

**For information
on 5 February 2021**

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 1 February 2021, Hong Kong had 10 487 cumulative confirmed cases (including 10 486 confirmed cases and one probable case). Of these, 182 were fatal cases and 9 489 patients have been discharged after treatment. Based on epidemiological classification, 1 965 of them were imported cases or their close contacts, 8 522 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 2020, with the number of confirmed cases increasing rapidly and spreading widely across in Hong Kong. Clinically, some severe cases under this wave involved younger patients, some of them had to be supported by resuscitation facilities when they were admitted to hospitals. In the past two weeks (from 19 January to 1 February), there were 822 confirmed cases, including 774 local cases and 48 imported cases. Among the local cases, 305 were cases with unknown source of infection, showing that there are still silent transmission chains in the community.

4. In the meantime, the global epidemic situation remains severe. The number of new cases had recently reached a record high of over five million cases in a week in early January, while the number of deaths

had also reached record high of nearly 97 000 cases in a week in mid-January. The global pandemic continues to pose challenges to Hong Kong. In the past 14 days, 48 imported cases were recorded in Hong Kong. Most of these cases were from the high risk places listed¹.

5. As the epidemic situation remains volatile, we must not let our guard down. It is necessary for us to take all stringent anti-epidemic measures to guard against the importation of cases and the resurgence of local infections, and to further enhance the precision of the control measures to be taken in a bid to achieve the target of “zero infection” with the support and cooperation of the general public.

(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 the virus at source. Under the circuit breaker mechanism of passenger flights which has been implemented since July 2020 (and tightened in September and November 2020), the airline concerned would be **prohibited from landing in Hong Kong for 14 days**. Since the establishment of the relevant mechanism, the Department of Health (DH) has invoked the regulation 19 times to prohibit flights travelling from India, Nepal, Malaysia, Qatar, Switzerland, Netherlands, UK and Turkey from landing in Hong Kong. DH will continue to closely monitor the epidemic development around the world, review the list of high-risk places on a weekly basis, and make adjustment based on the risk assessment in prevention and control.

Administration of testing and quarantine arrangement

7. According to the guidelines of the World Health Organization, the incubation period of the virus can be as long as 14 days. Currently,

¹ Including Indonesia, the United Arab Emirates and the Philippines.

there is no evidence showing that the incubation period of the new virus variant can be longer. However, in view of expert advice that the incubation period of the virus carried by very few infected persons may be longer than the quarantine period of 14 days and having regard to the extent of the spread of the new virus variant, as a precautionary measure, the Government tightened a number of preventive control measures applicable to persons arriving at Hong Kong who had stayed in places outside China in accordance with the amended Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) and Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H) during the period from December 2020 to January 2021. This is to ensure that no case will slip through the net even under very exceptional cases where the incubation period of the virus is longer than 14 days. The measures include:

- (a) tightening the requirements under Cap. 599H so that all persons who had stayed in Brazil, Ireland, South Africa or the United Kingdom for more than two hours on the day of boarding or during the 21 days before that day would not be allowed to board for Hong Kong;
- (b) requiring all persons arriving at Hong Kong who had stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day to undergo compulsory quarantine for 21 days in designated quarantine hotels; and
- (c) the above persons who were subject to compulsory quarantine for 21 days would need to undergo testing at designated quarantine hotels on the 12th and 19th day following their arrival at Hong Kong.

8. For the public to have a better understanding of the boarding and compulsory quarantine requirements for persons arriving at Hong Kong from different places outside China under the regulations, the Government has categorised the relevant specified places into three groups according to the relevant risk-based boarding and compulsory quarantine requirements:

Group A specified places	
Specified places:	Brazil, Ireland, South Africa and the United Kingdom
Persons applicable:	Persons who have stayed in the specified places on the day of boarding/arrival at Hong Kong or during the 21 days before that day (the relevant period)
Boarding requirement:	(a) Have not stayed in the relevant specified places for more than two hours during the 21-day relevant period; (b) present a negative result proof of a nucleic acid test for COVID-19 conducted within 72 hours before the scheduled time of departure of the aircraft; and (c) present confirmation of room reservation for 21 nights in a designated quarantine hotel
Quarantine requirement:	Undergo compulsory quarantine for 21 days in a designated quarantine hotel
Group B specified places	
Specified places:	Bangladesh, Belgium, Canada, Ecuador, Ethiopia, France, Germany, India, Indonesia, Kazakhstan, Nepal, Pakistan, the Philippines, Romania, Russia, Switzerland, Turkey, Ukraine, the United Arab Emirates and the United States of America
Persons applicable:	Persons who have stayed in the specified places during the 21-day relevant period
Boarding requirement:	(a) Present a negative result proof of a nucleic acid test for COVID-19 conducted within 72 hours before the scheduled time of departure of the aircraft; and (b) present confirmation of room reservation for 21 nights in a designated quarantine hotel
Quarantine requirement:	Undergo compulsory quarantine for 21 days in a designated quarantine hotel
Group C specified places	
Specified places:	All places except China which are not specified places of Group A or Group B
Persons applicable:	Persons who have stayed in the specified places during the 21-day relevant period

Boarding requirement:	Present confirmation of room reservation for 21 nights in a designated quarantine hotel
Quarantine requirement:	Undergo compulsory quarantine for 21 days in a designated quarantine hotel

9. The Government will continue to closely monitor the development of the global and local epidemic situation, including the extent and pattern of the spread of the disease in a place. As regards the compulsory quarantine requirement for returnees who had stayed in places outside China, the Government would regularly review the arrangements and announce whether adjustments were required.

10. Furthermore, to reduce the spread of the virus in the community, starting from mid-November 2020, the DH has tightened the requirement to disallow visitation to any person under compulsory quarantine in a hotel during the quarantine period. If a person under compulsory quarantine in a hotel needs a carer to take care of him/her, that person must seek prior permission from the DH, and the carer will also be required to undergo quarantine in the same hotel room till the end of the quarantine period.

11. To further reduce the contact between returnees from overseas and the local community, the Government has implemented a new measure since 0:00 a.m. on 25 December 2020, mandating all returnees who have stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day to undergo compulsory quarantine for 21 days in designated quarantine hotels. The designated quarantine hotels can only receive the aforesaid persons subject to compulsory quarantine who have stayed in places outside China, and must put in place stringent control measures. The measures include ensuring persons undergoing quarantine will not leave their rooms and receive visitors during the quarantine period, and members of the public will not be allowed access to the hotel premises other than the partitioned areas. In addition, to minimise the contact between persons subject to quarantine and the local community, all persons to be accommodated at designated quarantine hotels must take designated transport arranged by the Government to go to the hotels and cannot disembark on the way. Also, the Government has arranged for the above persons subject to quarantine to undergo testing at designated quarantine hotels on the 12th and 19th day following their arrival at Hong Kong. Only those persons whose test results are negative are allowed to leave their hotels after completing the 21-day quarantine. Generally speaking, the most stringent “closed-loop management” has been achieved through the

implementation of quarantine measures for returnees from overseas.

Testing and isolation arrangements for exempted persons

12. To maintain the necessary operation of society and the economy of Hong Kong, and to ensure an uninterrupted supply of daily necessities to the public, the Chief Secretary for Administration has, in accordance with the relevant regulations, exempted certain categories of persons (including consular and diplomatic officers, air crew members and cross-boundary good vehicle drivers) from the compulsory quarantine requirement upon their arrival in Hong Kong. Nevertheless, in a bid to guard against the importation of cases as far as practicable, the Government tightened the testing and isolation arrangements for consular and diplomatic officers, air crew members and other exempted persons arriving in Hong Kong from foreign places in November 2020. All exempted persons arriving in Hong Kong from high-risk places must be subject to “test-and-hold” arrangement. They must also be subject to self-isolation if practicable, or adopt “closed-loop management” during activities whilst in Hong Kong. Meanwhile, exempted persons arriving in Hong Kong via land boundary control points must produce a 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.

13. Given that new virus variants with high transmissibility have been found in some places and to tie in with the boarding requirements for persons who have stayed in Group A specified places of extremely high risk, the Government tightened the isolation arrangement in December 2020 and on 23 January 2021 for all exempted persons who have stayed in these places. Currently, all exempted persons (including air crew members) who have visited these extremely high-risk places in the past 21 days must be subject to self-isolation in designated hotels for 21 days upon arrival in Hong Kong. They must also be subject to “test-and-hold” arrangement and undergo another COVID-19 test on the 12th and 19th or 20th day upon arrival in Hong Kong.

14. To further mitigate exempted persons’ contact with the local community during the exemption period, the Government has set up a designated quarantine channel for air crew members at the Hong Kong International Airport (HKIA) on 10 January 2021. After undergoing testing and immigration procedures, air crew members are required to use the designated channel to arrive at the designated pick-up points to travel to their accommodation (or designated location to wait for their test results)

by point-to-point transportation. The Government has started preparing for the setting of another designated quarantine channel for other exempted persons so as to prevent unnecessary social contact of such exempted persons with other persons.

15. Nevertheless, in a bid to guard against the importation of cases as far as practicable, the Government will keep in view the development of the local and global epidemic situation, and consider all relevant factors comprehensively to review and adjust the arrangements for air crew members and other exempted persons, including tightening the self-isolation requirement for exempted persons and increasing the frequency of compulsory testing upon their arrival in Hong Kong with a view to minimising the chance of transmission of the virus into the community.

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

Enhancing testing capacity

16. Regarding the strategy for virus testing, the Government continues and expands compulsory testing on a mandatory basis, targeted testing on an obligatory basis and testing on a voluntary basis so as to achieve the objective of “early identification, early isolation and early treatment” and cut the transmission chains as early as possible. Since the commencement of the fourth wave of the epidemic in mid November 2020 (from 15 November 2020 to 1 February 2021), the Government has conducted more than 3 million tests, including:

- (a) more than 910 000 compulsory tests (3 325 samples or 0.36% tested preliminarily positive);
- (b) more than 1 200 000 targeted tests (561 samples or 0.05% tested preliminarily positive); and
- (c) more than 960 000 voluntary tests (998 samples or 0.10% tested preliminarily positive).

Compulsory Testing on a Mandatory Basis

17. Since the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) came into operation

on 15 November 2020, the Government has exercised the power under the regulation multiple times to issue compulsory testing notices (CTNs) with a view to fully implementing the virus testing strategy of compulsory testing on a mandatory basis. As at 31 January 2021, the Government has required the following groups or persons to undergo compulsory testing by respective deadlines:

- persons who had been to about 325 specified premises (including dance clubs/venues, restaurants, residential buildings, construction sites, department store and hospitals) and 4 restricted areas;
- symptomatic persons clinically suspected to have contracted COVID-19²;
- 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 homes³;
- taxi drivers⁴; and
- airport staff.

18. On residential buildings, the Government has actively expanded the coverage of compulsory testing on a mandatory testing in a proactive and gradual manner:

- (1) Starting from early December 2020, in all districts in Hong Kong, the Government had issued CTNs to residential buildings (including buildings for both commercial and residential uses) which had four or more units with confirmed cases in the past 14 days and the units concerned were not epidemiologically linked to each other. Persons who had been present at the relevant buildings in the past 14 days for two hours or more were required to undergo compulsory testing.

² From 28 November 2020 to 25 January 2021, a total of over 67 000 symptomatic persons were issued a written direction to undergo compulsory testing by private medical practitioners, of which 385 positive cases were recorded (0.57 per cent).

³ Under six rounds of compulsory testing for staff members of RCHEs, RCHDs and nursing homes, a total of more than 215 000 staff members have undergone compulsory testing at community testing centres or mobile specimen collection stations, of which 11 preliminarily positive cases were recorded (0.005 per cent).

⁴ Under the one-off compulsory testing scheme for taxi drivers from 9 December 2020 to 22 December 2020, a total of more than 46 000 taxi drivers have undergone compulsory testing, three of which tested positive (0.006 per cent).

Starting from 30 December 2020, this threshold for issuing CTNs was lowered to the presence of two or more confirmed cases not epidemiologically linked to each other, or sewage samples constantly tested positive. With effect from 1 February 2021, the threshold is further lowered to one or more new confirmed cases with unknown sources, or sewage samples tested positive.

- (2) A number of confirmed cases were recently found in certain districts, for example, Yau Ma Tei and Jordan, over a short period of time. Starting from mid January, the Government will delineate specified areas in accordance with risk assessments, and accord priority to the sewage testing of buildings in the areas. If there is one or more new confirmed cases (regardless of whether the source is known or not) found in the residential buildings (including buildings for both commercial and residential uses) in that area, or there are sewage samples tested positive, the buildings will be included in the CTN. As at 2 February, there were four such specified areas in Jordan, Sham Shui Po, Yau Ma Tei / Mong Kok, and Hung Hom.
- (3) Subject to the epidemic development and the need for infection control, the Government will also delineate restricted areas and make “restriction-testing declarations” (RTDs). Persons within the areas are required to stay in their premises and undergo compulsory testing in accordance with the arrangement by the Government, and can only leave after the relevant test results are mostly ascertained. All buildings within the restricted areas, whether or not confirmed cases were found therein, would be included in the CTN. Persons who had been present in buildings in the restricted area for more than two hours in the past 14 days, even if they were not present in the “restricted area” at the time when the RTD took effect, also have to undergo compulsory testing. From 23 to 31 January, restricted areas had been delineated in Jordan, Yau Ma Tei, North Point and Kwun Tong with RTDs issued. We will conduct more RTD operations from 1 to 10 February targeting those buildings with more cases, of less satisfactory

condition or with sewage samples tested positive in a more comprehensive and frequent manner. To enhance the effect, these operations will be kept confidential beforehand, and their scale and details will be adjusted with reference to gained experience and characteristics of the districts in order to keep the disturbance to residents' daily lives to the minimum. Since the operational goal is to arrange full testing for all residents before the formation of transmission chains in the buildings, it is expected that some operations would yield zero cases. From 1 to 3 February, ten restricted areas with RTDs issued had been delineated.

19. As for workplaces, if the Centre for Health Protection considers that there is a cluster outbreak in a particular workplace, such as a construction site, apart from requiring suspension of operation and disinfection, a CTN will also be made to require persons who had been to the same workplace premises as the confirmed case to undergo testing. Starting from 1 February, the Government has lowered the testing threshold for workplaces. If two or more confirmed cases are found in the workplace, it will be included in the CTN.

20. Moreover, taking into account expert advice, we will strengthen testing for close contacts of confirmed cases for gatekeeping at the source, in order to cut the transmission of virus swiftly. Apart from swiftly tracing close contacts of each confirmed case and requiring them to undergo compulsory quarantine, the Government has also issued a CTN on 2 February to require household members of persons placed under compulsory quarantine to undergo compulsory testing.

Targeted testing on an obligatory basis

21. For targeted testing, the Government continues to arrange testing for targeted groups based on risk assessment. Testing is currently arranged on a continuous basis for targeted groups including school teachers, staff of restaurants and bars, designated frontline employees of Kwai Tsing Container Terminals, etc., and new targeted groups including foreign domestic helpers⁵, construction site workers and couriers

⁵ Starting from 18 December 2020 to 31 January 2021, the Government provides one-off free testing for about 400 000 foreign domestic helpers in Hong Kong.

(including takeaway food couriers) have been added. A total of 289 000 tests were carried out under testing for targeted groups from 15 November 2020 to 30 January 2021, equivalent to a daily average of around 3 800 tests. The Government will regularly review the coverage and frequency of targeted group testing with reference to the latest epidemic risk assessment.

Testing on a voluntary basis

22. To achieve testing on a voluntary basis, the Government continues to provide convenient testing service to the public through various channels, including free testing through 188 distribution points (namely designated general outpatient clinics of the Hospital Authority (HA), 121 post offices, and vending machines at 20 MTR stations) and 83 collection points to facilitate individuals who perceive themselves as having a higher risk of exposure or experience mild discomfort to submit deep throat saliva specimen. The above three channels can distribute over 40 000 specimen collection packs per day. We have also set up a total of 19 community testing centres (CTCs), with a total daily capacity of more than 20 000 tests. From 15 November 2020 (commencement date of first four CTCs) to 30 January 2021, more than 420 000 persons were provided self-paid testing service at CTCs, of which 597 samples tested preliminarily positive (0.14 per cent).

23. All in all, we will expand and enhance the implementation of compulsory testing on a mandatory basis, targeted testing on an obligatory basis and testing on a voluntary basis, and provide more convenient testing services to encourage members of the public to undergo testing.

Enhancing manpower and efficiency in contact tracing

24. Contact tracing is also fundamental to the efforts in preventing further spread of the virus. Taking into account expert advice, in addition to the compulsory testing targeting at buildings and workplaces, the Government will also strengthen compulsory testing for contacts of confirmed cases for gatekeeping at the source in order to cut the transmission of the virus swiftly. The Government has deployed additional manpower to set up the Contact Tracing Office and enhance the tracing efficiency.

25. The Food and Health Bureau, together with the Innovation and Technology Bureau and other relevant departments, has developed an internal information portal specifically designed for case investigation and contact tracing. The portal aims to link up the information systems of various relevant departments and agencies for centrally and electronically collecting information needed for contract 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.

26. Separately, the "LeaveHomeSafe" exposure notification mobile application has been made available for public download from November 2020 with an aim to encouraging 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 who visited the same venue as an infected person would receive notification and could undergo testing via relevant channels. The Government has also requested persons responsible for carrying on catering businesses providing dine-in services and scheduled premises to display the "LeaveHomeSafe" QR code at the entrance of the premises or at a conspicuous position under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F).

Additional backup quarantine and isolation facilities

27. The compulsory quarantine arrangement for close contacts has proven to be an indispensable measure in our fight against the epidemic. At present, the four close-contact quarantine centres (including Penny's Bay Quarantine Centre, Junior Police Call Permanent Activity Centre in Pat Heung, Lei Yue Mun Park and Holiday Village, Sai Kung Outdoor Recreation Centre) provide about 4 150 units in total. Furthermore, the Government has activated four hotels for close-contact quarantine

purpose⁶, providing about 1 700 units. Having regard to the utilisation of the existing quarantine facilities for close contacts, the DH will continue to rent two of the four hotels (providing a total of 770 rooms) for quarantine purpose until early April. With the above measures, the Government has approximately 5 000 units for close-contact quarantine purpose until early April to cope with the demand arising from the epidemic.

28. To relieve the pressure on the demand of hospital isolation beds, the Government has assisted the HA to establish a community treatment facility at AsiaWorld-Expo (AWE), providing a total of 1 850 beds. Meanwhile, with the assistance from the Central Government, a two-storey temporary hospital is being constructed on a piece of land near AWE. The temporary hospital will provide negative pressure wards that could accommodate around 820 beds. The HA will strive to put the temporary hospital into service in February 2021 in order to enhance the capability in combating the epidemic.

Strengthening infection prevention and control measures for residential care homes

29. The Government has set up temporary quarantine facilities specifically for residents of RCHEs/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. Coupled with another temporary quarantine centre at the Hong Kong PHAB Association Jockey Club PHAB Camp, there are a total of 680 beds for residents of RCHEs/RCHDs in Hong Kong. In addition, the Government issued CTNs for seven times from November 2020 to February 2021 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.

Enhancing infection control measures in hospitals

⁶ Silka Tsuen Wan Hotel and Dorsett Kwun Tong Hotel were activated on 3 December 2020 and 7 December 2020 respectively. The rental contracts of the two hotels have been extended to 3 April 2021 and 7 April 2021 respectively. YauMaTei Silka Seaview Hotel was activated on 9 December 2020 and the rental period will end on 9 February 2021. As the rapid test has been implemented in the HKIA, Rambler Garden Hotel in Tsing Yi was converted from a holding centre to a close-contact quarantine hotel on 27 December 2020, the rental contract of which will expire on 18 February 2021.

30. Following the measures implemented in late December 2020 to strengthen infection control in public hospitals, HA has further enhanced the infection control measures for patients attending day care centres and receiving day services (including haemodialysis centres, day chemotherapy centres and geriatric day hospitals) in January 2021. Such measures include – strongly recommend day patients to have a negative result for a COVID-19 test within 72 hours prior to the first scheduled appointment and recommend patients with regular attendance to repeat the COVID-19 test on a weekly basis. In addition, HA is also providing regular tests for targeted staff providing care for vulnerable patients (including those working in day centres providing chemotherapy or electrotherapy for cancer patients; outreach teams visiting institutions; and staff of oncology wards and haemodialysis centres).

Improving medical services for chronic disease patients affected by the epidemic

31. In the light of the development of the epidemic situation, HA will adjust non-emergency and non-essential medical services in a timely manner. To tie in with service adjustment, the HA has expanded the service scope of some of the existing Public-Private Partnership (PPP) programmes, including expanding the 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 actively liaising with private hospitals and private healthcare providers to launch new PPP programmes, with a view to diverting some patients from public hospitals to the private sector to receive treatment. Current ongoing programmes include neonatal jaundice treatment, caesarean delivery, radiotherapy for cancer patients, orthopaedic surgery, cystoscopy, gastroscopy and breast cancer surgery. Patients can receive early treatment in the private sector by paying the fees charged by public hospitals. On the other hand, the 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 service. Allied health staff have been using video conferences to follow up on treatments, or providing videos of rehabilitation exercises to patients through the HA's mobile application

“HA Go” for them to continue their training at home according to schedule.

32. Under the compulsory quarantine measure 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 HA out-patient clinics 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 out-patient clinics or general out-patient clinics of the HA. The measure was launched on 10 November 2020. 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 are required to co-pay RMB100 as a consultation fee per each designated out-patient 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 Special Support Scheme subject to a cap of RMB2,000 per patient. As at 29 January 2021, the HKU-SZH had received around 11 430 applications, and scheduled around 11 320 appointments for eligible persons, among which around 5 340 attendances had received consultation at the HKU-SZH.

Social distancing measures

33. 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 with unknown sources of infection since mid-November 2020 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, tightened the social distancing measures for several times in November. 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 have been in effect since 10 December and 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 last 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.

34. Although the number of confirmed cases has continued to decline in recent days, the epidemic situation is clearly subsidising at a slower pace than that in the former wave. The risk of rebound of the epidemic situation remains real and cluster outbreaks are still detected from time to time. A number of confirmed cases have been found in certain districts such as Yau Ma Tei, Mong Kok, Jordan, Sham Shui Po and Hung Hom over a short period of time. The situation is worrying. At the same time, after fighting the epidemic for months, public awareness in complying with social distancing measures has obviously declined. Despite the severe epidemic situation, there have still been a large number of people on the streets recently. Many people have continued to hold cross-family gatherings. Taking into account the latest public health risk assessment, the Government considers that it is necessary to maintain the stringent social distancing measures currently in place. To this end, the Government announced on 2 February 2021 to maintain most of the social distancing measures until 17 February 2021, including shortening the period during which catering premises may provide dine-in services to end at 6:00 p.m. daily; limiting the number of persons 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. To allow members of the public to relax while keeping social distance, specified outdoor sports premises for activities involving little physical contact⁷ have been reopened starting from 4 February. To reduce the infection risk as much as possible, the Government has required the persons-in-charge of the

⁷ Namely athletic tracks in sports grounds, tennis courts and tennis practice courts, golf courses, golf driving ranges and practice greens, bowling greens, shooting ranges, archery ranges, cycling parks, horse riding schools, radio-controlled model aircraft flying fields, sea activities centres for water sports (including but not limited to canoeing, kayaking, sailing, yachting, windsurfing, rowing, dragonboating, water-skiing, stand-up paddling, diving and surfing), climbing walls, gateball courts, outdoor table tennis tables and outdoor badminton courts.

premises to arrange for their staff to undergo testing regularly, and ensure users of the premises to record their visits to the premises through the “LeaveHomeSafe” mobile app or other means, in order to facilitate contact tracing when there is a case.

35. Taking into account the needs for the functioning of society and the economy, the Government has announced on 26 January that bureaux and departments will resume the provision of some basic public services from 28 January onwards upon the implementation of targeted measures to reduce social contact and measures for infection control in addition to the continued provision of emergency services and essential public services. Where necessary, the public are encouraged to use alternative means, such as post, drop-in boxes or online channels, to receive the services they need. They should wear surgical masks at all times when they are entering or are present in any government buildings or offices, and comply with the infection control measures implemented by relevant departments including temperature checks, using the “LeaveHomeSafe” mobile app and crowd control arrangements. The Government also appealed to employers to make flexible work arrangements for employees in accordance with their operational needs.

36. The Government understands that some premises under Cap. 599F have already suspended operation for a period of time and are facing considerable difficulties and the unemployment situation of many sectors is deteriorating. Under such severe epidemic situation, the Government must be very prudent in adjusting social distancing measures. We are determined to take more proactive, decisive and effective actions two weeks before the Lunar New Year holidays, aiming to curb the epidemic and pave way for the affected sectors to resume operation in a gradual and orderly manner after the Lunar New Year holidays under desirable circumstances. When social distancing measures can be adjusted in the light of the epidemic situation, we will consider enhancing the measures of testing and contact tracing by imposing the following requirements on the scheduled premises under Cap. 599F:

(1) Testing

Testing can help identify infection cases early and hence prevent community transmission. To ensure that the premises will not be virus transmission establishments, staff of the premises are required to undergo testing once every 14 days;

(2) Contact tracing

Stepping up the work of contact tracing can help achieve the objective of “early identification, early isolation and early treatment”. Persons managing the establishments must ensure that customers use their smartphones to scan the “LeaveHomeSafe” QR code or provide detailed contact information for record purpose before entering the establishments, which is to facilitate contact tracing for infection cases.

37. We want to stress once again that same as other anti-epidemic work related to public health, solely relying on the Government to put in place restrictions and requirements through legislation is insufficient to curb the epidemic effectively. We strongly appeal to the public to cooperate and be self-disciplined, and to avoid social activities and gatherings at this crucial time.

Class arrangements for schools

38. Further to the Government’s earlier announcement on suspension of face-to-face classes and school activities of all schools in Hong Kong until the beginning of this year’s school Lunar New Year holidays, the Education Bureau (EDB) announced on 3 February that all kindergartens, primary and secondary schools (including special schools and schools offering non-local curriculum) as well as schools offering non-formal curriculum (commonly known as “tutorial schools”) will be allowed to arrange more students to return to campuses on a half-day basis in accordance with school-based arrangements after the schools’ Lunar New Year holidays, with the number of students capped at one-third of the total number of students. The EDB will continue to closely monitor the epidemic development, take into account professional advice from health experts as well as maintain dialogues with the school sector, in order to review the aforementioned arrangements and relevant measures in a timely manner.

Procurement and preparation for administration of vaccines

39. The Government’s procurement of vaccines is solely based on prevailing scientific evidence, and the goal is to provide as early as possible safe and efficacious vaccines for the entire Hong Kong population. At

present, the vaccines which the Government has purchased in advance are respectively the inactivated virus vaccine by Sinovac Biotech (Hong Kong) Limited, the mRNA vaccine by Fosun Pharma/German drug manufacturer BioNTech, and the viral vector vaccine by AstraZeneca/University of Oxford. Our aim is to procure at least one vaccine from each vaccine technology platform. This means we will purchase four different vaccines, with the aggregate number of doses sufficient to cater for at least two times the Hong Kong population. As a result of this procurement strategy, the quantity of vaccines procured will far exceed that required by the entire population. This is an inevitable price we have to pay to ensure an adequate supply of vaccines for Hong Kong people at an earlier time. Hence, surplus supply is a possible outcome of the procurement strategy.

40. The Secretary for Food and Health authorised on 25 January the COVID-19 vaccine by Fosun Pharma/BioNTech for emergency use in Hong Kong in accordance with the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). According to the information provided by the vaccine supplier, the production of the first batch of about one million doses of the Fosun Pharma/BioNTech vaccine to be supplied to Hong Kong has been completed, and the vaccines are currently undergoing safety and quality testing. Subject to the completion and passing of the relevant tests, the vaccines are expected to arrive in Hong Kong from Germany in late February.

41. Preparation for the COVID-19 Vaccination Programme is actively underway. We will set up Community Vaccination Centres (CVCs) in 18 districts where vaccination will be provided to the public by healthcare staff. We have issued invitations to various medical institutions and organisations, including private hospitals and private medical institutions, for the operation of CVCs. On the other hand, we will also provide vaccination to the public through private clinics. The implementation will be similar to that of the existing Vaccination Subsidy Scheme.

42. We will provide vaccination to priority groups first, including groups which have higher risks of coming into contact with the COVID-19 virus, groups which have greater mortality rates after contracting the disease, and groups which may easily transmit the virus to others, the vulnerable or weak if infected (e.g. healthcare workers, elders and staff of residential care homes). Furthermore, we are reviewing other target groups which may need to receive vaccination early due to their work nature or other needs, including those who are particularly crucial to the infrastructure and operation of Hong Kong. To tie in with the vaccination

programme as well as to monitor any adverse event that occurs after the administration of the relevant vaccines, the Government has set up the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation (Expert Committee). The Expert Committee will perform continuous monitoring on the possible adverse event following the administration of COVID-19 vaccines, and provide professional views and suggestions on safety monitoring of the authorised vaccines. Furthermore, the Government is planning to set up an indemnity fund. In the event members of the public encounter a rare or unpredicted severe adverse event associated with the administration of the vaccine, while they can still pursue the drug manufacturer for liability, the fund will cover the indemnities ultimately determined by court or arbitration and can provide in advance part of the indemnities to serve as early financial assistance to the affected individuals. The Government is formulating the relevant mechanism and details, and will seek funding approval from the Finance Committee of the Legislative Council as soon as possible.

43. The vaccination programme will cover the entire Hong Kong population. We will do well the work on information dissemination, publicity and education. We will adopt a science-based approach and disseminate accurate information about the benefits of vaccination, the views of experts and details of the vaccination programme to the public through various channels. We will also step up monitoring false information on vaccines in the community and promptly make clarifications when necessary. We have set up a thematic website for the vaccination programme as an official channel for the public access to updated relevant information and messages.

44. 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 has been supporting two local universities to conduct four vaccine-related R&D projects with a total commitment of \$29.5 million, of which around \$20 million was allocated 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 co-developed with partners in the Mainland (i.e. Xiamen University and Wantai Biopharmaceutical company) in February 2021. It is planned to recruit 100 healthy adult volunteers to participate in the trials. This vaccine is currently the only nasal spray vaccine among the COVID-19 candidate vaccines approved for clinical trials.

ADVICE SOUGHT

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

**Food and Health Bureau
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