

# 立法會 *Legislative Council*

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## **Panel on Health Services**

### **Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 8 April 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")<sup>1</sup> 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")<sup>2</sup> and coronavirus disease ("COVID-19") on 11 February 2020. Following its declaration of the outbreak

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<sup>1</sup> 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.

<sup>2</sup> According to WHO, from phylogenetics analyses undertaken with available full genome sequences, the virus most probably has its ecological reservoir in bats, and transmission of the virus to humans has likely occurred through an intermediate host which is a domestic animal, a wild animal or a domesticated wild animal that has not yet been identified.

as a Public Health Emergency of International Concern on 30 January 2020, WHO characterized COVID-19 as a pandemic on 11 March 2020. As of 10:00 am on 7 April 2020, a total of 1 252 929 confirmed cases have been reported in 212 countries or areas, including 70 002 fatal cases.<sup>3</sup> According to WHO, most estimates of 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 primarily transmitted through respiratory droplets during close unprotected contact between an infector and infectee and fomites in the immediate environment around the infected person. Airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed. There is currently no vaccine to protect against and no specific antiviral treatment for COVID-19. However, a number of medicines have been suggested as potential investigational therapies, many of which are now being or will soon be studied in clinical trial, including the SOLIDARITY trial co-sponsored by WHO and participating countries<sup>4</sup>.

3. Locally, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("the Plan")<sup>5</sup> 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 Significance<sup>6</sup>.

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<sup>3</sup> Excluding 712 cases which were confirmed by Japan among passengers or crews in a cruise ship (including 11 fatal cases).

<sup>4</sup> The SOLIDARITY trial compares the safety and effectiveness of the following four different drugs or drug combinations against COVID-19: an experimental antiviral compound called remdesivir; the malaria medications chloroquine and hydroxychloroquine; a combination of two HIV drugs, lopinavir and ritonavir; and that same combination plus interferon-beta, an immune system messenger that can help cripple viruses.

<sup>5</sup> 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](https://www.chp.gov.hk/files/pdf/govt_preparedness_and_response_plan_for_novel_infectious_disease_of_public_health_significance_eng.pdf).

<sup>6</sup> "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.

The Serious Response Level<sup>7</sup> 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 local population is high and imminent, the response level under the Plan has been raised to the Emergency Level<sup>8</sup> 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.<sup>9</sup> As of 6 April 2020, CHP has recorded a total of 915 confirmed cases<sup>10</sup> and one probable case of COVID-19. Among these cases, 695 were still hospitalized or pending for admission, 216 were discharged and four were fatal cases. The latest epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong is 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. With the confirmation of imported cases of novel CoV infection in Hong Kong in late January 2020 and the subsequent development of the epidemic, the Panel further discussed the measures in place for the prevention and control of the

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<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> According to the Agricultural, Fisheries and Conservation Department, two pet dogs and one pet cat from three households with confirmed COVID-19 cases have so far been tested positive for the virus. However, there is currently no evidence that pet animals can be a source of COVID-19.

disease in Hong Kong on 30 January, 10 March and 20 March 2020. The deliberations and concerns of members are summarized below.

#### Immigration control measures and quarantine arrangements

6. At the meeting on 30 January 2020, 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 2020<sup>11</sup> 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 immigration 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 Mainland arrivals holding a valid one-year Individual Visit endorsement with multiple entries or an endorsement for business visit.

7. 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

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<sup>11</sup> 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.

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.

8. 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.

9. With the rapid increase in the number of overseas countries or areas reporting community transmission of COVID-19, there were again calls from members at the meeting on 10 March 2020 that the Administration should impose a complete closure of all immigration control points, this time to prevent the virus from being imported from overseas. The Administration advised that since the outbreak of COVID-19, there was already a significant drop in the number of daily arrivals at the Hong Kong International Airport ("HKIA") from an average of 57 000-odd in January 2020 to 10 633 on 9 March 2020, among which 8 304 (i.e. about 80%) were Hong Kong residents. To strengthen surveillance and contact tracing, all inbound travellers via HKIA were required to submit health declaration form since 8 March 2020. In view of the health risks arising from the COVID-19 outbreak in Korea, the Emilia-Romagna, Lombardy and Veneto regions in Italy and Iran, a range of quarantine and medical surveillance measures had already been put in place to prevent the spread of the disease by persons arriving Hong Kong from these places.<sup>12</sup> In addition, entry restrictions had been imposed on non-Hong Kong residents arriving from Korea from entering Hong Kong with effect from 6:00 am on 25 February 2020. Red Outbound Travel Alerts had also been issued on the above places to urge members of the public to adjust travel plans and avoid non-essential travel. The Administration would continue to assess the public health risk of the global spread of COVID-19 and such risk posed to Hong Kong.

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<sup>12</sup> Starting from 6:00 am on 25 February 2020 and 0:00 am on 1 March 2020 respectively, all Hong Kong residents returning to Hong Kong who had been to Daegu and Gyeongsangbuk-do in Korea in the past 14 days and all persons (regardless of whether they were Hong Kong residents) arriving Hong Kong who had been to the Emilia-Romagna, Lombardy or Veneto regions in Italy or Iran in the past 14 days would be required to stay in a quarantine centre for quarantine. Starting from 6:00 am on 25 February 2020, Hong Kong residents returning from other cities and provinces of Korea had to undergo medical surveillance for 14 days.

10. In view of the proliferation of the disease around the world with Europe becoming the new epicenter of the COVID-19 pandemic, members expressed grave concern at the meeting on 20 March 2020 that Hong Kong still recorded an average daily arrival of thousands of visitors in the past few weeks. They were deeply concerned that there was a surge in confirmed cases in Hong Kong recently which were dominated by imported or imported-related cases. While the inbound quarantine requirements had been extended to cover parts of France, Spain, Germany and Hokkaido on 14 March 2020, to all 26 countries of the Schengen area on 17 March 2020 and all places outside China on 19 March 2020 and temporary COVID-19 test centres had started operating at the AsiaWorld-Expo and North Lantau Hospital since 20 March 2020 to provide on-site viral tests for those persons arriving in Hong Kong via HKIA who had upper respiratory symptoms, some members considered that there was a loophole in the arrangement as asymptomatic carriers would return to their residences or other self-nominated places such as hotels to observe the quarantine requirement. In their view, this was not conducive to minimize the risk of community transmission when there was still capacity for the Public Health Laboratory Services Branch of DH and HA to perform more viral tests each day. The Panel passed two motions at the meeting urging the Administration to, among others, immediately prohibit non-Hong Kong residents from entering Hong Kong through various immigration control points, and conduct viral tests for all inbound travellers, so as to reduce as far as possible the risks of importation of COVID-19 cases from affected places.

11. The Administration advised that CHP of DH had expanded the Enhanced Laboratory Surveillance Programme, which provided free testing service for COVID-19, to cover asymptomatic persons arriving at Hong Kong from 19 March 2020. The first target group was persons under quarantine aged 65 or above or persons under quarantine residing with elderly persons aged 65 or above. They would be provided with a specimen container at HKIA for collection of deep throat saliva sample by themselves in the morning on the specified date, and to have their family members or friends delivered it to the designated collection points by 1:00 pm on the collection date. The Administration would take into account, among others, the epidemiological analysis in assessing the public health risk of the global spread of COVID-19 posed to Hong Kong. It would not rule out the possibility of introducing more stringent immigration control measures where necessary for the purpose of protecting public health.

12. Noting that the epicenter of the COVID-19 outbreak had shifted from China to Europe, some members considered that Hong Kong manufacturers with factories in the Mainland, who had genuine need for frequent travel between

Hong Kong and the Mainland to support the operation and business of the Mainland factories, should be allowed to apply for exemption from the 14-day quarantine requirement under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C)<sup>13</sup> but to observe medical surveillance during their stays in Hong Kong. Some other members were concerned about whether there were any under-reporting in the Mainland. They held the view that arrivals from the Mainland should continue to be subject to compulsory quarantine. The Administration advised that it remained its utmost concern to minimize the chance of local transmission through imported cases or cases with travel history. It would continue to maintain close communication with the National Health Commission<sup>14</sup> and closely monitor the situation for risk assessment.

### Quarantine facilities and surveillance

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.

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<sup>13</sup> Under section 4 of the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation, the Chief Secretary for Administration ("the Chief Secretary") may designate any person or category of persons to be exempt from the quarantine requirement if the Chief Secretary is satisfied that the person's or persons' entry into Hong Kong:

- (a) is necessary for the supply of goods or services required for the normal operation of Hong Kong or the daily needs of the people of Hong Kong;
- (b) is necessary for governmental operation;
- (c) is necessary for the protection of the safety or health of the people of Hong Kong or the handling of the public health emergency; or
- (d) because of the exceptional circumstances of the case, otherwise serves the public interest of Hong Kong.

<sup>14</sup> 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.

14. With the subsequent surge in COVID-19 cases globally, members noted that the arrangements introduced by the Administration in late February and early March 2020 to require all inbound travellers who had visited the specified high-risk areas to observe the 14-day quarantine requirement in the quarantine centres had been adjusted. Since mid-March 2020, travellers from specified affected places outside China, regardless of whether they were Hong Kong residents, were permitted to serve their quarantine at home or other self-nominated places in order to maintain the capacity of the quarantine centres to cope with the requirements for close contacts of confirmed cases and occasional clusters. Members expressed concern about the health risks arising from persons placed under home quarantine given the small living area per capita in Hong Kong. For persons who were quarantined in a self-nominated place other than residential homes, say, hotels, there was at present no requirement for these persons to alert the hotels concerned that they were under compulsory quarantine for the latter to take measures to reduce the risk of staff of being exposed to infection. The Panel passed a motion at its meeting on 20 March 2020 urging the Administration to, among others, discuss with the hotel industry on the underwriting of suitable hotels as temporary quarantine centres for returning Hong Kong residents, so as to address the issue of insufficient quarantine facilities and lower the risk of second and third generation spread of the disease in the community.

15. The Administration advised that it had adopted a risk-based approach so that individuals more susceptible to risk of infecting COVID-19, including close contacts of confirmed cases and contacts in clusters, would be observed in quarantine centres. For individuals with relatively lower risks, a person could quarantine in a self-nominated place if it was considered prudent and appropriate. As of 20 March 2020, there were about 1 200 units in the three quarantine centres, with an occupancy rate of around 50%.<sup>15</sup> In addition, hundreds additional units in the Chun Yeung Estate would soon be made available for quarantine purpose. Separately, quarantine facilities were being constructed through the application of the modular integrated construction method for the provision of at least 1 000 additional units. In view of the rapid development of the COVID-19 outbreak, it was difficult to accurately estimate the demand for quarantine facilities. The Administration would closely monitor the situation and make corresponding deployment where necessary. It should also be noted that CHP had updated its health advice on prevention of COVID-19 for hotel industry to advise the staff concerned to take precautionary measures at their workplaces to minimize the risk of contracting and spreading the disease.

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<sup>15</sup> The three quarantine centres were Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan.



16. Enquiries were raised about the surveillance of compulsory quarantine with the use of electronic wristbands in pair with the StayHomeSafe mobile application, as well as the office for reporting suspected breaches of quarantine orders. There was a suggestion that the Administration could consider hiring temporary staff to strengthen its manpower for the surveillance work. The Administration stressed that leaving the quarantine places without permission was a criminal offence. Offenders were subject to a maximum imprisonment for six months and fine of \$25,000. It had deployed more manpower to detect breach cases with the aid of electronic monitoring system, conduct spot checks by officers of DH and from disciplinary forces and make telephone calls, etc. to monitor whether persons under compulsory quarantine were complying with the quarantine orders. As of 10 March 2020, DH had prosecuted two persons for suspected violation of compulsory quarantine requirement.

### Viral testing

17. Members were concerned about the turnaround time of the COVID-19 viral tests performed by CHP and HA. There was a suggestion that Hong Kong should consider employing the rapid diagnostic test recently developed by Taiwan which provided results in about 15 minutes by identifying the presence of antibodies in specimens to facilitate early identification of COVID-19 cases.

18. The Administration advised that CHP and HA currently used real-time reverse transcriptase-polymerase chain reaction assays to detect viral RNA from the specimens. The molecular test was highly sensitive and accurate for informing infection status, with results available within a few hours from specimen receipt. After the outbreak of the disease, many assays had been developed or were currently under development around the world. The Public Health Laboratory Services Branch under CHP would carefully evaluate the assays developed by local tertiary institutions and scientific research institutions to determine how to make the best use of these assays and whether to introduce them in public service delivery after assessment of their sensitivity and specificity and other relevant factors.

### Response measures of HA

19. In view of the already overloaded Accident and Emergency Departments of public hospitals 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 and the intensive care beds in public hospitals.

20. According to HA, the Central Commend Committee meeting had been convened to examine measures to cope with suspected cases. Measures implemented since January 2020 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 19 March 2020, HA had activated 954 isolation beds in public hospitals for use with an occupancy rate of around 45%. Among these beds, 97 were intensive care beds. HA was planning to retrofit one to two general wards in each hospital cluster into standard negative pressure wards, with a view to providing 400 to 500 additional standard negative pressure beds for patients who had recovered but had not yet been confirmed negative for the virus. The highest standard negative pressure beds would be reserved for confirmed or suspected cases. HA would continue to monitor the situation and mobilize the other isolation beds when required.

21. 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.

22. Concerns were raised over the stockpile of personal protective equipment ("PPE") for frontline healthcare personnel of public hospitals. It was noted that HA had revised its infection control guidelines, which covered the PPE to be worn by clinical staff when carrying out different clinical procedures, from time to time since the outbreak of the disease. HA advised that following the swine influenza pandemic in 2009, HA's emergency stockpile of PPE had been increased to three month's consumption to cater for operational needs during emergency situation. With the development of the novel coronavirus infection, HA had expedited the procurement of PPE since January 2020 and at the same time promoting the effective use of PPE. As of 6 March 2020, HA maintained a stockpile of 24 million surgical masks, 2.6 million isolation gowns and 1.1 million face shields and 1.1 million N95 respirators. Under the latest average depletion of PPE as reference, the stockpile of N95 respirator was anticipated to last for about one month, whereas that of other PPE items would last for more than one month. To facilitate deployment of PPE 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.

23. Some members expressed concern about HA's deployment of staff under the healthcare manpower constraint to cope with the anticipated sharp increase in the number of confirmed and suspected cases to be brought about by the large number of Hong Kong residents returning from high-risk places such as Europe, the United Kingdom and the United States. There was a call 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. Some members urged the Administration to prescribe COVID-19 as an occupational disease under the Employees' Compensation Ordinance (Cap. 282) to safeguard the interests of employees involving close and frequent contacts with sources of COVID-19 infection arising from their employment in specified high-risk occupation, including healthcare staff.

24. HA advised that 60% elective surgeries and 70% non-emergency services such as endoscopy examination had been deferred to enhance the manpower of public hospitals in combating the epidemic. Separately, a funding of \$4.7 billion would be allocated from the Anti-epidemic Fund for HA's deployment on various fronts, including for personnel-related expenditure for frontline staff involved in anti-epidemic efforts such as provision of special rental allowance to cater for their temporary accommodation needs and Special Emergency Response Allowance for frontline staff engaging in high risk duties, procuring additional PPE, and enhancing support for laboratory testing, etc. The above apart, the Locum Office had recruited 174 part-time doctors as of 5 March 2020 to work in HA on need and ad-hoc basis, with 66 doctors already serving in 13 specialties at different public hospitals.

#### Role of the Chinese medicine sector

25. There was a view that the Administration should tap on the capacity of the Chinese medicine sector in combating the disease, in particular for preventive care and rehabilitation. The Administration advised that new coronavirus related projects had been added as a support area under the Industry Support Programme of the Chinese Medicine Development Fund to provide funding for non-profit-making organizations, professional bodies, trade and academic associations and research institutions to support training programmes and courses, conduct applied or policy research, and organize various promotional activities in this regard. The Programme was now open for applications.

### Risk communication

26. 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. Given the double-digit increase in confirmed cases every day since mid-March 2020, there was a view at the meeting on 20 March 2020 that the Administration should resume the special arrangements to provide only basic, limited-scale public services and the special work arrangement to require civil servants to work from home as far as possible for the purpose of reducing social contacts so as to alert members of the public of the imminent risk of local outbreak.

27. The Administration assured members that risk communication, publicity, public education, port health measures, social distancing measures, etc. would continue to be enhanced as and when appropriate 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. The most updated health advice could be found at the COVID-19 Thematic Website in various languages. An Interactive Map Dashboard and a Telegram channel were also available to provide the latest information in a timely manner.

### Maintaining of personal and environmental hygiene

28. 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. 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 production lines not only for adult-sized surgical mask but also children-sized surgical mask and the polypropylene filter material 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). While there was a suggestion that it should be a mandatory requirement for all people to wear surgical masks when taking public transport to protect public health, there was another view that there was a need to remind members of the public to minimize wearing surgical masks unnecessarily to reduce consumption.

29. 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. 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 ("GLD") was actively sourcing globally. On account of the urgency, GLD had made direct procurement of normal and smaller-sized surgical masks and other protective items, bypassing tendering procedures, in order to secure supplies as quickly as possible. An open tender was also issued in late January 2020 for procurement of masks to supplement the above efforts. On the retail supply of surgical masks in the local market, the Administration had met with members of local chambers of commerce and the retail industry. It had appealed the trade to maintain the price level of masks. Separately, the Chief Executive had personally written to the State Council seeking their assistance in mask supply from the Mainland to Hong Kong. Starting from 2 March 2020, the Local Mask Production Subsidy Scheme under the Anti-epidemic Fund was opened for applications to provide subsidies to a maximum of 20 local production lines to facilitate the start of local mask production as soon as possible to help address the imminent shortage as well as to build up stock.

30. Many members called on the Administration to step up its efforts to ensure adequate supply of surgical masks to students after class resumption; frontline cleansing workers, drivers and supervisors engaged by government outsourced cleansing service contractors; ethnic minorities; and the underprivileged. The Administration advised that in addition to the stockpile of surgical masks for tackling the winter surge, schools were procuring from different places more surgical masks to get ready for class resumption. Separately, the Administration had set aside the additional 700 000 masks produced each month by CSD for distribution through the Food and Environmental Hygiene Department and the Housing Department to frontline cleansing workers engaged by government outsourced cleaning service contractors. As of 10 March 2020, the Administration had passed about 5 million surgical masks donated by various persons and charitable foundations to non-governmental organizations for their re-distribution to the underprivileged.

31. Pointing out that staff and visitors having travel history outside Hong Kong 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 and infection control guidelines to RCHEs to advise them to heighten their prevention and control measures to guard against the disease.

32. 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.

### Hong Kong residents in Hubei Province

33. Members expressed appreciation for the Administration's efforts to arrange the first batch of chartered flights in early March 2020 to take 469 Hong Kong residents from Hubei Province back to Hong Kong. The Administration was requested to expedite its arrangement for the second batch of chartered flights to take the thousands of Hong Kong residents remaining in various areas of Hubei Province back to Hong Kong. In the meantime, the Social Welfare Department should consider providing counselling services for those persons and their family members in distress. The Administration assured members that it would continue to provide necessary support for those Hong Kong residents still stranded in Hubei Province, and to further discuss with the Hubei Provincial Government and make arrangements for them to return to Hong Kong in stages, with priority accorded to cases which had relatively urgent needs. Separately, members of the public in need of mental health support during the outbreak could approach the Integrated Family Service Centres at district level or call the hotlines operated by the Social Welfare Department.

### **Latest development**

34. The Administration will update the Panel on 8 April 2020 on its latest measures for the prevention and control of COVID-19 in Hong Kong.

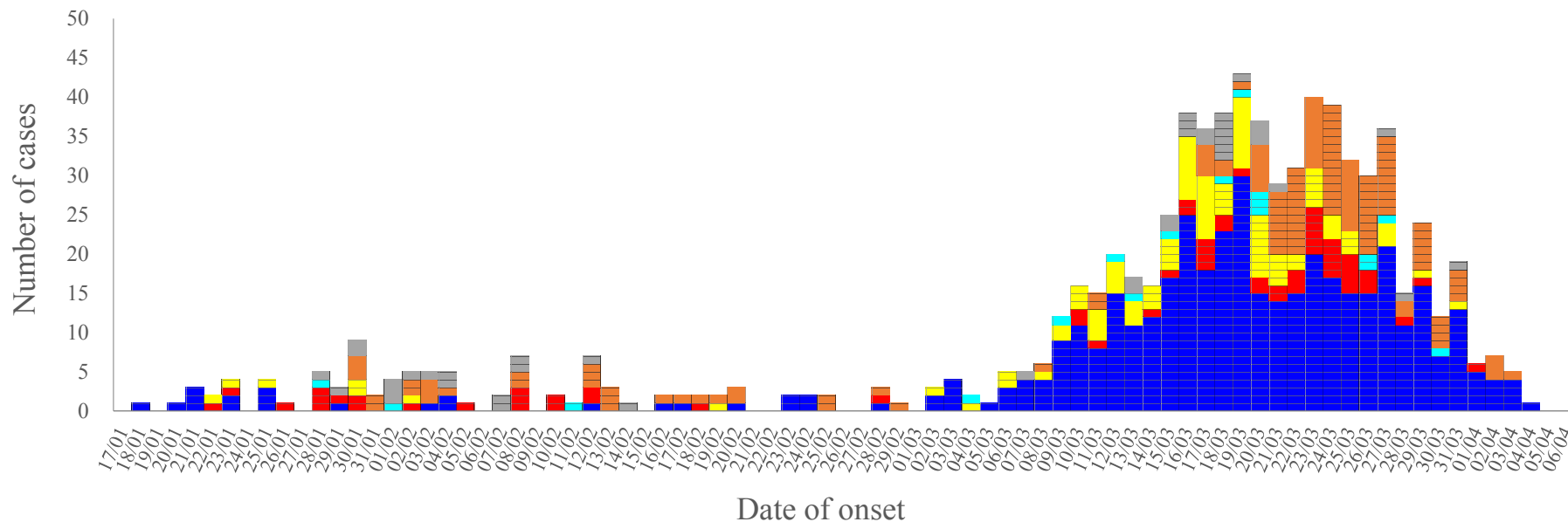
### **Relevant papers**

35. A list of relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2  
Legislative Council Secretariat  
7 April 2020

**Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong (as of 6 Apr 2020)**

**Number of confirmed and probable cases = 915**



Note:

1. The case classification may be subject to changes when there is new information available.
2. Asymptomatic cases are not shown in this epidemic curve.

(Last updated on 6 April 2020)



## Appendix II

### 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)	<a href="#">Agenda</a> <a href="#">CB(2)506/19-20(01)</a> <sup>#</sup> <a href="#">CB(2)664/19-20(01)</a> <sup>#</sup>
	30.1.2020 (Item I)	<a href="#">Agenda</a>
	8.2.2020*	<a href="#">CB(2)601/19-20(01)</a>
	10.3.2020 (Item I)	<a href="#">Agenda</a>
	20.3.2020 (Item IV)	<a href="#">Agenda</a> <a href="#">CB(2)786/19-20(01)</a> <a href="#">CB(2)787/19-20(01)</a>

\* Issue date

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Council Business Division 2  
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