CB(4)988/20-21(02) to (04)]

61. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the mechanism of the Hospital Authority Drug Formulary ("HADF") and the provision of drug subsidy to patients through the Samaritan Fund and the Community Care Fund Medical Assistance Programmes (collectively referred to as the "Safety Net") by HA, the details of which were set out in the Administration's paper (LC Paper No. CB(4)973/20-21(05)).

Listing of new drugs on the Hospital Authority Drug Formulary

62. Mr SHIU Ka-fai and the Chairman asked whether the pharmaceutical companies could submit new drug applications directly to the HA Drug Advisory Committee for listing on HADF. Director (Cluster Services), HA ("D(CS)) advised that experts of the Drug Advisory Committee would evaluate new drug applications having regard to its safety, efficacy and cost-effectiveness. Such applications should be driven by clinical service needs and clinical assessment on the actual experience in the use of drugs would be important in the evaluation. The Drug Advisory Committee would also proactively seek information on new drugs available in the market from pharmaceutical companies and invite clinicians to submit new drug applications. D(CS) advised that the Drug Advisory Committee would not accept new drug applications submitted by pharmaceutical companies at this stage.

63. In response to Mrs Regina IP's question, D(CS) replied that HA clinicians and doctors from the two universities (viz. the University of Hong Kong and the

Chinese University of Hong Kong) could submit new drug applications to HA Drug Advisory Committee for consideration of listing on HADF. The Drug Advisory Committee would hold meetings to evaluate new drug applications every three months. There were around 40 to 50 new drugs to be incorporated in HADF every year and a total of around 1 400 drugs were covered by HADF at present. D(CS) stressed that HA clinicians could use non-HADF drugs under exceptional situations in order to manage urgent cases or meet the clinical needs of individual patients.

64. Noting from the flow chart on the process of listing new drugs on HADF (set out in Annex I to the Administration's paper) that applications for such listing might either be approved, rejected or put on hold pending advice from Expert Panel, Mr POON Siu-ping asked how much time would be needed for handling those "put on hold" applications. D(CS) responded that most of the applications submitted by clinicians would be approved. For those pending applications, additional evidence and information would be sought for experts to consider the safety and efficacy of the new drugs concerned. The application would be proceeded once the experts were satisfied with the evidence and information provided.

65. Responding to Mr POON Siu-ping's enquiry, Chief Pharmacist, HA confirmed that both the seasonal influenza vaccine and COVID-19 vaccines were listed on HADF.

Management of the Hospital Authority Drug Formulary

66. In reply to Mrs Regina IP's question on whether HA would consider recategorizing a drug for asthma from Special Drugs to General Drugs in HADF, D(CS) advised that HA would evaluate the efficacy of every drug and reposition categories of the existing drugs if necessary.

67. Responding to Dr CHIANG Lai-wan, D(CS) advised that clinicians would prescribe the most suitable drug treatments for patients according to their clinical conditions. Under the established mechanism, HA would review the current drugs listed on HADF regularly in order to remove obsolete drugs or modify the clinical indications of individual drugs.

Inclusion of self-financed drugs into the Safety Net

68. Noting that the review exercise of new drug proposals for inclusion into the Safety Net was conducted twice a year, Mr POON Siu-ping asked whether

HA would consider increasing the review exercise to four times a year. D(CS) advised that those self-financed drugs not included in the Safety Net were drugs with preliminary medical evidence. A period of time would be needed for additional medical evidence and latest clinical development of such drugs. D(CS) said that it was appropriate to conduct the review exercise twice a year.

Drugs for cancers and rare diseases

69. Citing a drug for Rett Syndrome as an example, Mr Michael TIEN pointed out that the drugs for rare diseases were extremely expensive as the costs of developing such drugs were high but the market was small. Mr TIEN opined that the Administration should negotiate with pharmaceutical companies for free trial on drugs for rare diseases for a certain period of time. If the efficacy of such drugs was confirmed, HA should purchase the drugs concerned for regular supply.

70. USFH advised that HA had liaised with pharmaceutical companies on providing compassionate programmes, having regard to the exceptional circumstances and clinical needs of specific individual patients with rare diseases, so as to facilitate their early access to drug treatment.

Introduction of new drugs

71. Given that Hong Kong had adopted a "secondary review" approach in vetting and approving applications for registration of new drugs, under which applicants were required to submit to the Administration documentary proof of registration and certificates of free sale issued by the drug regulatory authorities of at least two recognized countries, the Chairman asked whether the requirement could be relaxed to provision of such documents of only one recognized country, with a view to expediting the registration process.

72. USFH advised that the "secondary review" approach could ensure the safety of the new drugs. He added that the Administration would study and review the relevant policy. The Chairman and Ms Alice MAK requested the Administration to provide an action plan on the review in due course.

Procurement of drugs

73. The Chairman asked whether the Administration would consider purchasing drugs treating cancers and rare diseases jointly with Mainland authorities, especially for the Greater Bay Area, with a view to reducing expenses on drugs and expanding the availability of drugs.

Admin

74. USFH advised that the Administration would further study the feasibility of the joint procurement of drugs as the drug legislation and the respective registration systems in Mainland and in Hong Kong were different. Ms Alice MAK urged the Administration to consider amending relevant legislations, if necessary, to reduce the drugs expenses. Ms MAK and the Chairman requested the Administration to provide an action plan on the matter.

(At 1:00 pm, members supported the Chairman's suggestion to extend the meeting for 10 minutes.)

V. Any other business

75. There being no other business, the meeting ended at 1:05 pm.

Council Business Division 4
Legislative Council Secretariat
26 November 2021