

**For information  
on 16 December 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 corresponding measures to combat Coronavirus Disease 2019 ("COVID-19").

**ASSESSMENT AND JUDGMENT OF EDIPEMIC SITUATION**

2. As at 13 December 2020, Hong Kong had 7 542 cumulative confirmed cases (including 7 541 confirmed cases and one probable case). Of these, 117 were fatal cases and 6 242 patients have been discharged after treatment. Based on epidemiological classification, 1 761 of them were imported cases or their close contacts, 5 781 are local cases, possibly local cases or their close contacts.

3. The outbreak of the fourth wave of the COVID-19 epidemic was observed since late November, with the number of confirmed cases increased rapidly and spread widely across in Hong Kong. Clinically, an increasing number of severe cases under this wave involved younger patients, with some of them having to be supported by resuscitation facilities when they were admitted to hospitals. In the past two weeks (from 30 November to 13 December), there were 1 303 confirmed cases, including 1 199 local cases and 104 imported cases. Among the local cases, 384 were cases with unknown source of infection. The increasing proportion of such cases indicates the existence of many silent transmission chains in the community.

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 cases from late March to mid-May, to a record high of around 460 000 to 700 000 cases in early November. Currently, the number of confirmed cases around the world has reached 70 million cases, with more than 1.6 million fatal cases. The situation in Europe and the United States (US) is particularly severe. The global pandemic continues to pose challenges to Hong Kong. In the past 14 days, 104 imported cases were recorded in Hong Kong. Most of these cases were from the high risk places listed by us<sup>1</sup>.

5. In light of the latest global and local development of the epidemic, it is necessary to strictly implement the strategy of “preventing the importation of cases and the spreading of virus in the community” and to incorporate disease prevention and infection control measures 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 the 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 approaching of the winter influenza season, we must continue to stay vigilant in order to reduce the risk of a simultaneous outbreak of winter seasonal influenza and COVID-19.

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

**Stringent implementation of cross-boundary epidemic control measures**

6. Given the severity of the global epidemic situation, Hong Kong cannot afford to drop its guard on entry prevention and control measures. The Government will continue to deploy stringent border control measures with a view to safeguarding Hong Kong and stopping the transmission of

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<sup>1</sup> Including Pakistan, United Kingdom (UK), Indonesia and US.

the virus at source. Under the circuit breaker mechanism of passenger flights which has been implemented since July (and tightened in September and November), the airline concerned would be **prohibited from landing in Hong Kong for 14 days**. Since the establishment of the mechanism, the Department of Health (“DH”) has invoked the regulation 16 times to prohibit flights travelling from India, Nepal, Malaysia, Qatar, Switzerland, Netherlands and UK from landing in Hong Kong. DH will continue to closely monitor the epidemic development around the world and review the list of high-risk places on a weekly basis based on the prevention and control risk assessments.

### **Administration of testing and quarantine arrangement**

7. For passengers arriving at Hong Kong from places outside China<sup>2</sup>, in addition to being subject to the “test-and-hold” arrangement at the airport for a confirmed negative COVID-19 test result, since 13 November they have also been required to undergo compulsory quarantine in hotels so as to reduce the possibility of imported cases spreading the virus to household members during home quarantine. Regarding specimen collection arrangement, on 15 December, we have switched from self-collected deep throat saliva samples from travellers to professionally-assisted combined nasal and throat swabs (CNTS).

8. In order to reduce the spreading the virus to the community, DH has tightened the requirement to disallow visitors for any person under compulsory quarantine in hotels during the quarantine period starting from mid-November. If a person under compulsory hotel quarantine requires the company of a carer, with the prior permission from DH, the carer also has to be quarantined in the same hotel room till the end of the quarantine period. The Government has gazetted the amendments to the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) to include “hotels and guesthouses” defined under the Hotel and Guesthouse Accommodation Ordinance (Cap. 349) as one of the scheduled premises under the Regulation. Under

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<sup>2</sup> Inbound 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, general travellers are required to conduct post-arrival test for COVID-19 and undergo the “test-and-hold” arrangement to wait for their test results at a designated location. Only upon receiving negative test results will they be allowed to go to the hotel with which they made the reservation to continue the 14-day compulsory quarantine.

the amendments, the hotel operators have to arrange for persons under quarantine to be segregated from other persons not under quarantine, and must take all reasonable steps to ensure that persons under quarantine could not leave their guest room or receive any visitors etc., during the quarantine period. To further reduce the chance of cross-infection between persons under quarantine and other local guests, the Government will implement the Designated Quarantine Hotel Scheme with effective from 22 December, mandating all returnees from countries outside China to undergo 14-day compulsory quarantine at designated quarantine hotels. The Government will also arrange dedicated transportation to send returnees to the designated quarantine hotels from airport and the Holding Centre for Test Result, for further reducing their contact with the community. The designated quarantine hotels can only receive returnees from countries outside China who need to undergo compulsory quarantine. The hotels will also put in place stringent measures to restrict members of the public from accessing to the hotel premises other than the reception area, and disallow visitation to quarantine guests, with a view to minimising the risk of infection in the community. Also, the expert advisors will assist with the examination of each item in the arrangement of the Designated Quarantine Hotel Scheme, from the arrival of returnees at the airport to their compulsory quarantine in the designated hotels, to enhance the arrangement and prevent any loopholes.

9. As the incubation period of the virus could be as long as 14 days, the quarantine period is currently set at 14 days, while there had been confirmed cases that were only identified by tests taken on day-12 of the quarantine period. Close contacts of confirmed cases will be sent to designated quarantine centres for a 14-day quarantine. In addition to the day-12 test, the Government is considering a requirement for persons who have completed the 14-day quarantine to conduct another compulsory test on day-19 or 20, so as to ensure that no case would slip through the net.

### **Testing and isolation arrangement for exempted persons**

10. Currently, according to the relevant regulations, the Chief Secretary for Administration has exempted a total of 33 categories of persons entering Hong Kong from the Mainland and 10 categories of persons entering Hong Kong from places outside the Mainland from 14-day compulsory quarantine. The exemption arrangement under

compulsory quarantine regime is essential to maintain the necessary operation of Hong Kong society and the local economy, and to ensure an uninterrupted supply of all daily necessities to the public, which includes imports of food products, groceries as well as other commodities from land, air and sea routes.

11. According to the latest daily average number of exempted persons arriving at the Hong Kong International Airport, air crew members account for 93% which represents the largest group amongst all. Sea crew members arriving in Hong Kong for crew change currently make up around 5%. For other exempted persons, including officers of Consulates General and other government officials, only account for around 2%. As regards exempted persons arriving from land boundary control points, the largest proportion is made up of cross-boundary goods vehicle drivers travelling between Guangdong and Hong Kong.

12. To prevent the importation of cases, the Government will continue to stay vigilant and maintain suitable cross-boundary testing arrangements as additional safeguard in prevention and control of disease, so as to contain the potential risk brought about by the increase of passenger flow. Having regard to the higher public health risk for persons arriving from overseas, and in recognition of the increasing number of confirmed cases among air crew and sea crew members, the Government has substantially tightened the testing and isolation arrangement in July this year. Subsequently, based on risk assessment, the Government further announced on 17 and 21 November to tighten the testing and isolation arrangement for consular and diplomatic officers, crew members of aircraft and other exempted persons who are exempted from quarantine arrangement upon arriving Hong Kong. After the implementation of the measures, exempted persons arriving Hong Kong from very high-risk places must be subject to “test-and-hold” arrangement. In addition, the scope of activity of the exempted persons is limited to the purpose as designated in the exemption. Respective organisations must arrange point-to-point transportation for the exempted persons. The use of public transport is prohibited. Exempted persons must also avoid unnecessary social contact during the period they are exempted from quarantine with a view to minimising the chance of transmission of the virus from imported case into the community.

13. Furthermore, with effect from 23 November, exempted persons<sup>3</sup> arriving Hong Kong via land boundary control points must produce the negative report of COVID-19 nucleic acid test conducted by a medical institution mutually recognised by the governments of Hong Kong and Guangdong/Hong Kong and Macao in order to be exempted from compulsory quarantine so as to further mitigate the risk of virus spreading.

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

**Stepping up surveillance and testing efforts in a multi-pronged approach**

14. Regarding the strategy for virus testing, as pointed out by the World Health Organization (WHO), testing should be targeted, and in particular be provided for targeted groups with outbreaks. As such, specified persons of high risk are required to undergo compulsory testing on a mandatory basis, targeted groups are arranged to undergo testing on an obligatory basis, and we also encourage members of the public to undergo testing on a voluntary basis. To tie in with the above strategy, the Government has been stepping up surveillance and testing efforts in a multi-pronged approach, and the current maximum daily testing capacity of public and private laboratories has been substantially increased to approximately 100 000 tests per day (without sample pooling). Through various channels of specimen collection, it is estimated that samples can be collected from a maximum of 80 000 members of the public for testing each day.

15. Regarding compulsory testing on a mandatory basis, the Government has published the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) for the Government to require certain categories of persons to undergo COVID-19 testing, and for specified medical practitioners to require symptomatic patients to undergo COVID-19 testing. As at 4 December, the Government has required the following groups or individuals to undergo COVID-19 testing by respective deadlines:

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<sup>3</sup> Except those categories of persons currently subject to regular testing.

- persons who had been to 42 specified premises (including dance clubs/venues, restaurants, residential buildings and construction site);
- symptomatic persons;
- staff members of residential care homes for the elderly (RCHEs), residential care homes for persons with disabilities (RCHDs) and nursing homes, day service units attached to the premises of residential care homes; and
- taxi drivers.

16. As at 9 December, more than 63 500 persons received free compulsory testing at community testing centres (CTCs), of which 139 samples tested preliminarily positive (0.22%), demonstrating the effectiveness of compulsory testing. On the other hand, from 28 November to 9 December, more than 18 700 symptomatic persons were issued a written direction to undergo compulsory testing by private medical practitioners, of which 65 positive cases were recorded (0.35%).

17. With a view to enhancing the legal framework, the Government gazetted on 8 December the latest amendments to Cap. 599J so as to allow the Government to, having regard to infection control needs, restrict movement of persons subject to compulsory testing, or seal off premises with epidemic outbreaks until all persons on the premises have undergone testing and the test results are ascertained.

18. For targeted testing, based on risk assessment, testing is currently arranged on a continuous basis for targeted groups including school teachers, staff of restaurants, bars and hotels, designated frontline employees of Kwai Tsing Container Terminals, etc. A daily average of over 7 000 tests were carried out under testing for targeted groups in November, with the positive rate being 0.019%. The Government will regularly review the coverage and frequency of targeted group testing based on the latest epidemic risk assessment.

19. For testing on a voluntary basis, the Government arranges to provide more convenient specimen collection and testing services. Members of the public can obtain specimen collection packs from designated general outpatient clinics of the Hospital Authority (“HA”), post offices and MTR stations. The above three channels can distribute

more than 40 000 specimen collection packs per day. We have also set up a total of 19 CTCs, with a total daily testing capacity of more than 20 000 tests. As at 10 December, more than 170 000 persons were provided testing service at CTCs, of which 420 samples tested preliminarily positive (0.25%). Moreover, we also arrange to provide free testing services through mobile specimen collection stations and specimen bottle distribution point in districts with a number of confirmed COVID-19 cases, with a view to facilitating and encouraging residents of the districts or individuals who perceive themselves as having a higher risk of exposure to undergo testing.

20. All in all, the Government implements a risk-based and precision-guided testing strategy through testing measures in the above three aspects, with a view to cutting the transmission chains as soon as possible.

21. On whether "population-wide mandatory testing" should be conducted, as explained by the Chief Executive earlier, it is not feasible under the current situation in Hong Kong to conduct population-wide mandatory testing, the implementation of which would necessitate comprehensive lockdown, which would however cause disruptions to the normal operation of Hong Kong and the daily lives of citizens. We are of the view that the present precision-guided anti-epidemic measures which focus primarily on mandatory testing for people of high-risk groups, complemented by broadened and more convenient voluntary testing for the public, constitute a more appropriate strategy.

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

22. Contact tracing is also fundamental to the efforts in preventing further spread of the virus. 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.

23. Separately, the “LeaveHomeSafe” exposure notification mobile application has been made available for public download from 16 November with an aim to encourage the public to keep a more precise record of their whereabouts. If the user of the mobile application is unfortunately a confirmed case, the user will be required to upload his travel records in the mobile application to DH to assist the epidemiological investigation for confirmed cases. Users visited the same venue as an infected person would receive notification and could undergo testing via relevant channels. On 24 November, the Government has requested persons responsible for carrying on catering businesses providing dine-in services and scheduled premises to apply for a “LeaveHomeSafe” venue QR code from the Government on or before 2 December under Cap. 599F. The QR code obtained should be displayed at the entrance of the premises or at a conspicuous position within two working days upon receipt of the QR code.

### **Additional backup quarantine and isolation facilities**

24. The compulsory quarantine arrangement for close contacts has proven to be an indispensable measure in our fight against the epidemic. Current, the Penny’s Bay Quarantine Centre provides 2 650 units. Together with three re-activated quarantine facilities (namely Junior Police Call Permanent Activity Centre in Pat Heung, Lei Yue Mun Park and Holiday Village, Sai Kung Outdoor Recreation Centre), there are approximate 3 300 quarantine units. As we expect there will still be a large amount of close contacts who needs to undergo the 14-day quarantine, the Government has activated three hotels for quarantine purpose<sup>4</sup>, which provides about 1 000 units. Furthermore, the construction of the remaining 850 units in Penny’s Bay Quarantine Centre has been completed. The pre-handover inspection by relevant departments is in good progress and the units are expected to be activated by phases within December. With the above measures, the Government will have more than 5 000 units for quarantine purpose by the end of this year to cope with the demand arising from the epidemic. In parallel, DH and the Civil Aid Service will

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<sup>4</sup> Silka Tsuen Wan Hotel, Dorsett Kwun Tong Hotel and YauMaTei Silka Seaview Hotel were activated on 3 Dec, 7 Dec and 9 Dec respectively.

expedite the disinfection process and thereby increasing the turnover rate of quarantine units.

25. 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 900 beds. To enhance the ability to handle the epidemic, with the assistance from the Central Government, the Government has further expanded the AWE CTF with the addition of around 950 beds, while 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 AWE. The temporary hospital will provide negative pressure wards that can accommodate around 820 beds, and will be completed in January 2021.

### **Strengthening infection prevention and control measures for residential care homes**

26. The Government has set up temporary quarantine facilities specifically for residents of RCHEs or RCHDs who are close contacts with nursing needs, hence they are not suitable to be quarantined in regular quarantine centres. There are 640 beds available in four halls at AWE, and 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. In addition, the Government has issued compulsory testing notices on 30 November and 11 December respectively to require staff working in RCHEs, RCHDs, nursing homes and day service units attached to the premises of residential care homes to undergo compulsory testing.

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

27. In view of the development of the outbreak, HA had 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 telehealth 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.

28. 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 the 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 co-ordinated 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 General Outpatient Clinics under the HA. The scheme has been implemented on 10 November. Eligible persons may receive medical consultations at the 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 under the scheme 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 the HA). The rest of the medical fees are subsidised under the scheme subject to a cap of RMB2,000 per patient. As of 11 December, the HKU-SZH has received

about 7 670 applications and scheduled around 3 140 appointments, among which around 1 130 attendances have received consultation at the HKU-SZH.

### **Social distancing measures**

29. The implementation of stringent and decisive social distancing measures is the key to the Government's success in containing the third wave of the epidemic. In view of the signs of rebound in the number of local cases of unknown infection sources since mid-November and the risks brought about by mask-off gathering activities and staycation in hotels, the Government promptly introduced legislative amendments to the relevant regulations to regulate gathering activities in hotels and guesthouses as well as strengthen infection control measures therein. The Government also, having regard to the development of the epidemic situation, announced successively on 14, 21, 24 and 30 November the further tightening of social distancing measures. Subsequently, taking into account the latest development of the epidemic situation, the Government announced on 8 December the tightening of social distancing measures further. The relevant measures are of similar extent or even more stringent than those implemented in response to the peak of the third wave of the epidemic during July and August this year, with a view to bringing the epidemic situation under control in a decisive manner by reducing social contacts and cutting the virus transmission chains as early as possible. The latest social distancing measures announced include, with effect from 10 December, shortening the period during which catering premises may provide dine-in services to end at 6:00p.m. daily; limiting the number of people participating in banquets in catering premises to 20; closing all scheduled premises under Cap. 599F except club-houses and hotels or guesthouses; closing all facilities with the same function(s) as the aforesaid scheduled premises in club-houses and hotels or guesthouses that are open; and limiting the number of persons in meeting rooms or function rooms of club-houses and hotels or guesthouses to 50% of the normal capacity of that room, etc.

30. In order to the implement the anti-epidemic measures effectively, it is essential that members of the community strictly comply with various such measures. In the face of the fourth wave of the epidemic, apart from tightening various infection control measures, it is necessary for the

Government to increase the relevant penalties so as to create the necessary deterrence effect to ensure that the community would strictly comply with the relevant requirements. The Government gazetted on 4 December the legislative amendments to the relevant subsidiary legislation under the Prevention and Control of Disease Ordinance (Cap. 599). For persons in breach of certain requirements under the regulations, the amount for discharging liability for the offence by paying a fixed penalty has been increased from \$2 000 to \$5 000 with effect from 11 December.

31. As the local epidemic situation remains severe, it is necessary for the Government to continue take measures to significantly reduce the flow of people and social contacts in order to stop COVID-19 from further spreading in the community. The Government has announced on 11 December that the special work arrangements for government employees which have been implemented since 2 December would be extended until 23 December. Save for those involved in the provision of emergency services and essential public services, all other government employees will be arranged to continue to work from home. During the implementation of the special work arrangements, members of the public are encouraged to use alternative means, such as the post, drop-in boxes or online channels to receive the services they need. The Government also appealed to employers to allow their staff members to work from home as far as possible according to their operational needs. The Government will closely monitor the epidemic situation and review the arrangements before 23 December.

32. However, over the past few weeks, there were still a lot of people out and about and participating in social gatherings. We wish to stress that, similar to other preventive and control work related to public health, sole reliance on the Government to put in place restrictions and requirements through legislation is inadequate for achieving the effect of quickly suppressing the epidemic. We pressingly need the cooperation and self-discipline of the general public to temporarily hold off social activities at this crucial time as far as possible. If the number of people out and about does not show signs of significant decrease within a short period of time, we do not rule out the need to introduce new legislation to further regulate social activities and gatherings for the purpose of protecting public health.

### **Suspension of face-to-face classes in schools**

33. In view of the outbreak of upper respiratory tract infections in schools and the epidemic situation of COVID-19, kindergartens and child cares centres as well as Primary One to Primary Three of primary schools have suspended face-to-face classes from 14 November and 23 November respectively in order to prevent the spread of COVID-19 in schools. In light of the worsening situation of the COVID-19 epidemic, the Government has announced on 29 November that all kindergartens as well as primary and secondary schools (including special schools and schools offering non-local curriculum) would suspend face-to-face classes and school activities starting from 2 December until the beginning of school Christmas holidays. Private schools offering non-formal curriculum (commonly known as “tutorial schools”) would suspend face-to-face classes at all levels for two weeks until 23 December. The Government will continue to take into account the latest epidemic developments and advice from health experts, and closely liaise with the school sectors to suitably review the class arrangements and the relevant measures.

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

34. According to the views of the WHO and health experts, COVID-19 will not vanish without an effective treatment method and vaccine. The Government has earlier made an announcement in September this year that it would adopt a "two-pronged" strategy to procure vaccines for protecting against COVID-19 for the entire Hong Kong population. The Government has on one hand joined the COVAX Facility led by the WHO, and at the same time directly entered into advance purchase agreements with individual vaccine developers for obtaining greater supplies of vaccines at an earlier time. For advance purchase agreements, the Government's goal is to procure at least two candidate vaccines from different vaccine developers and different vaccine technology platforms, and to procure sufficient doses to serve at least two times the Hong Kong population. The purpose of signing advance purchase agreements is to reserve in advance vaccines which have a higher chance of success for Hong Kong citizens, notwithstanding that the vaccines are still in the development process and have yet to obtain approval from the relevant local regulatory authorities.

35. The Government's procurement of vaccines is solely based on prevailing scientific evidence and that our goal is to provide as early as possible the safest and most effective vaccines for the entire Hong Kong population. According to information provided by the WHO, as at 14 December, there were 52 candidate vaccines for protecting against COVID-19 undergoing clinical trials for assessing safety and efficacy. Out of them, 13 had entered phase 3 clinical trial. These vaccines are mainly developed from four different technology platforms, including inactivated, viral vector, nucleic acid and protein subunit. The Government has consulted the Joint Scientific Committee on Emerging and Zoonotic Diseases and the Scientific Committee on Vaccine Preventable Diseases under DH (membership list of the committee can be found on the website of the Centre for Health Protection: [www.chp.gov.hk/en/static/24002.html](http://www.chp.gov.hk/en/static/24002.html)) and the Government's four experts on anti-epidemic efforts regarding the above technology platforms and the candidate vaccines from each of the technology platforms which have basically entered into phase 3 clinical trial. The experts took the view that each technology platform has its merits and gave their opinions on the vaccines based on the respective preliminary clinical research data. The experts also agreed that the Government should procure candidate vaccines developed from different vaccine manufacturers and from different technology platforms. It should also procure sufficient doses to cover for at least two times the Hong Kong population, with a view to diversifying risks and ensuring sufficient supplies of vaccines for the whole of Hong Kong.

36. As announced by the Chief Executive at the press conference on 11 December, the Government has reached a preliminary agreement with Sinovac Biotech (Hong Kong) Limited to provide 7.5 million doses of vaccine to Hong Kong. This vaccine is developed from the inactivated virus technology platform. The first batch of one million vaccine doses is expected to be delivered to Hong Kong in January 2021 the earliest. After the vaccine obtains approval from the Government, arrangement will be made for the public to receive vaccination as soon as possible. At the same time, the Government has reached an agreement with Fosun Pharma to procure a maximum of 7.5 million doses of the vaccine developed by Fosun Pharma in collaboration with the German drug manufacturer BioNTech (Pfizer is the collaboration partner of BioNTech in regions outside of Greater China). This vaccine is developed from the mRNA technology platform. The first batch of one million doses is expected to

be delivered in the first quarter of 2021 the earliest. Furthermore, the Government will also be obtaining 7.5 million doses of the vaccine developed by AstraZeneca in collaboration with the University of Oxford. The relevant vaccines are expected to start arriving in Hong Kong by batches by the end of the second quarter of 2021 the earliest. The abovementioned vaccines requires two doses per person, and the quantity procured is enough to cover 1.5 times the population of Hong Kong.

37. The three vaccines now purchased by the Government are frontrunners in terms of the progress of scientific research and technology development and clinical trials from the three respective technology platforms. The Government's decision on procurement of the relevant vaccines is reached after having made reference to the experts' views on candidate vaccines and having considered factors such as the quantity and timing of supply, logistics and storage methods, etc. The global competition for vaccines is very vigorous, and it is expected that supply in the initial stage will be relatively tight. We will continue to negotiate procurement arrangements with other vaccine developers and strive to provide sufficient supplies of vaccines for the Hong Kong population as early as possible. In order to ensure the safety, efficacy and quality of the vaccines, all vaccines must first satisfy the relevant procedures, including completion of phase 3 clinical trials and obtaining emergency use approval by the drug regulatory authority of the local jurisdiction and Hong Kong under the emergency legislation under preparation. We have commenced working on relevant emergency legislation.

38. As regards the arrangements for vaccination, the Government's goal is to provide vaccines for the majority of the Hong Kong population within 2021 through vaccination programmes led by the Government. Members of the public can receive the vaccines on a voluntary basis free of charge. We will make reference to the views of the relevant Scientific Committees and the expert advisory group and arrange for priority groups to receive vaccination first, including groups which have higher risks of coming into contact with the COVID-19 virus (e.g. healthcare workers), groups which have greater mortality rates after contracting the disease (e.g. the elderly, chronic patients), and/or groups which may easily transmit the virus to the vulnerable or weak if infected (e.g. staff of residential care homes). As the vaccines will arrive Hong Kong in batches, the Government will arrange for members of the public

to receive vaccination as early as possible based on priority and the characteristics of the vaccines. The Government will announce the details of the vaccination programme in due course.

39. 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 the Phase I clinical trials on the safety of an nasal spray COVID-19 vaccine candidate co-developed with partners in mainland China (i.e. Xiamen University and Wantai Biopharmaceutical company) in January 2021. The study plans to recruit 100 healthy adult volunteers for the trials. This vaccine candidate is currently the only nasal spray vaccine among the COVID-19 vaccine candidates approved for clinical trials.

#### **ADVICE SOUGHT**

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

**Food and Health Bureau**  
**Civil Service Bureau**  
**Education Bureau**  
**Department of Health**  
**Hospital Authority**  
**December 2020**