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Panel on Health Services

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

Measures for the prevention and control of Coronavirus disease 2019 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

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[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, 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 can be a domestic animal, a wild animal or a domesticated wild animal that has not yet been identified.

("COVID-19") on 11 February 2020. Following its declaration of the outbreak 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 11:00 am on 8 July 2020, at least 11 588 288 confirmed cases have been reported in 218 countries or areas, including at least 536 729 fatal cases.[3] According to WHO, most estimates of the incubation period of COVID-19 range from one to 14 days, most commonly around five to six days. The most common symptoms of the disease are fever, tiredness and dry cough. Some patients may have aches and pains, nasal congestion, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discolouration of fingers or toes. 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 hospital treatment. Around one out of every five 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 clinical trial co-sponsored by WHO and participating countries[4].

3. Locally, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("the Plan")[5] 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

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[3] Excluding 712 cases which were confirmed by Japan among passengers or crews in a cruise ship (including 13 fatal cases).

[4] At the time of launch, the SOLIDARITY trial compared the following four different treatment options against standard of care, so as to assess their relative effectiveness against COVID-19: an experimental antiviral compound called remdesivir which was previously tested as an Ebola treatment; the malaria and rheumatology medications chloroquine and hydroxychloroquine; a combination of two HIV drugs, lopinavir and ritonavir; and that same combination plus interferon beta-1a which is used to treat multiple sclerosis. WHO discontinued the trial's hydroxychloroquine and lopinavir/ritonavir arms on 4 July 2020 as interim tiral results show that hydroxychloroquine and lopinavir/ritonavir produce little or no reduction in the mortality of hospitalized COVID-19 patients when compared to standard of care.

[5] 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.

Wuhan is regarded as a Novel Infectious Disease of Public Health Significance[6]. The Serious Response Level[7] 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 to 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).[8] 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[9] 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.[10] As of 8 July 2020, CHP has recorded a total of 1 323 confirmed cases[11] and one probable case of COVID-19. Among these cases, 150 were still hospitalized or pending for admission, 1 167 were discharged and seven were fatal cases. The cases include 710 males and 614 females with ages of the cases ranged from 40 days to 96 years (with the median age being 34 years). The latest epidemic curve of

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[6] "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.

[7] 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.

[8] With effect from 28 April 2020, "Severe Respiratory Diseases associated with a Novel Infectious Agent" under Schedule 1 to the Prevention and Control of Disease Ordinance has been renamed as "coronavirus disease 2019 (COVID-19)", and "SARS-CoV-2" has been added in Schedule 2 to the Ordinance as a Scheduled Infectious Agent so that the owner or the person in charge of a laboratory is required to notify the Director of Health any leakage of the infectious agent in the laboratory.

[9] 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.

[10] The prevailing reporting criteria of COVID-19 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 (including all places outside Hong Kong currently); or (ii) had close contact with a confirmed case of COVID-19.

[11] 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.

confirmed and probable cases of COVID-19 in Hong Kong is in **Appendix I**. The number of confirmed cases by case classification for the recent 28-day period as of 8 July 2020 is in **Appendix II**.

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 disease in Hong Kong on 30 January, 10 March, 20 March, 8 April, 24 April, and 8 May 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[12] 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

[12] 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.

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 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. Subsequent to the above meeting, members were advised that according to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for those exempted, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used.

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.[13] 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.

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[14] 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

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[13] 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.

[14] Members were subsequently advised that viral test services had been consolidated at the temporary COVID-19 test centre at AsiaWorld-Expo starting from 5 April 2020 at 8:00 pm. The test centre also handled suspected cases referred by CHP, including travellers under mandatory quarantine or close contacts of confirmed cases. With the number of inbound travellers continuing to decline, the above test centre suspended operation from noon on 19 April 2020 such that HA could refocus its manpower resources to hospital services. The HA Major Incident Control Centre would liaise with DH to arrange the transfer of inbound travellers with respiratory symptoms, people undergoing home quarantine or close contacts of confirmed cases to various Accident and Emergency Departments of public hospitals for testing.

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. Subsequent to the above meeting, members were advised that starting from 29 March 2020, the scope of the Enhanced Laboratory Surveillance Programme had been extended to cover all asymptomatic inbound travellers arriving from all places outside China.

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 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[15] and closely monitor the situation for risk

[15] 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.

assessment. Members were subsequently advised that in view of the latest situation of COVID-19, the Regulation had been amended to provide a legal framework for broadening the exemption of persons or category of persons from compulsory quarantine with effect from 29 April 2020 to cover, among others, travellers whose travelling was necessary for purposes relating to manufacturing operations, business activities or provision of professional service in the interest of Hong Kong's economic development.

13. With the full lifting on 8 April 2020 of all lockdowns imposed on Wuhan and other cities in Hubei Province in phases since late January 2020, some members expressed concern about the health risks to Hong Kong that might be brought about by incoming Mainland residents holding valid visit endorsement issued by authorities other than that of Wuhan city but had stranded in the Hubei Province during the lockdowns. While noting that the Enhanced Laboratory Surveillance Programme had been further extended with effect from 8 April 2020 that inbound travellers who had been to Hubei Province in the past 14 days arriving via land boundary control points[16] would be provided with specimen collection containers for collection of their deep throat saliva samples by themselves at their place of accommodation, and be required to have their family members or friends delivered it to any of the collection points in the same morning for COVID-19 test, there was a view that these travellers should be mandated to collect their deep throat saliva samples at the temporary COVID-19 test centre at AsiaWorld-Expo and wait for the test results there. Only those who were tested negative could go to a self-nominated place to complete the 14-day compulsory quarantine. Some members went further to suggest that a complete closure of all immigration control points to stop the flow of visitors to Hong Kong was the most effective way to control the risk of importation of COVID-19 cases from affected places.

14. Some other members considered that there was no cause for the above concerns as the Mainland authorities had yet resumed the issuance of endorsement for the Individual Visit Scheme. There was a suggestion that the Administration should prepare for gradually lifting the suspension of the passenger clearance services at certain land control points as Hong Kong had recorded no active community transmission of COVID-19 since the latter half of April 2020 and the epidemic situation in the Mainland and Macao was under control. There was another suggestion that to prevent the virus from being imported into Hong Kong from other places, the Administration could work with airline companies to provide viral tests for passengers before boarding the flights to Hong Kong.

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[16] The land control points involved were Shenzhen Bay Port and the Hong Kong-Zhuhai-Macao Bridge Hong Kong Port.

15. The Administration advised that the measure whereby except for Hong Kong residents, residents from Hubei Province and persons who visited the Hubei Province in the past 14 days were not permitted to enter Hong Kong was still in force. As of 21 April 2020, the Immigration Department had refused the entry of over 2 400 relevant travellers at various immigration control points, with the majority of them being residents from Hubei Province. The above apart, the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation required, among others, all persons (except for exempted persons) arriving at Hong Kong from the Mainland and Macao or from other places but having stayed in the Mainland or Macao during the 14 days before the date of arrival be subject to a 14-day compulsory quarantine, initially until midnight on 7 May 2020.

16. The Administration further advised that to speed up the collection of specimen from inbound travellers from overseas for conducting testing for COVID-19, DH had set up a temporary specimen collection centre at AsiaWorld-Expo since 26 March 2020 to provide an option for the persons concerned to submit their deep throat saliva specimens immediately upon their arrival if they wished to do so. After having assessed the latest public health risk arising from the global outbreak, venue restrictions and relevant infection control risks, starting from 8 April 2020, all asymptomatic inbound travellers arriving at HKIA would be mandated to immediately proceed to DH's temporary specimen collection centre to collect their deep throat saliva samples at the venue. From 9 April 2020 onwards, those asymptomatic inbound travellers arriving by air from the United Kingdom, which was considered being a place with higher risk, had to wait for the viral test results at the centre. If tested positive, they would be arranged for admission to hospital for treatment while the close contacts who travelled with them would be sent to designated quarantine centres. For those who were tested negative, they could go home or to a designated place to continue completion of the compulsory quarantine. From 19 April 2020 onwards, the above measure had been extended to all inbound travellers arriving at Hong Kong by air in the morning. Starting from 22 April 2020, the above measures had been further extended to all asymptomatic inbound travellers arriving at HKIA. Given that the number of confirmed cases in the Mainland had dropped significantly since early March 2020 and about 83% of the 94 confirmed cases in Hong Kong from 8 to 21 April 2020 were imported cases (entry via HKIA) or close contacts of an imported case, it was considered that resources and manpower should be focused to handle the viral testing of local residents returning from overseas regions.

17. Referring to the arrangement that starting from 22 April 2020, those asymptomatic inbound travellers who arrived on flights in the afternoon or at night and hence, whose test results would not be available on the same day

would be taken to DH's Holding Centre for Test Result in the Regal Oriental Hotel in Kowloon City by coaches arranged by DH to wait for their test results, some members were worried that this might pose health risks to the local community, in particular residents of Po Sing Court which was located adjacent to the Hotel and had two floors being used by Hotel staff for resting and dining. They considered that the Centre should be set up in hotels closer to HKIA, or at the very least, DH should arrange coaches to take care of the departure of those travellers whose test results were negative from the Hotel.

18. The Administration advised that DH had approached different hotels to explore the setting up of the Centre. A factor for setting up the Centre in the Regal Oriental Hotel was to enable a swift implementation of the arrangement. It should be noted that the present arrangement would not introduce additional risks to the local community regarding where the Hotel was situated, as all asymptomatic passengers staying at the Centre were not allowed to leave their hotel rooms or move around in the Hotel under the quarantine order issued to them. Any confirmed cases and their close contacts would respectively be arranged for admission to hospital and sent to designated quarantine centres by ambulance and vehicles arranged by the Government direct. Those tested negative were allowed to leave the Hotel and go home or to a designated place immediately to continue completion of the 14-day compulsory quarantine. Members were subsequently advised that as at 3:00 pm on 27 May 2020, over 12 000 travellers had been taken to the Holding Centre for Test Result, with one of them tested positive.

19. With the situation of COVID-19 outbreak in Hong Kong slightly stabilized since late April 2020, some members proposed at the meeting on 8 May 2020 the adoption of the "travel bubble" concept, whereby bilateral arrangement was to be established between Hong Kong and a particular country or place where the outbreak situation was under control and would not pose a public health risk to Hong Kong which was higher than the local risk, such as Macao, Shenzhen and Zhuhai, for gradually resumption of limited traveller movement. The Administration advised that it had adopted a "suppress and lift" strategy thus far and would review the immigration control measures from time to time having regard to the latest health risk assessment.

20. In view that the outbreak situation remained severe in some overseas countries and regions in early May 2020, some members were concerned about the arrangement of exempting crew members of aircrafts who needed to commute to and from foreign places for performance of necessary duties and crew members of goods vessels from compulsory quarantine. They suggested that crew members of aircraft and vessels entering Hong Kong should be subject to a COVID-19 viral test upon arrival. Some members went further to suggest that the same should be applied to all exempted persons. The Administration

advised that in order to safeguard public health, an exempted person would be subject to certain conditions. For instance, the exempted person would be subject to medical surveillance arranged by DH for a period of 14 days. The person would be required to wear masks and check body temperature daily, and report to DH if he or she felt unwell.

Quarantine facilities and surveillance

21. 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 ("NGOs") as potential sites of quarantine centres. The Administration advised that it would continue to identify suitable places to serve as quarantine centre facilities.

22. 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.

23. According to the Administration, 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. 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. Given that hotels were designed for leisure and recreational purposes, most of the rooms were equipped with central air-conditioning and were enclosed. Hence, they did not meet the requirements of quarantine centres to have independent air-conditioning with fresh air ventilation. That said, hotels could be an option for people who were required to undergo compulsory quarantine under the law. The Home Affairs Department had liaised with the hotel industry and the Tourism Commission, etc. in this regard. 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.

24. Given that the outbreak of COVID-19 in Hong Kong had slightly stabilized in May 2020 or so, some members were concerned that prospective tenants who had accepted the advance housing offer of Chun Yeung Estate had experienced serious inconvenience or problems due to the deferred intake arising from the Administration's use of the Estate as a temporary quarantine centre since February 2020. They called on the Administration to announce a timetable for ceasing the use of Chun Yeung Estate as quarantine centre to enable the prospective tenants of the Estate to plan ahead their arrangements for moving in.

25. According to the Administration, as of 7 May 2020, there were four quarantine centres for close contacts who might have been exposed to the risk of contracting COVID-19 but were nonetheless asymptomatic, providing around 3 700 units in total.[17] It was expected that around 900 more quarantine units in total would be provided at the site at the Sai Kung Outdoor Recreation Centre and at a government site at Penny's Bay, which would be put into use from May to July 2020 by phase. In addition, 700 more quarantine units were expected to be available by September 2020 at a site at Penny's Bay reserved for future tourism development. The Administration would closely monitor the latest development and make corresponding deployment of the quarantine facilities in view of the situation.

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[17] The four quarantine centres were Lei Yue Mun Park and Holiday Village in Chai Wan, Heritage Lodge at the Jao Tsung-I Academy, Chun Yeung Estate in Fo Tan and Junior Police Call Permanent Activity Centre.

26. 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 implementation of the anti-epidemic measures, including the surveillance work. The Administration stressed that leaving the quarantine places without permission was a criminal office. 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 spots checks by officers from disciplinary forces and make telephone calls, etc. to monitor whether persons under compulsory quarantine were complying with the quarantine orders. As of 22 April 2020, the Administration had distributed over 65 000 electronic wristbands or monitoring wristbands in total, shared real-time location via communication software with over 80 000 persons under compulsory quarantine, and made about 170 000 video calls to ensure that persons under quarantine were staying at their dwelling places. In addition, surprise visits on over 13 000 persons under quarantine had been conducted, and over 180 000 telephone calls had been placed by the call centre of DH to persons under quarantine for surprise checks.

Viral testing

27. Members were concerned about the turnaround time of the COVID-19 viral tests performed by CHP and HA. There were suggestions that Hong Kong should consider employing newly developed rapid tests to expedite the identification of confirmed cases. A case in point was the rapid diagnostic test developed by Taiwan in March 2020 which provided results in about 15 minutes by identifying the presence of antibodies in specimens to facilitate early identification of COVID-19 cases. There were also views that the Administration should enhance its testing capacity and provide large-scale viral testing for COVID-19 to ascertain whether there were invisible virus transmission chains in the community.

28. The Administration advised that CHP and HA had been using 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. In mid-April 2020, HA had introduced a rapid test kit which could extract and amplify nucleic acids in a fully automated manner for use at the Accident and Emergency Departments in public hospitals. The turnaround time would be shortened to less than an hour, and around 2 000 rapid tests could be performed each week. Separately, the Administration would support various research studies on COVID-19 under the Health and Medical Research Fund which would cover, among others, real-time population-based sero-epidemiological studies of COVID-19 in the community to help identify the number of asymptomatic people with COVID-19.

29. On members' concern about the presence of cases with false negative results which might increase the risk of spreading the disease in the community, the Administration explained that reasons contributing to false negative results included the collection technique of deep throat saliva samples and the viral load of the patients concerned. Subject to clinical assessment, repeated tests would be arranged where necessary.

Maintaining social distancing

30. Members noted that with a view to introducing more drastic and effective time-limited measures to ensure social distancing and prevent people from congregating in order to control the spread of COVID-19 in Hong Kong, the Prevention and Control of Disease (Requirement and Directions) (Business and Premises) Regulation (Cap. 599F) and the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) were made under the Prevention and Control of Disease Ordinance on 27 March 2020. The former imposed temporary measures on catering business and scheduled premises[18], whereas the latter prohibited certain group gatherings in public place.

31. Concern was raised at the meeting on 8 April 2020 about the justifications of these social distancing measures which affected a number of businesses and incurred high social cost given that majority of the confirmed cases in Hong Kong were imported but not local cases. Holding the view that Members should act in an exemplary manner, some members expressed grave concern over a media report that a Member had participated in a group gathering of 40-odd persons on 2 April 2020 in a bar having its metal gate closed by half during the time of the gathering. They urged the Administration to institute prosecution against any suspected cases if there was sufficient evidence so as to deter non-compliance. There were views that the Administration should explain clearly what constituted "public place" and exempted group gatherings

[18] Under section 2 of the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation, "scheduled premises" meant any premises set out in Part 1 of Schedule 2 to the Regulation.

under the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation.

32. The Administration advised that maintaining social distancing was the key to cut the virus transmission chain and delay the spread of COVID-19 in Hong Kong. In accordance with the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation, SFH had imposed a number of requirements to restrict the operation of catering business and scheduled premises with relatively high risk of spreading the virus. Separately, according to the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation, a public place referred to a place that members of the public or some members of the public could access to or be permitted for access from time to time and was subject to the requirements of prohibiting group gathering under the Regulation. The Regulation provided that the prohibition on group gathering did not apply to an exempted group gathering specified in Schedule 1 to the Regulation. One exempted group gathering was group gathering necessary for the proceedings in the Legislative Council or a District Council. The exemption did not cover, among others, group gatherings organized or participated by individual Legislative Councillors outside the Legislative Council, whether or not as a function of the Councillors. To enable members of the public to have a better understanding of the requirements in place to reduce gatherings, the Administration had posted frequently asked questions and answers at the government's dedicated webpage on COVID-19.

33. Some members were of the view that the Police, being one of the enforcement departments of the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation, had made use of the Regulation to clamp people's freedoms. The Administration advised that the Regulation was intended to ensure social distancing or preventing people from congregating in order to prevent the spread of the disease. The Food and Health Bureau had issued enforcement guidelines to the enforcement departments. As of 8 May 2020, the enforcement departments had carried out about 73 000 inspections, gave around 11 000 verbal warnings, issued 477 fixed penalty tickets and instituted 15 prosecutions under the Regulation.

34. Question was raised as to whether the Administration had adequate manpower to take enforcement actions in this regard. There was also a view that the Administration should provide subsidy to employers of foreign domestic helpers to appeal their helpers to stay home on their rest day as far as possible, so as to avoid the health risk of gathering in crowded places. The Administration advised that the enforcement departments had enhanced manpower to step up patrols in various public places and remind the operators of the relevant premises and members of the public to comply with the regulation on the prohibition of group gatherings in public places. Promotional leaflets

had also been distributed at popular gathering places of foreign domestic helpers to call on them to comply with the regulation.

35. Noting that the COVID-19 situation in Hong Kong had been stabilizing since mid-April 2020 in terms of the number of confirmed cases, some members enquired at the meeting on 24 April 2020 under what circumstances the social distancing measures imposed under the two Regulations would be lifted to enable the catering business and scheduled premises, which had been hard hit by the outbreak of COVID-19 and the anti-epidemic measures, and general public to resume businesses and social activities. The Administration advised that it would continue to closely monitor the epidemic situation and review the various measures in place with a view to suitably adjusting them taking into account all relevant factors including the number of confirmed cases in Hong Kong and around the globe.

36. Members subsequently noted that given that Hong Kong's outbreak situation was relatively stable, some of the social distancing measures had been relaxed with effect from 8 May 2020 for 14 days till 21 May 2020 under the "suppress and lift" strategy for striking an appropriate balance amongst the aspects of public health, economic development and daily operation of society. Some members were concerned about whether those scheduled premises which were required to remain close, such as karaoke establishments and bathhouses, could still operate other licensed business(es) which was or were not required to be suspended if the premises were operating more than one licensed business before the closure. The Administration replied in the positive, adding that the operators concerned had to implement all measures to effectively stop or avoid operation of business(es) and offering services which were required to be suspended.

Response measures of HA

37. 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 the 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. There was a call that HA should enhance the capacity of its isolation facilities in the long run to prepare for future outbreak of any communicable diseases.

38. 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. Members were subsequently advised that HA had retrofitted one to two general wards in each hospital cluster into standard negative pressure wards to provide about 400 additional standard negative pressure beds for patients who were recovering 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. Separately, HA would examine the feasibility of enhancing the capacity of its isolation facilities under the 10-year Hospital Development Plans.

39. At the meeting on 8 April 2020, some members were concerned that the occupancy rate of isolation beds in public hospitals had reached new heights and there were cases whereby patients had to await hospitalization after receiving the infection notification. They suggested that HA should consider converting the Hong Kong Convention and Exhibition Centre into makeshift hospital and retrofitting the wards not yet opened in the Hong Kong Children's Hospital, North Lantau Hospital and Tin Shui Wai Hospital into standard negative pressure wards to meet the inpatient need arising from the epidemic. HA advised that it would take into account, among others, the clinical condition of the patients concerned and the possible impact on other HA's services when considering the options available in this regard.

40. Some members were concerned about HA's original 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.

41. Some members expressed concerns that as of early May 2020, a few patients recovered from COVID-19 were tested positive again after discharging from hospital. There was also a call that the Administration should provide post-discharge support for recovered COVID-19 patients and psychological support for family members of the deceased. HA advised that under the prevailing discharge guideline, only those patients who had negative results in two consecutive viral tests conducted at a time interval of more than 24 hours between each test would be discharged from hospital. In some cases, the

positive viral test results of the discharged patients might be caused by residual virus in their bodies. Subject to clinical assessment, repeated tests would be arranged. HA would provide discharged patients with healthcare and emotional support as and when necessary, and refer those cases with financial difficulties to the Social Welfare Department ("SWD") for follow up. Discussion was underway on collaboration between HA and the Kwai Tsing District Health Centre on providing patients who had recovered from COVID-19 with multi-disciplinary post-discharge support, including services such as pathology explanation, infection control, cardiopulmonary rehabilitation, emotional support, post-recovery nutritional supplement, anti-epidemic drug consultation and restructuring of lifestyle.

42. Repeated concerns had been 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. There were cases whereby frontline clinical staff were disallowed to use N95 respirators in the standard negative pressure wards and had to disinfect face shields and N95 respirators by themselves for reuse, and only doctors but not nurses were allowed to wear N95 respirators when performing aerosol generating procedures. There was also a concern about the provision of PPE for personnel providing non-emergency ambulance transfer services.

43. 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. With the exception of N95 respirator, the supply of other PPE items in mid-April 2020 was more stable when compared to the start of the epidemic. As of 8 May 2020, the stock of PPE of public hospitals included approximately 26 million surgical masks, 3.4 million isolation gowns, 4.7 million face shields and 2.3 million N95 respirators. 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.

44. Some members expressed concern about HA's deployment of staff under the healthcare manpower constraint to combat the disease. 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.

45. HA advised that 60% elective surgeries and 70% non-emergency services such as endoscopy examination had been deferred to focus the manpower resources of public hospitals to combat 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 mainly 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. On the view that COVID-19 should immediately be listed as a statutory occupational disease for different industries, it should be noted that while COVID-19 was currently not a compensable occupational disease prescribed under the Employees' Compensation Ordinance, section 36 of the Ordinance stipulated that an employee contracting a disease not prescribed as an occupational disease might still claim compensation from the employer under the Ordinance if it was an injury or death by accident arising out of and in the course of employment, and the employer was in general liable to pay compensation under the Ordinance.

46. There was a view that HA should expand the public-private partnership programmes to tap on the private sector to handle those cases with their appointments at specialist outpatient clinics being deferred by HA. The Administration advised that HA had been doing so. Members were advised at the meeting on 8 May 2020 that HA was exploring to gradually resume some of its non-emergency and non-essential services by phases taking into account factors such as overall manpower, the stockpile of PPE and infection control measures in place. In the first phase, HA would first consider resuming non-emergency diagnostic and check-up services, followed by services that supported discharged patients such as outpatient and daytime services in the second phase. The third phase would be the resumption of inpatient services after considering factors such as infection control measures and the safety of patients and healthcare staff, etc. The gradual service resumption of individual hospitals would depend on the actual situation and operational need.

47. Pointing out that long-stay patients relied more heavily on support from family members both psychologically and in their daily lives, some members queried about the circumstances under which the visiting arrangements of public hospitals, which had been suspended due to the outbreak of COVID-19, would be gradually resumed. HA advised that acute hospitals and wards would continue to make compassionate arrangement and video-visiting as far as practicable. In view of the easing of the situation locally, HA was examining how to resume by phases the visiting arrangements in non-acute hospitals with certain restrictions on the number of visitors and duration of stay. Visitors would also be required to register to enable contact tracing where necessary.

Role of the Chinese medicine sector

48. There were views 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 above apart, HA had launched the Special Chinese Medicine Out-patient Programme on 24 April 2020 whereby free Chinese medicine outpatient rehabilitation service would be provided by designated Chinese Medicine Clinics cum Training and Research to discharged persons who had received COVID-19 treatment.

Risk communication

49. 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.

50. 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 dedicated webpage 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

51. 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.

52. 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.

53. 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. There was also a view that people with special needs who, for various reasons, were not willing to wear surgical masks should be provided with face shields to guard them against the disease. 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 NGOs for their re-distribution to the underprivileged.

54. In respect of the announcement of the Administration on 5 May 2020 that it would distribute free reusable CuMask+™ developed by the Hong Kong Research Institute of Textiles and Apparel to all Hong Kong citizens, some members were concerned that the face mask was only suitable for general protection but not for use in high-risk places such as hospitals and clinics.

55. Members noted that the Food and Environmental Hygiene Department would disinfect the premises where the confirmed cases were residing. There was a suggestion that the disinfection work should also cover the public places of the building to better safeguard public health. The Administration advised that CHP had issued advice to the property management sector on cleaning and disinfection of environment when there was a confirmed case of COVID-19.

56. 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.

57. 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 CHP had issued different guidelines on the prevention of COVID-19 for various settings. Under the guidelines on prevention of communicable disease in RCHEs, 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. CHP had issued letters and infection control guidelines to RCHEs to advise them to heighten their prevention and control measures to guard against COVID-19. At the meeting on 8 May 2020, there was a call that the Administration should put in place stringent infection control measures in RCHEs to avoid outbreak of COVID-19 as was in the case of some overseas places.

58. Given that some home care services for elderly persons in the community provided by SWD and NGOs had been suspended due to the epidemic since late January 2020, there was a concern about the emotional needs of the affected service users. Some members asked about whether PPE had been provided to frontline staff in service delivery and whether guidelines on the prevention of COVID-19 in the provision of different home care services had been devised. There were also concerns about the personal hygiene situation of the 1 270-odd street sleepers as public shower facilities and changing room facilities had been closed during the epidemic.

59. The Administration advised that it would resume public services under a phased approach starting from 4 May 2020. SWD would work with NGOs with a view to progressively resuming home-based and community-based services for the elderly and persons with disabilities that had been scaled down or suspended. During the period when these services were scaled down or suspended, the provision of clinical psychology services and individual home care services had been maintained. Those service users who were in need of clinical psychology services might liaise with the Integrated Family Services Centre of the district they were residing in or the medical social workers of HA. To prepare for the resumption of services, SWD was discussing with the social welfare sector and DH on the provision of PPE for the frontline personnel.

School resumption arrangements

60. Due to the outbreak of COVID-19, classes at all schools in Hong Kong had been suspended since the Chinese New Year holidays. With the Administration's announcement on 5 May 2020 that classes would be resumed starting from 27 May 2020 under a phased arrangement, members were concerned about the contingency plan in place for a possible outbreak of

COVID-19 in the school setting. The Administration advised that schools should immediately report to CHP when a suspected or confirmed case of COVID-19 was encountered in school. If a student or staff member was confirmed to be a case of COVID-19, CHP would conduct contact tracing. Close contacts would be put under quarantine and other contacts would be put under medical surveillance.

Hong Kong residents stranded in other places

61. While appreciating the Administration's effort to assist Hong Kong residents stranded in the Hubei Province, Peru and Morocco to return to Hong Kong during the pandemic, some members enquired at the meeting on 24 April 2020 about the Administration's handling of those requests for assistance from Hong Kong residents stranded in other places, such as India and Pakistan. The Administration advised that as of 12:00 noon on 16 April 2020, the Immigration Department had received a total of 2 324 requests for assistance, involving 67 places. The Security Bureau was examining how to provide assistance to these people taking into account various factors, such as the actual circumstances and epidemic situation of the concerned countries and the land and air traffic or other restriction of these places. Subsequent to the above meeting, members were advised that a chartered flight had taken 319 Hong Kong residents stranded in Pakistan back home from Islamabad on 30 April 2020.

Latest development

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

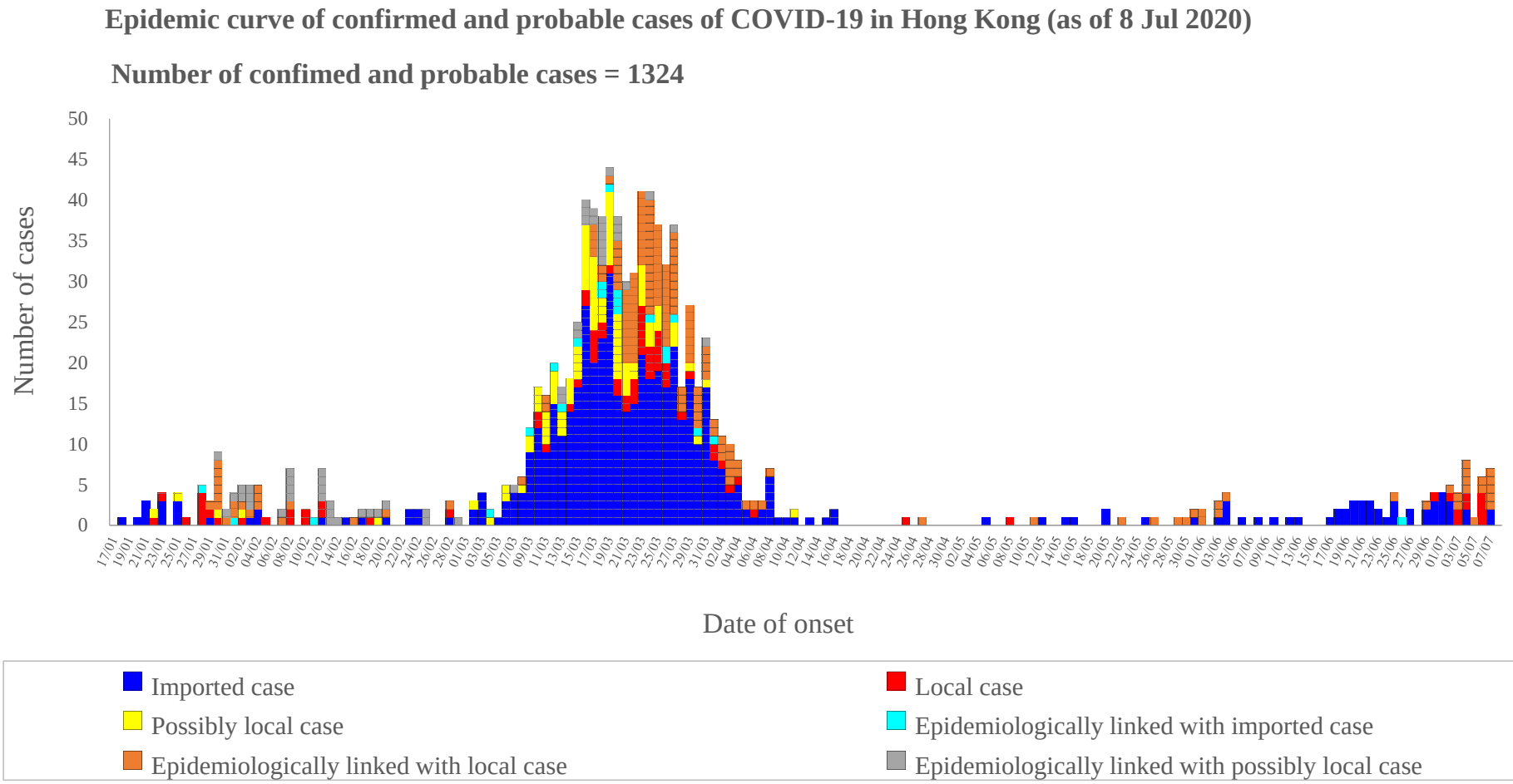
Relevant papers

63. A list of relevant papers on the Legislative Council website is in **Appendix III**.

Council Business Division 2
Legislative Council Secretariat
9 July 2020

Appendix I

Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong



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.

Source: Centre for Health Protection

Appendix II

Number of confirmed cases by case classification

Reporting period	Imported case	Local case	Possibly local	Epidemiologically linked with imported case	Epidemiologically linked with local case	Epidemiologically linked with possibly local case	Period total
Since first reported case on 23 January	854 (64.5%)	79 (6.0%)	103 (7.8%)	28 (2.1%)	198 (15.0%)	62 (4.7%)	1324 (100.0%)
11/6 - 17/6	11 (84.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (15.4%)	0 (0.0%)	13 (100.0%)
18/6 - 24/6	59 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	59 (100.0%)
25/6 - 1/7	53 (98.1%)	0 (0.0%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	0 (0.0%)	54 (100.0%)
2/7 - 8/7	59 (65.6%)	11 (12.2%)	0 (0.0%)	0 (0.0%)	20 (22.2%)	0 (0.0%)	90 (100.0%)

In the recent 7-day period from 2 - 8 July, an average of 12.9 cases were reported per day, as compared with 7.7 cases per day reported in the previous 7-day period from 25 June - 1 July .

Source: Centre for Health Protection

Appendix III

Relevant papers on measures for the prevention and control of Coronavirus disease 2019 in Hong Kong

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2020 (Item IV)	Agenda CB(2)506/19-20(01)[#] CB(2)664/19-20(01)[#] CB(2)873/19-20(01)
	30.1.2020 (Item I)	Agenda CB(2)873/19-20(01) CB(2)915/19-20(01)[#]
	8.2.2020[*]	CB(2)601/19-20(01)
	10.3.2020 (Item I)	Agenda CB(2)873/19-20(01) CB(2)937/19-20(01)[#]
	20.3.2020 (Item IV)	Agenda CB(2)786/19-20(01) CB(2)787/19-20(01) CB(2)873/19-20(01)
	8.4.2020 (Item I)	Agenda CB(2)859/19-20(01) CB(2)873/19-20(01)
	24.4.2020 (Item III)	Agenda CB(2)938/19-20(01)[Δ] CB(2)1107/19-20(01)[Δ]
	8.5.2020 (Item III)	Agenda CB(2)1139/19-20(01)[#]

[*] Issue date
[#] Chinese version only
[Δ] English version to follow

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