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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 9 April 2021**

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

Purpose

This paper summarizes the concerns of Members 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 beta coronavirus (in the same family as SARS-CoV and MERS-CoV). The virus and the disease it caused 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 2020.¹

3. 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.

¹ The updated number of confirmed cases, confirmed deaths and as well as countries, areas or territories with cases can be found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

The most common symptoms of the disease are fever, dry cough and fatigue. 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.

4. In Hong Kong, 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.² The updates on local infection situation can be found at the webpage of CHP.³

5. The Government has been taking measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic infections. The COVID-19 Vaccination Programme was officially launched on 26 February 2021. Details of the latest measures implemented by the Government are laid down in the Administration's paper to be provided to the Panel (LC Paper No. CB(4)707/20-21(03)).

Latest deliberations and concerns of Members

6. The Panel on Health Services ("Panel") discussed issues relating to the measures for the prevention and control of COVID-19 in Hong Kong at 12 meetings. The latest deliberations and concerns of members are summarized in the following paragraphs.

Immigration control measures and quarantine arrangements

7. 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.

² 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.

³ <https://www.coronavirus.gov.hk/eng/index.html>

The Panel passed two motions at its 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.

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 should be exempted from the 14-day quarantine requirement under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C).⁴ 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.

⁴ A subcommittee was formed at the House Committee meeting on 16 October 2020 to study items of subsidiary legislation made under the Prevention and Control of Disease Ordinance (Cap. 599) relating to the measures implemented by the Administration in response to the COVID-19 epidemic situation in Hong Kong. As of 17 March 2021, the subcommittee has held eight meetings and made five written reports on its scrutiny work.

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 2020⁵ 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 undergoing 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 Regulation⁶ ("exemption arrangements"). 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.

⁵ See footnote 4.

⁶ See footnote 4.

12. Given that the number of confirmed local cases with unknown sources had surged inexorably since November 2020, members continued to express deep concern on the exemption arrangements. Members unanimously called for more stringent measures to plug possible loopholes to prevent importation of the virus from overseas high risk areas. A motion was passed at the Panel meeting on 13 November 2020 requesting the Administration to implement more stringent testing arrangement for all inbound travellers including exempted persons upon their arrival at Hong Kong.

13. The Administration advised that having regard to the deteriorating epidemic situation overseas, they had tightened quarantine arrangements for inbound travelers as well as the testing and isolation arrangements for exempted persons upon their arrival at Hong Kong. Exempted persons arriving Hong Kong from very high risk places would be subject to the "test-and-hold" arrangement and they were required to wait for the testing results at designated locations. In addition, the scope of activity of the exempted persons would be limited to the purpose as designated in the exemption, and point-to-point transportation would be arranged by the respective organizations with a view to minimizing their contact with the local community.

14. Having noted the Administration's new 14-day hotel quarantine plus 7-day medical surveillance requirement for Hong Kong-based pilots and cabin crew of airlines, some members expressed concern at the Panel meeting on 5 February 2021 that the above arrangement might reduce cargo capacity and adversely affect the timely delivery of vaccines.

15. The Administration advised that in response to the prevalence of the more transmissible new virus variants in some overseas places, it was imperative for the Administration to impose more stringent prevention and control measures to avert the importation of cases. The Administration would keep in view global epidemic situation and suitably adjust relevant testing and quarantine arrangements for inbound travellers and aircrew staff. In addition, the Administration had been closely liaising with the Airport Authority and vaccine manufacturers, and would closely monitor the impact of the latest quarantine requirements on the vaccine delivery schedule and make immediate arrangements if necessary.

Viral testing capacity and community surveillance for COVID-19

16. Members were concerned about the turnaround time of the COVID-19 viral tests performed by CHP under DH and the Hospital Authority ("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. There were suggestions that the Administration should consider

employing newly developed rapid tests to expedite the identification of confirmed cases and imposing a penalty on the service providers if they could not achieve the target of notifying the people receiving tests the results within 48 hours.

17. 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. 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.

18. 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.

19. Some members called for stricter and decisive measures for achieving the target of "zero" infection case in the community. Suggestion of universal compulsory testing was strongly put forth to help identifying asymptomatic infected persons and cut the silent transmission chains in the community.

20. In response to the suggestion, the Administration explained that a risk-based and precision-guided testing strategy had been implemented for epidemic surveillance and testing in Hong Kong. Under this approach, specified high risk groups would be required to undergo compulsory testing on a mandatory basis, whereas targeted groups would be arranged to undergo testing on an obligatory basis. Other members of the public would be encouraged to undergo testing on a voluntary basis. The Administration considered the above three-pronged strategy more appropriate for adoption in Hong Kong having regard to local situation and circumstances.

21. The Administration also advised that with the outbreak of the fourth wave of the COVID-19 epidemic since November 2020, the Administration had stepped up measures to strengthen epidemic control. Since the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J)⁷ came into operation on 15 November 2020, the Administration had published in the Gazette compulsory testing notices multiple times to

⁷ See footnote 4.

require specified groups of persons⁸ to undergo compulsory testing with a view to identifying and cutting the silent transmission chains in the community. In addition, the Administration had expanded the coverage of compulsory testing for residential buildings to achieve community clearing.⁹

22. With the expansion of compulsory testing to more residential buildings across different districts, some members expressed that the operations had caused much inconvenience to the residents concerned. They called on the Administration to enhance communication with members of the public on the necessity of such operations so as to ease their concerns. The Administration advised that the aim of issuing compulsory testing notices was to cut the silent transmission chains within the community as soon as possible to protect public health and safety. If one or more new confirmed cases were found in the residential buildings, or there were sewage samples tested positive which implied possible infection risks, the building concerned would be included in the compulsory testing notice. The Administration would enhance information dissemination to keep the public informed of the details of its latest compulsory testing operations.

23. On the provision of voluntary testing for general public, members expressed concern that it was not easy for the public to collect specimen bottles due to high demand and the points for returning specimens were inadequate. To provide convenience to the public, members called on the Administration to increase the number of specimen bottles for collection by the public and provide more collection points for returning specimens.

24. The Administration advised that the supply of specimen bottles had been increasing. Only about half of the total number of specimen bottles distributed were returned for testing. The Administration further advised that persons of target groups could undergo free testing at the 19 community testing centres the daily testing quota at which has not been used up.

⁸ As at 11 January 2021, the Administration has required persons who had been to 121 specified premises (such as dance clubs/venues, restaurants, residential buildings, construction sites, department store and hospitals); symptomatic persons, staff members of residential care homes for the elderly, residential care homes for persons with disabilities and nursing homes, day service units attached to the premises of residential care homes and taxi drivers to undergo compulsory virus testing.

⁹ With effect from 30 December 2020, if there are two or more units in a building with confirmed cases in the past 14 days and the units concerned are not epidemiologically linked to each other, the building would be included in the compulsory testing notice under Cap. 599J and persons who had been present at that building for more than two hours in the past 14 days are required to undergo compulsory testing.

Maintaining social distancing

25. 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 2020.¹⁰ The former imposed temporary measures on catering business and scheduled premises,¹¹ 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.

26. A 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.

27. Stepping into November 2020 in which epidemic fatigue was observed as evidenced by an apparent rebound in the number of local cases brought about by mask-off gathering activities and staycation in hotels, members expressed deep concern about the effectiveness of the social distancing measures. They also urged the Administration to explore ways to enhance contact tracing to prevent the further spread of the virus in the community. The Administration advised that in response to the upsurge of local cases, they had promptly introduced legislative amendments to the relevant regulations to regulate gathering activities in hotels and guesthouses, as well as further tightened social distancing measures. To ensure public compliance of the relevant measures, the Administration gazetted in early December legislative amendments to relevant regulations under Cap.599 to raise the fixed penalty for breach of the

¹⁰ See footnote 4.

¹¹ 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.

requirements stipulated therein from \$2,000 to \$5,000 with effect from 11 December 2020.

28. On members' concern over the spread of the virus among foreign domestic helpers ("FDHs") and their dormitories, the Administration advised that they would step up promotional efforts to call upon FDHs to comply with relevant regulations on mask-wearing and prohibition of group gatherings in public places. Relevant law enforcement departments would continue to conduct joint operations at appropriate times.

29. With the implementation of tightened social distancing measures spanning across the Christmas and Chinese New Year ("CNY") holidays, members observed that the catering, public entertainment and beauty trades, among others, were hardly hit by the tightened measures. They called on the Administration to review whether there was room to suitably relax the directions and specifications under Cap. 599F¹² in order to avoid a new wave of business closure. The Administration advised at the Panel meeting on 5 February 2021 that relevant government bureaux and departments were discussing with the trades under their respective policy portfolios suitable prevention and control measures that could be put in place for a gradual and orderly resumption of businesses after CNY.

30. On 17 February 2021, the Administration gazetted directions and specifications under Cap. 599F relating to relaxation of social distancing measures in catering businesses and scheduled premises from 18 February 2021.¹³ In gist, two new measures had been added to operations of catering business and some scheduled premises under Cap. 599F, namely the requirement that customers had to scan the "LeaveHomeSafe" QR code or had their names, contact numbers and their dates and times of their visits registered before they were allowed to enter the premises, with records to be kept for 31 days; and to arrange all staff involved in the operation of the premises to undergo a COVID-19 test once every 14 days starting from 11 February 2021, and to ensure that the staff kept records of every SMS notification containing the result of the tests for 31 days. Relevant government departments such as the Food and Environmental Hygiene Department would step up inspections and law enforcement actions to ensure compliance as needed.

¹² See footnote 4.

¹³ For details of the directions and specifications, see press release "[Government begins to relax social distancing measures in gradual and orderly manner](#)" released on 17 February 2021.

Response measures of the Hospital Authority

31. 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 was 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.

32. 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 (including healthcare staff) involving close and frequent contacts with sources of COVID-19 infection arising from their employment in specified high-risk occupation .

33. 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 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. In addition, the Locum Office had recruited part-time doctors to work in HA on a 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 Cap. 282, 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.

34. 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.

35. Pointing out that long-stay patients relied more heavily on support from family members both psychologically and in their daily lives, some members enquired 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

36. Referring to the emergence of confirmed cases in RCHEs for the first time in early July 2020, members asked 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.

37. 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

38. 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. In addition, 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

39. 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.

40. Members in general welcomed the launch of the "LeaveHomeSafe" mobile application in November 2020, which could facilitate the public to keep a more precise record of their whereabouts, thereby enhancing the public's awareness to keep vigilance against the epidemic. Given the existence of unknown transmission chains in the community, some members urged the Administration to consider mandating the use of the mobile application by the public to facilitate epidemic surveillance and contact tracing. Taking note of the suggestion, the Administration advised that it would step up publicity efforts to promote comprehensive use of "LeaveHomeSafe" among members of the public and address their concern on personal data privacy.

Maintaining environmental hygiene

41. 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 dealing with possible outbreak in school setting

42. 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.

43. Following the continuous suspension of face-to-face classes and school activities for all kindergartens, primary and secondary schools in Hong Kong before the CNY holidays, the Administration announced on 3 February 2021 that all kindergartens, primary and secondary schools (including special schools and schools offering non-local curriculum) as well as schools offering non-formal curriculum (i.e. "tutorial schools") would be allowed to arrange more students to return to campuses on a half-day basis after the schools' CNY holidays, with the number of students capped at one-third of the total number of students. Some members enquired about the reasons for maintaining a cap on the number of students allowed in the campuses and whether advice had been sought from health experts when deciding the cap.

44. The Administration advised that there were high aspirations among parents and schools for resuming face-to-face classes as early as practicable for the benefits of all students. In this regard, the Education Bureau ("EDB") had been discussing with schools the relevant arrangements, taking into account the views of health experts as well as the latest epidemic situation and preparedness of the schools. As the epidemic situation was still prevalent, EDB would monitor the situation closely and maintain close dialogues with schools, health experts and other stakeholders and suitably adjust relevant arrangements at appropriate times.

45. On 26 March 2021, the Administration announced that all kindergartens, primary and secondary schools (including special schools and schools offering non-local curriculum) as well as tutorial schools would be allowed to arrange for more students to return to campuses on a half-day basis in accordance with school-based circumstances after the schools' Easter holidays, with the number of students capped at two-thirds of the schools' total number of students.

Procurement and administration of vaccines

Side effects and Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines

46. Members noted that under the vaccination programme led by the Government, members of the public could get vaccinated on a voluntary basis and free of charge. Members were concerned that with reported cases of suspected adverse side effects associated with vaccination, a majority of the public might not have motivation to take vaccination. Some Members suggested that the Administration should issue guidelines on the groups of people who should not be given the COVID-19 vaccines and set up a hotline for consultation by the public.

47. In response, the Administration advised that when entering into purchase agreements with vaccine developers, the Administration would make reference to relevant scientific evidence and clinical data and consult the views of relevant committees under DH and expert groups to ensure safety, efficacy and quality of the vaccines.

48. On safety concerns, the Administration advised that they would continue to require vaccine developers to provide updated information including latest clinical data and safety update report on the vaccines, and would closely monitor the situation worldwide.

49. The Administration added that apart from consulting doctors at HA's general out-patient clinics, members of the public might also consult the healthcare workers stationed at the Community Vaccination Centres on their suitability of receiving the vaccines.

50. Some Members were concerned about whether the people concerned would be eligible for claiming the Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines ("AEFI Fund") if the Expert Committee on Clinical Events Assessment following COVID-19 Immunization ("Expert Committee") had considered that the unexpected serious adverse events and the vaccination did not have direct causal association, in particular when those people had underlying diseases (e.g. 3-Highs (i.e. high blood glucose, high blood pressure and high cholesterol)).

51. The Administration advised that the Expert Committee would conduct causality assessments on all important adverse events based on guidelines by WHO. As regards the AEFI Fund, one of the conditions of claiming the Fund was that the evaluation outcome of the Expert Committee could not rule out that

the event was not associated with the administration of a vaccine under the Government's COVID-19 Vaccination Programme.

Procurement and administration of vaccines, and vaccine passport

52. Members noted that as at 9 February 2021, the Government had reached agreement with three vaccine developers to procure vaccines developed from different technology platforms. The names of the three vaccines were Sinovac vaccine, BioNTech vaccine and AstraZeneca vaccine. Given the reported cases of adverse side effects associated with AstraZeneca vaccine overseas and some countries had stopped administering that vaccine, members asked whether the Administration would suspend the use of AstraZeneca vaccine. The Administration advised that it had not yet authorized AstraZeneca vaccine for emergency use in Hong Kong. It would handle the matter prudently.

53. Some members considered that the Administration should be well prepared for resumption of cross-border travel in the future or exemption from quarantine with "vaccine passport" to facilitate Hong Kong people travelling to the Mainland and overseas. They considered that the Administration should take into account mutual recognition of the vaccine passports.

54. The Administration advised that the Innovation and Technology Bureau was studying the situation of "vaccine passport" in the Mainland and how Hong Kong would join the scheme. With the rolling out of the COVID-19 Vaccination Programme, members of the public could download their electronic vaccination records using the "iAM Smart" mobile app and the relevant record was also available in the Electronic Health Record Sharing System. Such electronic records could serve as proof of vaccination for Hong Kong people travelling to other places in the future.

Coverage of vaccination priority groups

55. Members noted that the Administration was providing vaccination for the priority groups first, including groups which had higher risks of coming into contact with the COVID-19 virus, groups which had greater mortality rates after contracting the disease, and/or groups which might easily transmit the virus to the vulnerable or weak if infected (e.g. healthcare workers, elders and staff of residential care homes). It was the Administration's goal to provide vaccines for the majority of the population within 2021. Taking into account the supply situation of the vaccines, some Members enquired if the Administration would consider opening up the COVID-19 Vaccination Programme to more groups of people.

56. The Administration advised that the scope of the priority groups had been expanded from five categories¹⁴ to cover seven more categories of people¹⁵ who had greater risk of exposure to the virus and risk of infection. On 15 March 2021, the Administration announced that the priority groups under the COVID-19 Vaccination Programme would be expanded to cover people aged between 30 and 59, students aged 16 or above studying outside Hong Kong and domestic helpers. It would review the situation and open up the COVID-19 Vaccination Programme to more groups of people in a timely manner.

Latest development

57. The Administration will update the Panel on 9 April 2021 on its latest measures for the prevention and control of COVID-19 in Hong Kong.

Relevant papers

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

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¹⁴ The five categories of people are (1) healthcare staff and staff involved in anti-epidemic work; (2) persons aged 60 or above (a maximum of two carers who accompanied elderly people aged 70 or above could also receive vaccination); (3) residents and staff of residential care homes for the elderly and persons with disabilities; (4) people providing essential public services; and (5) people providing cross-boundary transportation or working at control points and ports.

¹⁵ The seven categories of people are (1) staff of food and beverages premises, markets, supermarkets, convenience stores, couriers and takeaway delivery (including takeaway food delivery); (2) staff of local public transport service operators (e.g. taxi/bus/public light bus drivers, train captains and station staff); (3) registered construction workers; (4) staff of property management (e.g. security guards and cleaning and security staff); (5) teachers and school staff (e.g. teaching and support staff of kindergartens, primary and secondary schools and universities; staff of special schools; and drivers and escorts of school buses and school private light buses); (6) staff in the tourism industry; and (7) staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) (e.g. staff of fitness centres and beauty parlours).

**Relevant papers on measures for the prevention and control of
coronavirus disease 2019 in Hong Kong**

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	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) Minutes
	8.4.2020 (Item I)	Agenda CB(2)859/19-20(01) CB(2)873/19-20(01) Minutes
	24.4.2020 (Item III)	Agenda CB(2)938/19-20(01)^Δ CB(2)1107/19-20(01) Minutes
	8.5.2020 (Item III)	Agenda CB(2)1139/19-20(01)[#] Minutes

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
	10.7.2020 (Item II)	Agenda Minutes
	13.11.2020 (Item VI)	Agenda
	16.12.2020 (Item I)	Agenda
	22.1.2021 ^{*Δ}	CB(4)419/20-21(01)
	5.2.2021 (Item III)	Agenda
	12.3.2021 (Item III)	Agenda
LegCo Meetings	8.1.2020	Urgent Question 1 - Issuing expeditiously guidelines on treating viral pneumonia Urgent Question 2 - Immediate measures to curb spread of epidemic in Hong Kong Urgent Question 3 - Enhancing measures to cope with epidemic outbreak
	19.2.2020	Urgent Question 1 - Measures for tackling novel coronavirus outbreak Urgent Question 2 - Measures for tackling novel coronavirus outbreak
	26.2.2020	Question 3 - Supply of anti-epidemic items

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
		<u>Question 19 - Issues relating to novel coronavirus epidemic</u>
	18.3.2020	<u>Question 4 - Tackling novel coronavirus epidemic</u> <u>Question 5 - Impacts of novel coronavirus epidemic on Hong Kong</u> <u>Question 6 - Supplies of anti-epidemic items</u> <u>Question 9 - Relief measures of the Government</u> <u>Question 10 - Impacts of the epidemic on schools and parents of students</u> <u>Question 14 - Issues relating to the novel coronavirus epidemic</u> <u>Question 18 - Efforts on rodent control and epidemic prevention</u>
	22.4.2020	<u>Question 21 - Using Chinese medicine to prevent and treat Coronavirus Disease 2019</u>
	29.4.2020	<u>Question 3 - Regulations made in respect of Coronavirus Disease 2019</u> <u>Question 9 - Anti-epidemic Fund relief measures</u>

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
		<p>Question 14 - Protection for employees contracting Coronavirus Disease 2019</p> <p>Question 17 - Compulsory quarantine at home</p> <p>Question 18 - Relief measures implemented by the Government</p>
	6.5.2020	<p>Question 4 - Relief measures under Anti-epidemic Fund</p> <p>Question 10 - Quarantine arrangements amid Coronavirus Disease 2019 epidemic</p>
	13.5.2020	<p>Question 6 - Quarantine requirement for persons arriving at Hong Kong from the Mainland</p>
	20.5.2020	<p>Question 1 - Relief measures of the Government</p> <p>Question 3 - Tackling the epidemic and related matters by the Hospital Authority</p> <p>Question 6 - Quarantine facilities</p> <p>Question 19 - Relief measures amid the Coronavirus Disease 2019 epidemic</p>

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
	27.5.2020	<u>Question 9 - Relief measures</u> <u>Question 10 - Privacy issues related to virus testing</u>
	3.6.2020	<u>Question 16 - Provision of assistance for people not covered by relief measures</u> <u>Question 19 - Use of Chun Yeung Estate as temporary quarantine centre</u>
	10.6.2020	<u>Question 12 - Using the unoccupied Chun Yeung Estate as quarantine facilities</u>
	17.6.2020	<u>Question 10 - Measures to counter epidemics</u>
	24.6.2020	<u>Question 2 - Mutual recognition system for health codes of Guangdong, Hong Kong and Macao</u>
	15.7.2020	<u>Question 12 - "New normal" of co-existence with virus</u>
	28.10.2020	<u>Question 11 - Coping with the epidemic by residential care homes</u> <u>Question 17 - Statistics on the confirmed cases of Coronavirus Disease 2019</u> <u>Question 19 - Measures to boost the economy and relieve people's hardship</u>

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
	4.11.2020	Question 1 - Anti-epidemic work in private buildings Question 4 - Boosting economic recovery Question 22 - Statistics and dissemination of information on epidemic
	11.11.2020	Question 3 - Coping with the Coronavirus Disease 2019 Question 14 - COVID-19 Online Dispute Resolution Scheme
	18.11.2020	Question 5 - "LeaveHomeSafe" mobile application
	2.12.2020	Question 3 - Coronavirus Disease 2019 vaccines Question 6 - Relief measures
	9.12.2020	Question 13 - Government's anti-epidemic efforts
	16.12.2020	Question 1 - Anti-epidemic measures Question 8 - "LeaveHomeSafe" mobile application
	6.1.2021	Question 1 - Anti-epidemic measures targeting at imported frozen goods

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
		<p>Question 3 - "LeaveHomeSafe" mobile application</p> <p>Question 7 - Impacts of epidemic on students</p>
	13.1.2021	<p>Question 2 - Measures to cope with epidemic</p> <p>Question 3 - Community-wide efforts to fight the epidemic</p> <p>Question 4 - Targeted anti-epidemic measures</p> <p>Question 5 - Anti-epidemic efforts targeted at foreign domestic helpers</p> <p>Question 10 - The Government's anti-epidemic efforts</p>
	20.1.2021	<p>Question 1 - Making good use of technologies to prevent and combat epidemics</p> <p>Question 2 - Epidemic prevention in hospitals</p> <p>Question 4 - Return2hk Scheme</p> <p>Question 6 - Anti-epidemic measures</p> <p>Question 19 - Anti-epidemic efforts targeted at foreign domestic helpers</p>

Committee/Subcommittees/ Legislative Council ("LegCo") meetings	Date of meeting	Paper
	27.1.2021	Question 4 - Variants of the coronavirus Question 11 - Inspection of drainage pipes Question 19 - Support measures under Anti-epidemic Fund Question 22 - Coronavirus Disease 2019 vaccination programmes
	5.2.2021	Question 7 - Assistance for food business industry amid epidemic Question 13 - Members of public flocking to countryside amid epidemic
	24.2.2021	Question 9 - Anti-epidemic measures in public hospitals Question 19 - Compulsory testing and exemptions of compulsory quarantine
	17.3.2021	Question 13 - Provision of assistance for industries affected by the epidemic
	24.3.2021	Question 5 - COVID-19 Vaccination Programme
Subcommittee on Subsidiary Legislation Relating to the Prevention and Control of Disease	-	First to fifth reports

* Issue date

Chinese version only

△ English version to follow

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