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Legislative Council

LC Paper No. CB(4)1809/20-21
(These minutes have been seen by the Administration)

Ref : CB4/PL/HS

Panel on Health Services

Minutes of meeting held on
Friday, 10 September 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-yee, GBM, GBS, JP Hon Michael TIEN Puk-sun, BBS, JP Hon YIU Si-wing, SBS 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
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 K L CHUNG Director (Quality and Safety) Hospital Authority
		Dr Vivien CHUANG Chief Manager (Infection, Emergency & Contingency) Hospital Authority
		Agenda item IV
		Prof Sophia CHAN Siu-chee, JP Secretary for Food and Health
		Ms Lily LEE Lee-man Principal Assistant Secretary for Food and Health (Health) 4
		Dr LO Sui-vui Chief Executive Officer Hong Kong Genome Institute
		Dr Brian CHUNG Hon-yin Chief Scientific Officer Hong Kong Genome Institute
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

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

II. Items for discussion at the next meeting

[LC Paper Nos. CB(4)1495/20-21(01) and (02)]

2. Members agreed to discuss measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong and receive a briefing by the Secretary for Food and Health ("SFH") on the Chief Executive's 2021 Policy Address in respect of the policy initiatives relating to the Panel at the next regular Panel meeting scheduled for 8 October 2021.

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

[LC Paper Nos. CB(4)1495/20-21(03) and (04), CB(4)1408/20-21(01), CB(4)1515/20-21(01), CB(4)1474/20-21(01) to (07) and CB(4)1513/20-21(01) to (04)]

3. At the Chairman's invitation, 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)1495/20-21(03)).

Border control measures

Resumption of normal cross-boundary activities amongst residents of the three places

4. Mr Michael TIEN considered it not logical that travellers under the Return2hk Scheme and the Come2hk Scheme to be launched ("the two Schemes") were not required to be vaccinated despite the advantages of receiving vaccination as repeatedly stressed by the Administration. He further pointed out that even though Hong Kong was a low risk place, the Administration still imposed stringent vaccination requirements on staff members doing specified jobs. Besides, inbound travellers from New Zealand, which was also a low-risk place, were still subject to compulsory quarantine whereas travellers under the two Schemes were exempted from such requirement. To facilitate contact tracing,

he suggested that the Administration should require travellers under the Come2hk Scheme to install "LeaveHomeSafe" mobile application. He also urged the Administration to adopt Hong Kong's "Health Code" system to facilitate early resumption of cross-border travel with the Mainland.

5. SFH explained that the two Schemes were implemented on a quota system on the premise that the epidemic situation was stable in the Mainland. In fact, the Return2hk Scheme had once been suspended because of the worsening epidemic situation in the Mainland. She further said that although there was not a requirement on vaccination for travellers under the two Schemes, they should obtain a valid negative nucleic acid test result before coming to Hong Kong and were subject to several tests upon arrival. She added that the Government currently implemented corresponding border control measures according to the assessed risks of the relevant origins of the incoming travellers to prevent importation of cases from outside Hong Kong. For example, people who had stayed in high-risk Group A specified places could only board flights for Hong Kong if they were Hong Kong residents who were fully vaccinated.

6. As regards the suggestion of requiring travellers under the two Schemes to install "LeaveHomeSafe" mobile application, SFH said that no such requirement had been imposed on travellers under the schemes or other incoming travellers from overseas countries. Travellers under the two Schemes were required to present a health code with their COVID-19 negative testing result to facilitate verification by the Port Health Division of the Department of Health ("DH").

7. The Chairman raised concern that travellers under the two Schemes were required to undergo compulsory nucleic acid test in person at a community testing centre ("CTC") for six times after arrival at Hong Kong, which might cause much inconvenience to travellers, in particular the elderly who had mobility difficulty. She requested the Administration to consider allowing travellers to take the above tests at home, or alternatively provide sufficient points for testing.

8. SFH advised that the arrangement of replacing deep throat saliva specimen by combined nasal and throat swab samples collected by professionals (professional swab sampling) as recognized compulsory testing method was made based on risk and to increase the accuracy of testing. Travellers under the two Schemes were subject to compulsory testing at CTCs or mobile specimen collection stations. At present, there were about 27 000 daily quotas at CTCs for booking, which should be sufficient to meet the demand. She added that compulsory testing using deep throat saliva specimen would continue to be

conducted under certain circumstances, for example, testing for inbound travellers during home quarantine or isolation; and testing for persons who were incapable of receiving professional swab sampling due to health or age reasons.

9. The Chairman suggested that the Administration should inform the public about the age of persons under the two Schemes who could undergo compulsory testing using deep throat saliva specimen. The Administration noted her view.

10. Mr POON Siu-ping asked whether health experts from the Mainland and Hong Kong held regular meetings to discuss resumption of cross-border travel and the timing of the next meeting, if any. The Chairman urged the Administration to actively pursue reopening the border with the Mainland.

11. SFH advised that under the co-operation mechanism on joint prevention and control of the epidemic, the Food and Health Bureau and DH had been communicating with the National Health Commission of the Mainland to exchange information and share experience. The relevant work would continue.

12. Dr Pierre CHAN requested the Administration to convey clearly to the public on the conditions of resuming cross-border travel with the Mainland. SFH advised that the Chief Executive had indicated that Hong Kong's anti-epidemic strategy would focus on prevention of importation of cases and increase of the vaccination rate of Hong Kong people, in particular the elderly. The Administration would meet with the Mainland experts to discuss reopening the border.

Measures to prevent importation of cases

13. Noting that recent confirmed cases were mainly imported cases, Mr POON Siu-ping asked about the Administration's further measures to prevent importation of cases.

14. SFH advised that Hong Kong adopted the most stringent border control measures in the world to prevent importation of cases in terms of duration of compulsory quarantine for inbound travellers and frequency of testing. At present, inbound travellers were required to obtain a negative COVID-19 testing result before boarding. They were also required to undergo test at the airport and compulsory quarantine under closed-loop management arrangements. Besides, staff members working in the airport and designated quarantine hotels were required to undergo regular tests and receive vaccination.

15. Mr YIU Si-wing noted that some vaccinated inbound travellers were confirmed COVID-19 upon arrival at Hong Kong. He asked about their average length of hospitalization and rate of serious and death cases, compared to that of unvaccinated inbound travellers.

16. SFH advised that the number of imported cases involving unvaccinated inbound travellers was three times higher than those involving vaccinated persons. This showed that vaccination was effective to prevent COVID-19 and its mutant strains.

17. Chief Manager (Infection, Emergency & Contingency) of Hospital Authority ("HA") advised that most of the imported cases involved young patients aged about 30 or so. In general, the state of illness of young people with COVID-19 was relatively mild. She further said that about 80% of the imported cases involving vaccinated persons did not have symptoms whereas such rate was lower for unvaccinated persons (with one who had been in critical condition with oxygen therapy). Although the length of hospitalization for both vaccinated and unvaccinated persons with COVID-19 was almost the same (i.e. 10 to 11 days), relatively more medicine had been administered for unvaccinated persons.

18. Mr SHIU Ka-fai said that some overseas countries had adopted the strategy of living with the virus as their approach to COVID-19 and exempt travellers from quarantine, which was different from the strategy of the Mainland and Hong Kong of achieving "zero local cases". He said that while it was understandable that the Administration aimed to reopen the border as soon as possible, he expressed his hope that the Administration would explicitly convey its anti-epidemic strategy to the travel industry, traders and international events organizers so that they could modify their business modes earlier. He said that due to the stringent compulsory quarantine policy in Hong Kong, overseas traders might switch to trade with other countries with quarantine exemption.

19. SFH said that the Chief Executive had indicated that the Administration would uphold the strategy of "zero local cases" and targeted to resume cross-border travel with the Mainland with quarantine exemption. Various government bureaux would communicate with stakeholders under their purview on the Administration's anti-epidemic strategy.

20. Mrs Regina IP raised concern that the current quarantine period of 21 days for incomers from high-risk Group A specified places had caused much inconvenience to foreign traders and children of Hong Kong parents returning to Hong Kong. She said that due to the lengthy quarantine period, some huge investment banks had indicated that they might retreat from Hong Kong. She

asked whether the compulsory quarantine period could be shortened to 14 days, or 14 days to be followed by seven-day home quarantine with some restrictions. She also raised concern that the sudden upgrading of some countries from Group B to Group A specified places would affect the plan of travellers. She expressed her hope that the Administration would have a thorough plan for implementing any new border control measures.

21. SFH advised that the length of quarantine period was determined under a science-based approach taking into account the timing of identifying confirmed cases involving inbound travellers upon their arrival at Hong Kong. Since "zero local cases" was the target of the Administration, stringent measures had to be put in place to prevent the virus from slipping into the local community from overseas places. She explained that the Administration had been reviewing the border control measures from time to time, and categorized different places into different groups according to their epidemic situation. To minimize inconvenience caused to travellers, when upgrading a country as a higher-risk place, there would be a lead time for implementation. The Administration would communicate with Consuls General of the relevant countries with a view to giving them sufficient time to inform their people.

22. Controller, Centre for Health Protection of DH ("Controller, CHP") added that COVID-19 mutant strains were prevalent in the world with high transmissibility. As at 9 September 2021, there were 331 imported cases involving L452R mutation. Statistics showed that 1.5% of confirmed cases involving L452R mutation were identified on the 19th day upon arrival, and 2.1% for N501Y mutation, and some sporadic cases were identified by compulsory testing on the 26th day upon arrival. He added that there was a certain number of imported cases involving vaccinated arrivals. As at 8 September 2021, 115 imported cases involved vaccinated arrivals, and 1.7% of which was identified on the 11th day upon arrival. Therefore, the quarantine period for vaccinated arrivals from medium risk places was set for 14 days. He further advised that the current quarantine periods for arrivals from different groups were suggested by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases ("Joint Scientific Committee").

Recognition of overseas vaccination records

23. Mr YIU Si-wing noted that at present, the Administration accepted the vaccination records in prescribed format issued by seven countries where their national regulatory authorities were not yet designated by the World Health Organization as stringent regulatory authorities. This was to facilitate Hong

Kong residents who had stayed in Group A specified places to return to Hong Kong. He asked whether the Administration would further recognize the vaccination records issued by other countries such as Nepal, the number of countries to be added to the recognition list and the targeted countries to be added.

24. The Chairman also raised concern that several hundred Hong Kong people were stranded in Cambodia and could not return to Hong Kong because their vaccination records had not yet been recognized by the Hong Kong Government. She asked when the Hong Kong Government would recognize the vaccination record issued by Cambodia and what measures would be taken by the Administration to facilitate their returning to Hong Kong safely.

25. SFH advised that the Administration was liaising with other countries, including Cambodia, to obtain relevant information for the purpose of recognizing the vaccination records issued by them. It would update the recognition list weekly.

Demand for designated quarantine hotels

26. Mr YIU Si-wing noted that currently, there was only one hotel and part of the Penny's Bay Quarantine Centre serving as Designated Quarantine Facilities for foreign domestic helpers ("FDHs") arriving from Group A specified places for their undergoing compulsory quarantine. He asked whether the administration would review the sufficiency of such quarantine facilities, and if found to be insufficient, whether the Administration would identify additional hotels for FDH's quarantine or open up more units at the Penny's Bay Quarantine Centre for such purpose.

27. SFH advised that the Labour Department would monitor the room reservation and occupancy rate of Designated Quarantine Facilities for FDHs. From the perspective of safeguarding public health, the Government must resume the admission of FDHs to Hong Kong in a gradual and orderly manner to guard against importation of cases.

Coronavirus disease 2019 test

28. Mr YIU Si-wing was concerned that in the light of the new policy that the Government would no longer accept deep throat saliva as specimen for compulsory testing, whether resources were sufficient to cope with a sudden increase in demand for professional swab sampling. He also asked whether there would be a mechanism for waiving the testing fee for undergoing

professional swab sampling and whether the Administration would accept deep throat saliva as specimen (the taking of which was free of charge) if patients were advised by doctors to undergo a COVID-19 test.

29. SFH advised that the new arrangement was targeted at compulsory testing only. At present, the community testing centres still had quotas for booking. The Administration would keep reviewing the demand for CTC services and might set up additional mobile specimen collection stations when necessary. Persons subject to compulsory testing under legislation or persons requested by doctors to undergo testing could undergo the tests free of charge. She added that under the new policy, compulsory testing using deep throat saliva specimen would continue to be conducted for testing provided by the medical practitioners for suspected symptomatic patients; and confirmatory tests for inbound travellers staying at designated quarantine hotels or quarantine facilities, etc.

30. Dr Pierre CHAN recalled that at the last Panel meeting on 20 August 2021, SFH advised him that a cleaner who was medically unfit to receive vaccination with medical proof could undergo testing free of charge at a CTC. However, he found that free testing at CTCs was only provided for individual eligible persons of targeted groups (including those who were unfit for vaccination because of health reasons) with medical proof. People who did not belong to targeted groups were required to pay for the testing fee even though they were medically unfit to receive vaccination with medical proof. He requested SFH to clarify the testing arrangements for cleaners, HA staff and school personnel who had medical proof of being unfit to receive vaccination.

31. SFH explained that it was the general policy of the Government to provide free COVID-19 test by professional swab sampling for all persons under compulsory testing. For persons of targeted groups who were not unfit for vaccination, there were different timetables of implementing the self-paid testing arrangement for different groups. As for persons outside targeted groups, the Administration noted that some employers required their staff to receive vaccination or undergo regular tests. Such testing arrangements, including whether the relevant staff members were required to pay for undergoing the test, would be subject to individual employers. She cited an example that civil servants who were medically unfit to receive vaccination with medical proof could reimburse the testing fee from the Government. She added that members of the public could still receive free testing by collecting the deep throat saliva specimen collection pack and returning the specimen to specimen collection stations.

Social distancing measures

32. Pointing out that Hong Kong had basically achieved the target of "zero local cases", Mr POON Siu-ping and Mr SHIU Ka-fai asked whether the social distancing measures could be further relaxed. Mr SHIU was concerned that the operation of some premises had not been fully resumed and asked whether the business hours of entertainment establishments could be extended from 12:00 am to 4 am.

33. SFH replied that the Administration would adjust social distancing measures with "vaccine bubble" as the basis. At present, Hong Kong was resuming to normality under the "vaccine bubble". Entertainment establishments were allowed to operate if all staff members and customers were vaccinated. She advised that a higher vaccination rate would be conducive to a further relaxation of the social distancing measures.

Coronavirus disease 2019 Vaccination Programme

Vaccination rate

34. Given that the vaccination rate in Hong Kong had reached a "bottleneck", the Chairman, Mr POON Siu-ping and Mr LEUNG Che-cheung asked about the Administration's measures to further boost the vaccination rate of eligible persons. Mr LEUNG suggested that the Administration might consider using public funds to provide financial incentives, such as providing shopping coupons to encourage the elderly to receive vaccination, instead of relying on private companies to do so. He also asked how the Administration could provide better vaccination services after the closure of some Community Vaccination Centres ("CVCs") in November 2021.

35. In response, SFH said that the vaccination rate of the elderly aged 70 and above was less than 30%. The Administration would therefore focus on boosting the vaccination rate of the elderly through facilitating measures. She pointed out that the major reasons for the low vaccination rate of the elderly were concerns about their health conditions and their family members' lack of information about vaccination which gave rise to their objection to the elderly's vaccination. To address the above problems, the Administration had provided medical consultation service for the elderly, and organized health talks for participating elderly and their family members prior to the administration of vaccines. It had also enhanced the convenience of receiving vaccination such as distributing same-day tickets to the elderly for vaccination in a CVC, and

providing vaccination service at the premises of HA and DH, District Health Centres and the Elderly Health Centres.

36. SFH further said that although five CVCs would be closed from November 2021, the operation of 21 CVCs would be extended to the end of 2021. With more than 60% of the population having received vaccination, the Administration believed that after November 2021, the 21 CVCs, together with the vaccination services of the Sinovac vaccine provided by 1 000 odd private doctor clinics, could meet the demand of the public.

37. The Chairman urged the Administration to provide better outreach vaccination service for the elderly. She also requested the Administration to provide clear guidelines for frontline healthcare personnel requiring them to proactively advise patients, in particular elderly patients who visited the hospitals for follow-up, on whether they were suitable for vaccination and might even help them get vaccination on-site. She also suggested that stations could be set up at public hospitals to provide pre-vaccination consultation service for patients who were waiting to see the doctors.

38. SFH said that HA was working on a series of proposals to provide better vaccination service to the elderly. It would explore if more measures could be introduced to promote vaccination.

39. Director (Quality and Safety) of HA added that currently, pre-vaccination consultation stations had been set up at specialist out-patient clinics to answer COVID-19 vaccine related enquiries from patients. Personnel of the above stations would also help the patients to make online bookings for vaccination as appropriate. Besides, HA planned to implement COVID-19 Vaccination Programme Fast-Track Service by referring suitable patients to walk in any CVC for their first dose of COVID-19 vaccine via presenting the designated form, and thus no need to go through the on-line booking system. HA was also liaising with the Civil Service Bureau to study the feasibility of arranging for individual public hospitals to set up Hospital COVID-19 Vaccination Stations ("HCVS") to provide on-site BioNTech vaccination for HA patients. In the initial trial phase, elderly persons who visited specialist out-patient clinics for follow-up, upon receiving advice from doctors that they were suitable for vaccination, would be directed to HCVS and get the vaccination immediately. He said that one of the factors for consideration of setting up vaccination stations at public hospitals was availability of space, as patients would need to stay at the assigned area for some time for observation after receiving vaccination.

40. Mr SHIU Ka-fai raised concern that some people had difficulty in obtaining medical proof on their state of being medically unfit for vaccination. He asked whether designated consultation service would be provided for the public to facilitate them to obtain such medical proof.

41. SFH advised that people not having contraindications of particular vaccine and had received Seasonal Influenza Vaccination without any adverse effect could receive COVID-19 vaccination. There was no need for a comprehensive body check before COVID-19 vaccination. To allay public's worries on COVID-19 vaccination, the Administration had held health talks to answer public's enquiries on such vaccination. General out-patient clinics also allocated designated time slots for consultation by the public on COVID-19 vaccination.

42. Noting the statement of Professor YUEN Kwok-yung that the vaccination rate of a vaccine would have to reach 142.9 % to achieve herd immunity, Dr Pierre CHAN asked how the vaccination rate was counted and calculated to achieve herd immunity. SFH advised that the website on COVID-19 vaccine published the total number of doses administered and breakdown on the numbers of persons who had received first dose and second dose respectively. The vaccination rate was calculated based on headcount. She took the view that the message of Professor YUEN's statement was that all persons who were not medically unfit should receive vaccination.

Administration of a third dose of vaccine for persons who had been fully vaccinated

43. Mr POON Siu-ping, Mr CHAN Han-pan and Mr LEUNG Che-cheung asked about the Administration's stance of administering a third dose of vaccine for fully vaccinated persons. Mr CHAN further asked whether the Administration would use the stock or procure additional vaccines if a third dose of vaccine was to be administered. The Chairman requested the Administration to actively pursue the matter and inform members accordingly.

44. SFH and Controller, CHP advised that the Joint Scientific Committee would discuss the matter in the week following the Panel meeting. It would study the appropriate time of injection, whether mixing of vaccines developed by different technology platforms was acceptable, and appropriate time interval between the second and third dose.

45. SFH further said that more than 5 million people had received the BioNTech vaccine and 2 million the Sinovac vaccine. The Administration would carefully review the quantity of vaccines available in Hong Kong and study what groups of people should receive the third dose of vaccine. It had been liaising closely with vaccine developers and understood that the vaccines currently available in Hong Kong would not expire very soon.

46. Dr CHIANG Lai-wan raised concern over the decline of antibody level in the first batch of people who received vaccination in late-February or early-March 2021. She asked about the Administration's assessment on the difference between the body's antiviral capabilities of unvaccinated persons and vaccinated persons with decreased antibody level after nine months of injection.

47. Controller, CHP explained that that the COVID-19 Vaccination Programme had operated for more than six months since its launch in late-February 2021. The two medical schools were studying the change of antibody level of sampled vaccinated persons over time and found that antibodies still maintained in them regardless of the type of vaccine they received. Although scientific evidence had shown that antibody levels would decrease from six to nine months after vaccination, another indicator of immunity related to T-cell response, which would also be induced by vaccines and might be more durable, would protect against severe disease and decrease the death rate. Therefore, the protection for vaccinated persons (even beyond nine months after vaccination) would be better than that of unvaccinated persons.

Procurement of vaccines

48. Mr CHAN Han-pan asked whether the Administration had planned to enter into purchase agreements with individual vaccine developers on the second generation COVID-19 vaccines. SFH advised that the Administration was monitoring the vaccine development in this regard. It was the Administration's target to boost the vaccination rate of people receiving the first dose of vaccine.

49. Dr CHIANG Lai-wan asked whether the Administration would consider adopting COVID-19 nasal spray developed by Hong Kong after its third phase clinical research had completed, as such spray was reported to have less side-effects. She also asked whether getting the COVID-19 vaccine in the thigh was allowed as advised by some experts that it would minimize the side effects of vaccination.

50. SFH said that there was a local study carried out by the University of Hong Kong, Xiamen University and Beijing Wantai Biological Pharmacy on development of COVID-19 nasal spray and the study was funded by the Health and Medical Research Fund. The first phase clinical trials of the vaccine was underway so it could not be used in Hong Kong at the moment. She further advised that the matter on getting the COVID-19 vaccine in the thigh would be discussed by the Joint Scientific Committees.

Suggestion of lowering the age limit for receiving the Sinovac vaccine

51. The Chairman, Mr POON Siu-ping and Mr CHAN Han-pan were concerned about whether the Administration would actively explore with the relevant pharmaceutical company with a view to lowering the age limit for receiving the Sinovac vaccine. Mr LEUNG Che-cheung also expressed concern on how children could be protected from infection if they could not receive vaccination.

52. SFH advised that currently, persons aged 12-year-old and above could receive the BioNTech vaccine. The Administration had been actively exploring with and obtaining relevant information from the relevant pharmaceutical company on lowering the age limit for receiving the Sinovac vaccine.

53. Controller, CHP added that the clinical trial data of the first two phases investigating the efficacy of the Sinovac vaccine in children were available and would be studied by the Joint Scientific Committees at its next meeting. It was noted that the phase three clinical trial was still underway. He further said that the major consideration in studying the matter was safety and effectiveness in children. In accordance with the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K), the Advisory Panel on COVID-19 Vaccines would scrutinize the relevant information and advise SFH on whether to approve the application for lowering the age limit for receiving the vaccine.

Resumption of normal services provided by the Hospital Authority

54. As the local epidemic situation had become stable, Mr POON Siu-ping expressed concern over whether HA would fully resume the provision of non-emergency services, which had been deferred so that the manpower resources of public hospitals could concentrate on combating the epidemic. The Administration noted his concern.

(At 12:27 pm, the Chairman extended the meeting for 15 minutes to 1 pm. At 12:57 pm, members agreed to the Chairman's suggestion to further extend the meeting for 15 minutes to 1:15 pm.)

IV. Implementation of the Hong Kong Genome Project

[LC Paper Nos. CB(4)1495/20-21(05) and (06)]

55. At the invitation of the Chairman, SFH and Chief Scientific Officer, Hong Kong Genome Institute ("CSO, HKGI") updated members on the implementation of the Hong Kong Genome Project ("HKGP") with the aid of a powerpoint presentation, details of which were set out in the Administration's paper (LC Paper No. CB(4)1495/20-21(05)).

Scale of the Hong Kong Genome Project

56. Mr POON Siu-ping asked whether any patients or their family members had rejected the invitation to participate in HKGP since its launch in July 2021 and if the target of sequencing 50 000 genomes in total was adequate in terms of number and achievable. Mr YIU Si-wing enquired about the expected annual demand for genome sequencing service in Hong Kong.

57. CSO, HKGI responded that HKGP was well received by patients and their family members. SFH advised that the Administration had solicited advice from local experts and made reference to overseas experiences including the United Kingdom and Singapore for determining the scale of the project. In Singapore where the population was around 6 million, 10 000 genomes were sequenced. As Hong Kong started HKGP comparatively late and the technology had advanced rapidly in recent years, it was believed that Hong Kong was capable of sequencing a larger amount of genome in order to maximize the benefit of the project. Principal Assistant Secretary for Food and Health (Health) 4 ("PASFH(Health)4") added that the number of cases with undiagnosed disorders in Hong Kong was not large, sequencing 50 000 genomes would therefore be appropriate and enough to meet the clinical need.

Personal privacy protection

58. As regards Mr POON Siu-ping's enquiry about when the Privacy Impact Assessment conducted by the independent third parties could be available, Chief Executive Officer, Hong Kong Genome Institute said that the assessment had started in August 2021 and a preliminary report would be ready by

mid-September 2021. No significant shortcomings of the project had so far been found.

59. Mr YIU Si-wing asked whether de-identification of data would hinder early diagnosis and treatment of patients, SFH and PASFH(Health)4 replied that de-identification of data was for research purpose only and patients requiring medical treatment would not be affected. HKGP would be an extra service on top of patients' regular treatment. Sequencing results would be forwarded to patients' attending doctors to aid diagnosis and treatment.

Funding

60. Mr POON Siu-ping asked about the usage of the $1.2 billion earmarked for HKGP. PASFH(Health)4 advised that the $1.2 billion was earmarked for the implementation of HKGP for five years, which consisted of a time-limited subvention of $520 million to cover the remuneration and rental cost of the project and a non-recurrent provision of $682 million to fund genome sequencing and bioinformatics analysis.

Clinical application of genome sequencing

61. Noting that the ultimate goal of HKGP was to promote clinical use of genome sequencing and enhance the financial accessibility of the service, Mr YIU Si-wing asked when these objectives would be achieved. PASFH(Health)4 advised that clinical application of genomic medicine had been under development around the globe, and the Administration envisaged to translate the outcomes into clinical applications in the long run. As HKGP was a government-subsidized project, participants would not be charged. In addition, the Hong Kong Children’s Hospital had established its clinical genetic service. HKGP would help transfer experience and knowledge to frontline staff in the Hospital Authority and gradually applying genome sequencing technology in clinical practice.

Collaborations on genome projects with other places

62. Given that currently most genomic studies were conducted on Caucasians, Mr YIU Si-wing asked whether there would be room for collaboration between Hong Kong and the Mainland, especially the Greater Bay Area ("GBA"), in genome researches and studies. The Chairman raised a similar question.

63. SFH responded that there had been on-going academic exchanges and cooperation between Hong Kong and the Mainland on genomic medicine from time to time. HKGP had just commenced operation and the Administration would keep abreast of the development.

Facilitations for biotechnology companies in Hong Kong

64. The Chairman expressed support for HKGP and foresaw it bringing significant contribution to Hong Kong's biotechnological development. She pointed out that there was a substantial number of biotechnology companies in the Hong Kong Science Park ("Science Park") and it was difficult for them to collect genetic data by themselves. She queried how those companies could obtain data collected from HKGP for research and product development purposes.

65. SFH replied that HKGI was located in the Science Park and had a good rapport with companies in relevant fields therein. CSO, HKGI added that HKGI had already met with a number of these companies and there would be a huge potential for collaboration. Moreover, HKGI maintained close relationships with the three partnering centres and the two local medical schools for future collaboration.

66. The Chairman also relayed opinions from biotechnology companies in Hong Kong that DNA samples were not allowed to be transferred from the Mainland to Hong Kong for diagnosis purpose, rendering those companies not able to provide services for Mainland customers. In addition, as genetic diagnosis was currently on the negative list in the Mainland, biotechnology companies in Hong Kong could not register in the Mainland or enter the Mainland market. The Chairman asked whether the Administration could strive for exemption from such restrictions for Hong Kong companies.

67. SFH advised that the Innovation and Technology Bureau ("ITB") had been striving for facilitations from the Mainland to allow export of biological samples to Hong Kong. In fact, four local universities (i.e. The University of Hong Kong, The Chinese University of Hong Kong, The Hong Kong University of Science and Technology and Hong Kong Baptist University) had established branches in Shenzhen which were recognized by the Ministry of Science and Technology and were allowed to make application for exporting human genetic resources to Hong Kong for research purpose under a trial scheme. HKGI might also lodge applications in accordance with the mechanism in the Mainland if deemed appropriate.

68. The Chairman called on the Administration to apart from research purpose, facilitate export of human genetic resources from the Mainland to Hong Kong for clinical applications. SFH undertook to discuss the matter with ITB.

Regulation of genomic medicine

69. Dr Priscilla LEUNG expressed concern that relevant legislation might lag behind the development of genomic medicine. Ethical issues might arise if uncontrollable incidents such as genetic mismatch took place.

70. SFH responded that an ethics advisory committee was set up under HKGI to look into related ethical issues. She further explained that genome editing technology was a separate topic. Those related to reproductive technology procedures were regulated by the Human Reproductive Technology Ordinance (Cap. 561) and a licence granted by The Council on Human Reproductive Technology was required for carrying out such procedures. Advanced gene therapies, such as the use of genetically modified immune cells in cancer treatments, were regulated by the Pharmacy and Poisons Ordinance (Cap. 138).

V. Any other business

71. There being no other business, the meeting ended at 1:07 pm.

Council Business Division 4
Legislative Council Secretariat
28 December 2021