

**For information  
on 13 November 2020**

**Legislative Council Panel on Health Services**

**Prevention and Control of  
Coronavirus Disease 2019 in Hong Kong**

**PURPOSE**

This paper provides an update on the Government's overall efforts and relevant measures to combat Coronavirus Disease 2019 (COVID-19).

**ASSESSMENT AND JUDGMENT OF EPIDEMIC SITUATION**

2. As at 10 November 2020, Hong Kong had 5 390 cumulative confirmed cases (including 5 389 confirmed cases and one probable case). Of these, 108 were fatal cases and 5 159 patients have been discharged after treatment. Based on epidemiological classification, 1 524 of them were imported cases or their close contacts, 3 866 are local cases, possibly local cases or their close contacts.

3. The outbreak of the third wave of the COVID-19 epidemic in Hong Kong was observed since early July and had gradually subsided after the peak near end July. However, new confirmed cases with unknown sources of infection have still been identified over the past week, indicating the existence of silent transmission chains in the community. In addition, the number of locally acquired cases has shown an increasing trend in recent days and we are seeing small cluster outbreaks as a result of various factors including anti-epidemic fatigue, frequent social activities and delay in testing. Among them, a cluster in relation to a vacation at a local hotel (known as "staycation") was reported in early November. As at 10 November 2020, the seven-day average of local cases of unknown source has reversed to 0.6 from the

low level at 0.3 in early November, while that of local cases has also increased to 1.1 from 0.4 in early November. As there are signs of rebound in the number of local cases, members of the public are reminded to stay vigilant. Any relaxation may bring about the fourth wave of the local epidemic, which would likely coincide with the winter influenza season and be more severe than the third wave of the epidemic.

4. In the meantime, the global epidemic situation continues to deteriorate, with daily number of new cases reported increasing from around 70 000 to 100 000 from late March to mid-May to around 160 000 to 180 000 in late June, around 220 000 to 290 000 in late July, and up to a record high at around 340 000 to 600 000 in mid-October. Currently, the number of confirmed cases around the world has reached 50 million cases, with more than 1.25 million fatal cases. The situation in Europe is particularly severe. In light of the deteriorating global epidemic situation, we expect the number and proportion of imported cases to maintain at a high level. In the past 14 days, 60 imported cases were recorded in Hong Kong from, in addition to high risk places<sup>1</sup>, new sources such as Europe, America and Africa<sup>2</sup>.

5. In light of the latest global and local development, it is necessary to strictly adopt the strategy of “preventing the importation of cases and the spreading of virus in the community” and to incorporate disease prevention and control and infection management into the new normal of the day-to-day operation of society. Precision in disease prevention measures should be enhanced to prevent rebound, with an aim to minimising new cases as far as possible. On one hand, we have strictly implemented border control measures with a view to plugging loopholes that might introduce the virus to the community. On the other hand, at community level, we have continued to uphold the principle of “early identification, early isolation and early treatment” to prevent the spread of the virus in the community. Once a case is identified in the community, the virus will be contained to prevent spreading via a multi-pronged approach including isolation of infected persons, testing, tracing and quarantine of close contacts and social distancing measures. In addition, with the arrival of the winter influenza season, we must stay

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<sup>1</sup> Including India, Pakistan, Indonesia and the Philippines.

<sup>2</sup> Including Serbia, Brazil and Kenya.

vigilant in order to reduce the risk of a simultaneous outbreak of winter seasonal influenza and COVID-19.

**(a) Preventing the importation of cases**

6. On preventing the importation of cases, in view of the developments and severity of the global epidemic situation, Hong Kong cannot afford to drop its guard on entry prevention and control measures. From 25 March, all ordinary non-Hong Kong residents coming from overseas countries and places, except for exempted persons, are denied entry into Hong Kong. Currently, all persons entering Hong Kong through the Hong Kong International Airport (HKIA), including persons exempted from compulsory quarantine, are subject to testing for entry in to Hong Kong.

7. The “test-and-hold” arrangement has been implemented at HKIA since April this year. All ordinary travellers arriving at Hong Kong via HKIA are required to provide deep throat saliva samples at the Department of Health (DH)’s Temporary Specimen Collection Centre. They must wait for a negative test result before being allowed to leave and proceed to the 14-day compulsory quarantine. As for exempted persons, the majority are air crew and sea crew members, while also including a small number of government officials and members of the consular corps. The testing arrangements concerned are adjusted in accordance with the risk levels of respective exemption categories (e.g. exempted persons with higher risk level are required to conduct both pre-departure and post-arrival tests), and supplemented with other measures (e.g. self-isolation at designated location, point-to-point transportation, etc.) with a view to minimising the health risk arising from exempted persons and reducing the risk of transmission in the community.

8. In addition, since July, travellers who had stayed at very high-risk places in the 14 days before entering Hong Kong must present negative nucleic acid test result for COVID-19 and confirmation of a hotel room reservation in Hong Kong for quarantine of 14 days, before they can board a flight. Upon arrival at Hong Kong, they are subject to the “test-and-hold” arrangement and 14-day compulsory quarantine at the

hotel which they had made the reservation. For land boundary control points, ordinary travellers arriving at Hong Kong are subject to 14-day compulsory quarantine at home or other residences. As for exempted persons entering Hong Kong through land boundary control points, the majority of them are cross-boundary goods vehicle drivers who are currently subject to regular testing.

### **Further tightening of quarantine arrangement**

9. The Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H) has imposed additional testing and quarantine conditions on travellers coming to Hong Kong from very high-risk places (including 15 places currently)<sup>3</sup>. Apart from this, the Government will further tighten the quarantine arrangement for incoming travellers, requiring those arriving in Hong Kong from areas outside China to be subject to compulsory quarantine in hotels, in order to centralise management and reduce the possibility of spreading the virus to household members during home quarantine among imported cases. Travellers must provide before boarding confirmation of room reservation in a hotel in Hong Kong for not less than 14 days upon arrival in Hong Kong, or will be refused to board the flight. Furthermore, for prudence sake, the travellers will generally be required to conduct testing for COVID-19 upon their arrival at Hong Kong and undergo the “test-and-hold” arrangement to wait for their test results at a designated location. Only with negative test results will they be allowed to go to the hotel in which they made the reservation to continue the 14-day compulsory quarantine until completion.

10. In addition, enforcement of requirements under Cap. 599H has been strengthened starting from 15 September. If there are five or more confirmed cases identified in one flight arriving at Hong Kong; or there are three or more confirmed cases identified in two consecutive flights of the same airline arriving in Hong Kong from the same place, the mechanism of prohibiting flights from landing Hong Kong will be triggered. The relevant flights of the involved airline will be prohibited from landing Hong Kong for 14 days. Since the enactment of Cap.

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<sup>3</sup> There are currently 15 very high-risk areas on the list, including Bangladesh, Belgium, Ethiopia, France, India, Indonesia, Kazakhstan, Nepal, Pakistan, the Philippines, Russia, South Africa, the United Kingdom and the United States of America, and Turkey which will come into effect on 13 November.

599H in July, DH has prohibited flights from India, Nepal and Malaysia, etc. from landing Hong Kong for nine times. To further strengthen law enforcement of Cap. 599H, for airlines with confirmed cases identified in their flights, or passengers who board without providing relevant documents or airlines which permit their boarding, we will consider prohibiting the relevant flights from landing Hong Kong, prosecution or other measures with greater deterrence.

### **Tightened testing and isolation arrangement for exempted persons**

11. The Government is considering to tighten the testing and isolation arrangement for exempted persons, in particular for the exempted persons arriving from the high risk places (i.e. specified places pursuant to Cap.599H). The proposed arrangements are detailed as follows:

- All exempted persons (including air crew), who have visited high risk places and arrived Hong Kong at HKIA, must take **two** SARS-CoV-2 nucleic acid tests if conditions allow. They should take a pre-departure test within 48 hours prior to departure and a post-arrival test upon arrival at HKIA. All air crew who have visited high risk places must be subject to “test-and-hold” arrangement and wait for the negative results at designated location;
- For all accredited officers/personnel of diplomatic and consular missions who have visited high risk places (excluding Consul Generals and representatives in HKSAR at equivalent level), point-to-point transportation must be arranged by respective organisations. They must be subject to **self-isolation for 14 days** at an accommodation arranged by respective organisations;
- For all other exempted persons arriving at HKIA (regardless of having visited high risk places or not), point-to-point transportation must be arranged. Use of public transport is prohibited. They should be **subject to SARS-CoV-2 nucleic acid test again at Day-12 upon their arrival;**

- For exempted persons arriving at HKIA from non-high risk places, they must possess a negative result of SARS-CoV-2 nucleic acid test within 48 hours prior to departure. Otherwise, they must take a post-arrival nucleic acid test at HKIA and **wait for the negative result** at designated location.

12. In addition, to accord with the implementation of “Travel Scheme for Hong Kong Residents Returning from Guangdong Province or Macao without being subject to quarantine” (Return2hk Scheme) and to further mitigate the risk of virus spreading, persons currently exempted by the Chief Secretary for Administration from compulsory quarantine upon return from the Mainland must possess a negative COVID-19 nucleic test result when entering Hong Kong at land boundary control points with effect from 23 November in order to be exempted from compulsory quarantine.

**(b) Preventing the spreading of the virus in the community**

**Strengthening of epidemic surveillance and testing**

13. Laboratory testing and surveillance are important elements in the Government’s anti-epidemic work. Since the fight against the virus at the beginning of this year, we have continuously improved the “Enhanced Laboratory Surveillance Programme” through targeting different people and a multi-tier testing arrangement (covering arrivals from other places, targeted groups, etc.) for early identification of infected persons including a number of asymptomatic persons, with a view to advancing diagnosis and achieving the objective of “early identification, and early isolation”. Although the third wave of the epidemic has largely subsided, we are still maintaining a certain level of testing volume so as to closely monitor and control the epidemic.

14. The Government will continue to enhance testing work at various tiers, including ongoing testing for epidemiological surveillance and investigation conducted by DH and the Hospital Authority (HA); and testing for individual high-risk groups through the Targeted Group Testing Scheme (TGTS), etc. In the eventuality of a sudden outbreak in certain groups, the Government may also arrange for urgent cluster

testing for the relevant locations or premises with confirmed cases based on a need and risk assessment in order to identify the infected persons and cut the transmission chains as soon as possible.

15. Since January this year, Hong Kong has conducted a total of more than 3.8 million tests, including about 1.39 million conducted by DH and HA, about 610 000 conducted under the TGTS and about 1.78 million conducted under the Universal Community Testing Programme. That is, on average around 500 000 tests were conducted per million population and 707 tests were carried out per confirmed case. On this basis, the volume of test conducted in Hong Kong is higher than places like the United States, Australia, the United Kingdom, New Zealand, South Korea and Japan. It shows that our use of testing as a tool for disease prevention and control has yielded certain positive results.

16. The Government will also set up temporary testing centres in locations related to small-scale community outbreak clusters to provide a voluntary virus testing service for residents of those districts and facilitate them to undergo free specimen collection and testing in order to identify cases in the community as early as possible and cut the transmission chains. For example, four temporary testing centres were set up in Wan Chai, Kwai Tsing, Kowloon City and Yau Tsim Mong in mid-October. For the last three weeks (19 October to 8 November), the average testing volume under the overall “Enhanced Laboratory Surveillance Programme” (including targeted group testing) reached almost 10 000 on a daily basis, which provided a basis for the Government to closely monitor the development of the epidemic.

### ***Distribution of specimen collection packs at General Out-patient Clinics (GOPCs)***

17. To facilitate individuals who perceive themselves to have a higher risk of exposure or who experience mild discomforts to undergo free testing, HA has increased the number of GOPCs distributing specimen collection packs to 46 since end-September. Further to the extension of distribution hours of specimen collection packs in early October, HA has extended the distribution and collection hours in early November to cover Saturdays, Sundays and public holidays. HA has

also piloted the use of vending machines in three GOPCs at the same time to facilitate members of the public to obtain specimen collection packs. Testing carried out by DH and HA has substantially increased from a daily average of around 3 600 in June to a daily average of around 7 400 in November.

### ***Community testing centres***

18. Having reviewed the experience obtained from the temporary testing centres, the Government is preparing to set up four longer-term testing centres in the community. The centres will provide self-paid testing services for the public at a more affordable price to serve general community or private purposes such as certification for travelling or work, thus responding to market demand for self-paid testing services. They will also enable the Government to meet unexpected testing demand in a more efficient and flexible manner. For instance, in the event of community infection or outbreak, the Government can mobilise the centres to conduct public health testing for citizens, so as to identify confirmed cases and cut the transmission chains in the community as early as possible. Through the provision of venues by the Government and competitive tendering, the price of self-paid testing services at the community testing centres has been substantially reduced to \$240. The preparation work has been largely completed, and the four community testing centres will commence service on 15 November.

### ***Urgent cluster testing***

19. In view of the recent development of the COVID-19 epidemic and based on risk assessment, in order to identify cases in the community as early as possible to help cut the transmission chains, the Government has immediately arranged testing contractors to provide free testing services through mobile vans and mobile specimen collection stations in Mui Wo, Tai Wai and Tai Po, with a view to facilitating and encouraging residents of these districts or individuals who perceive themselves as having a higher risk of exposure to undergo COVID-19 testing by providing a voluntary virus testing service.

20. Regarding testing services for Tai Po, as of 10 November, more



than 6 800 persons had undergone testing. In view of the positive response from the public, we have decided to extend the operation period of the mobile van and mobile specimen collection stations in Tai Po. The mobile van will extend the operation period for distributing and collecting deep throat saliva specimen bottles to 12 November, and continue to collect specimen bottles on 13 November (operating hours from 10am to 8pm). The mobile specimen collection stations will also extend the operation period for providing free specimen collection and testing services, with the two stations at the volleyball court next to Kwong Wai House of Kwong Fuk Estate and the open space outside Fu Shin Community Hall to provide service on 12 to 15 November (operating hours from 10am to 8pm). We believe that the above arrangement can better meet the needs of the public and encourage more residents of the district to undergo testing.

### ***Targeted Group Testing Scheme***

21. To implement broadened surveillance at the community level, and incorporate disease prevention and infection control into the new normal of the daily operation of society, the Government has integrated and regularised the TGTS as part of sentinel surveillance and as a main tier of the “Enhanced Laboratory Surveillance Programme” of the Centre for Health Protection (CHP) of DH. Specifically, the Government will, based on risk assessment, arrange testing on a regular and repeated basis or by random sampling for certain targeted groups depending on anti-epidemic needs. The targeted groups include (1) high-risk groups such as staff of residential care homes for the elderly (RCHEs), residential care homes for persons with disabilities (RCHDs) and nursing homes; (2) staff of critical infrastructure and services, such as slaughterhouse workers, designated frontline container terminal employees, etc.; and (3) high-exposure groups such as public transport drivers (including taxi drivers), frontline staff of catering businesses, stall operators and personnel working in markets, teachers and staff in kindergartens and primary and secondary schools across the territory, etc. As at 8 November, over 610 000 samples had been tested and 84 positive samples had been found under the TGTS.

### ***Compulsory testing***

22. The Government has commenced the work to provide a legal framework for compulsory testing under the Prevention and Control of Disease Ordinance (Cap. 599), with a view to giving full play to the effectiveness of testing to, on one hand, enable us to conduct surveillance and identify infected persons more effectively as and when necessary, and break the transmission chains in the community as soon as possible, so as to safeguard public health and the well-being of members of the public; and on the other, allow us to direct the testing capacity, which has been substantially raised, and testing resources to relatively more targeted and effective uses. The said work is now close to completion. We will announce the details upon completion. The Government is also reviewing the workflow of the distribution and collection of sample bottles to members of the public, with a view to encouraging members of the public to undergo testing with more facilitating testing arrangements.

### **Enhancing manpower and efficiency in contact tracing**

23. Contact tracing is also fundamental to the efforts in preventing further spread of the virus. The Government had amended the law to empower authorised officers to require a person to provide or disclose information relevant to the handling of the public health emergency, and made arrangements for public officers to be seconded to the contact tracing team, in order to strengthen the work of tracing close contacts of confirmed cases. Moreover, the Food and Health Bureau, together with the Innovation and Technology Bureau and other relevant departments, is developing an internal information portal specifically designed for contact tracing. The portal aims to link up various relevant departments, agencies and existing information systems for centrally and electronically collecting information needed for contact tracing, so as to streamline the procedures for information collection, input and sharing, which are mainly conducted manually at the moment. This will help speed up DH's work in tracing contacts, as well as conducting testing and arranging quarantine or medical surveillance for such contacts.

24. Separately, the Government will soon launch a mobile application to provide members of the public with a convenient digital

tool to record the time for checking into different venues. If a confirmed case is later identified at a venue they had earlier visited, the mobile application will issue notification to users to enhance their vigilance and self-protection awareness. Notified persons could receive a virus test at a GOPC of HA. If the user of the mobile application is unfortunately discovered to be a confirmed case, after verification from the CHP, the user will be required to upload his travel records in the mobile application to CHP to assist CHP's epidemiological investigation for confirmed cases.

### **Increasing backup quarantine and isolation facilities**

25. The compulsory quarantine arrangement for close contacts has proven to be an indispensable measure in our fight against the epidemic. To ensure adequate supply of quarantine facilities for the next wave in the epidemic, the construction of Penny's Bay Phase II (providing 700 units) was completed. Construction of Phases III and IV will be completed by the end of this year, providing another 2 000 units. Furthermore, the Government will reactivate the use of Lei Yue Mun Park and Holiday Village in Chai Wan as quarantine centre, and lease entire blocks of hotels to accommodate close contacts. With the above measures, the Government expects that there will be more than 4 000 units for quarantine purpose by the end of this year, so that we can cope with the demand arising from the next wave.

26. To relieve the pressure on the demand of hospital isolation beds, the Government has provided assistance to HA to establish community treatment facilities, including the Community Treatment Facility (CTF) at the AsiaWorld-Expo (AWE) with around 900 beds. To enhance the ability to handle another wave of the epidemic, with the assistance from the Central Government, the expansion of CTF in the AWE with the addition of around 950 beds has been completed, and a two-storey temporary hospital, which would conform to legal requirements in Hong Kong, is being constructed on a piece of land of around 3 hectares near the AWE. The temporary hospital will provide negative pressure wards that can accommodate around 820 beds, and will be completed in or before January 2021.

## **Strengthening infection prevention and control measures for residential care homes to cope with the fourth wave of the epidemic**

27. It was very concerning that outbreaks and clusters involving residential care homes appeared for the first time during the third wave. The Government has set up temporary quarantine facilities specifically for residents of RCHEs/RCHDs who are close contacts with nursing needs, hence are not suitable to be quarantined in regular quarantine centres. Two halls at the AWE began operation by phases from end July 2020 as quarantine facility for RCHEs/RCHDs residents, and two other halls have been reserved as backup. The four halls provide 640 beds. Together with another temporary quarantine centre at the Hong Kong PHAB Association Jockey Club PHAB Camp, there are a total of 680 quarantine beds for RCHEs/RCHDs residents in Hong Kong. Moreover, the Social Welfare Department has arranged four rounds of virus testing for the staff of RCHEs, RCHDs, and nursing homes in all districts of Hong Kong since mid-July. After reviewing the experience of the third wave, the Government is taking measures to strengthen the infection control measures for residential homes.

## **Improving medical services for chronic disease patients affected by the epidemic**

28. In view of the development of the outbreak, HA had at one point significantly adjusted non-emergency and non-essential medical services. To tie in with the service adjustment, HA has expanded the service scope of some of the existing Public-Private Partnership (PPP) Programmes, including the expansion of service group of the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector to cover all eligible cancer patients, increasing the service quota of the Haemodialysis PPP Programme, as well as extending the Colon Assessment PPP Programme to cover colonoscopy cases recently delayed due to the epidemic. Furthermore, HA is also actively liaising with private hospitals and private healthcare providers to launch new public-private collaboration initiatives, with a view to diverting some patients from public hospitals to the private sector to receive treatment. Current ongoing programmes includes neonatal jaundice treatment,

caesarean delivery, radiotherapy for cancer patients, orthopaedic surgery, cystoscopy, gastroscopy and breast cancer surgery. Patients can receive early treatment by paying the fees charged by public hospitals. On the other hand, HA will change its service model where practicable and continue to serve patients with the use of video conferencing technologies. For example, psychiatric services have piloted the use of telemedicine consultations to provide psychiatric consultation services. Allied health staff have been using video conferences to follow up on treatments, or providing videos of rehabilitation exercises to patients through HA's mobile application "HA Go", so as to allow patients to continue their training at home according to schedule.

29. Under the compulsory quarantine measures currently in force, some Hong Kong residents residing in Guangdong Province are unable to travel back and forth between Hong Kong and the Mainland for scheduled medical consultations at the outpatient clinics under HA as they had done so previously. To ensure that the health conditions of these patients can be effectively monitored and taken care of in a continued and coordinated manner, the Government has appointed the University of Hong Kong-Shenzhen Hospital (HKU-SZH) to take up subsidised follow-up consultations for patients with scheduled appointments at designated Specialist Outpatient Clinics or GOPCs under HA. The relevant scheme was launched on 10 November. Eligible persons may receive medical consultations at HKU-SZH before 31 July 2021, or until the lapse of the quarantine requirement in both Hong Kong and the Mainland (whichever is earlier). Eligible patients are required to co-pay RMB100 as a consultation fee per each designated outpatient service at the HKU-SZH (except for specified persons whose medical fees would be waived upon verification by HA). The rest of the medical fees are subsidised under the Special Support Scheme subject to a cap of RMB2,000 per patient.

### **Social distancing measures**

30. Since end August, having regard to the fact that the local epidemic has been subsiding after the peak in end July, the Government has relaxed or adjusted the various social distancing measures under the Prevention and Control of Disease (Requirements and Directions)

(Business and Premises) Regulation (Cap. 599F), the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation (Cap. 599G) and the Prevention and Control of Disease (Wearing of Mask) Regulation (Cap. 599I) in phases under a refined and sophisticated approach in a gradual and orderly manner, with a view to allowing members of the public and the relevant trades to resume social and economic activities to a certain extent under the new normal. Nonetheless, it is worrying that the number of locally acquired cases (including those with unknown sources of infection) has shown an increasing trend in recent days, indicating that the epidemic is not yet fully under control for the time being. As such, there is no room for us to further relax the social distancing measures currently in place at this stage. Those measures expiring at midnight on 12 November will be extended for one more week, i.e. from 13 November to 19 November.

31. We would like to remind members of the public to avoid mask-off group activities, which will pose significant risk of spreading the virus. Among the local cases identified in recent days, a number of them were related to staycations and other gatherings in private places. While these activities may not contravene the social distancing measures, they should be avoided as far as possible from a public health perspective. If cases involving congregations in hotels or other private places continue to be identified, we do not rule out the need to explore amending relevant regulations under Cap. 599 to regulate the said activities and premises.

### **Procurement and preparation for administration of vaccines**

32. The Government will adopt a “two-pronged strategy” to procure vaccines meeting the criteria of safety, efficacy and quality for the Hong Kong population. First, the Government has joined the COVAX Facility to procure vaccines to cover 35% of the Hong Kong population as a form of “safety net” to cater for the needs of the most vulnerable groups in society. At the same time, with regard to scientific evidence and clinical data and in consultation with the relevant scientific committees under DH, the Government will pursue additional supplies through Advance Purchase Agreements (APAs) with individual vaccine developers. Having regard to the views of the experts, the Government’s goal is to procure at least two candidate vaccines from different vaccine developers

across different vaccine platforms. The Government also aims to procure sufficient doses of vaccines to cover at least twice the Hong Kong population. This is to ensure that even if not all our chosen candidate vaccines under APAs emerge as viable and successfully enter the market, territory-wide coverage can still be achieved. While procuring vaccines, the Government will also start working out the preparation for the administration of vaccines for priority groups and the Hong Kong population.

33. To ensure the quality of vaccines, the Government will adopt strict regulatory measures, including requiring the vaccines concerned to comply with the relevant safety, efficacy and quality requirements set by the Pharmacy and Poisons Board of Hong Kong and obtain certification. The relevant vaccine developers will also be required to submit quality certification of the vaccines concerned. For example, the developers must comply with the standards of Pharmaceutical Inspection Co-operation Scheme or the Good Manufacturing Practice or its equivalent, including prequalification by the World Health Organization. In addition, manufacturers must also meet the established quality standards before the introduction of the vaccine.

34. On the other hand, the Government has been supporting local research and development (R&D) of vaccines to enhance our knowledge base and research capabilities in vaccinology and immunology. Since April 2020, the Health and Medical Research Fund (HMRF) has supported two local universities to conduct four vaccine-related R&D projects with a total commitment of \$29.5 million. Among them, the HMRF has funded around \$20 million to the Department of Microbiology, Faculty of Medicine of The University of Hong Kong, to conduct Phase I clinical trials on the safety of a nasal spray COVID-19 candidate vaccine co-developed with partners in Mainland China (i.e. Xiamen University and Wantai Biopharmaceutical company) in November. The study plans to recruit 100 healthy adult volunteers for the trials. This candidate vaccine is currently the only nasal spray vaccine among the COVID-19 candidate vaccines approved for clinical trials.

**ADVICE SOUGHT**

35. Members are invited to note the contents of this paper.

**Food and Health Bureau  
Department of Health  
Hospital Authority  
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