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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the special meeting on 30 January 2020**

**Measures for the prevention and control
of novel coronavirus infection in Hong Kong**

Purpose

This paper gives a brief account on the outbreak of a novel coronavirus ("CoV")¹ infection since December 2019 and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the prevention and control measures taken by the Administration in this regard.

Background

2. A cluster of viral pneumonia cases of unknown causative pathogen was first detected in Wuhan of Hubei Province in December 2019. The Mainland authorities confirmed on 7 January 2020 that the etiologic agent responsible for the cases had been identified as a novel betacoronavirus (in the same family as SARS-CoV and MERS-CoV).² According to the World Health Organization ("WHO"), current estimates of the incubation period of 2019-nCoV range from two to 14 days. The main clinical signs and symptoms reported in this outbreak include fever, difficulty in breathing, and chest radiographs showing bilateral lung infiltrates. As of 27 January 2020, human-to-human transmission

¹ CoVs are a large family of viruses, some causing illness in human and others circulating among animals. Four human coronaviruses ("HCoVs") that cause mild diseases like common cold are HCoV-229E, HCoV-NL63, HCoV-HKU1 and HCoV-OC43. The latter two are betacoronaviruses. Two other betacoronaviruses that cause the severe illnesses in human (i.e. Middle East Respiratory Syndrome ("MERS") and Severe Acute Respiratory Syndrome ("SARS")) are MERS-CoV, acquired by contact with dromedary camels, and SARS-CoV arising from civets and cave-dwelling horseshoe bats.

² The coronavirus is temporarily named by the World Health Organization as "2019-nCoV".

has been confirmed largely in Wuhan, but also some other places in the Mainland and internationally, with fourth-generation and second-generation cases reported in Wuhan and outside Wuhan respectively.³ The main mode of transmission of 2019-nCoV is through respiratory droplets. The virus can also be transmitted through contact. There is currently no vaccine to protect against and no specific antiviral treatment for 2019-nCoV. As of the midnight of 28 January 2020, a total of 5 974 cases have been reported in the Mainland, including 1 239 cases in serious condition and 132 death cases. In other 17 places, 86 cases were reported as of 9:00 am on 29 January 2020.

3. Locally, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("the Plan")⁴ on 4 January 2020, under which a three-tier response level, namely Alert, Serious and Emergency, is adopted. The cluster of viral pneumonia cases detected in Wuhan is regarded as a Novel Infectious Disease of Public Health Significance⁵. The Serious Response Level⁶ was activated with immediate effect. The Hospital Authority ("HA") announced on the same day the activation of Serious Response Level in public hospitals. Separately, with effect from 8 January 2020, "Severe Respiratory Diseases associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599) and a specified disease in section 56 of the Prevention and Control of Disease Regulation (Cap. 599A). Based on the assessment that the risk of health impact caused by 2019-nCoV on the local population is high and imminent, the response level under the Plan has been raised to the Emergency Level⁷ on 25 January 2020. HA announced on the same day the activation of Emergency Response Level in public hospitals.

³ According to WHO, not enough is known about the epidemiology of 2019-nCoV to draw definitive conclusions about the full clinical features of disease, the intensity of the human-to-human transmission, and the original source of the outbreak. Understanding the time when infected patients may transmit the virus to others, in particular whether transmission can occur from asymptomatic individuals or during the incubation period, is critical for control efforts.

⁴ The Plan can be accessed at the website of the Centre for Health Protection at https://www.chp.gov.hk/files/pdf/govt_preparedness_and_response_plan_for_novel_infectious_disease_of_public_health_significance_eng.pdf.

⁵ "Novel Infectious Disease of Public Health Significance" is defined as any infectious disease caused by a pathogen unknown to cause human disease before, but may have changed its property to cause human infection with or without the ability of efficient human-to-human transmission. The disease has the potential to lead to international spread and public health emergency.

⁶ Serious Response Level corresponds to a situation where the risk of health impact caused by the novel infection on local population in Hong Kong is moderate.

⁷ Emergency Response Level depicts a high risk of serious human infections caused by the novel infectious agent in Hong Kong, and serious infections may be widespread. It generally applies to situation where there is evidence or imminent risk of sustained community level outbreaks.

4. The Centre for Health Protection ("CHP") of the Department of Health ("DH") has enhanced surveillance since 31 December 2019 in response to the emergence of the cluster of viral pneumonia cases in Wuhan. As of 12:00 noon on 28 January 2020, CHP has received reports of a total of 529 cases fulfilling the reporting criteria,⁸ including eight confirmed imported cases and 332 cases which were ruled out as 2019-nCoV infection. The remaining 189 cases were still hospitalized for investigation. Epidemiological investigations and relevant contact tracing of the confirmed cases are continuing. Quarantine will be arranged for close contacts whereas medical surveillance will be arranged for other contacts. Details of the progress on the contact tracing of the eight confirmed imported cases in Hong Kong and the relevant overseas cases as of 4:00 pm on 28 January 2020 are in **Appendix I**.

Deliberations of the Panel

5. The Panel discussed at its meeting on 10 January 2020 the measures adopted by the Administration as of early January 2020 in response to the emergence of the cluster of viral pneumonia cases in Wuhan. The deliberations and concerns of members are summarized below.

Communication with the Mainland authorities

6. Members noted that a Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed between the Government of the Hong Kong Special Administrative Region and the Mainland's former Ministry of Health and the Secretariat for Social Affairs and Culture of the Government of the Macao Special Administrative Region in 2005. Many members were concerned about whether the notification on surveillance data on the cluster of pneumonia cases in Wuhan from the Mainland authorities was in a timely manner.

7. The Administration advised that CHP would continue to maintain close liaison with the National Health Commission ("NHC") and WHO, and closely monitor the situation for risk assessment. Some members suggested that the Administration should be more proactive and arrange a delegation visit to Wuhan to get the first-hand information of the latest development of the cluster

⁸ The prevailing reporting criteria of "Severe Respiratory Disease associated with a Novel Infectious Agent" are: (a) presented with fever or acute respiratory illness or pneumonia; and (b) either one of the following conditions within 14 days before onset of symptom: (i) with travel history to Hubei Province (irrespective of any exposure to a wet market or seafood market); or (ii) visited a medical hospital in the Mainland; or (iii) had close contact with a confirmed case of novel coronavirus infection while that patient was symptomatic.

of viral pneumonia cases in Wuhan and the genome sequence data from the viruses. The Administration took note of the suggestion.

Handling of suspected cases

8. Some members expressed concern about a media report that the departure of a patient, who had been to Wuhan recently and presented with fever, respiratory infection or pneumonia symptoms, from the Ruttonjee Hospital had been lost trace of. The Administration advised that CHP was following up the incident. It should be noted that with effect from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" had been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance. The Director of Health had the legal power to effectively handle confirmed or suspected cases if the patients concerned were uncooperative and refused to, for example, be isolated or quarantined.

Response measures of HA

9. In view of the already overloaded Accident and Emergency Departments of public hospitals, the upcoming winter surge and the healthcare manpower constraint of HA, members were concerned about the surge capacity of HA to cope with a possible outbreak of the disease in the community. They were particularly concerned about the availability of the 1 400-odd negative pressure isolation beds in public hospitals.

10. According to HA, the Central Commend Committee meeting had been convened to examine measures to cope with the suspected cases related to the viral pneumonia with unknown cause in Wuhan. Measures implemented with immediate effect included enhancing its laboratory service so that rapid test result could be available earlier to facilitate isolation or discharge arrangements; adjusting ventilation system to increase fresh air exchange in public hospitals and clinics; transferring stable patients to rehabilitation or convalescence wards, and in accordance to the agreement with two private hospitals transferring out patients for continuous treatment in order to vacate acute beds to meet emergency need; and exploring the feasibility to defer the elective surgeries and non-emergency services. At present, there were some 500 isolation beds in public hospitals, with an occupancy rate of around 60%. Some 200 beds were immediately available for infectious patients. Where necessary, HA could use the remaining several hundreds of isolation beds by phases.

11. Concerns were raised over the stockpile of personal protective equipment for frontline healthcare personnel of public hospitals. HA advised that the current stockpile of personal protection equipment in public hospitals was adequate for three months' consumption. There were designated contact points

in each of the seven hospital clusters to answer staff's enquiries concerning the supply of personal protective equipment and linen.

Risk communication

12. Some members proposed that the Administration should issue a travel alert under the Outbound Travel Alert System to help Hong Kong residents to better understand the health risk in travelling to Wuhan and other areas in the Mainland. There was also a suggestion that the Administration should promote the application of FTOCC (i.e. Fever, Travel, Occupation, Contact and Clustering) criteria in identifying suspected cases in the community through various channels, including the 18 District Councils ("DC").

13. The Administration advised that travel alerts aimed to help people to better understand the possible risk or threat to personal safety in travelling to 88 countries or territories that were popular travel destinations for Hong Kong residents, which did not include the Mainland. It assured members that risk communication, publicity, public education and port health measures, etc. had been enhanced to heighten vigilance of the community against the disease. Specifically, CHP had set up a dedicated webpage of "Severe Respiratory Disease associated with a Novel Infectious Agent" for easy public access of the relevant information, including the travel health advice on not visiting wet markets, touching animals, making close contact with patients and consuming game meat when travelling outside Hong Kong. DH would provide updates and health advice to DC members through 18 DC secretariats, who could further disseminate the information via their own channels.

Maintaining of personal and environmental hygiene

14. Holding the view that wearing a surgical mask when taking public transport or staying in crowded places was of paramount importance for prevention of pneumonia and respiratory tract infection, members were concerned about the shortage in supply and the rise in price of surgical masks in the market. The Administration advised that members of the public having symptoms of respiratory infections should wear a surgical mask, avoid crowded places and seek medical consultation promptly. According to the suppliers at the retail level, new batches of masks had been ordered for stock replenishment. The Administration had appealed the trade to maintain the price level of masks.

15. Pointing out that staff and visitors who had visited the Mainland recently could be sources of infection of the disease, some members were concerned about the infection control measures adopted by residential care homes for the elderly ("RCHEs"). Questions were raised as to whether the Administration would provide cleansing and disinfection services for RCHEs as well as relevant

training for RCHE staff. The Administration advised that guidelines on prevention of communicable diseases in RCHEs were in place. All RCHEs were required to designate an Infection Control Officer and arrange for staff training to assist in preventing the spread of communicable diseases within RCHEs. In the light of the emergence of the cluster of viral pneumonia cases in Wuhan, CHP had issued letters to RCHEs to advise them to heighten their prevention and control measures to guard against the disease.

Inter-departmental actions

16. Question was raised as to whether any drills had been conducted in the light of the cluster of viral pneumonia cases in Wuhan. The Administration advised that CHP had conducted a public health exercise code-named "Sunstone" in June 2018 for a communicable disease that could be caused by a pathogen currently unknown to cause human disease, with a view to testing the Administration's capacity in this regard. A Steering Committee meeting chaired by the Secretary for Food and Health was convened on 6 January 2020 to discuss the latest situation as well as the prevention and control measures with various policy bureaux and government departments according to the Plan.

Recent developments

17. The Chief Executive held a press conference on 28 January 2020 to announce the enhanced measures for disease prevention and control. The opening remarks of the Chief Executive and the transcript of remarks of the press conference are in **Appendices II and III**.

18. The Administration will update the Panel on 30 January 2020 on its latest measures for the prevention and control of novel CoV infection in Hong Kong.

Relevant papers

19. A list of relevant papers on the LegCo website is in **Appendix IV**.

**Progress on the contact tracing of the eight confirmed imported cases
in Hong Kong and overseas cases as at 4 pm on 28 January 2020**

Imported cases in Hong Kong

	Close Contact	Other contact
1st case (39-year-old male patient)	4 persons All at Lady MacLehose Holiday Village for quarantine	49 persons All are under medical surveillance
2nd case (56-year-old male patient)	4 persons All at Lady MacLehose Holiday Village for quarantine	21 persons All are under medical surveillance
3rd and 8th case (62-year-old female patient and 64-year-old male patient)	16 persons 2 at Lady MacLehose Holiday Village for quarantine Regarding the contacting tracing of 14 at Tuen Mun Hospital (TMH)'s Accident and Emergency Department, 12 are currently in Hong Kong. Among them, 6 at Lady MacLehose Holiday Village for quarantine. 6 at TMH and Tin Shui Wai Hospital for quarantine	22 persons All are under medical surveillance
4th and 5th case (62-year-old female patient and 63-year-old male patient)	2 persons All at Lady MacLehose Holiday Village for quarantine	6 persons 3 at Prince of Wales Hospital for isolation; and 3 are under medical surveillance
6th case (47-year-old male patient)	3 persons All at Lady MacLehose Holiday Village for quarantine	15 persons All are under medical surveillance

	Close Contact	Other contact
7th case (68-year-old female patient)	Nil	7 persons 1 at TMH for isolation; 1 at PWH for isolation; and 5 are under medical surveillance

Overseas cases

	Close Contact	Other contact
Japan case KA853 CX500	8 persons All at Lady MacLehose Holiday Village for quarantine	2 persons All are under medical surveillance
Huizhou case	2 persons All at Lady MacLehose Holiday Village for quarantine	Nil
United States case KA 855 CX 880	5 persons 4 will be transferred to Lady MacLehose Holiday Village for quarantine 1 at Princess Margaret Hospital for isolation	10 persons 1 at Ruttonjee Hospital for isolation; and 9 are under medical surveillance
Haikou KA694	1 persons The person will be transferred to Lady MacLehose Holiday Village for quarantine	Pending

Source: Press release entitled "The Centre for Health Protection announces latest arrangements on health declaration and situations on imported cases of novel coronavirus infection" issued by the Administration on 28 January 2020

附錄II
Appendix II

新聞公報

行政長官抗疫記者會開場發言（只有中文）（附圖／短片）

行政長官林鄭月娥今日（一月二十八日）下午舉行記者會。保安局局長李家超、運輸及房屋局局長陳帆、食物及衛生局局長陳肇始教授、商務及經濟發展局局長邱騰華、入境處處長曾國衛、海關關長鄧以海、衛生署署長陳漢儀醫生及醫院管理局行政總裁高拔陞醫生亦有出席。以下是林鄭月娥的開場發言：

各位傳媒朋友，各位香港市民：

今日是年初四，亦是香港新春公眾假期的最後一天，我連同我八位同事在今日向大家匯報政府的進一步工作，以及我們就着新型冠狀病毒防控疫情的額外措施。

由我主持的督導委員會暨指揮中心今日已經召開了第三次會議，換句話說，自從我於年初一向大家公布我們已經把這疫情的應變級別由嚴重提升至緊急。督導委員會的主持提升至行政長官以後，這三天以來，我們每日都召開督導委員會，絕不敢鬆懈。

正如我在上次所說，在任何情形下要防控疫情都是要社會齊心協力，同心抗疫是我希望得到社會的廣泛認同和支持。自從本月一日開始進入戒備狀態後，接近一個月，參與防疫、抗疫人員不辭勞苦，特別是那些走在最前線的，包括衛生署衛生防護中心、港口衛生局的同事以及醫院管理局在各醫院和診所的前線同事，他們盡心盡力，亦包括在後勤支援，例如負責環境衛生的人員和政府化驗所人員，我在此向他們一一致謝。

全社會在齊心協力做好防疫、防控的工作，最終目標是維護市民的健康。從這角度，我感到很遺憾的是近日在網上有大量謠言散播，亦有大量假消息發放。這些都會嚴重影響我們的防控疫情工作，亦會製造不必要的恐慌，最終受害的都是香港市民。我舉一個例子，例如昨天，有網上貼文散播假消息說我作為行政長官同意利用香港的醫療系統來協助國家分流處理疫情的要求。這個內容簡直是荒謬，如果大家可以了解我們不同的醫療服務範圍、能力，都知道沒有可能用香港的醫療系統去做這件事。發放這些消息的人士有甚麼目的、有甚麼企圖，我想大家都很清楚。但正如我所說，這些人散播這些謠言，對於今日越趨嚴峻的疫情是會令到我們更困難，因為我們除了要每日處理疫情、制訂措施，部門要執行這些措施之外，還要時常去監察着網上謠言和假消息，還要即時、適時地作回應，會分散我們的精力。我在此再次對於散播謠言和假消息的人士表示強烈譴責，亦希望社會大眾不要輕信這些謠言。政府在不同網頁都會適時發放最準確、全面的消息，大家亦可以就此多加留意。這個疫情的發展速度和嚴峻的程度都是不斷地變化，所以特區政府採取的應變措施亦要不斷更新，但總的來說，我們都是以科學理據和專家意見為本，在此特別要再次感謝接受我委任成為專家顧問團的四位教授，他們在我們近月的工作方面發揮了很大的功能。

接着想跟大家說說經過督導委員會同意的額外措施，一共有七方面。

第一方面，亦是按着我上次所說，控制疫情的其中一個主要手段是要大幅度地減少兩地人流。這方面請大家注意，我的說法是兩地人流，換句話說，並不單是來香港的內地旅客，亦包括了香港居民到內地旅遊或作其他目的，兩地這些人流是需要大幅度減少。讓大家看看一些數字，香港與內地現時有十四個主要口岸管制站，從今年一月一日至一月二十六日的人流方面，香港居民佔了百分之六十七，內地居民是百分之二十六，其他的就是其他國籍人士。就最近的二十五和二十六日這兩天，隨着大家都知道，內地有一些離境的限制，亦有很多內地或者所有內地旅行團都取消，所以二十五、二十六日這兩天，香港居民佔的比例上升至百分之七十四，換句話說，四分之三經過我們的關口或口岸是香港居民，這方面是大家需要留意。但因應新型冠狀病毒疫情嚴峻，為了進一步減低兩地人員的流動，減低一些非必要往來，我們現時宣布採取以下措施。

第一個措施是要從源頭做起。我獲得中央的同意，內地會暫停發出個人遊的簽注，即是自由行的簽注，涵蓋——現時大家都知道的——四十九個城市。根據去年十二月的數字，內地訪港遊客或是其他內地前來的人士，個人遊是佔了入境人士大概一半，所以如果不再簽發個人遊的簽注將會大大減少內地到港人士；而早前內地亦決定暫停所有到港的旅行團，而這方面所佔的入境人士比例，大概是百分之二十多。換句話說，現時剩下其他一些來做商務工作、探親以至其他理由的，大概佔一般內地入境人士約百分之二十。所以，在這一方面是非常有成效的，可以大大減低內地人訪港。

第二個措施，因為兩地人民往來需要交通服務，所以我們亦會大幅縮減兩地的交通服務，包括海、陸、空。第一，就是暫停整條香港段的高鐵和紅磡的城際直通車所有班次。第二，在空運方面，內地到港的航班會削減一半。第三，海運方面，暫停所有中國客運碼頭和屯門客運碼頭的跨境渡輪服務。在陸路方面，我們會減少跨境巴士的班次，包括經港珠澳大橋的金巴和沙頭角的跨境巴士。這是大幅縮減兩地交通服務的各项措施。

第三，暫時停止部分口岸的服務。受影響的口岸將會包括暫時關閉的西九龍高鐵站、紅磡站口岸；沙頭角和文錦渡兩個口岸會暫停客運服務，即是說貨運會繼續；中國客運碼頭和屯門客運碼頭正如剛才所說，跨境渡輪服務暫停，所以口岸亦會暫停。

以上措施只是針對客運，貨物運輸是不受影響，生效日期是由一月三十日凌晨——今日是一月二十八日，因為大家都知道有很多配合工作要做——直至另行通告。暫時停止部分口岸服務還有一個額外的好處，就是令到我們可以調配人手，集中在一些繼續服務的口岸中加強對旅客的監測或體溫檢驗方面的服務。

我非常感謝中央很支持我們在這方面的工作，亦有相關部委配合我們剛才所說的一系列工作。我本人在昨天與廣東省省長馬興瑞通了一次電話，基本上達成了共識。其實兩地相關部門的同事都是日以繼夜、徹夜不眠地研究怎樣可以盡快落實上述對於口岸和跨境交通服務的改動。

另一個措施加強兩地人流的監控就是做好聯防聯控的工作。大家也可能聽過，內地近日在所有的口岸，當然包括深圳各個口岸，落實了離境的體溫檢測以及健康申報，即旅客離開內地境時已做完這些工作。我們在這方面也會作出配合，就是在口岸我們亦會盡快落實離境的檢測，包括在國

際機場。我們會在各個口岸增加紅外線體溫檢測裝配的儀器，稍後食物及衛生局局長可以在這方面進一步補充。

第二個策略措施，是近日我們留意到社會對於醫院管理局收費的問題表達關注。我想在此說，對於非符合資格人士，基本上是指非香港居民，一向來說，如果他們去公立醫院是要收取一個收回成本、相當昂貴的醫療費用；但是在公共衛生政策方面亦有一個要求，就是為了避免傳染病的病人因為高昂的費用而迴避檢測，令病毒傳入社區，所以在我們的制度裏亦會特別註明，如果是這些非符合資格的人士但與傳染病相關的，我們亦可以豁免醫療費用。今日醫院管理局的收費制度正正反映這個公共衛生的要求，亦不是今次特別制定出來，它一直在醫管局甚至我相信在醫管局成立之前，我們的醫療收費制度也有此安排。但是我明白我們現在處於一個防疫的關鍵時刻，所以因時制宜，我認為需要調整這個相關的做法去避免造成一個誘因，令到可能感染了新型冠狀病毒的人士來到香港，增加醫院管理局的工作壓力。所以我在此宣布，由即日開始，醫院管理局將向所有非符合資格人士收費。

接著第三個策略方面的措施，就是上一次說的，除了控制兩地人流交往外，在香港境內的人士也要減少接觸，以避免有社區感染的出現。第三個策略就是再進一步減少香港境內人流及人與人之間的接觸。除了已經停學，以及一些服務和大型活動已停止，我在此作出幾項呼籲。第一是呼籲香港人盡快要從內地回來。任何人如果從內地返港，在條件許可下，應該在返港後14日內，留在家中；如果需要外出，就應在返港後14日內配戴口罩。我亦再次呼籲，港人不要在這段時間再到有疫情的地方，不要因為不需要上班、上學而多了旅遊，這樣只會製造更多風險。

我亦呼籲各個企業作一個彈性安排。在政府公務員方面，我們已經在今早作出通報——就是公務員，除非是緊急或是必須要提供公共服務，除此之外，他們可以在新春假期，即明日起留在家中工作直至二月二日，我們再檢視情況。大家可以放心，各個部門的緊急、必須的服務一定會維持，而有關部門亦會按所需關閉的設施作出公布。事實上，由昨天晚上到現在，幾個部門已就一些公眾會使用的設施作出關閉的公布，包括康樂及文化事務署、社會福利署及其轄下受資助的社福單位、環境局及漁農自然護理署。如果還有部門需要發出通告，稍後亦會做。我亦呼籲市民在乘搭公共交通時候應該配戴口罩。

第四個議題是近日都有人問的——我們如何協助目前滯留在湖北省的港人。截至昨日為止，政制及內地事務局和我們五個駐內地的經貿辦事處、保安局和入境處一共累計收到107宗來自港人的救助個案，涉及人數大約200名。這107宗的救助個案全部都與湖北省有關，當中照我們掌握並沒有學生，因為大部分在湖北省讀書的學生在春節期間已返港，主要因為沒有交通的安排而滯留當地，駐武漢辦事處已因應情況向這些救助人提供意見，我們會繼續與求助人保持聯繫。由於現在相關地區的公共交通已全面停頓，所以特區政府正與中央商討如何在安全和實際可行的情況下，安排滯留在湖北省的港人回港。

第五個議題是湖北人在香港。我們昨日起限制或禁止湖北居民和過去十四日曾在湖北逗留過的人士入境，但就早前已入境的湖北省人士，我們現在沒有一個準確數字，但相信亦有一定數量。一般湖北居民拿簽證來，都是逗留香港七日，所以數目將會愈來愈少，但無論如何，我們都會設法

接觸這些現在在港的湖北省人士，給予他們適當的健康衛生指示。我們會透過酒店業界和旅遊發展局接觸各間酒店，聯絡來自湖北或武漢的旅客，然後轉介給衛生署衛生防護中心作出跟進。同時，教育局亦會聯絡各大專院校，將在院校內來自湖北省的學生同樣轉介至衛生防護中心作出跟進。我們在此呼籲，在過去14日內曾到湖北省回來的香港人，亦要致電衛生防護中心熱線尋求衛生指示。

第六個方面，亦是最近引起了一些討論，就是檢疫設施。坊間稱這些為「隔離營」，事實上不是「隔離營」，是有不同用途的檢疫設施。為了要應對疫情，我們是有責任、亦有需要建立檢疫中心的設施。我在此強調入住這些檢疫設施的人，並非病人或患者，可能是在我們追蹤時的一些緊密接觸者，亦可能是一些服務完未能立即返家的醫護人員，所以是有需要設立這些檢疫中心的設施。過往的做法，除了是用渡假營——因為渡假營的容量有限——利用一些已建成未入伙或本身空置的公共房屋都是一個選項。而在粉嶺的暉明邨正正是經過仔細考慮之後，決定可以作為這個用途的選項。我們感到非常遺憾有人早前大肆破壞暉明邨的設施，令它不單無法成為檢疫的設施，更加會直接影響日後編配入住暉明邨的輪候人士。我們考慮到各種因素，包括這條邨的受破壞情況之後，決定放棄使用暉明邨。至於可能大家都知道在未來一年可能將近落成未入伙的公共屋邨，我在此亦說，我們認為這些屋邨都是不適合作為檢疫中心的設施，所以目前並無任何未入伙的公共屋邨在我們考慮作為檢疫中心之列。但這不等於我們可以不做任何事，因為不知道疫情發展會怎樣、我們需要有多少這些檢疫中心的設施，所以，特區政府會繼續尋找合適的地方作為檢疫和其他用途。我在此希望社會能夠諒解，這就是同心抗疫的其中一個表現。我亦在此呼籲我們現在正接觸政府以外擁有這些渡假營的非政府機構，能夠體諒整體的社會需要和我們配合，將它們擁有管理的渡假營轉作這些檢疫設施的安排。最後如果都是尋找不到或是尋找不到足夠的檢疫措施，但社區又發生廣泛的傳播，接着的選項就是要進行家居隔離。社會要有心理準備，如果無檢疫中心的設施，可能他的鄰居是正接受家居隔離。

最後的議題是關於物資。防疫、抗疫的工作是需要資源去配合，財政資源已經不是問題，無論我本人或是財政司司長都公開說過，任何可以配合防疫、抗疫工作的財政資源是完全不會缺少，就算現在我們未得到申請撥款，我們都會提供這些財政資源，然後稍後才處理申請的安排。但是物資的供應，無論是口罩或是消毒洗手液各方面，都是相對緊張。我們不斷與業界保持聯絡、與供應商保持聯絡，但是這段時間可能因為放假停產，和有時在農曆新春期間，我們都不是很容易直接接觸到這些供應商，加上社會上有一定的焦慮，有一些大家爭購這些物品的出現。待會請邱局長講一講，我們已用盡各種各樣的方法全球搜羅採購這些物品，希望能夠有足夠物品應對這個疫情。我向大家的介紹到這方面，我現在請幾位同事作補充，然後大家可以提問。就先請食物及衛生局局長陳教授。

完

2020年1月28日（星期二）

香港時間21時21分

新聞公報

抗疫記者會答問內容（附圖／短片）

行政長官林鄭月娥今日（一月二十八日）下午舉行記者會。保安局局長李家超、運輸及房屋局局長陳帆、食物及衛生局局長陳肇始教授、商務及經濟發展局局長邱騰華、入境處處長曾國衛、海關關長鄧以海、衛生署署長陳漢儀醫生及醫院管理局行政總裁高拔陞醫生亦有出席。以下是記者會答問內容：

記者：想問剛才亦有說到的措施包括了高鐵和直通車，其實想問為甚麼會選後天才暫停？會否擔心這一兩日反而會有大批人湧來港？另外，亦有說到的措施包括了內地航班減半，但一些醫護人員，甚至專家其實他們的建議都是想限制所有內地人來港，這一刻其實不全面封關的原因是甚麼？會否擔心仍然有病毒傳播的風險？政府在甚麼情況下才會考慮全面封關？第三個問題，就是其實網上也有談到一些人入境時會虛報病情，甚至有些醫護人員亦親身反映，指有病人進入醫院都會虛報他們的病情，其實政府或醫管局在這方面可以怎樣處理和跟進？多謝。

行政長官：我先回答關於坊間要求全面封關的問題，或者稍後陳局長可以補充一下關於高鐵和城際直通車時間上的安排。

近日聽到有一些團體、有些人士說要全面封關。「關」當然是指我們剛才所說的口岸管制站，無論是海、陸或空。我亦讓大家看了一些數字，由於內地來港人士已經大幅減少，所以最新數字——百分之七十以上通過這些口岸管制站的人士，無論是出或入，都是香港居民。我們為甚麼要全封這些關，令香港居民不能出、不能入？現時出，我都不太鼓勵，我剛才也說最好不要出外旅行，沒有必要也不要前往內地或其他有疫情的地區。但事實上有不少香港人還身處內地或其他地方，你說封關的意思是我們不歡迎這些香港人回來，還是甚麼呢？從控制疫情角度來看，如果曾去過這些疫情爆發的區，無論是香港居民、內地人或非內地又非香港的其他遊客，風險都是一樣的，所以應該從一個嚴控風險的角度來處理口岸管制站的問題。今日提出的措施已經是大幅減少這些口岸管制站，讓我們在每一個仍然提供服務的口岸管制站可以加強醫學監測或可以問得詳細一點，因為你剛才有一個問題是有關虛報的。如問得詳細些，他能夠隱瞞、虛報的機會會低一點。另外更重要的是，從內地來香港的人士，我們已經說過會從源頭來控制，減少他們前來的比例，所以早前由內地自己提出全面禁止內地旅行團出外，我們已經沒有了一般來香港的大概百分之二十的內地人士；今日經過中央應我的要求暫停發出個人遊的簽注，即是新發個人遊的簽注，從以往的數字來看，前來的又減少了百分之五十，剩下的就是一些商務、探親、照顧家人或其他真的有需要的人士，我們是否連這些兩地人的往還都要全面封閉？如果純粹封關令全部人都不能夠出、不能夠入，我相信大家都會知道這個影響是非常深遠的。我記得昨日梁卓偉教授在回答傳媒詢問同一個問題時，他也說現時並不是講封關與否，而應是如何做。我們今日提出一系列的措施就是要達致控制兩地人流，我們認為是一個更適當的措施。但疫情是會不斷變化。我也不能夠說今日講完有關控制兩地人流的措施以後不會再有所加強，譬如關閉的關口方面，我們今日一共減少的關口是六個，大家都知道我們有十多個關口，這些口岸管制站的時間

有些長、有些短，是否亦可以稍後縮短這些時間？特區政府會不斷去監察這件事，有需要時再適時作出一些果斷的措施，但我希望市民去處理問題時都要客觀、持平一點來看，究竟我們想達致甚麼效果。我現在請陳帆局長說說那兩個鐵路服務的安排。

運輸及房屋局局長：如果大家理解為何我們要停止高鐵運作，我相信大家都明白目的是為了防疫。大家記得針對武漢市民或懷疑受感染居住在武漢的人士來香港，不論航班或高鐵亦已停止運作，即是說在武漢市坐飛機來港是沒有航班、高鐵亦不停武漢站，這是第一步，在早前（本月）二十四日已經執行。現時高鐵最新數字，即一月二十七日的數字，返港的市民接近一萬一千人，而內地的旅客不足二千人，所指內地的旅客是武漢以外的。所以，大家明白很多香港市民都等待回港，他們都需要時間掌握高鐵的停頓及部署日後除了高鐵以外，透過甚麼渠道回港。我們認為（本月）三十日凌晨零時是一個適合的安排。

記者：想問一問剛才陳帆局長亦有提過，可能要讓一些在外地的香港人回來，但足足有一日，為何其實不相對有措施就是另外設一班列車接他們回來，而今晚便停了？這是其一。其二就是雖然航班減半，仍然有差不多一半的口岸都仍有開，因為其實我們昨天記者經過深圳回來時入境處人員只是舉一張紙問你是不是從湖北或武漢回來？其實我們記者只是回答了一句「不是、沒有」，接着便入境了，完全沒有做過申報表或量體溫或任何詢問情況，其實現在今天宣布的措施是否有效堵截其他懷疑個案入來？

行政長官：每一個防疫、抗疫措施都有一定效能，但相信無一個防疫措施有百分之百的效果。我記得梁卓偉教授幫我們解釋公共衛生的防疫措施時，他就形容為一塊瑞士芝士。每塊瑞士芝士都有一些洞，但只要你的瑞士芝士夠多，有十層、二十層這些瑞士芝士，或可以全遮蓋這些洞，所以我們現在不斷推出這些措施都是希望能夠有更多措施互相補足，達致全面覆蓋以抗疫的效果，但當然正如我剛才開場白說，最終還是要每一位市民都投入抗疫、防疫工作。如果市民明明知道自己感染或知道發燒還吃大量退燒丸壓低體溫然後過關，這些事實上是很難監測得到，但最終受害的都是市民。因為如果他由一個地區性的疫情，變為一個國家性的疫情、一個全球性的疫情，那麼受害的就是每一個人。所以我都要呼籲每一位市民和遊客要擔負自己對於公共衛生的責任。至於航班方面，或者陳帆局長稍後可以說說。你說的第一條問題是說現時滯留在湖北的香港人，對嗎？

記者：為甚麼沒有一些特別措施接他們回來，而是給予多一天高鐵，一月三十日才停，使之有機會令其他.....

行政長官：這也是由陳帆答。

運輸及房屋局局長：我相信這位朋友十分關心香港人，我們特區政府亦非常關心。要知道香港人去到內地，以中國九百六十多萬平方公里的土地，用高鐵從香港去到的長途站，站點很少，所以如果在內地的香港人是有數量足夠，我相信特區政府駐內地的辦事處是非常樂意協助的。我們在說高鐵線的時候，大家明白高鐵線有短途線，短途線從香港到福田、深圳北去到廣州，長途線主要向北就以北京、上海作終點站，向東至杭州作終點站、向西至昆明左右，所以其實站點的覆蓋面是不夠的，所以香港人到內地旅遊、探親或公幹，返港都需要很多途徑，此為其一。

第二，我們將高鐵線停頓為何不在今晚（開始），剛才已經解釋清楚，我亦不再作補充。但對抗疫的效能，希望大家明白，減少人流量、減少交叉感染，透過高鐵只是其中一個方法。我們抗疫，正如剛才行政長官及陳教授、或陳署長及高醫生所說，其實需要各人作好衛生防護及留意周遭，在出行時多照顧自己，避免感染。我相信不單是一個措施便足以防禦當下面對的疫症，需要很多的措施加起來，以及每個人都做好他的本分，才可以成功抗疫。

記者：你好。想問一問，第一，即是剛才提到的那麼多措施，即是計算過後，政府有否預計過會將兩地每日往來的人流減少到甚麼水平？當中有多少是香港人？多少是內地旅客？第二便是剛才提及數次梁卓偉教授，其實他昨日亦提到，除了武漢外，內地有數個大城市亦有可能成為疫埠，包括重慶或與我們非常相近的深圳、廣州等。其實政府有否考慮參考武漢或湖北的做法，對來自該處的內地旅客均實施一個管制，限制他們入境？這是第二。第三想問capacity的問題。想問現時其實瑪嘉烈以及三個檢疫設施分別可以容納多少人？如果一旦容納不了，即是「爆」的時候，政府現時是有一些甚麼選址、有甚麼方案？謝謝。

行政長官：就着第一個問題，可能要請保安局局長或入境處處長。不過我簡單來看，便是整個措施是要令到旅客更加不方便——即是關閉口岸、停了車，如他真的要來，他便要用其他，譬如沒有船，他可以坐車來，經一個仍然有服務的口岸，所以並不是那麼容易可以具體評估。不過我們相信，亦是很多專家給予我的意見，如果令到他們很不方便，那麼便有機會減少人流。事實上，過去一個月，剛才保安局局長已提到，數字是不斷下降的。待會請局長及處長補充。

第二個問題，我剛才亦提到，應對疫情是要不斷監測，然後適時果斷作出回應。到目前為止，真正去到社區爆發那麼嚴重的疫情都是湖北省，特別是湖北省武漢市。香港，其實跟澳門一樣，已經採取了很嚴厲的措施。事實上，全世界正用我們這項措施——不准入境——真是不多。我們考慮了人流這麼頻密，以及其他原因，所以昨天採取了這麼嚴厲的措施。每次採取這些措施都要作全面評估，無論是防疫效果，以至其他影響，所以目前未有計劃將限制入境的措施延伸至其他內地城市。接下來說一說瑪嘉烈醫院以及三個檢疫中心的容量。

食物及衛生局局長：行政長官，我首先談談記者剛才問到的一些防線，然後請高拔陞醫生和陳漢儀署長談談檢疫中心和隔離設施。目前整體大幅管制人流，但當然現在仍有一些人流，剛才陳漢儀署長也提過，我們在口岸有其他防線，包括健康檢測和健康申報，也特別針對性地有健康建議給予過去14日曾到訪湖北省人士或從內地其他所有省市回港的市民，這些特別的健康建議（應為健康監測）能夠令我們更有效地知悉其健康狀況。如果是從內地回港的市民，返港14天內亦應盡量留在家中；如有需要外出，應佩戴口罩。曾於過去14天到訪湖北並於較早前已回港的香港居民或已入境的旅客，衛生署衛生防護中心亦特別設立了熱線2125 1122，呼籲他們致電查詢健康建議及跟進工作。

衛生署署長：首先我說一說檢疫中心方面。目前麥理浩夫人度假村已經於一月二十三日運作，它的單位共有四十五個，截至一月二十六日下午七時為止，用了十八個單位。我們另外備用的（檢疫中心）有鯉魚門公園度假村，已經於（一月）二十五日準備就緒，它的容量是二十七個單位。另外

位於北潭涌的保良局（賽馬會）北潭涌度假營，亦正在做最後的預備，如有需要，有十八個單位可以用。

醫院管理局行政總裁：在瑪嘉烈醫院處理這些確診個案的隔離病床方面，現時瑪嘉烈醫院有八位確診病人，在我們的應變計劃中提到，首20宗個案我們都會在瑪嘉烈醫院處理，如果有更多個案，我們其餘六個聯網都會分別各自處理另外20宗個案，即二十乘六。如果個案更加多，我們會分階段啟用其他設有負壓設施的病房和病床照顧其餘個案。當實際上個案多時如何處理，我們會因應到時疫情的發展速度而作出相應應變，而設施方面，我們會令到它們隨時可以備用。

保安局局長：我亦讓大家參考一下，關於剛才說一系列的出入境管控措施（帶來的）影響有多大。第一就是停止再發新的簽注來香港，剛才說涉及49個城市，還有在過去的出入境數字反映出自由行來旅行這一類的數字佔我們入境簽注有關（數字）的一半，所以在自由行方面減少了，由內地進來的（入境人數），如果以過往的數字（來看），應該有百分之五十受影響。另外我們限制湖北（人士）入境後，我們相信亦會每日減少數百名湖北人士入境。接着我請入境處處長再補充一下。

入境事務處處長：謝謝局長。讓我跟大家解釋一下，因應現時疫情的情況，其實在這段時間的旅客量是大幅下跌。以一月份的數字作比較，最近這幾天相對一月頭的情況底下，香港居民出入境人次下跌了一半，而訪港內地旅客是少了三分二，再加上現在的新措施，包括暫停自由行簽注的簽發，以及減少口岸服務，我相信下降將會更進一步，特別是在內地訪客方面相信會最少減一半以上。

行政長官：剛才陳署長已經向大家交代了現存三個檢疫中心的容量，大家聽到好像不是很多，是各有數十個，但鑑於我們使用公共屋邨出現了困難，我已要求有關部門看看現時在這三個現存檢疫中心有否原址擴建的可能性，因為地方是有的——是有空擴地方，因為現時你知道我們有新的建築方法可以很快搭建一些臨時而能夠滿足衛生署作為檢疫安排的設施。

記者：有多少個？

行政長官：現時未有評估，但既然社會上沒有大多反對這些地方作為檢疫中心，我們便盡量用好這些地方。

記者：林太，你好。想問關於出入口岸管制的問題。剛剛入境處處長說到其實內地入境香港的人數已經減少了三分之二，估計如果實施新措施後會減一半，以昨日的入境數字為例，其實還有二萬八千七百八十人在疫情肆虐的情況下入境，假設如果減少一半，即是一萬四千人，甚至只剩下一萬人的話，究竟能否釋除現時香港人的疑慮？以及回看入境數字，內地遊客經機場入境有一萬人，但今次其實只減少了一半航班，如以減一半的概念來看，可能還會有五千名內地旅客是經由機場口岸進入香港，怎樣可以阻隔這些內地遊客來港？另外，就是想問剛才，其實各個政黨都有很多聲音，就是希望可以全面封關措施，其中建制派最大黨民建聯其實都對於全面封關不抗拒。剛剛自由黨黨魁鍾國斌亦要求全面封關，禁止內地旅客來香港。其實，林太你對於這些政黨的聲音有甚麼意見？剛剛你說到希望大家可以客觀一點去看這個問題，是否這些政黨不夠客觀？以及想問多一個問題，就是暉明邨那件事，其實觸發了粉嶺邨民的激烈衝突，但剛剛你

說到因為破壞而不能夠再用暉明邨去做一些設施，我想問其實今次你這一次的決定不使用暉明邨是因為被人破壞了，還是聆聽了民意，包括是否聆聽劉國勳今日與你見面所代表的居民民意而決定，還是其實純粹是因為設施被破壞了而決定？

行政長官：回答這位朋友第一個問題，第一，就是沒有一個措施是可以達致百分之百防疫和抗疫的效果，我們需要多管齊下，所以在大幅度控制兩地人員往還的同時，我們還有其他措施。我們可以令到出入境的監察更嚴格，正如我們早前按國際做法，都是只管入境，因為疫情會帶進來，但現時我們都認為我們也應該配合在出境方面也需要做體溫監察，達致至少與廣東省做到聯防聯控。廣東省亦就着所有出境，即是經過深圳來的旅客已經有健康申報，亦有體溫檢測。當發現有發燒或其他徵象時已經不會讓他過來，但如果是一位香港人亦不可以不讓他回來，兩地有關當局亦有一些安排，我們會接收這些香港市民，然後看看在醫療方面有甚麼做法。希望大家看這個防疫工作都要全面地看，不要聚焦現時坊間嚷得最大力度的措施是甚麼。

第二，我再說一次，我們在處理疫情方面不希望做一個政治化的考慮，我亦希望政黨以實事求是的考慮來處理這件事。很多人有不同的意見，但我希望經過我們今日的詳細解釋，所謂封關是甚麼意思、現時我們所做的大幅度減低人流的效果是甚麼意思，大家會比較明白，然後可以接受到這個安排。

至於暉明邨事件，大家都記憶猶新，在以前處理這些疫情時，特別在二〇〇三年「沙士」時，這都是在應變計劃中的一個做法。當然我亦與同事說，當年我雖然並不在最前線，但作為社會福利署署長都有參與抗疫工作，我要調動所有社福住宿的設施，包括男童院、女童院做隔離。那些一樣與病人有緊密接觸，是一些已經入了院有「沙士」人士的子女，沒有人照顧他們，交給社會福利署，我們自己的同事找到這些社會福利的住宿設施做隔離設施。當時大家都接受，因為沒辦法，去到疫情發展至這個地步時需要更多這種檢疫中心，大家都接受；但恐怕十七年後，可能社會亦有了一些變化，我們儘管只是做回我們慣常在應變計劃裏的工作，亦只是在新入伙的屋邨中挑選了一個位置比較適合，當然居住在該處附近會有人覺得並不適合，但我們看過幾個選項覺得這個是比較適合。現時不使用，若要用就需要繼續磋商，事實上區議會也邀請了我們去商討，如果它並不是受到這麼嚴重破壞，根本想用不能用，可能我們也會盡最後努力去解說和聽聽如果要使用會有些甚麼防護措施他們希望我們做的，或是使用多久、居住多少人，我們會聽意見然後再盡量看看可否挽救這個防疫中心。因為它的量比較大，剛才有記者也擔心這方面的量是否足夠，這個量是比較大，有約九百個單位。但因為這樣嚴重破壞，這破壞程度恐怕並不是你們肉眼所看到的那麼簡單，是嚴重破壞到要恢復它可以入住，說的可能是半年時間，所以我對於這樣的黑衣暴徒的行為是極端憤怒，亦要作強烈譴責。警方已經拘捕了十一人，我們一定會繼續調查，繼續嚴正執法，讓這些暴徒繩之於法。破壞至這種地步，我希望六個月後這個疫情已經消失，因為如專家所言，到夏天初段，我們也應該看到疫情會慢慢減退。所以根本是想用不能用，亦不存在是何人不想給我用我便聽他話不用。我們的工作全部都是客觀、有科學根據，是持平地去考慮，希望大家都能諒解。

記者：想問現在你說不會再發新簽證，但現在批了的簽證是否仍然可以來？雖然你減了關口，但是簽證仍然可以來，做不做到防疫的效果呢？剛

才行政長官說到其實沒有一個措施可以100% 防控，那麼為甚麼不強硬一點，只是直接不讓所有非香港人的內地人入境？而只是讓一些去了內地的香港人回來香港，因為他們可能新年期間北上，令到防疫效果比較好？另外第二條問題，想問駐武漢辦那個人員的身體情況是怎樣？第三條就是剛才亦說到，其實局長是未掌握到有多少武漢人在香港這個數字，但是會否去追蹤或者直接是無可能找到呢？如果找到的話，會否遣返他們？謝謝。

行政長官：第一條題目，我再次重申，我們在昨日採取的措施已經是非常嚴厲，亦是少有採取的措施，國際上至今日，儘管大家都對這個疫情是擔心，亦在很多國家、城市出現了個別感染個案，但都未去到不准中國人，或者如我們的情況是內地人進入。我們已經跟澳門一樣，採取了非常嚴格的措施，再下一步採取這些措施是需要有理據，亦要有科學根據才能夠做，因為它會有一定的影響，正如袁國勇教授說，他不反對，你可以做，不過你要想一想如何做，以及你付出一個甚麼代價來做。如果說所有內地人，由明日開始不能夠踏足香港，我想大家都心中有數，對於香港各方面的影響；而事實上，我們是有方法在不需要用到這個極端的措施之下可以做到一個防疫的效果。反之，你用了很極端的措施會不會出現一些我們都不能預見、但又很影響疫情擴散的情況，我們真的不能估計。如果有些人一定要入境，他千方百計要衝入來，而他不幸又是一個受感染的人，我們根本無從追蹤找到這個人，所以大家要從這個角度來看。

第二條題目說現在駐武漢辦事處，你在說我的同事吧。我的同事——據我所了解——是無問題的。他們不可以上街，亦無交通工具，但應該吃飯等是無問題的。他們仍然在不斷提供服務，透過電話或微信向救助的香港人或者其他在內地的香港人保持聯絡，看看他們有甚麼需要，以及了解他們現在最想回港。我們知道他們的情況，都會安撫他們，與中央商討有甚麼方法，在無公共交通工具的情況下，可以滿足他們想回港的訴求。

至於在香港的武漢人，剛才說了我們都會用不同的途徑接觸他們，包括如果他們是旅客，相信他們是住在酒店；如果他們是來讀書，可能是在我們的大學裏，我們就會去接觸他們，亦轉介到衛生防護中心，希望為他們提供一些適切的醫療指示。當然在轉介時，如果發覺這些仍然逗留在香港的武漢居民身體出現了問題，或者我們認為需要有進一步的治療，就會轉介到醫院管理局的醫院裏。

最後我想說一句，今天我們公布的措施無可避免是對於很多現在要上路，即是現正趕回香港的香港居民或有需要來港的人士帶來不便，在此我再次希望他們能諒解，這是我們防疫工作裏必需的重要一環。多謝大家。

（請同時參閱談話全文英文部分。）

完

2020年1月28日（星期二）
香港時間22時17分

Press Releases

Transcript of remarks of press conference (with photo/video)

The Chief Executive, Mrs Carrie Lam, held a press conference this afternoon (January 28). Also joining were the Secretary for Security, Mr John Lee; the Secretary for Transport and Housing, Mr Frank Chan Fan; the Secretary for Food and Health, Professor Sophia Chan; the Secretary for Commerce and Economic Development, Mr Edward Yau; the Director of Immigration, Mr Tsang Kwok-wai; the Commissioner of Customs and Excise, Mr Hermes Tang; the Director of Health, Dr Constance Chan; and the Chief Executive of the Hospital Authority, Dr Tony Ko. Following is the transcript of remarks of the press conference.

Reporter: Chief Executive, you said that public safety is your primary concern, yet when you laid out your measures that you're taking they only sound like half measures. Are you putting Hong Kongers' lives at risk by not closing the border?

Chief Executive: I have explained at length what we mean by closing the border. Hong Kong has at least 14 border control points for various passenger flows between Hong Kong and overseas as well as the Mainland, and as I have demonstrated with some of the figures, 75 per cent of the passenger flows through the control points, at least up to January 27, were Hong Kong people. Closing these control points means that we do not allow Hong Kong people to come back. There are a large number of Hong Kong residents who are now travelling in the Mainland and overseas and they need to come back, so I don't think it is very meaningful to talk about a complete closure of the border control points. The strategy that we have laid out this afternoon is to try to drastically limit population mobility, especially between Hong Kong and the Mainland of China, through various measures. I try to repeat in a very precise form. One is at the source of these approvals to come in. We are saying that with the full support of the Central Government they have agreed in principle to cease issuing this IVS, individual visit scheme permits, so that will take away 50 per cent of the usual Mainland visitors coming to Hong Kong. Together with the 20-plus percentage points attributed to group tours from the Mainland, we will have removed a large chunk of the source of Mainland visitors coming to Hong Kong. The rest will be quite legitimate for business purposes. I'm sure you know there are a lot of businesses between Hong Kong and the Mainland and for visiting relatives or even in caring relatives and to visit them hospitals. These are very legitimate and humanitarian reasons for people to cross the border.

Another measure is really to reduce or to consolidate the number of border control points. In one go we are ceasing the service for passengers in six control points. That's quite a drastic measure. That again will hopefully reduce passenger flow and achieve the outcome of drastically limiting the people or the population mobility between the two places. I wouldn't agree that these are really minor, non-important issues for us to tackle the current virus situation, and you must also bear in mind that from yesterday onwards, we have also imposed a very stringent, if not draconian, measure of disallowing people from Hubei Province to come in - either they are Hubei residents or they are people of all nationalities except Hong Kong residents, who have been in Hubei Province for the last 14 days, and I don't think many parts

of the world have adopted that very stringent measure.

Reporter: I have three questions. The largest pro-establishment party, the DAB, expressed that it does not oppose to the closing of the border, and given Mainland visitors have accounted for about 20 to 30 per cent as of the latest situations, are you still categorically ruling out the closing of the border? And in case the situation worsens in the neighbouring provinces, for instance in Guangdong or Jiangsu, would you consider partially closing down or strengthening the restrictions on these cities, I mean when the situation comes to community outbreak? The second question is, you mentioned there is a sizeable number of Hubei residents already still in Hong Kong. Could you give us an idea of how many are there? Are there thousands, tens of thousands of them? Thirdly, a question for Secretary Mr Yau. You mentioned about the global procurement of masks. Because Professor Gabriel Leung mentioned about the outbreak of the virus could peak in about late April or early May, I mean how much pressure is that on the supplies of these masks as well as could you share about in what circumstances would the Government perhaps resell or balance these supplies in the private market if the situation is very intense? Thank you.

Chief Executive: Thank you. On the first question, I have said on the previous occasion that the only consideration of the Hong Kong SAR Government in dealing with this novel coronavirus infection is public health - public health underpinned by very strong scientific and expert advice. There is no other factor involved. So whether a particular political party has a certain wish or aspiration does not come into our consideration, and I hope all political parties in Hong Kong will support the SAR Government in taking that very scientific and public health-oriented approach and join hands with us in dealing with this public health crisis.

I have explained at length that the meaning of so-called complete closure of the border control points. It's very difficult to understand because there are such a large number of Hong Kong people travelling between these places, whether between Hong Kong and Mainland or Hong Kong and other places. To stop all passenger traffic on such a massive and comprehensive scale is not warranted. But what we have done is more or less what you have described. You said what about partial closing down. I'm now suspending the service at six border control points, so you can also describe that as partial closing down, although I would rather say that we are doing some sort of consolidation in order to reduce the population mobility and also to enable us to concentrate the manpower to do a much better and enhanced medical surveillance and inspection job at the border control points. But, as I said, the situation is evolving and changing very rapidly. If you asked me a week ago, I perhaps would not have that determination to put in place some of the measures that we have put in place yesterday and today. So we will continue to closely monitor the situation both locally and in the Mainland and maybe even internationally and take the necessary and decisive actions to protect Hong Kong people's health.

As far as the number of Hubei residents who have entered Hong Kong prior to yesterday, when the ban took effect, unfortunately in our usual immigration system, we did not capture those statistics. But, if anything is to go by, we only allow them to come in for seven days and according to Immigration, yesterday we denied entry of about 300-plus, so if you make that assumption, and people who have left, either back to the Mainland

or using Hong Kong as a transit to other places, then the number would not be in the range of the tens of thousands that you have mentioned - certainly not of that magnitude.

Secretary for Commerce and Economic Development: Regarding the supply of masks and other protective gears, we understand that in this sort of situation, they are heavily sought-after locally, across the boundary and globally. Our focus is to try to tackle the entire supply chain, that is production, supplies, logistics and also distribution. On the production side, we know that the major production might be across the boundary in the Mainland, so we have proposed to some of the producers, and actually some have come back to resume the production. But there were also certain circumstances that there might be (problems) in customs facilitations, which we have been standing ready to help. Through our customs-to-customs co-operation and discussions with the Mainland authorities, we succeeded in facilitating some consignments coming back to Hong Kong. But at the same time, we will continue to procure in the light of the demand locally. As far as the Government is concerned, our priority is to ensure adequate supply for medical professionals, including those in the Hospital Authority and the Department of Health. This will form the bulk of our demand and that's why we are saying that we will go for direct purchases, and we are sort of tendering out on the global basis to source more. In fact, our overseas offices (Hong Kong Economic and Trade Offices) are also helping by widening the net.

Of course, we also need to talk to local retail sectors on the distribution. Hopefully after this long holiday, more retail outlets will resume business and if they have stock, they can sell. But at the same time, if suppliers encounter the same problem that the Government encounters, we are also happy to help them. We are obtaining information on consignment bases to see if that will require the same customs facilitation. We will do the same as we did in the last weeks to help them, to facilitate. I'll be touching base with the wider retail sector to see how much more the Government can help and work together with them along this line. Thank you.

(Please also refer to the Chinese portion of the transcript.)

Ends/Tuesday, January 28, 2020
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Appendix IV

Relevant papers on measures for the prevention and control of novel coronavirus infection in Hong Kong

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2020 (Item IV)	Agenda

Council Business Division 2
Legislative Council Secretariat
29 January 2020