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the Administration)

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Panel on Health Services

**Minutes of meeting held on
Friday, 11 June 2021, at 10:45 am
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Hon Elizabeth QUAT, BBS, JP (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 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 absent** : Hon Abraham SHEK Lai-him, GBS, JP (Deputy Chairman)
Hon CHAN Han-pan, BBS, JP
- Public Officers attending** : Agenda item III
Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

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

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

Dr Ruby LEE Siu-yin, JP
Consultant Family Medicine
(Elderly Health Service)
Department of Health

Dr LO Yim-chong
Principal Medical & Health Officer
(Family Health Service)
Department of Health

Agenda item IV

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

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

Miss Winnie CHUI Hiu-lo
Principal Assistant Secretary for Food & Health (Health)
Special Duties 2

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

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

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

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

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

Miss Natalie YEUNG
Council Secretary (4)3

Miss Ariel SHUM
Legislative Assistant (4)3

Action

I. Information paper(s) issued since the last meeting
[LC Paper No. CB(4)1010/20-21(01)]

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

Letter dated 18 May 2021 from Dr Hon CHIANG Lai-wan on early discussion of two items on the Panel's list of outstanding items for discussion

II. Items for discussion at the next meeting
[LC Paper Nos. CB(4)1077/20-21(01) and (02)]

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

(a) Measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong; and

(b) Update on the Voluntary Health Insurance Scheme.

III. Women's health
[LC Paper No. CB(4)1077/20-21(06) to (07), CB(4)1072/20-21(02), CB(4)1095/20-21(05) to (06) and CB(4)1103/20-21(01)]

3. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the Administration's preventive care programmes

offered to girls and women in Hong Kong to prevent cervical cancer, breast cancer and osteoporosis, details of which were set out in the Administration's paper (LC Paper No. CB(4)1077/20-21(06)).

Breast Cancer Screening Pilot Programme

Date of launch

4. Mr POON Siu-ping and the Chairman asked when the two-year Breast Cancer Screening Pilot Programme ("the Pilot Programme") would be launched, and the preparation progress in terms of manpower, hardware acquisition and publicity.

5. Principal Medical & Health Officer (Family Health Service), Department of Health ("DH") ("PMO(FHS), DH") advised that breast cancer screening by mammography ("MMG") was within the scope of Women Health Service ("WHS") provided by DH. WHS had been suspended currently due to COVID-19 and was planned to be resumed by phases in the second half of 2021. The preparation work of the Pilot Programme was underway and it was scheduled to be launched in the fourth quarter of 2021.

Details of outsourced service

6. Noting that under WHS, some of the service users would receive MMG screening directly at DH while some would receive the service at outsourced service providers, the Chairman asked about the details of the outsourcing plan, including the requirements on the professionals to be recruited and equipment to be deployed. Considering the tight supply of radiotherapists in Hong Kong, the Chairman queried whether the Administration had evaluated if there were adequate well-qualified and trained radiotherapists for the Pilot Programme.

7. PMO(FHS), DH responded that relevant specifications including the professional requirements had been listed on the outsourcing contracts, which were in line with its usual practice.

Screening tool

8. Considering that 3D MMG machines had higher accuracy and caused less discomfort when comparing to conventional 2D MMG machines, the Chairman questioned whether the Administration would procure more 3D MMG machines.

9. Head, Non-Communicable Disease Branch, DH ("Head, Non-Communicable Branch, DH") clarified that according to overseas studies, there was no evidence suggesting that breast cancer screening conducted by 3D MMG was more cost-effective than 2D MMG in identifying breast cancer and reducing breast cancer mortality. Given that 3D MMG involved higher cost and longer time was needed for a specialist doctor to examine the mammograms, most of the places in which breast cancer screening service was provided adopted 2D MMG instead of 3D MMG. Nonetheless, for women who had already detected breast lumps or suspected to suffer from breast cancer, 3D MMG might have its merit for individual case management instead of screening.

Programme fee

10. In response to Mr LEUNG Che-cheung's suggestion that the programme fee for women aged over 60 should be waived, USFH advised that the Administration would review the Pilot Programme after its launch based on the responses from the public and other factors. He added that the programme fee would be waived for economically disadvantaged women.

11. The Chairman supported the suggestion and called for the Administration to study the feasibility of the suggestion in the coming few months before launching the Pilot Programme.

Outreach screening service

12. Noting that places such as Taiwan had deployed mobile vehicles to provide outreach breast cancer screening service for women living in the outskirts of town, the Chairman asked whether the Administration would provide similar service in Hong Kong.

Post-screening services

Waiting time for out-patient services

13. Mr YIU Si-wing requested the Administration to provide the waiting time for suspected breast cancer and cervical cancer patients to receive specialist out-patient services in public hospitals. USFH responded that the Hospital Authority ("HA") or the private healthcare system would generally arrange medical follow-ups for suspected cancer patients after screening. He agreed to provide supplementary information after the meeting.

Cancer treatment

14. The Chairman relayed a suggestion from a group of HER2-positive breast cancer patients that post-surgery dual-targeted therapy for early-stage high-risk breast cancer patients should be added to HA's Drug Formulary. USFH would convey the message to HA for consideration.

Human papillomavirus vaccination to school girls

Uptake rate

15. Noting that the uptake rate of human papillomavirus ("HPV") vaccination for Primary Five female students in the 2019/20 school year was 86%, Mr POON Siu-ping enquired about the reason(s) for the remaining female students not to receive the dose. As summer holiday would commence in July, he also asked if the uptake rate in the 2020/21 school year would vary from the Bureau's expectation.

16. Head, Non-Communicable Branch, DH explained that in overseas cases a lower uptake rate was usually observed in the first few years the vaccine has been administered and the uptake rate would rise as the public gradually accepted the vaccine. On this ground, a target uptake rate of 70% had been set for HPV vaccination to school girls in the first cohort in Hong Kong. The vaccination programme in the 2020/21 school year had been hampered by suspension of face-to-face classes at schools due to COVID-19. DH was stepping up efforts to catch up on the vaccination and vaccination services could still be arranged after July. School girls could also receive the vaccination at offices of DH's School Immunisation Teams. The uptake rate in the 2020/21 school year should be released in due course.

Side effects of vaccine

17. Mr SHIU Ka-fai enquired whether the HPV vaccine had been proven 100% safe or there could be any possible side effects induced. Head, Non-Communicable Branch, DH advised that the HPV vaccine had been administered on girls overseas for a long period of time and cases of serious side effects were rare. Similar to other vaccines, mild and temporary side effects such as redness or swelling at the injection arm might be resulted. Mr SHIU further enquired how the Administration could achieve a high uptake rate of 86% in the first year and whether it had confidence in achieving a similar favourable uptake rate in the upcoming COVID-19 vaccination programme for students. USFH responded

that the Administration would arrange seminars in schools and invite medical experts to explain on the COVID-19 vaccines. Informative videos on the vaccination would also be filmed, with a view to achieving a higher uptake rate.

Proposed expansion of coverage

18. The Chairman asked whether any catch-up programme could be implemented for young ladies other than Primary Five and Primary Six students to receive HPV vaccination, and whether the vaccination programme could be expanded to cover school boys. Head, Non-Communicable Branch, DH pointed out that on the one hand, the results of some overseas studies had shown that inoculating both boys and girls against HPV would be conducive to herd immunity, but, on the other hand, there was overseas literature stating that inoculation on girls had a much higher cost-effectiveness when compared with inoculation on boys. DH would keep studying overseas experience and review the implementation details of the vaccination programme if needed.

Osteoporosis

Proposed osteoporosis screening service in District Health Centres

19. Mr POON Siu-ping asked whether the Administration would accept the suggestion, made in the submission from The Osteoporosis Primary Care Task Force, that osteoporosis screening service be provided at all District Health Centres ("DHCs"). The Chairman said that an osteoporosis screening programme provided by non-governmental organizations was well received by the public, which indicated a considerable demand for such service.

20. USFH reiterated that there was no scientific evidence to support an osteoporosis screening service. As primary prevention, DHCs had been adopting a two-way approach in preventing osteoporosis which included providing relevant health education and fall prevention training to those who were prone to osteoporosis.

Education on osteoporosis prevention on students

21. Dr CHIANG Lai-wan mentioned that around 10 000 hip fracture cases were recorded annually in Hong Kong, of which two-thirds patients were females. Research results showed that the number would rise to 27 000 in 2050. It was also found that one out of five patients suffered from hip fracture would die within one year. She requested the Administration to face up to the problem and

enhance school education on the maintenance of bone health. Ms Alice MAK criticized HA for only tackling those diseases with scientific data support, which could serve as its "performance indicators", while neglecting those without data support.

22. USFH pointed out that the Administration's healthcare services were provided on the basis of public health. DH had been stepping up efforts in relevant educational work. Clinical treatment and fall prevention training had also been provided to elderly patients in HA. The Administration would discuss internally the enhancement of osteoporosis-related service in the future.

Subsidy on medication

23. With regard to Ms Alice MAK's request for subsidy for injectable medication for osteoporosis, USFH replied that HA had an established mechanism for introduction of new drugs to the Drug Formulary and several funds (such as the Samaritan Fund) were applicable for providing subsidy for expensive drugs.

Suggestion on standardizing bone mineral density testing fee

24. Mr YIU Si-wing proposed setting a standardized charge for bone mineral density test for the public's reference, given that no osteoporosis screening service would be provided by DH. Posters providing information on osteoporosis prevention should be displayed in clinics and leaflets giving such information should be available there as well.

25. USFH responded that instead of merely focusing on screening, a holistic approach should be taken in planning osteoporosis preventive services in the future, including screening and follow-up treatments. With DH's continuous efforts in educating the public on osteoporosis prevention from a young age, the Administration believed that the community's overall level of bone health would be improved in the future.

Lack of medical check-ups among women

26. Pointing out that women were the primary carers of most families, Ms Alice MAK was of the view that early identification and intervention of diseases commonly found in women would save a significant number of families from losing their major care takers. She cited data from surveys that over 50% of the surveyed women had not undergone gynaecological checkups for two years

and 30% had not undergone check-ups for three years. Among them, 60% indicated that the high costs involved was the major reason hindering them from check-ups. She urged the Administration to widen the coverage and lower the cost of screening services for women-related health problems, for example exploring the feasibility of HPV self-sampling.

27. Dr CHIANG Lai-wan also quoted data from a survey conducted a few years ago that 70% of women aged above 40 who had given birth had never had medical checkups since labour. It would impose huge pressure on the healthcare system if they only received treatment when a disease had been discovered at a later stage. She questioned whether one or two medical checkups could be offered by the Administration free-of-charge to a woman in her lifetime.

28. USFH agreed that the Administration should attach great importance to women's health. DH had been providing WHS at Woman Health Centres and Maternal and Child Health Centres. New programmes had also been introduced to enhance WHS, such as the Pilot Programme to be launched.

District Health Centres

29. From the demographic profiles of registered users of DHC in Kwai Tsing District, Dr CHENG Chung-tai noticed that the service in DHC leaned towards elderly, which he considered a resource misallocation. He opined that the middle-aged should be attended to the most in a bid to achieve early identification and intervention. He questioned whether the Administration had any upcoming plans in relation to services in DHCs and DHC Express targeting at specific age groups.

30. USFH advised that DHCs aimed to serve a diversity of target groups in the community including but not limited to women, minorities and those with special needs. To this end, DHC network service providers were required to reach a wide range of target users. For DHC Express which were in a smaller scale, key primary healthcare services including health promotion and education would be provided.

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

[LC Paper Nos. CB(4)1077/20-21(03) to (05), CB(4)1030/20-21(01) to (11), CB(4)1072/20-21(01), (03) and (04), CB(4)1074/20-21(01) to (03), and CB(4)1095/20-21(01) to (04)]

31. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the Administration's work and measures for the prevention and control of COVID-19 in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(4)1077/20-21(03)).

Immigration and quarantine arrangements for persons arriving in Hong Kong

Immigration arrangements

32. Mr Michael TIEN considered that while the Administration had been taking stringent measures to prevent the spreading of the relevant virus in the community, there were loopholes on measures to prevent the importation of cases. He asked whether the Administration would consider adopting the same practice of the Mainland and Macao which required all inbound travellers (including those who had been/had not been vaccinated) via the Airport to undergo both COVID-19 test and antibody test.

33. Controller, Centre for Health Protection ("CHP") of DH ("Controller, CHP") advised that to his understanding, the Mainland authorities required all inbound travellers and citizens to provide hardcopy proof on antibody test. The Scientific Committees under CHP of DH and the Chief Executive's expert advisory panel ("EAP") had discussed the matter of checking antibody of persons arriving in Hong Kong. CHP and EAP recommended that the duration of compulsory quarantine for such persons could be shortened with multiple polymerase chain reaction ("PCR") testing, supplemented by documented proof of completion of the full course of recognized COVID-19 vaccines, and positive antibody test result. As for those who had not been vaccinated, the Scientific Committees and EAP considered that closed-loop management at hotels and maintaining high frequency PCR testing should remain the prime measures for prevention of imported cases. The Administration would continue to keep an eye on the development in this regard.

34. In response to the Chairman's enquiry on the timetable for requiring vaccinated persons arriving in Hong Kong to undergo antibody test, SFH advised that at the moment, the Administration was working on the details of the

arrangement and there was not a timetable for implementation. Any adjustments on quarantine requirements should be made very carefully especially when there were outbreaks in other places.

35. Mr YIU Si-wing asked about the number of passenger flights and cities which had been affected by the tightened place-specific flight suspension mechanism since 29 April 2021, and factors considered by the Administration for flight suspension under the mechanism.

36. SFH advised that for prevention of importation of COVID-19, some arrangements on boarding and quarantine had been put in place. Under the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H), places outside China were categorized into extremely high-risk Group A1 specified places, very high-risk Group A2 specified places, high-risk Group B specified places, medium-risk Group C specified places, and low-risk Group D specified places. She said that under the flight suspension mechanism, only flights from Group A1 specified places would be suspended. Persons arriving at Hong Kong from specified places in other groups were subject to different testing and quarantine requirements based on the risk.

Quarantine arrangements for persons arriving in Hong Kong

37. Ms Alice MAK and Mr YIU Si-wing expressed concern over insufficient rooms offered by designated quarantine hotels to cater for the surge in demand during summer holidays. Mr YIU noted that the Administration had already liaised with those fourth cycle quarantine hotels to release their blocked off rooms for booking and added two more designated hotels. He asked whether the situation had improved since then, and if not, whether more hotels would be added under the Designated Quarantine Hotel Scheme.

38. SFH responded that in view of the recent surge in demand for designated quarantine hotels, the supply of quarantine hotel rooms had been increased. With the enhancement measures mentioned above by Mr YIU, the number of rooms that could be provided in the fourth cycle of the Designated Quarantine Hotel Scheme would exceed 11 000. She undertook that the Administration would continue to monitor the situation.

39. Ms Alice MAK asked about the testing arrangements for persons arriving in Hong Kong during and after quarantine in designated hotels, and whether they could undergo the COVID-19 test at a community testing centre free-of-charge after completion of quarantine in a designated hotel.

40. SFH advised that persons arriving at Hong Kong who were under compulsory quarantine at designated quarantine hotels would undergo COVID-19 test by swabbing. If they were subject to compulsory testing after the quarantine period, they could undergo the test at any community testing centres free-of-charge.

Viral testing

41. Ms Alice MAK expressed concern over insufficient supply of deep throat saliva specimen collection kits to the public. She was dissatisfied that after the case of 17-year-old female patient carrying the N501Y mutant strain was identified, there had not been an increase in the specimen bottles provided in the district that patient lived (i.e. Tin Shui Wai) to cater for increase in demand for testing.

42. SFH said that whilst specimen collection packs would continue to be provided, the Administration encouraged residents subject to compulsory testing to undergo testing at mobile specimen collection stations set up by the Administration as the testing results would normally be available earlier.

43. Mr SHIU Ka-fai noted that employees of various sectors, except those who had been vaccinated, were required to undergo a COVID-19 test once every 14 days. He asked how long the free COVID-19 test would last for them. Given that some staff members were unfit to receive COVID-19 vaccination because of health reasons, he asked whether regular tests could be provided for them free-of-charge.

44. SFH said that the Administration would continue to provide free testing service for persons under compulsory testing and certain targeted groups who were unfit to receive vaccination because of health reasons at the community testing centres. The free testing service for the latter would be provided until end of June 2021 tentatively. Under the current arrangements, construction site and tourism personnel could only enjoy free testing service if they were proven to be unfit to receive vaccination by presentation of a relevant medical certificate, otherwise, they had to pay for the testing fee. She said that the Administration would continue to review the situation.

Social distancing measures

45. Ms Alice MAK urged the Administration to let members of the public know the conditions for relaxing social distancing measures and a clear target on the vaccination rate, such that the public could work together to achieve that target.

46. Mr YIU Si-wing asked whether the Administration would consider relaxing the restriction on the number of persons allowed in a local tour from the current 30 persons to 50 persons if the infection control measures adopted by local tourism sector were effective.

47. SFH advised that whether to relax the restriction on the number of persons in a local tour was subject to, inter alia, the Commerce and Economic Development Bureau ("CEDB")'s recommendation. She said that the Food and Health Bureau ("FHB") was ready to provide advice if CEDB made a proposal on such relaxation and consulted FHB thereon.

48. Dr Pierre CHAN pointed out that the Administration had in different times told the public different indicators or conditions which it would consider in relaxing the current restrictions on border control and social distancing, etc. He said that although he had followed strictly the Administration's advice to get vaccinated and use the "LeaveHomeSafe" mobile application, and the target of "zero" infection had already been achieved, he did not see any relaxation on the current restrictions. He urged the Administration to clearly convey to the public about the indicators or conditions for relaxing the restrictions in various aspects. He also took the view that while the Administration had been taking stringent measures to prevent the spread of the virus in the community by restricting the activities of Hong Kong people, the restrictions imposed on people arriving in Hong Kong appeared to be less stringent.

49. SFH explained that the Administration had been adjusting the anti-epidemic measures according to the epidemic situation by tightening the measures when the situation was severe whilst relaxing the measures in a gradual manner when situation had become stable. She added that since the announcement of the new direction in fighting the pandemic, the Administration had been adjusting social distancing measures and quarantine requirements with "vaccine bubble" as the basis. She said that the restrictions on travelling also hinged on the requirements of other places. The Administration and experts had been monitoring the scientific evidence and the epidemic situation in the Mainland and other places outside Hong Kong. Any relaxation on travelling restrictions had to be considered carefully if the epidemic situation in places outside Hong Kong were severe. SFH further said that the Administration would make more efforts to explain to members of the public on its infection control policy such that they would not have an impression that the measures were favourable to any groups of people.

Vaccination Programme

Pre-vaccination consultation service

50. The Chairman stressed that all Hong Kong people had the civic duty to get vaccinated. However, some people had not done so because they were unable to obtain medical advice on whether they were fit for receiving vaccination. She elaborated that although the Administration had set up an enquiry hotline under the COVID-19 Vaccination Programme, the hotline only provided basic information about vaccination instead of individual medical consultation service. She also said that some doctors of HA were reluctant to provide advice to their patients in this regard. Pointing out that having a family doctor was not a common practice of Hong Kong people, she considered that the Administration should provide dedicated pre-vaccination consultation service for the public, such as setting up a hotline for this purpose or provide on-site consultation service at Community Vaccination Centres ("CVC").

51. Mr Michael TIEN said that many people were not successful in making a medical appointment at the General Out-patient clinics ("GOPCs") under HA for consultation on whether they were medically fit for receiving vaccination. He asked whether GOPCs could offer dedicated pre-vaccination consultation service for patients.

52. In response, SFH said that to allay the worries of the public on vaccination, DH had invited family doctors to participate in informative programmes to assess whether different cases were suitable for receiving vaccines. For example, DH was now collaborating with HA and the Radio Television Hong Kong each week through a programme to explain whether different illnesses would affect the effectiveness and safety of COVID-19 vaccination. Doctors participating in the programme also answered public enquiries so that members of the public would feel at ease about getting vaccinated. She added that Kwai Tsing DHC also provided simple consultation service on vaccination for its members, and referred them to network doctors for further consultation where necessary. Besides, HA was studying whether its GOPCs could offer dedicated pre-vaccination consultation service for patients.

53. Director (Quality and Safety), HA added that HA would review the matter raised by the Chairman on reluctance of providing advice on vaccination by some doctors.

(At 12:42 pm, the Chairman extended the meeting for 15 minutes to 1 pm. At 12:55 pm, the Panel agreed to further extend the meeting for 10 minutes.)

Vaccination rate of Hospital Authority staff and civil servants

54. The Chairman asked about the statistics on HA staff receiving vaccination. Director (Quality and Safety), HA reported that HA's doctors had been strongly supporting the Vaccination Programme, as indicated by an overall vaccination rate for HA's doctors at more than 60 % and a vaccination rate for doctors in individual hospital clusters at more than 70 %. The overall vaccination rate among HA's healthcare staff, including doctors, was 35%.

55. The Chairman urged the Administration to collaborate with HA to encourage more HA staff to receive vaccination to protect the general public and set an example for other Hong Kong people on vaccination. In her view, the low vaccination rate among HA staff (except doctors) would adversely affect the confidence of the general public to get vaccination. She considered it ironic that while the Administration was asking people to do their civic duty and saying that vaccination was beneficial to Hong Kong as a whole, HA staff other than HA's doctors were not doing so.

56. SFH responded that the Administration was liaising with HA to see what could be done to boost the vaccination rate among HA staff. The Administration noted that the vaccination rate of HA's staff had been increasing.

57. Mr LEUNG Che-cheung also considered it ironic that healthcare staff were administering vaccines when they had not received the vaccination themselves. In his view, they should get vaccinated if their health condition allowed, and those who had not been vaccinated should explain to the public on why they had not done so. Considering that it was a waste of money for conducting the COVID-19 test when the relevant vaccines were available, he asked who bore the cost of conducting regular tests for HA staff.

58. In reply, SFH said that the cost of conducting tests for HA staff was borne by HA. Director (Quality and Safety), HA added that at the moment, frontline healthcare staff who had not been vaccinated were required to undergo a COVID-19 test each week.

59. The Chairman suggested that HA might consider charging a fee for conducting the COVID-19 tests for its staff after a deadline, or those HA staff who had not received vaccination or undergone the COVID-19 test should be

removed from frontline duties. She also considered that the Administration should encourage more civil servants to get vaccinated.

60. Dr Pierre CHAN acknowledged the efforts of HA's doctors to receive vaccination and pointed out that the vaccination rate of HA's healthcare staff was higher than the overall vaccination rate of Hong Kong people, although more efforts could be made to encourage HA's healthcare staff to receive vaccination.

Lowering of age limit for receiving vaccination to age 12 and publicity work

61. Dr CHENG Chung-tai noted that recently, there was a corporation announcing that it would consider layoffs if the vaccination rate among its staff was unable to meet 70%. He was concerned that such act might have implications on other sectors. He gave an example that with the lowering of age limit for receiving BioNTech vaccine to age 12, schools might cancel some classes if the vaccination rate in their schools did not reach a certain percentage. He asked whether the Administration had assessed if the rights of individuals, in particular children, might be deprived of by the efforts made to encourage people to receive vaccination.

62. SFH stressed that the Administration had never forced any people to get vaccinated, and all people should receive vaccination voluntarily. She added that the decision to lower the age limit for receiving BioNTech vaccine to age 12 was made in accordance with the advice of the Advisory Panel on COVID-19 Vaccines ("Advisory Panel"), which considered that the vaccine was safe, efficacious and of good quality. Besides, both the Hong Kong College of Paediatricians and the Hong Kong Paediatric Society also recommended that children aged 12 and above should receive COVID-19 vaccine.

63. SFH further explained that all children had experience in receiving vaccines after birth. Nevertheless, the Administration would make efforts to explain to students and parents about COVID-19 vaccination. In his regard, DH would make informative programmes and the Education Bureau would release the relevant information through its network. She would also write to medical and nursing schools to seek their assistance in encouraging their students to visit their alma mater to explain and promote COVID-19 vaccination.

64. Mr POON Siu-ping asked about the Administration's arrangement to facilitate students to receive vaccination. SFH said that to facilitate students to receive vaccination, school outreach services would be provided if there were sufficient number of students receiving vaccination. Students could also get

vaccinated at a CVC through group booking and the Administration would arrange transport between schools and CVC for them. In addition, parents or guardians might make bookings direct for their children at the designated website of the Vaccination Programme.

65. Mr SHIU Ka-fai suggested that the Administration should conduct school visits to clearly convey the message to students and parents that the benefits of vaccination outweighed the risks. He and Mr LEUNG Che-cheung considered that when providing figures on adverse events following COVID-19 vaccination, the Administration should also provide comparison figures without vaccination to avoid misleading the public that vaccination would cause adverse events.

66. SFH agreed that the explanation on COVID-19 vaccination to students, parents and teachers should be focused and direct. In this regard, HA's paediatricians had explained in public the residual defect after contracting COVID-19 by children. She added that at present, the Administration provided updated statistics and relevant information on COVID-19 vaccination through weekly press release and daily press conference, if any. The comparison figures of adverse events out of those with and without vaccination as well as the respective baseline reference figures had also been uploaded onto the thematic website. She further advised that the number of adverse events without vaccination was far higher than that with vaccination. 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.

Mutual recognition of vaccination record

67. Ms Alice MAK raised concern over the absence of a mechanism for mutual recognition of the vaccination records between Hong Kong's "LeaveHomeSafe" mobile application and the Mainland's "Yuekang Code" which, in her view, would hinder the resumption of normal travel between the two places. She expressed her hope that the respective health codes of the Mainland and of Hong Kong could be mutually recognized as soon as possible. The Administration noted her view.

Other views

Local case which involved a 17-year-old female patient carrying the N501Y mutant strain

68. Mr Michael TIEN and Mr POON Siu-ping asked whether the source of transmission had been identified for a recent local case which involved a 17-year-old female patient carrying the N501Y mutant strain.

69. Controller, CHP reported that the 17-year-old patient developed symptoms on 2 June 2021. CHP had conducted a multi-layer epidemiological investigation of the case. Locally, CHP had traced over 140 close contacts with the patient. All of them had undergone compulsory quarantine and were required to undergo nucleic acid tests for four times. Her family members had also undergone antibody tests. Besides, people living in the same building as the patient were required to undergo compulsory tests for four times. Furthermore, over 31 places, including the shuttle bus which carried the patient, were involved in contact tracing, but so far the test results were all negative and no confirmed case had been identified.

70. Controller, CHP further said that in assessing whether the case was related to an imported case, CHP and its Public Health Laboratory Services Branch, the University of Hong Kong and the Hong Kong Polytechnic University had respectively compared the genetic sequence of the female patient concerned with that of recent cases in Taiwan and Shenzhen, all imported cases since December 2020 and the World Health Organization's global genetic database, but the tests had shown no similar match. He stressed that the mutant case was a reminder for Hong Kong citizens to get vaccination as soon as possible, especially when COVID-19 was raging in nearby areas.

Conditions of confirmed patients of coronavirus disease-2019

71. Mr POON Siu-ping asked about the conditions of the 72 COVID-19 confirmed patients who were currently hospitalized, and the average period of hospitalization for confirmed cases.

72. Chief Manager (Infection, Emergency & Contingency) of HA advised that the average period of hospitalization for each confirmed case was about 14 days. Among the confirmed patients of COVID-19 who were currently hospitalized, the majority of them were in a stable condition, one patient was in a serious condition and one was in a critical condition.

Funding proposal

73. Members noted the Administration's proposal to seek approval of the Finance Committee ("FC") for around \$2.3 billion to maintain the community testing services and \$26.4 million for frontline government employees to take COVID-19 test. They also noted that the latter funding request for \$26.4 million was a transitional arrangement whereby such employees, who had not yet received vaccination at the early stage of the implementation of the vaccination in lieu of regular testing approach, could undertake regular testing. Regarding the former funding request for \$2.3 billion, Mr POON Siu-ping asked whether the request arose from an increase in test quantity or increased fee charged by the testing service providers.

74. SFH advised that funding for conducting COVID-19 test previously allocated from the Anti-epidemic Fund had nearly been exhausted in March 2021 but some bills had to be settled soon. She further said that the contracts with testing service contractors were awarded through tendering and the testing cost was fixed. The funding proposal aimed to cater for the increase in test quantity arising from wider mandatory tests and strengthened close contact tracing.

75. The Chairman concluded that as no members raised objection to the Administration's funding proposal, the Panel supported the Administration's submission of the funding proposal to FC for consideration.

V. Any other business

76. There being no other business, the meeting ended at 1:06 pm.