

**For information  
on 30 January 2020**

**Legislative Council Panel on Health Services**

**Measures for the Prevention and Control of  
Novel Coronavirus Infection in Hong Kong**

**PURPOSE**

At the meeting of the Legislative Council Panel on Health Services on 10 January 2020, the Secretary for Food and Health briefed Members on the response measures in Hong Kong for the emergence of a cluster of pneumonia cases in Wuhan of Hubei Province. This paper provides Members with updates on the latest situation and measures being taken by the Administration to prevent and control the spread of novel coronavirus infection.

**LATEST SITUATION**

Global Situation

2. On 23 January, the World Health Organization (“WHO”) convened another urgent meeting of International Health Regulations Emergency Committee regarding the situation of novel coronavirus infection in Geneva. The Committee members agreed that the situation was an emergency in China but it had not yet but might become a global health emergency. The Committee would reconvene to discuss whether the situation of novel coronavirus infection constitutes Public Health Emergency of International Concern in ten days or less. As at 9 a.m. on 29 January 2020, 18 countries/regions (including the Hong Kong Special Administrative Region (“HKSAR”)) in the world have reported more than 6 060 confirmed cases of novel coronavirus infection, including 132 fatal cases. Please refer to **Annex I** for details.

Local situation

3. The Government published in the Gazette on 8 January an

amendment to the Prevention and Control of Disease Ordinance (Cap. 599) (the “Ordinance”) to include “Severe Respiratory Disease associated with a Novel Infectious Agent” as a statutorily notifiable infectious disease set out in Schedule 1 of the Ordinance through the Prevention and Control of Disease (Amendment) Regulation 2020 and the Prevention and Control of Disease Ordinance (Amendment of Schedule 1) Notice 2020, thereby vesting the Department of Health (“DH”) with the statutory powers to, among other things, put the contacts under quarantine and isolate the infected patients, etc.

4. Having regard to the outbreak of novel coronavirus in Wuhan of Hubei Province, we have stepped up the surveillance of novel coronavirus since 31 December 2019. Medical practitioners and hospitals are requested to report to the Centre for Health Protection (“CHP”) cases that fulfil the reporting criteria<sup>1</sup> for further investigation. As at noon on 28 January 2020, a total of 529 suspected cases had been reported, in which the patients concerned in eight cases were tested positive for novel coronavirus and 189 patients were in isolation, pending testing results. Please refer to **Annex II** for details.

## **PREVENTIVE STRATEGY AND MEASURES**

5. All government bureaux and departments, the Hospital Authority (“HA”), as well as relevant parties, have stepped up their disease preventive efforts on all fronts. Our strategy on preventing and controlling novel coronavirus infection focuses on the following -

- (a) enhancing mechanism and organisation structure to tackle disease;
- (b) strengthening immigration control;
- (c) minimising risks of virus infection and spreading in local community;

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<sup>1</sup> Under the current reporting criteria, medical practitioners are requested to make a report to the CHP for further investigation if they encounter an individual with fever, or acute respiratory illness, or pneumonia, and who had experienced one of the following within 14 days prior to the onset of symptoms: (a) visited Hubei Province (regardless of whether the individual had visited wet markets or seafood markets there); or (b) visited a medical hospital in the Mainland; or (c) had close contact with a confirmed case of the novel coronavirus while that patient was symptomatic.

- (d) enhancing personal hygiene of the public;
- (e) improving anti-epidemic facilities and services;
- (f) maintaining transparency of information;
- (g) fostering collaboration with the WHO, Mainland and overseas health authorities; and
- (h) allocating sufficient resources for the measures.

Major measures being taken are illustrated below.

*(a) Enhancing mechanism and organisation structure to tackle disease*

6. With a view to formulating relevant strategies and measures according to the development of the disease as soon as possible, the Chief Executive raised the response level under the Preparedness and Response Plan from Serious to Emergency level on 25 January, personally leading a Steering Committee cum Command Centre. There are four Workgroups under the Steering Committee cum Command Centre. The Workgroup on Disease Prevention and Control led by the Secretary for Food and Health is responsible for formulating strategies to manage infected cases and maintaining close liaison with relevant authorities in the Mainland and the WHO. The Workgroup on Responses and Actions led by the Chief Secretary for Administration would coordinate the work of relevant departments in fighting the disease. The Workgroup on Public Participation led by the Secretary for Home Affairs would encourage the community to take part in activities to tackle the virus. The Workgroup on Communications led by the Secretary for Constitutional and Mainland Affairs would make sure that the latest and accurate messages are conveyed to all members of the public and relevant stakeholders speedily and effectively.

7. An expert advisory group is set up under the Steering Committee cum Command Centre to provide professional advice to the Chief Executive and the HKSAR Government. Currently four experts with rich experiences in public health, epidemiology and clinical aspect have been engaged to join the expert advisory group, including Professor Gabriel Leung, Dean of Li Ka Shing Faculty of Medicine of the University of Hong Kong; Professor Keiji Fukuda, Director and Clinical Professor of the School of Public Health of the

University of Hong Kong and former Assistant Director General of the WHO; Professor Yuen Kwok-yung, Chair of Infectious Diseases, Department of Microbiology, Li Ka Shing Faculty of Medicine of the University of Hong Kong; and Professor David Hui Shu-cheong, Stanley Ho Professor of Respiratory Medicine and Director of Stanley Ho Centre for Emerging Infectious Diseases of the Chinese University of Hong Kong.

*(b) Strengthening immigration control*

Travellers from Hubei and Wuhan

8. As the outbreak is mainly found in the Hubei Province at which the situation is getting more severe, and experts have advised that asymptomatic patients would vastly increase the difficulties in disease prevention and control, the Steering Committee cum Command Centre has decided that with effect from 0:00 a.m. on 27 January, residents from Hubei Province and persons who visited the Hubei Province in the past 14 days (excluding Hong Kong residents) will not be permitted to enter Hong Kong until further notice, so as to lower the chance of infected persons entering Hong Kong. To facilitate the implementation of the aforementioned measure, all the self-service clearance channels (i.e. e-Channels) at control points will only be open to Hong Kong residents from 0:00 a.m. on the same day. Non-Hong Kong residents have to use normal immigration counters for immigration clearance. The Government is reaching out to hotels through the hotel industry and the Hong Kong Tourism Board to contact travellers from Hubei and Wuhan, and contacting students from Hubei returning to Hong Kong through tertiary institutions for follow-up by the CHP.

9. Besides, in order to reduce the flow of people between the Mainland and Hong Kong, the Mainland authorities have agreed to the HKSAR Government's request to suspend the issuance of endorsements in all 49 cities under the Individual Visit Scheme, on top of the earlier suspension of all tour groups to Hong Kong.

People returning to Hong Kong from the Mainland

10. Furthermore, the Government urges Hong Kong people to return from the Mainland as soon as possible. All persons returning from the Mainland are advised to stay home for 14 days upon their return as far as possible. Those who need to go out should wear a surgical mask for 14 days.

Hong Kong residents who have visited Hubei Province in the past 14 days should approach staff of the DH's Port Health Division for relevant assessment upon their arrivals. If such persons are found to be asymptomatic, they will be required to wear a surgical mask immediately and self-isolate for 14 days as far as possible. They will also be placed under medical surveillance by the DH. For Hong Kong residents and travellers who had been to Hubei Province in the past 14 days but had returned to or entered Hong Kong earlier, they should call the DH's CHP hotline (2125 1122). Hong Kong residents should also refrain from travelling to places affected by the disease.

11. The HKSAR Government has also suspended all the Mainland exchanges, visits, cultural and sports activities organised by the HKSAR Government.

#### Cross-boundary transport and border control point services

12. In connection with the measures above and further to the indefinite suspension of flights to and from Wuhan of Hubei Province, the following transport services and border control point services will be reduced or suspended with effect from 0:00 a.m. on 30 January –

- (1) on railway services, the services of the Hong Kong section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link ("XRL") and the Intercity Through Train will be suspended;
- (2) on aviation services, Mainland flights will be cut to about half;
- (3) on ferry services, all cross-boundary ferry services to and from the China Ferry Terminal and the Tuen Mun Ferry Terminal will be suspended;
- (4) on land-based cross-boundary transport, cross-boundary coach and shuttle bus services (including the short-haul cross-boundary coach service at Huanggang Port, Yellow Bus and Gold Bus) using the Lok Ma Chau Control Point, the Shenzhen Bay Port and the Hong Kong-Zhuhai-Macao Bridge Hong Kong Port will reduce the service frequency;
- (5) on ports, services of the West Kowloon Station, Hung Hom Station, China Ferry Terminal and Tuen Mun Ferry Terminal control points

will be suspended. The passenger services in Sha Tau Kok and Man Kam To will also be suspended, but the services for goods will not be affected.

13. Not only will the above measures reduce the flow of people between the Mainland and Hong Kong, but they will also allow relevant departments to focus resources on control points which remain in service through redeployment, thereby strengthening the health checks of travellers. In addition, body temperature checks and health declarations for departing travellers have already been implemented in all Mainland ports, including those in Shenzhen. The HKSAR Government will strengthen its joint efforts with the Mainland authorities in disease prevention and control, including putting in place more infrared body temperature checking equipment in the Hong Kong International Airport to implement body temperature checks for departing travellers as soon as possible.

#### Health declaration

14. The DH has imposed a health declaration form system on inbound travellers by air from Wuhan starting from 20 January and extended it to Hong Kong West Kowloon Station since 24 January. Starting from 29 January, the health declaration form system has been further extended to all inbound flights from the Mainland. The e-health declaration system will also be piloted gradually.

15. The Steering Committee cum Command Centre is monitoring the development of the disease and consulting expert advice to study measures that can further reduce the chances of infected people entering Hong Kong.

#### *(c) Minimising risks of virus infection and spreading in local community*

16. Although there is no local infection case at the moment, with a view to minimising the risk of virus spreading in local community, the HKSAR Government has cancelled/will cancel large-scale events which it organises or arranges and are expected to be attended by many people, including the International Chinese New Year Carnival, the Lunar New Year Cup football tournament and the lantern carnivals organised by the Leisure and Cultural Services Department (LCSD). The HKSAR Government has also reached a consensus with the organiser of the Hong Kong Marathon that the event originally scheduled for 9 February will also be cancelled. In addition, as the

HKSAR Government has to focus on fighting the disease, various types of Chinese New Year receptions hosted by the HKSAR Government, including the one hosted by the Chief Executive in the Government House, have been cancelled. The HKSAR Government appeals to community groups to take public health risks into account in organising any event.

17. To lower the risk of disease transmission among students in schools, the HKSAR Government will extend the Chinese New Year holidays of secondary schools, primary schools, kindergartens, child care centres and special schools so that they will resume classes on 17 February. During the original school days, all schools will keep their school premises open and arrange a suitable number of staff to take care of students in need and continue to handle school matters. As for other schools, including post-secondary institutions, the Education Bureau will maintain liaison with them so as to strengthen anti-epidemic measures. Special work arrangement for government departments has also been implemented starting from 29 January. Except for staff of the departments providing emergency services and essential public services, all other employees of the Government are not required to return to the offices after the holidays in order to reduce the risk of virus spreading in the community.

18. Various government departments has announced closures of a number of public facilities, including sports centres, sports grounds, museums, public libraries, etc. Furthermore, the Social Welfare Department has written to organisations operating subsidised social welfare services, including residential care home and day care centre services, providing them with additional resources to strengthen the cleaning and disinfection of the premises of their service units as well as reminding them to conduct body temperature checks for residents, working staff and visitors. Various Government departments will also step up the cleaning work in public facilities under their purview. The HKSAR Government has also reminded public transport operators and private property management companies to step up cleaning work to prevent the disease from spreading and protect public health.

*(d) Enhancing personal hygiene of the public*

19. The CHP has issued guidelines reminding citizens to be aware of personal hygiene and disseminated health messages to citizens on preventing communicable diseases and maintaining personal and environmental hygiene,

through various channels including Announcements in the Public Interest on both television and radio stations, Facebook page, YouTube channel, newspapers, the “GovHK Notifications” mobile app, health education infoline and media interviews. The CHP has also produced various health education materials, including leaflets, posters, infographics and pamphlets, etc. for dissemination in the community level to enhance promotion. It also maintains close liaison with different stakeholders and keeps them posted of the latest situation and preventive measures. The stakeholders have collaborated with and supported the CHP in spreading health-related messages to the public.

20. The HKSAR Government will proactively increase the supply of masks to ensure sufficient supply to public organisations and facilitate citizens to purchase masks. To meet the future demand for masks in Hong Kong, the Government and suppliers would work together to strive for restoring stable supply in short run. In addition to maintaining close contact with the suppliers, the Chief Executive has personally written to the State Council seeking their assistance in mask supply from the Mainland to Hong Kong. The HKSAR Government will closely monitor the market supply of other hygiene products such as hand sanitizer, alcohol-based handrub and bleach, and will speed up the procurement process as far as possible to ensure adequate supply for government departments in meeting the practical needs of anti-epidemic efforts.

*(e) Improving facilities and services*

21. To tackle the disease, the HKSAR Government will continue to identify suitable places to serve as quarantine centre facilities and other purposes. The two holiday camps under the LCSD, i.e. the Lady MacLehose Holiday Village and Lei Yue Mun Park and Holiday Village, have been reserved as quarantine centres. As at 9 a.m. on 29 January, a total of 36 persons required to be quarantined have been accommodated at the Lady MacLehose Holiday Village. Furthermore, the DH arranged on 26 January preparation of the Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp as quarantine centre for quarantining asymptomatic close contacts. A full range of support services has been provided by the Government to the quarantined persons to meet their needs, including provision of food, daily necessities and entertainment. To cope with the quarantine need in future, the DH is contacting other non-governmental organisations with a view to borrowing or requisitioning their holiday villages.



22. The CHP has set up a hotline (2125 1122) for the suspected and confirmed cases. The hotline operates daily from 8 a.m. to 9 p.m. including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotline.

23. On public hospitals, as at 9 a.m. on 29 January, 663 isolation beds were being used in the public hospitals with occupancy of around 40%. Hospitals in each HA cluster will continue to closely monitor the situation and allocate resources to mobilise the other isolation beds when required. In addition, the HA expects that rapid testing could be provided in laboratories of public hospitals in early February with a view to ascertaining whether a patient is infected as soon as possible.

24. The HA has prepared for opening designated clinics. If there is community outbreak in Hong Kong or neighbouring region (e.g. Guangdong Province), the HA would consider activating designated clinics in each cluster to support hospitals in handling a larger number of suspected cases or follow-up action in order to alleviate the pressure on hospitals and Accident and Emergency Departments (“AEDs”). Currently, seven designated clinics (one in each cluster) are well-prepared. Designated clinics would generally be responsible for handling mild cases, such that hospitals and AEDs could focus on more severe cases.

25. On hospital fees, the original HA fee-charging policy, which was to waive the charges for Non-eligible Persons (“NEPs”)<sup>2</sup>, served a public health strategy to avoid a situation where patients suffering from infectious disease evade tests due to their high cost and spread the disease in the community. However, as Hong Kong has entered a key stage in its efforts in preventing the disease, in order not to create an incentive for persons infected by novel coronavirus to come to Hong Kong for medical care because of the fee waiver,

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<sup>2</sup> Only patients falling into the following categories are eligible for the rates of charges applicable to “Eligible Persons”:

- holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
- children who are Hong Kong residents and under 11 years of age; or
- other persons approved by the Chief Executive of the HA.

Persons who are not Eligible Persons are classified as Non-eligible Persons.

the HKSAR Government has requested the HA to adjust its fee-charging policy and to charge all NEPs the relevant fees starting from 29 January. With regard to this government policy, the HA announced that they would start charging NEPs who met the novel coronavirus reporting criteria, beginning at 0:00 a.m. on 29 January. The concerned NEPs will be charged in accordance with the prevailing fees and charges mechanism for NEPs. Hospital fees will continue to be waived for “Eligible Persons” who meet the reporting criteria for novel coronavirus.

***(f) Maintaining transparency of information***

26. To enhance transparency, a dedicated webpage<sup>3</sup> was set up by the CHP on 4 January to provide relevant information and health advice on Severe Respiratory Disease associated with a Novel Infectious Agent, including information on the affected countries/areas<sup>4</sup>. Besides, the DH and the HA have been announcing the daily number of cases fulfilling the reporting criteria since 3 January and the latest local situation to the public via daily press conference since 23 January.

***(g) Fostering collaboration with the WHO, Mainland and overseas health authorities***

27. In 2005, a Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed between the HKSAR Government, the former Ministry of Health of the People’s Republic of China and the Secretariat for Social Affairs and Culture of the Government of the Macao Special Administrative Region. The relevant agreement was updated in 2018. The CHP has maintained close liaison with the National Health Commission (NHC) under established mechanism to notify each other of surveillance data on infectious diseases, emergency public health incidents and responses to major infectious diseases. Furthermore, a delegation of the HKSAR Government visited Wuhan on 13 January to participate in a two-day working visit under the arrangement of the NHC to acquire information about the situation of the cluster of pneumonia cases in Wuhan, prevention and control measures as well as clinical management. In the meantime, the CHP will continue to maintain close liaison with the WHO and report to them the latest situation in Hong Kong.

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<sup>3</sup> <http://www.chp.gov.hk/en/features/102465.html>

<sup>4</sup> [http://www.chp.gov.hk/files/pdf/statistics\\_of\\_the\\_cases\\_novel\\_coronavirus\\_infection.pdf](http://www.chp.gov.hk/files/pdf/statistics_of_the_cases_novel_coronavirus_infection.pdf)

*(h) Allocating sufficient resources for the strategies and measures*

28. To ensure effective implementation of the above strategies and measures, the HKSAR Government would render full financial support in meeting any additional resources reasonably required by government departments, the HA and units undertaking related studies in the tertiary institutions, so long as they contribute to anti-epidemic efforts.

**WAY FORWARD**

29. The Government will continue to adopt the three principles in implementing the preventive and response measures, namely (i) making prompt responses; (ii) staying alert; and (iii) working in an open and transparent manner. In addition to the ongoing risk assessments, the Government will monitor the effectiveness of the contingency plan and step up public health measures as appropriate. We will also enhance publicity to keep the public informed of the latest disease situation and appeal to the public to work together in disease prevention and control.

**ADVICE SOUGHT**

30. Members are invited to note the contents of this paper.

**Food and Health Bureau  
Department of Health  
Hospital Authority  
January 2020**

**Countries/areas with reported cases of novel coronavirus infection**  
**(Last updated on January 29, 2020, 9 am)**

All information is based on that notified or reported by the National Health Commission, the Health Commission of Guangdong Province, Health Bureau of Macao Special Administrative Region, Taiwan Centers for Disease Control and health authorities of overseas countries.

- Number of cases in Mainland China: 5974 cases (as of January 28, 2020, 24:00), including 1239 cases in serious condition and 132 death cases.
- Number of cases in other countries/areas: at least 86 cases

**Countries/areas with possible community transmission of novel coronavirus infection**

Country/Area	Number of reported cases
Hubei Province, China	3554 (as of January 28, 2020, 24:00)

**The following countries/areas have reported cases of novel coronavirus infection, but there is so far no evidence of possible community transmission of novel coronavirus infection in these countries/areas**

As of January 29, 2020, 9 am:

Mainland China	Number of cases
Beijing	91
Liaoning	34
Anhui	106
Chongqing	132
Shaanxi	46
Tianjin	24
Fujian	80
Hunan	143
Sichuan	90
Gansu	19
Heilongjiang	31
Jiangxi	109
Guangdong	207
Guizhou	9
Shanghai	66
Shandong	95

Mainland China	Number of cases
Guangxi Zhuang Autonomous Region	51
Yunnan	44
Inner Mongolia Autonomous Region	15
Zhejiang	173
Henan	168
Hebei	33
Hainan	40
Jilin	8
Shanxi	27
Ningxia Hui Autonomous Region	11
Jiangsu	70
Xinjiang Uygur Autonomous Region	10
Qinghai	6

As of January 29, 2020, 9 am:

Other countries/areas	Number of cases
Hong Kong Special Administrative Region	8
Macao Special Administrative Region	7
Taiwan	8
Japan	7
Korea	4
Thailand	14
Singapore	7
Vietnam	2
Nepal	1
Malaysia	7
United States	5
Australia	5
France	3
Canada	2
Germany	4
Sri Lanka	1
Cambodia	1

**Distribution of pneumonia cases of novel coronavirus infection reported in Guangdong Province (as of January 28, 2020, 24:00)**

Areas	Number of cases
Guangzhou	51
Shenzhen	57
Zhuhai	12
Shantou	5
Foshan	18
Shaoguan	4
Meizhou	4
Huizhou	11
Shanwei	1
Dongguan	7
Zhongshan	6
Yangjiang	9
Zhanjiang	7
Zhaoqing	4
Qingyuan	6
Jieyang	4
Heyuan	1
Total	207

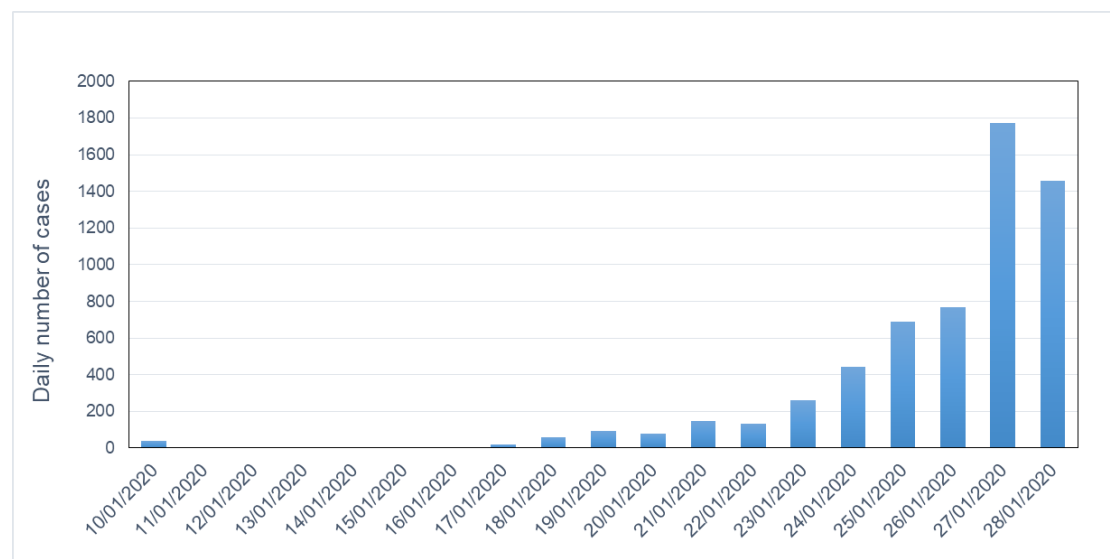


Figure 1 - Daily number of confirmed cases reported in Mainland China since January 10, 2020.

**Latest situation of reported cases of Severe Respiratory  
Disease associated with a Novel Infectious Agent**

Since 31 December 2019 (as of 28 January 2020, 12:00 noon), the Centre for Health Protection (CHP) of the Department of Health has received reports of a total of 529 cases fulfilling the reporting criteria, including 8 confirmed cases and 332 cases which were ruled out as novel coronavirus infection. The remaining 189 cases were still hospitalised for investigation.

Details of confirmed cases of novel coronavirus infection:

Case no.	Date of laboratory confirmation	Gender	Age	Name of hospital admitted	Discharge status
1	23/01/2020	M	39	Princess Margaret Hospital	Hospitalised
2	23/01/2020	M	56	Princess Margaret Hospital	Hospitalised
3	24/01/2020	F	62	Princess Margaret Hospital	Hospitalised
4	24/01/2020	F	62	Princess Margaret Hospital	Hospitalised
5	24/01/2020	M	63	Princess Margaret Hospital	Hospitalised
6	26/01/2020	M	47	Princess Margaret Hospital	Hospitalised
7	26/01/2020	F	68	Princess Margaret Hospital	Hospitalised
8	26/01/2020	M	64	Princess Margaret Hospital	Hospitalised

Remarks:

1. Suspected cases were reported under enhanced surveillance system from 31 Dec 2019 to 7 Jan 2020.
2. “Severe Respiratory Disease associated with a Novel Infectious Agent” has been a notifiable disease, with effect from 8 Jan 2020. Cases were reported as suspected cases of “Severe Respiratory Disease associated with a Novel Infectious Agent” since 8 Jan 2020.

(Last updated on 28 January 2020)