

立法會 *Legislative Council*

LC Paper No. CB(2)673/19-20(02)

Ref : CB2/PL/HS

Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 10 March 2020

Measures for the prevention and control of Coronavirus Disease 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). The virus and the disease it causes were respectively named by the World Health Organization ("WHO") as severe acute respiratory syndrome coronavirus 2 ("SARS-CoV-2")² and coronavirus disease ("COVID-19") on 11 February 2020. According to WHO, most estimates of

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 According to WHO, from phylogenetics analyses undertaken with available full genome sequences, bats appear to be the reservoir of the virus but the intermediate host(s) has not yet been identified.

the incubation period of COVID-19 range from one to 14 days, most commonly around five days. The most common symptoms of the disease are fever, tiredness and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. Many people with COVID-19 experienced only mild symptoms, whereas some do not develop any symptoms. About 80% of the infected recover from the disease without needing special treatment. Around one out of every six people with COVID-19 becomes seriously ill and develops difficulty breathing, and older people and people with underlying medical problems are more likely to develop serious illness. COVID-19 is transmitted through respiratory droplets and fomites during close unprotected contact between an infector and infectee. While airborne spread has not been reported for COVID-19, it can be envisaged if certain aerosol-generating procedures are conducted in healthcare facilities. There is currently no vaccine to protect against and no specific antiviral treatment for COVID-19. As of 9:00 am on 9 March 2020, a total of 80 735 cases have been reported in the Mainland, including 5 111 cases in serious condition, 3 119 fatal cases and 58 600 discharged cases; and at least 27 386 cases (including at least 675 fatal cases)³ were reported in 104 places outside the Mainland.

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 the disease on the

³ Excluding 696 cases which were confirmed by Japan among passengers/crews in a cruise ship (including seven fatal cases) and 49 cases (including 46 cruise ship cases and three Wuhan cases) repatriated to the United States by chartered flight.

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.

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.

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 8 March 2020, CHP has received reports of a total of 2 306 cases fulfilling the reporting criteria,⁸ including 113 confirmed cases⁹ and one probable case of COVID-19 and 2 079 cases which were ruled out as COVID-19. The remaining 113 cases were still hospitalized for investigation. Separately, CHP has received notification of an additional confirmed case after 12:00 noon of 8 March 2020. Among the 114 confirmed cases and one probable case, 53 remained hospitalized, 59 were discharged and three were fatal cases. 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.

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. With the confirmation of imported cases of novel CoV infection in Hong Kong in late January 2020, the Panel held a special meeting on 30 January 2020 to discuss the measures in place for the prevention and control of the disease in Hong Kong. The deliberations and concerns of members are summarized below.

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.

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 a place with active community transmission of COVID-19; or (ii) had close contact with a confirmed case of COVID-19 while that patient was symptomatic.

⁹ According to the Administration, a pet dog of a confirmed case had repeatedly tested weak positive for COVID-19 virus which indicated a low-level of infection with the virus, while there is currently no evidence that pet animals can be a source of infection of COVID19 or that they become sick.

Communication with the Mainland authorities

6. Members noted that a Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed among the Government of the Hong Kong Special Administrative Region, 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. The Administration advised that CHP would continue to maintain close liaison with the National Health Commission and WHO, and closely monitor the situation for risk assessment.

Immigration control and port health measures

7. Members noted that with effect from 0:00 am on 27 January 2020, residents from Hubei Province and persons who visited the Hubei Province in the past 14 days (excluding Hong Kong residents) would not be permitted to enter Hong Kong until further notice. In addition, the Mainland authorities had agreed 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. As regards cross-boundary transport and border control point services, further to the indefinite suspension of flights to and from Wuhan, a number of services had been reduced or suspended with effect from 0:00 am on 30 January 2020¹⁰ to reduce the flow of people between the Mainland and Hong Kong. Given that all the confirmed cases in Hong Kong were imported ones as of 30 January 2020, many members considered that the above measures were far from adequate to reduce the risk of importation of infection cases to Hong Kong from the Mainland. These members urged the Administration to take heed of the call from some medical experts and members of the public for a complete closure of boundary control points to stop the flow of visitors from the Mainland to Hong Kong. There were also concerns that there was no measure for barring

¹⁰ These included: (a) on railway services, the services of the Hong Kong section of the Guangzhou-Shenzhen-Hong Kong Express Rail Link and the Intercity Through Train had been suspended; (b) on aviation services, Mainland flights had been cut to about half; (c) on ferry services, all cross-boundary ferry services to and from the China Ferry Terminal and the Tuen Mun Ferry Terminal had been suspended; (d) on land-based cross-boundary transport, cross-boundary coach and shuttle bus service (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 had reduced the service frequency; (e) on ports, services of the West Kowloon Station, Hung Hom Station, China Ferry Terminal and Tuen Mun Ferry Terminal control points had been suspended. The passenger services in Sha Tau Kok and Man Kam To had also be suspended, but the services for goods would not be affected.

Mainland arrivals holding a valid one-year Individual Visit endorsement with multiple entries or an endorsement for business visit.

8. Some other members held another view that it was not reasonable to restrict the entry of Mainland visitors but allow holders of foreign passports who had visited the Mainland preceding arrival in Hong Kong to enter Hong Kong. In addition, certain Mainland residents, such as spouses of Hong Kong residents holding an Exit-Entry Permit, cross-boundary students, cross-boundary workers and business persons having business-related activities in Hong Kong, had genuine need to enter Hong Kong for various reasons. To lower the chance of infected persons entering Hong Kong, there was a suggestion that visitors from those areas of the Mainland at high risk of the disease had to obtain a health certificate from the authorities before being allowed to enter Hong Kong.

9. The Administration advised that it had adopted a risk-based approach in formulating the immigration control measures with a view to reducing the flow of people between the Mainland and Hong Kong. Partly due to the return of those Hong Kong residents who had travelled to the Mainland during the Chinese New Year holiday, Hong Kong residents had accounted for about 70% of the daily arrivals from the Mainland during the period of 27 to 30 January 2020, whereas the number of Mainland visitors stood at about 20 000 each day. It would closely monitor the development of the disease and the latest scientific evidence in studying immigration control measures that could further reduce the chances of the spread of the disease in Hong Kong.

10. Some members were concerned about the effectiveness of the measures of imposing body temperature screening for all incoming travellers at all boundary control points and voluntary health declarations for inbound travellers by air from the Mainland. They pointed out that the implementation of such measures by some port health personnel were not stringent enough. There were also cases whereby the travellers took medicine to subside fever, provided inaccurate information or did not make health declaration. There was a call that the Administration should make it clear to the public and inbound travellers that under the Prevention and Control of Disease Ordinance, it would be a criminal offence for any person who knowingly gave to a health officer any false or misleading information. In addition, the health declaration arrangement should be made mandatory at all control points to facilitate contact tracing if necessary. Questions were raised as to the tracing of travellers from Hubei Province that had entered Hong Kong before 27 January 2020 and still remaining in Hong Kong, and whether arrangement would be made for them to leave Hong Kong as soon as possible.

11. The Administration advised that from 0:00 am on 27 January 2020 to 0:00 am on 30 January 2020, about 1 600 travellers from Hubei Province were barred from entering Hong Kong, and more than 1 300 travellers from Hubei Province who had already entered Hong Kong had departed. It was believed that the number of Hubei residents remaining in Hong Kong would gradually decrease as they were only allowed to stay in Hong Kong for seven days in general. Separately, the Immigration Department ("ImmD") was reaching out to hotels through the hotel industry to contact travellers from Hubei Province. During its inspection on 29 January 2020 which covered 110 hotels, ImmD had registered the contact information of 15 asymptomatic Hubei residents still remaining in Hong Kong and had provided them with relevant health advice.

Quarantine and self-isolation arrangements

12. Some members expressed concern about a media report in early January 2020 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.

13. Members noted at the meeting on 30 January 2020 that under the prevailing measures, patients suspected to be infected by the novel coronavirus would be admitted to hospitals for isolation and treatment. Close contacts with the confirmed cases, if asymptomatic, would be put under mandatory quarantine in quarantine centres. Some members expressed concern that the lack of consultation by the Administration on its plan to requisite Fai Ming Estate, an unoccupied public estate in Fanling, to serve as quarantine centre for asymptomatic close contacts had resulted in many residents in the district objecting to the arrangement. To cope with the quarantine need, there was a view that the Administration should requisite holiday villages managed by non-governmental organizations as potential sites of quarantine centres. The Administration advised that it would continue to identify suitable places to serve as quarantine centre facilities.

14. As regards the requirement that asymptomatic Hong Kong residents returning to Hong Kong from Hubei Province had to self-isolate for 14 days as far as possible and be placed for medical surveillance by DH, there was a suggestion that the Administration should tap on information technology to

make use of electronic devices to monitor the locations of people under home isolation. The Administration advised that it was examining the application of information technology solutions in this regard.

15. Referring to the appeal of the Administration that employers should make flexible work arrangements to allow their employees who had recently visited the Mainland to self-isolate for 14 days after returning to Hong Kong as far as possible in order to reduce the risk of spread of novel coronavirus in the community, some members were concerned that some employers had deducted the salary or paid leaves of the employees concerned for the purpose. The above apart, there was a view that financial support should be provided for workers facing a drastic drop of income due to the epidemic. According to the Administration, the above issues would be examined by the Steering Committee cum Command Centre which comprised representatives from various policy bureaux and departments, including the Labour and Welfare Bureau.

Response measures of HA

16. In view of the already overloaded Accident and Emergency Departments of public hospitals, the 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.

17. 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. As of mid-January 2020, there were some 500 isolation beds in public hospitals, with an occupancy rate of around 60%. Some 200 beds were immediately made available for infectious patients. Where necessary, HA could use the remaining several hundreds of isolation beds by phases.

18. Some members were concerned about HA's plan to designate, without any consultation, certain general outpatient clinics for handling mild cases of novel CoV infection if there was community outbreak in Hong Kong. HA assured

members that it would communicate with relevant stakeholders as and when there was a need for HA to activate the designated clinics.

19. Concerns were raised over the stockpile of personal protective equipment for frontline healthcare personnel of public hospitals. HA advised that under its own procurement system, HA currently maintained a stockpile of 30 million surgical masks which was adequate for about three months' consumption if reference was made to the consumption rate during the swine influenza pandemic in 2009. That said, the stockpile had diminished by about 20% recently owing to the increased consumption rate. To facilitate deployment of personal protective equipment and key linen items for each public hospital, designated contact points had been set up in each of the seven hospital clusters to answer internal enquiries concerning the supply of these items.

20. Some members called for the Administration and HA to provide HA's frontline healthcare personnel and supporting staff with special allowance to recognize their efforts to address the demand surge arising from the outbreak of the disease. There was also a need to provide temporary accommodation for these staff, as many of them did not want to go home to safeguard the health of their family members. HA advised that 268 single hostel units had so far been identified for frontline healthcare staff in need. HA and the Administration was also in contacting hotels and camps respectively with a view to identifying temporary accommodation for healthcare staff. As an interim measure, HA was planning to offer special rental allowance for healthcare staff who needed to rent hotel rooms or other premises for temporary stay and temporary accommodation arrangements.

Risk communication

21. 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. In view of the prevalence of voluminous disease-related fake news and rumors on the internet, some members urged the Administration to make speedy public clarifications. 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").

22. 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. The Workgroup on Communications under the Steering Committee cum Command Centre would make sure that the latest and accurate messages are conveyed to all members of the public and stakeholders speedily and effectively. Separately, 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

23. 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 expressed strong dissatisfaction that the Administration had failed to take any swift and concrete actions to address the acute shortage and price-gouging of surgical masks in the market that persisted since early January 2020. Referring to the Administration's earlier claim that several batches of surgical masks would be delivered to Hong Kong shortly, members were concerned about whether the number of surgical masks involved could meet the imminent need of members of the public. There were suggestions that the Administration should enhance local production capacity of surgical masks through enhancing the production of Correctional Services Department ("CSD") and facilitating the establishment of surgical mask production lines in Hong Kong; ration the supply such that every Hong Kong resident in need could purchase a designated number of surgical masks at reasonable price; and specify surgical masks as a reserved commodity under the Reserved Commodities Ordinance (Cap. 296). There was a view that there was a need to remind members of the public to minimize wearing surgical masks unnecessarily to reduce consumption.

24. The Administration advised that members of the public should wear surgical masks when they had respiratory infections; when taking public transport or staying in crowded places; and when visiting clinics or hospitals. As of late January 2020, the monthly production of CSD stood at 1.1 million surgical masks to meet the operational and contingency needs of healthcare staff and frontline officers of government departments. Since mid-January 2020, the Administration had been working proactively to increase the overall supply of surgical masks with a multi-pronged approach. A task group was set up under the Commerce and Economic Development Bureau to oversee the issue. Specifically, the Government Logistics Department was actively sourcing globally and had contacted more than 140 suppliers from over 10 countries.

The Administration had also met with members of local chambers of commerce and the retail industry and was given the understanding that several batches of surgical mask would be delivered to Hong Kong in early February 2020. It had appealed the trade to maintain the price level of masks. The above apart, the Administration was exploring home-based production of surgical masks to meet the future demand for masks in Hong Kong. Separately, the Chief Executive had personally written to the State Council seeking their assistance in mask supply from the Mainland to Hong Kong.

25. 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.

26. There was a suggestion that the Administration should raise the public awareness of the need to maintain drainage pipes properly and add water to each drain outlet (i.e. U-trap) regularly to prevent the spread of disease. The Administration advised that publicity in this regard would be stepped up.

Inter-departmental actions

27. 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.

Recent developments

28. Two urgent questions on measures for tackling the COVID-19 outbreak were raised at the Council meeting on 19 February 2020; and one oral question on the supply of anti-epidemic items and one written question on issues relating to the epidemic were raised at the Council meeting of 26 February 2020. The questions and Administration's replies are in **Appendices I to IV**.

29. At its meeting on 21 February 2020, the Finance Committee approved the creation of a new commitment of \$30 billion for injection into the Anti-epidemic Fund to, among others, enhance the capability of the Administration in combating the novel CoV epidemic.

30. The Administration will update the Panel on 10 March 2020 on its latest measures for the prevention and control of COVID-19 in Hong Kong.

Relevant papers

31. A list of relevant papers on the LegCo website is in **Appendix V**.

Council Business Division 2
Legislative Council Secretariat
9 March 2020

Appendix I**Press Releases**

LC Urgent Q1: Measures for tackling novel coronavirus outbreak

Following is an urgent question by the Hon Alice Mak under Rule 24(4) of the Rules of Procedure and a reply by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, in the Legislative Council today (February 19):

Question:

As the authorities suspected that the cause for a tenant in Hong Mei House of Cheung Hong Estate in Tsing Yi being infected with the novel coronavirus recently was that a pipe of the toilet in the tenant's unit had not been sealed up, arrangements were made for around a hundred tenants in the building to live in quarantine centres temporarily. Has the Government laid down criteria specifying the circumstances under which mandatory closure of certain premises and temporary evacuation of the residents therein will be warranted; if not, whether it will forthwith do so; furthermore, whether the Government will immediately send officers to inspect those public housing units whose sewerage system is of a design similar to that of Cheung Hong Estate, with a view to preventing recurrence of similar incidents which will increase the risk of the virus spreading; besides, given that the outbreak has continued to aggravate, with an increasing number of people who are subject to quarantine or isolation, whether sufficient number of quarantine and isolation centres are in place and what are the related details (including the number of places as well as the status of their usage and demand); and whether there are plans to requisition other facilities or premises, etc. for quarantine and isolation uses in an effort to increase supply to meet the demand?

Reply:

President,

First of all, on behalf of the Government, I would like to express my heartfelt gratitude to the President for convening today's meeting and allowing us the opportunity to respond to Members' questions regarding the Government's work on handling the virus outbreak. I would also like to thank all the attending Members as well as the Legislative Council Secretariat staff and colleagues who have helped arrange this meeting.

Since the outbreak of the novel coronavirus infection, the Government has been closely monitoring the development of the situation and responded comprehensively with decisive and appropriate measures. In accordance with the Government's prevention and control strategies, we have introduced specific measures in the areas of health surveillance, compulsory quarantine, isolation treatment, health declaration, exit screening, reducing the flow of people between Hong Kong and the Mainland, enhancing "social distancing" locally, supporting front-line healthcare staff and provision of sufficient personal protective equipment.

Today, 11 Directors of Bureaux and I stand ready to answer Members' questions on the Government's work in disease prevention and control, demonstrating that we attach great importance to our

relation with the Council and the principle of working in an open and transparent manner. I will first respond to the questions raised by Hon Alice Mak, explaining the Government's follow-up work in relation to a confirmed case of novel coronavirus infection at Hong Mei House of Cheung Hong Estate in Tsing Yi and reporting on the arrangements for quarantine and isolation facilities.

Under the existing mechanism, if there is a cluster of infection in the same building or premises, or in adjacent buildings or premises, and environmental factors are suspected to have contributed to the spread of the disease concerned, the Centre for Health Protection (CHP) of the Department of Health (DH) will coordinate with the relevant Government departments and organisations and activate the "Multi-disciplinary Response Team" to investigate and examine if environmental factors are involved in the infection cases. If the investigation results show that environmental factors may have caused the spread of the disease, CHP will arrange for an asymptomatic resident be evacuated to a quarantine centre as a prudent infection control measure. Meanwhile, a symptomatic resident will be sent to a hospital for treatment.

Regarding the infection cases involving residents living at Hong Mei House of Cheung Hong Estate in Tsing Yi with the same orientation but on different floors, a Multi-disciplinary Response Team was immediately activated by CHP after detecting the cluster of infection cases. The Housing Department (HD) also took the initiative to inspect the units that shared the same dung channels or sewers and vent pipes with the units with infection cases. HD would conduct repairs to the pipes and vents concerned as appropriate during the inspection process.

In fact, buildings with Trident block design under the Housing Authority were completed from 1984 to 1991, and the sewage facilities, including the vent pipe in the toilet, met all the prevailing legal requirements as well as environmental hygiene and safety standards. There are no design issues involved. Hong Mei House is one of the buildings with Trident block design. The vent pipes connecting to the sewage drainage pipe are an indispensable part of the drainage system. There may be health risks if a resident improperly modifies the vent pipe in the toilet without making a formal application for the Housing Authority's approval for alteration work.

For the cases of Hong Mei House, HD found that the household concerned on the lower floor had performed modifications to the pedestal toilet by cutting off the vent pipes connecting to the toilet without the Housing Authority's approval. HD has posted notice to remind tenants that prior approval must be obtained from the Housing Authority before any alteration work can be carried out. In addition, unauthorised modification of the pipes may also violate the Buildings Ordinance and/or breach the terms of the tenancy. If a tenant is concerned about the drainage pipe condition, or whether the modification of the pipes would pose any health risks, he/she can contact the relevant estate office for appropriate follow-up.

With regards to quarantine facilities, the Government is currently operating four quarantine centres for putting asymptomatic close contacts of confirmed cases under compulsory quarantine. The four quarantine centres are the Lady MacLehose Holiday Village, the Lei Yue Mun Park and Holiday Village, the Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp and the Heritage

Lodge of the Jao Tsung-I Academy. They can provide 150 units in total. In view of the rapid development of the outbreak, including the recent successive occurrence of local infection cases, coupled with the increasing proportion of close contact persons among confirmed cases and the immediate evacuation for the purpose of disease investigation of infection cases, the usage rate of the quarantine centres is very high. As at 9am on February 18, over 80 per cent of the units of the four quarantine centres were in use.

In view of the development of the outbreak, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. In view of the latest development, it is estimated that the Chun Yeung Estate in Fo Tan will soon commence operation as a quarantine centre, providing more than a thousand quarantine units in total. In addition, the Junior Police Call Permanent Activity Centre (JPC Centre) in Pat Heung, Yuen Long can be used as a quarantine centre shortly. On the other hand, we have been constructing additional units at the Lei Yue Mun Park and Holiday Village, the Sai Kung Outdoor Recreation Centre and the JPC Centre respectively, providing some additional 600 units in total. The relevant works are expected to be completed within April.

At the same time, the Government continues to look for other suitable sites for setting up more quarantine facilities. Among others, we will make use of a piece of Government land of four hectares at Penny's Bay to provide at least 600 quarantine units. In addition, we are following up with the Walt Disney Company which has agreed to explore the use of another site at Penny's Bay reserved for future tourism development for constructing quarantine facilities.

As regards isolation facilities, as at noon on February 18, public hospitals were using about 937 isolation beds with an utilisation rate of about 30 per cent. In response to the changes in the situation, the Hospital Authority is carrying out internal alteration work at the Infectious Disease Centre of Princess Margaret Hospital to provide more isolation wards.

Thank you, President.

Ends/Wednesday, February 19, 2020
Issued at HKT 14:04

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Appendix II**Press Releases**

LC Urgent Q2: Measures for tackling novel coronavirus outbreak

Following is an urgent question by Dr the Hon Kwok Ka-ki under Rule 24(4) of the Rules of Procedure and a reply by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, in the Legislative Council today (February 19):

Question:

As the novel coronavirus epidemic is raging throughout the Hubei Province, have the authorities closely monitored the conditions of those Hong Kong people stranded in the Hubei Province and rendered them appropriate assistance, and will the authorities expeditiously make arrangements for them to return to Hong Kong; what are the details of the authorities' work in this regard; in addition, do the authorities know what immediate measures that the Hospital Authority (HA) has put in place to ensure that adequate protective equipment is available for use by healthcare personnel so as to reduce their risks of contracting the virus, and whether HA has devised a contingency plan to deal with the situation where all items of the protective equipment have been used up?

Reply:

President,

The situation of the novel coronavirus infection is serious. It is the top priority of the Government and the Hong Kong community to step up our efforts to prevent and control the infection. We understand that members of the community are very concerned about the situation of Hong Kong people stranded in Hubei Province owing to the outbreak of the virus and the support provided to them by the Government, as well as the Hong Kong Special Administrative Region (HKSAR) Government's ability to provide healthcare staff with an adequate supply of personal protective equipment (PPE) as the situation unfolds.

The HKSAR Government is very concerned about the situation of Hong Kong people in Hubei Province and maintains close communication with them through the Hong Kong Economic and Trade Office in Wuhan (WHETO). WHETO has been actively following up on their cases and liaising with relevant local authorities to provide every appropriate and practicable assistance. As at February 18, we received more than 1 300 requests for assistance from Hong Kong people in Hubei Province, involving more than 2 500 Hong Kong people scattering over 30 cities in the Province. Some of them are in remote places such as Enshi and Shiyan.

We understand that some of the Hong Kong people in Hubei Province, especially those with chronic illnesses, require medicines provided from Hong Kong. WHETO has co-ordinated with the Department of Health (DH) and contacted the Hong Kong people in need to gather information about their medical history in Hong Kong, with a view to obtaining medicines that they need from the Hospital Authority (HA) or from private medical practitioners through their relatives and friends in Hong Kong. Given that these Hong Kong people are scattered in different locations across the Province, the medicines have to be further distributed

to their respective places of residence after delivery to Wuhan. The HKSAR Government is working full steam ahead on this matter. As at February 18, arrangements have been made to deliver medicines to 120 Hong Kong people in Hubei Province.

In addition, DH has set up a health hotline to provide medical information to Hong Kong people in Hubei Province. WHETO has also provided them with contacts of medical organisations in Wuhan which offer online medical consultation services, through which those in need may seek medical advice. They may also call the emotional support hotlines operated by a non-governmental organisation for assistance.

After receiving requests for assistance, the relevant departments of the HKSAR Government have been making assessments and plans on bringing the Hong Kong people stranded in Hubei Province back to Hong Kong, including assessing in a thorough and prudent manner the risk on public health and the practicality of the operation. We have to not only avoid cross-infection among the returnees on their way back to Hong Kong, but also consider the quarantine arrangements for the returnees upon their arrival in Hong Kong. The latter includes the need to have sufficient quarantine facilities.

To minimise the risk of community-acquired infections, returnees from Hubei Province have to undergo 14-day quarantine and isolation in quarantine centres. Given that the number of Hong Kong people in Hubei Province is not small and in view of the current situation, the HKSAR Government will need to arrange their return to Hong Kong in batches. We will proceed with caution and continue to co-ordinate and follow up with the relevant Mainland authorities. We will also maintain contact with the Hong Kong people in Hubei Province and provide them with every appropriate and practicable assistance, with a view to helping them return to Hong Kong as soon as possible.

In respect of PPE of HA, with the development of the novel coronavirus infection, HA has expedited the procurement of PPE since January this year. Owing to the recent significant increase in the consumption of PPE, the stockpile of PPE in public hospitals as at February 15, which includes approximately 18 million surgical masks, 2.2 million protective gowns, 0.5 million face shields and 1.1 million N95 respirators, is only adequate for about one month's consumption. HA will use the stock prudently on a need basis to ensure that adequate PPE is available for use by healthcare staff.

Public hospitals have established guidelines on the use of PPE for medical procedures of different risk levels. Training is provided to allow frontline healthcare staff of various positions to understand and get familiar with infection control measures required for different medical procedures, including on the use of suitable PPE. Healthcare staff will put on suitable PPE depending on the type of infectious disease that the patient has, including whether it can be transmitted by droplets, is airborne or can be transmitted by contact. Healthcare worker treating patients in high-risk areas or performing high-risk procedures will need to wear a full set of suitable PPE, including a N95 respirator. Ward facilities and arrangements for collecting patient specimens will also comply with the corresponding requirements on infection control.

At the moment, the transport and logistics supply of PPE is tight globally and there is a shortage of raw materials for

manufacturing PPE. With the delivery by suppliers slowing down and shipments reducing, the stock of PPE kept by HA has been decreasing. Accordingly, public hospitals have strengthened stock control and reminded healthcare staff of the proper use of PPE. With the Government's co-ordination, some of the gears ordered earlier by HA has been delivered progressively since early February. HA will continue to endeavour to expedite the procurement of PPE so as to ensure that adequate PPE is provided to frontline healthcare staff for provision of services. Thank you, President.

Ends/Wednesday, February 19, 2020
Issued at HKT 14:06

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Appendix III**Press Releases**

LCQ3: Supply of anti-epidemic items

Following is a question by the Hon James To and a written reply by the Secretary for Financial Services and the Treasury, Mr James Lau, in the Legislative Council today (February 26):

Question:

As the novel coronavirus epidemic has been serious recently, various government departments, public organisations and members of the public have a strong demand for anti-epidemic items. In this connection, will the Government inform this Council:

(1) of (i) the quantities received and (ii) the stock held, by the public healthcare system in respect of the various types of anti-epidemic items each day from January 21 to February 21 this year;

(2) in respect of the face masks produced by the Correctional Services Department (CSD), of (i) the quantity retained for use by the Department, and (ii) the respective quantities supplied to the following government departments, public organisations and non-governmental organisations each month since December last year (set out in a table): Hong Kong Police Force, Customs and Excise Department, Immigration Department, Hong Kong Fire Services Department, Independent Commission Against Corruption, Food and Environmental Hygiene Department, Leisure and Cultural Services Department, Department of Health, Administration Wing of the Chief Secretary for Administration's Office, Hongkong Post, Auxiliary Medical Service, Home Affairs Department, and the various public health-related organisations such as the Hospital Authority (HA);

(3) of the protection specifications of the face masks currently produced by CSD, and whether such specifications meet those prescribed by HA for face mask procurement; if not, whether CSD will produce face masks which meet the specifications prescribed by HA;

(4) of CSD's current stock of face masks available for distribution;

(5) of the stock of the various raw materials (including aluminum/plastic strips, elastic bands, non-woven fabrics and filter papers) currently used by CSD for producing face masks, and the places of origin of those raw materials; the number of face masks that can be produced with such stock;

(6) whether CSD will recruit volunteers who possess the knowledge of operating sewing machines to join the production line of face masks so as to increase output; if so, when the recruitment will be conducted; if not, of the reasons for that; and

(7) whether it will distribute face masks free of charge to the elderly in Hong Kong; if not, of the reasons for that?

Reply:

President,

With consolidated input from relevant policy bureaux and departments, my reply to the questions raised by the Hon James To is as follows:

(1) As at February 20, the stock of personal protective equipment (PPE) of public hospitals include approximately 18 million surgical masks, 2.3 million isolation gowns, 0.45 million face shields and 1.19 million N95 respirators.

(2) The Government Logistics Department (GLD) procures masks from the Correctional Services Department (CSD) as well as other suppliers through various channels. As masks provided by different suppliers are handled collectively, GLD does not have a breakdown of the number of masks provided by individual suppliers.

In light of the developments concerning the disease, all government departments have worked very hard to keep their demands for masks to a minimum. GLD will comply strictly with distribution guidelines and accord priority to front-line staff participating in quarantine-related work, execution of quarantine orders (including medical and port health staff of the Department of Health) and maintenance of essential public services.

(3) According to tests conducted by accredited laboratories, the bacterial filtration efficiency (BFE) and particulate filtration efficiency (PFE) of filter masks produced by the CSD are over 99% and 98% respectively.

As for the procurement of surgical masks by the Hospital Authority (HA), it has mainly made reference to the US Food and Drug Administration's standards on surgical mask, ASTM F2100-11. ASTM accredits surgical masks that are up to standard in 4 aspects, including BFE, PFE, synthetic blood resistance and delta-P/differential pressure. With the ongoing development of COVID-19, HA has significantly increased its usage of PPE, and has been striving to expedite procurement. HA also takes into consideration other international standards when sourcing surgical masks, including European Standards, EN14683.

(4) and (6) In 2019, CSD produced an average of about 1.1 million masks per month. In an effort to meet the demand for masks from government departments, CSD has increased its output on three occasions since January 2020. Moreover, since early February, it has been producing masks around the clock, increasing its monthly output to about 1.8 million masks. CSD has subsequently recruited over 800 off-duty and retired CSD officers as volunteers in mask production work since February 7. The target is for output to reach 2.5 million masks per month.

(5) Raw materials for masks are supplied to CSD by suppliers on a monthly basis in accordance with contractual requirements. According to the information provided by suppliers, the raw materials are imported. At present, CSD keeps raw materials that is sufficient for the production of masks over one month.

(7) The Government will work closely with the community, striving to meet the people's needs in the prevention and control of disease. The Government will provide 1 million masks to residential care homes for elderly and residential homes for persons with disabilities, so as to support their continuous operation. The Government has also received donations of masks and disinfection supplies from a number of kind-hearted

organisations and individuals; and will support them in the distribution of masks to relevant organisations and underprivileged members of the community. For example, masks will be provided to high-risk patients (e.g. the elderly and pregnant women) and medical workers through the HA, as well as to elders and needy households through major charities.

Ends/Wednesday, February 26, 2020
Issued at HKT 13:00

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Appendix IV

Press Releases

LCQ19: Issues relating to novel coronavirus epidemic

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (February 26):

Question:

In recent months, the novel coronavirus epidemic has continued to spread and it has been confirmed that the virus is capable of human-to-human transmission. Up to the present, tens of thousands of confirmed cases have been recorded on the Mainland, and the number of confirmed cases in Hong Kong has also been on the rise. On the issues relating to the epidemic, will the Government inform this Council:

(1) of the latest measures to cope with the occurrence of community transmission in Hong Kong;

(2) whether it knows the effective methods currently known for treating the infection of the virus; whether it has exchanged with the Mainland authorities the experience in treating the patients concerned; if so, of the details; if not, the reasons for that;

(3) as recently a number of healthcare staff of the Hospital Authority (HA) have taken sick leave, gone on strike or resigned, of the new counter measures put in place by the authorities to ensure that there is sufficient manpower in hospitals to deal with the epidemic;

(4) whether it knows the types and other details of those non-urgent services which HA has reduced in order to deal with the epidemic;

(5) whether it will consider invoking section 3 of the Reserved Commodities Ordinance (Cap 296) to (i) specify face masks as a reserved commodity, as well as (ii) coordinate the procurement of face masks and control the storage, distribution and prices of such items, so as to avoid panic hoarding of face masks by members of the public which exacerbates the shortage of such items; whether it will provide face masks and antiseptic items for free to the grass-roots people in need; if so, of the details; if not, the reasons for that;

(6) whether it will, by following the practice of the Macao Government, set up a dedicated webpage and require retailers to report, on a daily basis, on their real-time stock of face masks on the webpage, so as to facilitate the purchase by members of the public;

(7) as the Government has appealed to those members of the public returning to Hong Kong from the Mainland to self-isolate for 14 days as far as possible upon their return to Hong Kong, whether it will issue guidelines on whether employers may regard those employees who are absent from work due to self-isolation as having taken leave, or deduct the salaries of such employees; and

(8) given that the Occupational Safety and Health Ordinance (Cap

509) stipulates that employers must, so far as reasonably practicable, ensure the safety and health at work of the employees, whether it will require (i) employers to provide sufficient infection-protection supplies (e.g. face masks and antiseptic liquid) to employees at work, and (ii) cleansing service contractors to provide protective clothing for frontline workers; if not, of the reasons for that?

Reply:

President,

Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by the three key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, we have responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, we introduced a host of specific and practicable measures in the areas of health surveillance, compulsory quarantine, isolation treatment, health declaration, exit screening, reducing people flow between Hong Kong and the Mainland, enhancing "social distancing" and supporting frontline healthcare staff, etc.

In consultation with the Hospital Authority (HA), Commerce and Economic Development Bureau, Financial Services and the Treasury Bureau, Labour Department and Policy Innovation and Co-ordination Office, my reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) To prevent a large-scale community outbreak in Hong Kong, the Government has adopted a strategy of "containment" of the virus to achieve early identification, early isolation and early treatment of the infected.

First of all, since February 8, 2020, the Government has issued quarantine orders to all persons entering Hong Kong from the Mainland, including Hong Kong residents and visitors from other places. These persons are required to stay at home or other accommodation for a 14-day compulsory quarantine.

Furthermore, the Government will continue to strengthen "social distancing" measures, as well as personal hygiene and environmental hygiene measures so as to minimise the risk of the further spread of the novel coronavirus infection locally.

At the same time, for early detection of cases of novel coronavirus infection, the HA has implemented the "Enhanced Laboratory Surveillance Programme" since mid-January 2020 to conduct tests for novel coronavirus infection on pneumonia patients meeting the relevant criteria, and has further expanded by phase to cover all in-patient pneumonia cases. With a view to further enhancing the surveillance, prevention and control strategy in Hong Kong, since February 19, 2020, the HA has expanded the "Enhanced Laboratory Surveillance Programme" to cover outpatients. Deep throat saliva specimen testing will be arranged for patients seeking medical attention at Accident and Emergency Departments and General Out-patient Clinics with fever and respiratory symptoms or mild pneumonia to help with the early detection of mild cases in the community and provide a better understanding of the epidemiological situation.

(2) At present, public hospitals mainly provide supportive treatment for patients diagnosed with the coronavirus infection, including oxygen therapy, intravenous fluid infusion, and empirical antibiotics for secondary bacterial infection. Extracorporeal Membrane Oxygenation life support machine will be used where necessary. The HA has a group of experts to conduct assessments according to the clinical conditions of diagnosed patients for providing suitable patients with combination antiviral therapy, such as protease inhibitor, interferon and ribavirin. The efficacy and the possible side effects of the medications are closely monitored. These drug treatments are formulated in accordance with the experts' understanding of the coronavirus infection. The experts will make reference to the latest research data and make adjustments as appropriate.

(3) With regards to the earlier industrial action, the Government and HA have been urging healthcare workers participating in the industrial action to return to work as soon as possible to avoid affecting public hospital services and patient treatment. The HA has also activated the Major Incident Control Centre to closely monitor the operation of public hospitals and to deploy manpower and adjust non-emergency services with regard to service needs, with a view to focusing resources on management of the epidemic and maintaining emergency medical services.

(4) In view of the latest development of the epidemic situation, the HA announced on February 15, 2020 to adjust non-emergency and non-essential medical services significantly in the four weeks starting from February 17, so as to focus manpower and resources on providing care for the most critical patients and responding to the epidemic. Specific measures include:

- (i) except for emergency and essential treatment, non-emergency services such as elective surgeries will be postponed;
- (ii) specialist outpatient clinics will contact patients with stable conditions to reschedule their appointments and arrange drug refills for them according to their conditions; and
- (iii) except for emergency and essential examinations, non-emergency examinations such as routine endoscopy will be rescheduled.

The HA expects that the service adjustments can substantially reduce the flow of people in hospitals and allow public hospitals to focus on providing emergency services and managing the epidemic. The HA will closely monitor the manpower and service situation of public hospitals and make timely adjustments.

(5) and (6) For the supply of surgical masks, the Government has been adopting a multi-pronged approach to procure surgical masks globally through different channels and means. These include the Government Logistics Department procuring directly from suppliers and through referrals from the Hong Kong Economic and Trade Offices and from individual sources in order to secure the supply of masks and other protective items as soon as possible to meet the Government's operational needs. At the same time, the Government prioritises the distribution of surgical masks of the Government stock in accordance with the risk level. Priority is given to healthcare staff and personnel providing care services (including front-line healthcare staff, nursing staff in institutions, healthcare personnel in private clinics); and personnel who provide essential services and who are required to have contact with the public at work (such as those providing

public transport, emergency services, immigration services). In addition to imports, the Government strives to explore prospects of local production. The Correctional Services Department (CSD) has also increased its production volume. The Government is maintaining close contact with members of local chambers of commerce and the retail industry and collaborating with the relevant Mainland Authorities to facilitate clearance so as to speed up the delivery of masks to the market.

Given experts' assessment that the virus may last for a period of time and that there are confirmed cases in various countries and regions, the demand for surgical masks has risen sharply, causing difficulties in procurement. As the supply of surgical masks is tight in the short run, the Government considers that it is more pragmatic to strive to increase supply of surgical masks and manage the demand. The Government currently does not have any plans to mandatorily control the supply and prices of surgical masks through legislation, because this could be counterproductive, rather than addressing the problem at source, i.e. inadequate supply.

In response to private organisations and groups' donation/plans of donation of masks and disinfection products to the Government and non-governmental organisations recently, the Labour and Welfare Bureau and Social Welfare Department will contact the relevant organisations in accordance to the wishes of the donors. The Government also encourages private and charitable organisations to donate surgical masks to the underprivileged, and stands ready to play a facilitation role with financial resources and coordination.

(7) Since February 8, 2020 0.00am, in accordance with the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap 599C), the Department of Health (DH) has required all persons entering Hong Kong from the Mainland, or from other places but have visited the Mainland over the past 14 days, including Hong Kong residents, Mainland residents and other visitors, to be subject to mandatory quarantine for 14 days upon their arrival. Any person concerned who leave accommodation without permission may commit a criminal offence. The Employment Ordinance (Cap 57) has no statutory requirement regarding leave or wage arrangements for employees who undergo self-isolation. Nonetheless, the Government encourages employers to be considerate and show understanding to such employees' situation and make flexible arrangements.

(8) Under the Occupational Safety and Health Ordinance (Cap 509), employers must, so far as reasonably practicable, safeguard the occupational safety and health (OSH) of their employees at work. Therefore, each employer has the duty to conduct risk assessment of the work of his/her employees, and based on the result of the assessment, provide them with the necessary equipment to safeguard their OSH.

Cleansing service contracts are normally contracts that rely heavily on the deployment of non-skilled workers. For these service contracts, the four major procuring departments, namely the Food and Environmental Hygiene Department (FEHD), Leisure and Cultural Services Department, Government Property Agency and Housing Department (HD) (on behalf of the Housing Authority), normally require contractors to comply with the relevant laws of Hong Kong (including the requirements of the Occupational Safety and Health Ordinance) and specify in the service contracts that adequate and suitable personal protective equipment (PPE) should

be provided to the workers. The four major procuring departments have also enhanced communication with their contractors, asking the latter to provide sufficient PPE such as masks to their workers. Departments will also provide relevant working guidelines to their contractors, with reference to the "Health Advice on Prevention of Severe Respiratory Disease associated with a Novel Infectious Agent in Workplace" issued by the Centre for Health Protection of the DH.

In general, equipment and masks required for the work of the cleansing workers should be provided by the contractors. Considering the difficulties of the contractors in sourcing these supplies for the protection of the cleansing workers delivering public services, the Government has decided to reserve the 700 000 additional masks produced by the CSD each month for free distribution to the cleansing workers employed by government service contractors. The FEHD and HD have started distributing masks to cleansing workers on February 17, 2020, with priority given to those who are responsible for cleaning public toilets, public markets, refuse collection points, streets and public housing estates.

Ends/Wednesday, February 26, 2020
Issued at HKT 16:40

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Appendix V

Relevant papers on measures for the prevention and control of Coronavirus Disease in Hong Kong

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2020 (Item IV)	Agenda
	30.1.2020 (Item I)	Agenda

Council Business Division 2
Legislative Council Secretariat
9 March 2020