



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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6 February 2020

Clerk to Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong
(Attn.: Ms. Maisie LAM)

Dear Ms LAM,

Panel on Health Services
Letter from Dr Hon Fernando CHEUNG

Thank you for your letter of 30 January 2020 addressed to the Secretary for Food and Health. Our response to the letter dated 30 January 2020 from Dr Hon Fernando CHEUNG on measures for the prevention and control of novel coronavirus infection in Hong Kong is at **Annex**.

Yours sincerely,

(Lilian TSE)

for Secretary for Food and Health

Encl.

c.c.

Secretary for Food and Health's Office
Department of Health
Hospital Authority

(Attn.: Mrs Winnie KANG)
(Attn.: Dr KH WONG)
(Attn.: Dr CHUNG Kin-lai)

Government's Response on the Measures for the Prevention and Control of Novel Coronavirus Infection in Hong Kong

(a) How many reported cases were confirmed in the end to be free from novel coronavirus infection? What were their diagnoses?

1. As at 4 February 2020, the Centre for Health Protection (CHP) of the Department of Health (DH) received reports of 18 confirmed cases (including one death case) of novel coronavirus infection.

2. Since 31 December 2019 and up till noon, 4 February 2020, the CHP received reports of a total of 982 cases fulfilling the reporting criteria of Severe Respiratory Disease associated with a Novel Infectious Agent, including 808 cases which were ruled out as novel coronavirus infection. The remaining 157 cases were still hospitalised for investigation. Among those cases which were ruled out as novel coronavirus infection but had other positive results, the most common were seasonal influenza (type A and B), rhinovirus/enterovirus, parainfluenza virus, adenovirus, respiratory syncytial virus, and other coronaviruses that can cause common colds, etc.

(b) How many reported cases failed to produce Hong Kong Identity Cards for registration at the Hospital Authority? If the patient concerned is a Mainland resident, what province or city does he/she live in?

3. As at noon, 4 February 2020, about 8.9% of the 982 patients who fulfilled the reporting criteria for the new coronavirus and were treated in public hospitals were "Non-eligible persons" (NEP). The Hospital Authority (HA) does not maintain information on the place of residence of the above-mentioned patients.

(c) How many reagents for testing of novel coronavirus (nCoV) are consumed each day? What is the current stock level?

4. The Public Health Laboratory Services Branch under DH holds sufficient reagents for testing novel coronavirus infection for over 20 000 specimens. The Public Health Laboratory Services Branch will procure more reagents having regard to the development of the infection and practical needs.

(d) Will HA recover the medical fees from non-local patients?

5. On charging of fees, the original HA fee-charging policy, which was to waive the relevant medical charges for NEPs, served a public health strategy to avoid a situation where patients suffering from infectious disease would evade tests due to their high cost and thus spread the disease in the community. However, as Hong Kong has entered a key stage in its efforts in disease prevention, in order not to create an incentive for persons who might have been infected by the novel coronavirus to come to Hong Kong for medical care because of the fee waiver, the Government has requested HA to adjust its fee-charging policy and to charge all NEPs the relevant fees starting from 29 January. With regard to this government policy, HA announced that it would start charging NEPs who met the novel coronavirus reporting criteria, beginning at 0:00 a.m. on 29 January. The concerned NEPs are charged in accordance with the prevailing fees and charges mechanism for NEPs.

(e) The World Health Organisation (WHO) announced on 24 January that the outbreak of novel coronavirus was not considered a Public Health Emergency of International Concern (PHEIC). Does the Government have information on the membership of the emergency committee of international experts that made the above decision? Will the WHO make public the relationship between the committee members and the Chinese Government?

6. The WHO has published the membership list of the International Health Regulations (2005) Emergency Committee regarding the outbreak of the novel coronavirus on the following website - <https://www.who.int/ihr/procedures/novel-coronavirus-2019/ec-22012020-members/en/>. DH does not have information on the declaration of interests made by the members of the committee. The WHO declared that the outbreak of the novel coronavirus constituted a PHEIC on 30 January.

(f) On 26 January, the Government imposed immigration restrictions on entry into Hong Kong on Hubei Province residents and persons who visited Hubei Province in the past 14 days. On 28 January, the Government announced a series of measures to “reduce the flow of people between the Mainland and Hong Kong”. Was there new medical evidence that informed the Government of the risk of unidentified patients? If such medical evidence had already been known before, why did the Government not listen to public opinion and impose immigration restrictions earlier on? On what grounds did the expert group make this decision? What are the criteria that will cause the Government to impose restrictions on the entry

of Mainland residents into Hong Kong?

7. On 25 January, the Chief Executive appointed four experts with rich experience in public health, epidemiology and clinical aspect to join the expert advisory group, including Professor Gabriel Leung, Dean of Li Ka Shing Faculty of Medicine of the University of Hong Kong; Professor Keiji Fukuda, Director and Clinical Professor of the School of Public Health of the University of Hong Kong and former Assistant Director General of the WHO; Professor Yuen Kwok-yung, Chair of Infectious Diseases, Department of Microbiology, Li Ka Shing Faculty of Medicine of the University of Hong Kong; and Professor David Hui Shu-cheong, Stanley Ho Professor of Respiratory Medicine and Director of Stanley Ho Centre for Emerging Infectious Diseases of the Chinese University of Hong Kong. The expert advisory group directly reports the latest situation to the Chief Executive, and reflects directly to her its suggestions and proposed measures.

8. Generally, the Government's disease prevention strategy is formulated and adjusted having regard to the latest development of the infection situation and after consultation with the experts. Regarding the immigration restrictions on Hubei Province residents and persons who visited Hubei Province in the past 14 days, it was noted that community transmission of novel coronavirus has been occurring in Hubei Province with a significant increase of confirmed cases in the past month. Having regard that the outbreak is mainly found in Hubei Province and the situation is getting more severe, the Steering Committee cum Command Centre led by the Chief Executive for controlling the infection decided on January 26 to impose restrictions with effect from 0:00 a.m. January 27 on all Hubei Province residents and people who visited Hubei Province in the past 14 days from entering Hong Kong until further notice to reduce the chances of infected persons entering Hong Kong.

9. According to the risk assessment report issued by the Chinese Centre for Disease Control and Prevention on 27 January, the novel coronavirus infection in Wuhan continues to spread and the number of cases is still on the rise. The virus has spread to 11 prefectures of Hubei Province outside Wuhan, such as Huanggang, Xiaogan, Jingmen, etc. Outside of Hubei Province, 29 provinces in Mainland China have reported cases. Currently, the majority of the cases are related to Wuhan and some cases are caused by patients from Wuhan. Due to the apparent transmission within communities in Wuhan and some areas in Hubei Province, the early mild symptoms of the disease and the existence of mild cases, diagnosing the disease and quarantining patients in time is difficult. This in turn has led to accumulation of infection sources in the community and hence making the control of the disease increasingly difficult. For this reason, the number of cases in Wuhan and a few other areas in Hubei Province may continue to increase

for a period of time in the future. In addition, cases imported from or with epidemiological linkage to Hubei Province have been reported and spreading in various provinces and cities in the Mainland, in particular Guangdong Province. On the other hand, preliminary research has indicated that the novel coronavirus can be transmitted effectively from human to human and that patients are infectious even before the onset of symptoms. Taking into account the development speed and severity of the situation, the Steering Committee cum Command Centre decided at its meeting on 28 January to further implement various disease prevention and control measures, including reducing the flow of people between the Mainland and Hong Kong and reducing contact amongst Hong Kong citizens, with a view to lowering the chance of the disease being imported into Hong Kong and spreading in the community.

10. In view of the worsening situation of the novel coronavirus infection and the first local infection cases on 4 February, the Government announced on 5 February that it will impose a 14-day mandatory quarantine on all the people entering Hong Kong from the Mainland, after taking into consideration the advice of the four members of the expert advisory group under the Steering Committee cum Command Centre. It is expected that the measure will further reduce cross-boundary flow of people between Hong Kong and the Mainland, thus reducing the risk of transmission and spread of the disease in the community. The Government will announce details of the regulation and operational arrangements in due course.