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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 13 November 2020

Measures for the prevention and control of coronavirus disease 2019 in Hong Kong

Purpose

This paper summarizes the latest concerns of members of the Panel on Health Services ("the Panel") on the Administration's measures for the prevention and control of coronavirus disease 2019 ("COVID-19") in Hong Kong.

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") and 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 12 November 2020, at least 51 590 543 confirmed cases have been reported in 222 countries or areas, including at least 1 276 469 fatal cases.[1] 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

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

symptoms of the disease are fever, tiredness and dry cough. Some patients may have loss of taste or smell, nasal congestion, conjunctivitis, sore throat, headache, muscle or joint pain, different types of skin rash, nausea or vomiting, diarrhea, chills or dizziness About 80% of the infected who develop symptoms recover from the disease without needing hospital treatment. Around 15% become seriously ill and require oxygen and 5% become critically ill and need intensive care. People aged 60 years or above and people with underlying medical problems are at higher risk of developing serious illness. There is currently no vaccine to protect against and no specific antiviral treatment for COVID-19.[2]

3. Locally, the Government launched the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance ("the Plan")[3] on 4 January 2020, under which a three-tier response level, namely Alert, Serious and Emergency, is adopted. The cluster of viral pneumonia cases detected in Wuhan is regarded as a Novel Infectious Disease of Public Health Significance[4]. The Serious Response Level[5] 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).[6] 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

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[2] According to WHO, many potential vaccines for COVID-19 are being studied and several large clinical trials may report results later in 2020. As regards treatment for COVID-19, dexamethasone is a corticosteroid that can help reduce the length of time on a ventilator and save lives of patients with severe and critical illness.

[3] 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.

[4] "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.

[5] 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.

[6] 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.

been raised to the Emergency Level[7] 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.[8] As of 12 November 2020, CHP has recorded a total of 5 430 confirmed cases and one probable case of COVID-19. Among these cases, 123 were still hospitalized or pending for admission, 5 170 were discharged and 108 were fatal cases. The cases include 2 706 males and 2 725 females with ages of the cases ranged from 40 days to 100 years (with the median age being 43 years). The latest epidemic curve of 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 12 November 2020 is in **Appendix II**.

Deliberations of the Panel

5. The Panel discussed issues relating to the measures for the prevention and control of COVID-19 in Hong Kong at eight meetings. The deliberations and concerns of members are summarized in the following paragraphs.

Immigration control measures and quarantine arrangements

6. At the early stage of the COVID-19 epidemic when the Mainland was the epicentre, many members urged the Administration to take heed of the call from some medical experts for a complete closure of immigration control points to stop the flow of visitors from the Mainland to Hong Kong, albeit that various measures had already been put in place by the Administration in phases to reduce the flow of people between the Mainland and Hong Kong at that time. With the significant increase in the number of overseas countries or areas reporting community transmission of COVID-19 since mid-February 2020 and the characterization of the outbreak of COVID-19 by WHO as a pandemic on 11 March 2020, members were deeply concerned that there had been a surge in confirmed cases in Hong Kong which were dominated by imported or imported-related cases. There were again calls from members that, apart from

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[7] Emergency Response Level depicts a high risk of serious human infections caused by the novel infectious agent in Hong Kong, and serious infections may be widespread. It generally applies to situation where there is evidence or imminent risk of sustained community level outbreaks.

[8] The prevailing reporting criteria of 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.

imposing compulsory quarantine requirements on inbound travellers having stayed in the Mainland (except for exempted persons) and specified places outside China for any period during the 14 days preceding arrival in Hong Kong, the Administration should impose a complete closure of all immigration control points, this time mainly to prevent the virus from being imported from overseas. Some members were also concerned about the arrangement that only those inbound travellers arriving via the Hong Kong International Airport ("HKIA") with upper respiratory symptoms were required to undergo viral tests at the temporary COVID-19 test centres at AsiaWorld-Expo and wait for the laboratory tests there. The Panel passed two motions at the meeting on 20 March 2020 urging the Administration to, among others, deny the entry of all non-Hong Kong residents to Hong Kong through different immigration control points and conduct viral tests for all inbound travellers.

7. The Administration advised that it had all along adopted a risk-based approach in formulating immigration control measures. It was announced that with effect from 25 March 2020 until further notice, all non-Hong Kong residents coming from overseas countries and regions by plane would be denied entry to Hong Kong; non-Hong Kong residents coming from the Mainland, Macao and Taiwan would be denied entry to Hong Kong if they had been to any overseas countries and regions in the past 14 days; all transit services at HKIA would be suspended; and all travellers coming from, or having stayed in, Macao and Taiwan would be subject to a 14-day compulsory quarantine, which was the same as the arrangements for arrivals from the Mainland. The above apart, starting from 8 April 2020, all asymptomatic inbound travellers arriving at HKIA would be mandated to immediately proceed to the temporary specimen collection centre of DH at AsiaWorld-Expo to collect their deep throat saliva samples at the venue. The above arrangement was later refined to require those inbound travellers who arrived on flights in the morning to wait for the viral test results at the centre. For 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, they would be taken to DH's Holding Centre for Test Result in the Regal Oriental Hotel in Kowloon City to wait for their test results. Those who were tested positive would be arranged for admission to hospital for treatment while the close contacts who travelled with them would be sent to designated quarantine centres. There was a call from members that the Administration should put in place measures to ensure that the latter arrangement would not pose health risks to the community of the Kowloon City District.

8. Taking into account that the number of cases reported in the Mainland had been decreasing since the peak in mid-February 2020, there were calls from some members in April 2020 that persons who had genuine business needs for travelling between Hong Kong and the Mainland, such as manufacturers with factories in the Mainland, should be exempted from the 14-day quarantine

requirement under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C). 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. Some members returning from different functional constituencies urged the relevant government bureaux to expeditiously hammer out the exemption arrangement for various categories of persons for consideration of the Chief Secretary for Administration. There was, however, a concern about exempting crew members of aircrafts, goods vessels and passenger ships from compulsory quarantine arrangement.

9. Stepping into May 2020, members in general considered that with millions of cases recorded worldwide, it was unrealistic to aim for eradication or elimination of COVID-19 in Hong Kong in the near future. Against the above, prevention and control of COVID-19 was expected to be a part of the new normal of the daily operation of the society. Since the epidemic situation in Hong Kong had become more stabilized in terms of the number of confirmed cases of COVID-19, some members proposed 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.

10. Members were subsequently advised that a two-tier regime was introduced under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) in June 2020 under which the compulsory quarantine requirement applied to persons arriving at Hong Kong from a Category 1 specified place, and did not apply to persons arriving at Hong Kong from a Category 2 specified place if they met certain conditions (such as having a negative COVID-19 test result) so as to allow for the imposition or lifting of different quarantine or other infection control safeguards according to the respective public health risks level of different places. Separately, the Hong Kong Special Administrative Region Government had been exploring with the governments of Guangdong Province and Macao Special Administrative Region under the framework of joint prevention and control on the resumption of the cross-boundary people flow between Hong Kong and Guangdong, and between Hong Kong and Macao in an orderly manner once the epidemic situation had stabilized. The three governments

intended to mutually recognize the COVID-19 tests carried out by designated testing facilities which met the standards, to be done through the "Health Codes" of the three places.

11. With the local epidemic situation underwent drastic changes from having no confirmed local cases in 21 consecutive days in mid-June 2020 to identifying 31 new cases without travel history during the incubation period from 2 to 8 July 2020, some members raised the concern at the meeting on 10 July 2020 that the new wave of the epidemic might be caused by the exemption arrangements under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation. The Administration advised that starting from 8 July 2020, all persons exempted from quarantine entering Hong Kong by air had to proceed to DH's Temporary Specimen Collection Centre to have their deep throat saliva samples collected, or to collect their samples at home and return it according to instructions. As air crew and sea crew members made up the largest group of exempted persons, they would be required to have their deep throat saliva samples collected at the Centre to further lower the chance of the virus spreading in Hong Kong. Besides, the exempted person would be subject to medical surveillance arranged by DH for a period of 14 days.

Quarantine facilities

12. Members noted that Lei Yue Mun Park and Holiday Village, Junior Police Call Permanent Activity Centre, Sai Kung Outdoor Recreation Centre and Chun Yeung Estate had been used as quarantine centres, providing around 2 300 units in total. On the arrangement implemented since mid-March 2020 that inbound travellers subject to the 14-day compulsory quarantine requirements 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. The Panel passed a motion at the meeting on 20 March 2020 urging the Administration to, among others, discuss with the hotel industry 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 generation spread of the disease in the community. The Administration advised that 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.

13. Many 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 the 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.

14. Following the announcement of the Administration on 26 June 2020 that the use of the quarantine centre at Chun Yeung Estate would cease in end-July 2020, members noted at the meeting on 10 July 2020 that the fourth and fifth blocks of Chun Yeung Estate had already been vacated in the second half of June 2020 and restoration works were underway. It was expected that the first batch of prospective tenants could gradually move in starting from the end of August 2020. Separately, it was expected that an additional 800 quarantine units at the Penny's Bay Government site could be put to use in end-July 2020. In addition, the construction of quarantine facilities at a site at Penny's Bay which had been reserved for future tourism development was underway and was estimated to provide additional 700 units in September 2020. To cater for the special medical needs of some residents in residential care homes for the elderly ("RCHEs") when there were confirmed cases in RCHEs, temporary quarantine centre had been set up for residents of RCHEs at the Hong Kong Physically Handicapped and Able-Bodied ("PHAB") Association Jockey Club PHAB Camp.

Viral testing capacity and community surveillance for COVID-19

15. Members were concerned about the turnaround time of the COVID-19 viral tests performed by the Centre for Health Protection ("CHP") under DH and HA and the testing capacity of public institutions. Questions were raised as to whether and, if so, how the Administration would enhance its viral testing capacity for COVID-19 to around 7 500 tests per day, which, according to experts' advice, would help reduce the risk of virus transmission in the community, as well as the use of the $220 million provided under the Anti-epidemic Fund for enhancing the testing capacity. There were suggestions that the Administration should consider employing newly developed rapid tests to expedite the identification of confirmed cases, and providing viral test to all Hong Kong citizens through assistance from the Mainland, e.g. by inviting the Mainland experts to come to Hong Kong to carry out such work and sending specimens taken in Hong Kong for testing in laboratories on the Mainland.

16. The Administration advised that with the funding of around $220 million provided under the Anti-epidemic Fund for DH to procure testing equipment and enhance manpower support so as to step up its testing capability, and to the medical schools of The University of Hong Kong and The Chinese University of Hong Kong to procure testing equipment in order to provide more virus testing services, it was expected that an additional 2 400 tests could be provided per day. The Administration's short-term target was to enhance the testing capacity of public institutions to 7 500 virus tests a day by end-July 2020. Given the current limited testing capacity, it would focus on performing targeted tests on those higher-risk groups involved in the recent community cluster cases. The Administration also welcomed any efforts, including those from the Mainland and the private sector, to enhance Hong Kong's overall testing capability. A case in point was the engagement of three private institutions to take over the large-scale voluntary community testing for the designated higher-risk groups, including staff members of RCHEs, residential care homes for persons with disabilities ("RCHDs") as well as nursing homes; restaurant staff; and taxi drivers.

17. 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

18. 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[9], whereas the latter prohibited certain group gatherings in public place. Some members called for the launch of the third round of a $30 billion Anti-epidemic Fund to enhance the support to the sectors affected by the implementation of the social distancing measures, in particular self-employed and others who were not covered by the last two rounds of the Fund.

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[9] 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.

19. Question was raised as to 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 under the "suppress and lift" strategy for striking an appropriate balance amongst the aspects of public health, economic development and daily operation of society, 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.

Response measures of HA

20. The issue of surge capacity of HA to cope with the outbreak of COVID-19 in Hong Kong was of considerable concern to members. Members noted that apart from activating most of the 1 400-odd isolation beds in public hospitals, HA had subsequently 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. There was a call that HA should enhance the capacity of its isolation facilities in the longer run under the 10-year Hospital Development Plans to prepare for future outbreak of any communicable diseases. Separately, concern were raised over the stockpile of personal protective equipment ("PPE") for frontline healthcare personnel of public hospitals, which had often fallen below the required level of maintaining three month's consumption to cater for operational needs during emergency situation. HA had also revised its infection control guidelines, which covered the PPE to be worn by clinical staff when carrying out different clinical procedures, from time to time since the outbreak of the disease. HA advised that with the development of the novel coronavirus infection, it 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.

21. Noting that elective surgeries and other non-emergency services of HA had been deferred since mid-February 2020 to focus the manpower resources of public hospitals to combat the epidemic, some members considered that HA should expand the public-private partnership programmes to tap on the private sector to handle those cases with their appointments at public hospitals being deferred by HA, with a view to ensuring that patients would receive timely medical care. There were also calls from members that the Administration should 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, and 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.

22. 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. The above apart, the Locum Office had recruited part-time doctors to work in HA on need and ad-hoc basis. 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.

23. Some members expressed concerns that there were cases whereby 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. The Princess Margaret Hospital would refer suitable patients who had recovered from COVID-19 to the Kwai Tsing District Health Centre to receive various services, including pathology explanation, infection control, emotional support, post-recovery nutritional supplement, consultation on anti-epidemic medication and restructuring of lifestyle, etc.

24. 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. HA would examine how to resume by phases the visiting arrangements in non-acute hospitals with certain restrictions on the number of visitors and duration of stay if situation permitted.

Support measures for residential care homes

25. Referring to the emergence of confirmed cases in RCHEs for the first time in early July 2020, members were concerned about the efforts made by the Administration to ensure that appropriate infection control measures had been put in place by RCHEs during the epidemic and adequate PPE was provided for staff members and residents of contract homes, private homes for the elderly participating in Enhanced Bought Place Scheme and private homes issued with licence. They called on the Administration to address the not uncommon problem of residential care units to deploy their staff to work in more than one institution which increased the risk of cross infection, and the poor and crowded living environment of hostels for workers imported by residential care units under the Supplementary Labour Scheme.

26. The Administration advised that SWD had provided all RCHEs and RCHDs with four rounds of special allowance (at a rate of $5,000 or $3,000 per round for the first two rounds and $10,000 or $6,000 for the third and fourth round) for the procurement of PPE and sanitizing items since January 2020; distributed a total of 10 million surgical masks for the staff of all residential service units since February 2020; and launched an Anti-virus Coating Spray Subsidy under the Anti-epidemic Fund in May 2020 for all RCHEs and RCHDs to apply an anti-virus coating spray to their premises on or before 31 August 2020. SWD would provide over 4 million surgical masks to all RCHEs and RCHDs in mid July 2020 for use by their residents in need. With the activation of the Hong Kong PHAB Association Jockey Club PHAB Camp as a quarantine centre for residents of the RCHE concerned who were close contacts of the confirmed cases and were bedridden or requiring special care during the 14 day quarantine period, SWD would arrange for care workers to attend to the needs of residents who needed to be admitted to this quarantine centre. The medical needs of these residents would be taken care of by DH and HA.

Role of the Chinese medicine sector

27. 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

28. 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. 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 were 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.

Maintaining of personal and environmental hygiene

29. 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 facilitating the establishment of production lines for adult and children-sized surgical mask; 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). Separately, there was a call that the Administration had to ensure adequate supply of surgical masks and other PPE for all frontline personnel involved in combating the epidemic, such as cleansing workers.

30. The Administration advised that it had been working proactively since mid-January 2020 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. Under the Local Mask Production Subsidy Scheme, subsidies had been provided to a maximum of 20 local production lines to facilitate the start of local mask production to help address the imminent shortage as well as to build up stock. In May 2020, the Administration announced 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, however, expressed concern that the face mask was only suitable for general protection but not for use in high-risk places such as hospitals and clinics.

31. Some members were concerned that the poor and crowded living environment of thousands of subdivided units in the territory and the ageing of public sewers would lead to the community spread of COVID-19. They considered that the Home Affairs Department should play a role in disseminating health and anti-epidemic messages in the district level. Regarding the disinfection work carried out by the Food and Environmental Hygiene Department at the premises where the confirmed cases were residing, there was a suggestion that such 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.

Arrangements for possible outbreak in school setting

32. 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.

Latest development

33. The Administration will update the Panel on 13 November 2020 on its latest measures for the prevention and control of COVID-19 in Hong Kong.

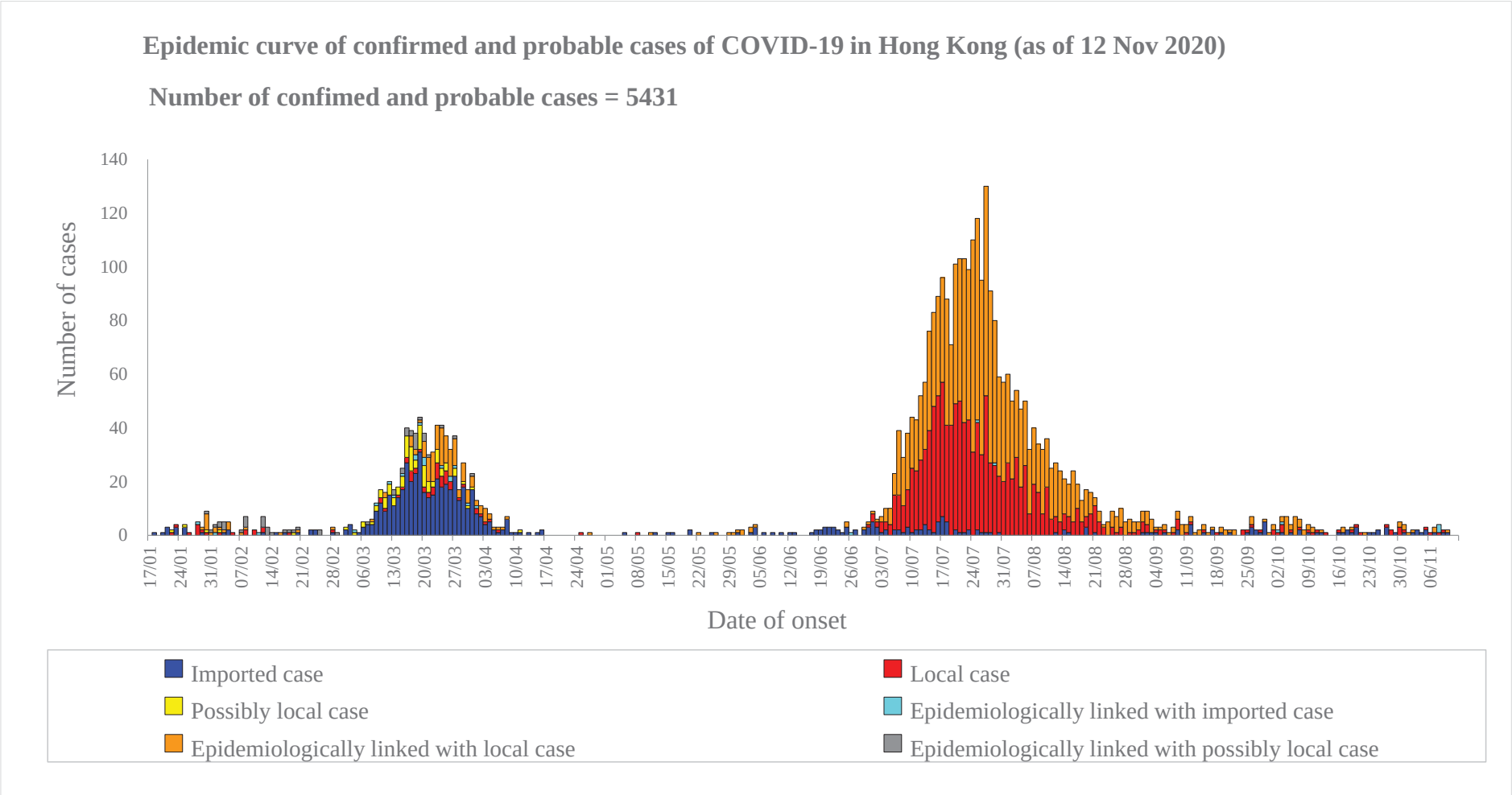
Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
12 November 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	1516 (27.9%)	1398 (25.7%)	103 (1.9%)	39 (0.7%)	2313 (42.6%)	62 (1.1%)	5431 (100.0%)
16/10 - 22/10	60 (89.6%)	3 (4.5%)	0 (0.0%)	0 (0.0%)	4 (6.0%)	0 (0.0%)	67 (100.0%)
23/10 - 29/10	29 (87.9%)	2 (6.1%)	0 (0.0%)	1 (3.0%)	1 (3.0%)	0 (0.0%)	33 (100.0%)
30/10 - 5/11	31 (73.8%)	5 (11.9%)	0 (0.0%)	0 (0.0%)	6 (14.3%)	0 (0.0%)	42 (100.0%)
6/11 - 12/11	56 (74.7%)	12 (16.0%)	0 (0.0%)	4 (5.3%)	3 (4.0%)	0 (0.0%)	75 (100.0%)

In the recent 7-day period from 6 - 12 November , an average of 10.7 cases were reported per day, as compared with 6.0 cases per day reported in the previous 7-day period from 30 October - 5 November (Figure 2).

Source: Centre for Health Protection

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) Minutes
	30.1.2020 (Item I)	Agenda CB(2)873/19-20(01) CB(2)915/19-20(01)[#] Minutes
	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)[#] Minutes
	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)
	8.5.2020 (Item III)	Agenda CB(2)1139/19-20(01)[#] Minutes
	10.7.2020 (Item II)	Agenda

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

Council Business Division 2
Legislative Council Secretariat
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