

**For information  
on 8 January 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 relevant measures to combat Coronavirus Disease 2019 (COVID-19).

**ASSESSMENT AND JUDGMENT OF EPIDEMIC SITUATION**

2. As at 6 January 2021, Hong Kong had 9 075 cumulative confirmed cases (including 9 074 confirmed cases and one probable case). Of these, 154 were fatal cases and 8 228 patients have been discharged after treatment. Based on epidemiological classification, 1 882 of them were imported cases or their close contacts, 7 193 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 increased rapidly and spread 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 24 December 2020 to 6 January 2021), there were 721 confirmed cases, including 663 local cases and 58 imported cases. Among the local cases, 231 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, with daily number of new cases reported increasing from around 70 000 to 100 000 from late March to mid-May 2020, to a record high of around 460 000 to 880 000 in early November 2020. Currently, the number of confirmed cases around the world is approaching 85 million, with more than 1.8 million fatal cases. The situation in European and American

countries is particularly severe. The global pandemic continues to pose challenges to Hong Kong. In the past 14 days, 58 imported cases were recorded in Hong Kong. Most of these cases were from the high risk places listed<sup>1</sup>.

5. While the real-time effective reproductive number for local cases has dropped below 1 in the past two weeks, its downward trend is slow. In view of the unstable situation of the epidemic, we should not let down the guard. It is therefore essential for us to take all necessary measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic 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 co-operation 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 18 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 (WHO), the incubation period of the virus could be as long as 14 days. Although there was no current evidence showing that the incubation period of the new virus variant could be longer, in view of expert advice that the

---

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

incubation period of virus carried by very few infected persons may be longer than the quarantine period of 14 days, as a precautionary measure, the Government has amended the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) and the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H), to allow the Secretary for Food and Health (SFH) to, having regard to the extent and pattern of the spread of the pandemic in a certain place and the public health risk posed to Hong Kong by the relevant persons arriving at Hong Kong, lengthen the compulsory quarantine period for persons arriving at Hong Kong from a certain place (to a maximum of 28 days), and lengthen the period for a certain foreign place in which persons who arrive at Hong Kong have stayed before the arrival, for determining the quarantine and boarding requirements (the Relevant Period) under the relevant Regulations (to a maximum of 28 days). This is to ensure that no case would slip through the net even under very exceptional cases where the incubation period of the virus was longer than 14 days.

8. The Government has tightened a number of preventive control measures applicable to persons arriving at Hong Kong from places outside China under the above regulations and the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J), including –

- (a) tightening the requirements under Cap. 599H so that all persons who have stayed in the United Kingdom or South Africa for more than two hours in the past 21 days will not be allowed to board for Hong Kong;
- (b) requiring all persons arriving at Hong Kong 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;
- (c) the above persons who were subject to 21-day compulsory quarantine would need to undergo testing at designated quarantine hotels on the 12th and 19th or 20th day following their arrival at Hong Kong; and
- (d) as a transitional measure to further mitigate risks, making an compulsory testing notice under Cap. 599J to impose

compulsory testing requirements on persons subject to compulsory quarantine who arrived at Hong Kong before the 21-day compulsory quarantine arrangement was in place (i.e. those subject to 14-day quarantine) and who have stayed in places outside China on the day of arrival at Hong Kong or during the 21 days before that day, so that after completing their 14-day quarantine, these persons have to undergo testing at community testing centres or designated quarantine hotels on the 19th or 20th day following their arrival at Hong Kong, and stay at their place of residence, private premises or the place of quarantine specified on the quarantine order (place of stay) until the test result is available. If a person needs to take public transport for the purpose of undergoing the test or for returning to the person's place of stay, they should only travel direct by taking taxis and not to disembark on the way.

9. Moreover, in order to reduce the spreading the virus to the community, DH has tightened the requirement to disallow visitors for any person under compulsory quarantine in hotels during the quarantine period starting from mid-November 2020. If a person under compulsory quarantine at hotel requires the company of a carer, with the prior permission from DH, the carer also has to be quarantined in the same hotel room till the end of the quarantine period. The Government has gazetted the amendments to the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) to include "hotels and guesthouses" defined under the Hotel and Guesthouse Accommodation Ordinance (Cap.349) as one of the scheduled premises under the Regulation. Under the amendments, the hotel operators have to arrange for persons under quarantine to be segregated from other persons not under quarantine, and must take all reasonable steps to ensure that persons under quarantine could not leave their guest room or receive any visitor, etc., during the quarantine period.

10. To further reduce the contact between returnees from overseas and the local community, the Government has implemented new measure since midnight 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 must only receive the aforementioned persons subject to compulsory quarantine who have stayed in places outside China and 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 be restricted from accessing to the hotel premises other than the reception area, etc. 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 expert advisors will assist in examining each item in the arrangement of the Designated Quarantine Hotel Scheme, from the arrival of returnees at the airport to their compulsory quarantine in the designated hotels, to enhance the arrangement and to prevent any loopholes.

11. As for the testing arrangements under “test and hold” at the airport, we have already switched on 15 December 2020 from travellers’ self-collected deep throat saliva samples to professionally-assisted combined nasal and throat swabs (CNTS). In addition, the Government has appointed a contractor to carry out rapid nucleic acid tests at its temporary laboratory at the airport for inbound travellers, thereby shortening their waiting time for test results and reducing the risk of infection brought about by the long waiting time.

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

12. To maintain necessary operation of the society and the economy of Hong Kong, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration has, in accordance with the relevant regulations, exempted certain categories of persons (for example, consular and diplomatic officers, crew members of aircraft and cross-boundary goods vehicle drivers, etc.) from the 21-day compulsory quarantine requirement upon arrival in Hong Kong. Nevertheless, in a bid to guard against the importation of cases as far as practicable, the Government further tightened the testing and isolation arrangement for consular and diplomatic officers, crew members of aircraft and other exempted persons arriving Hong Kong from foreign places in November 2020. All exempted persons arriving Hong Kong from very 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 Hong Kong via land boundary control points must produce the negative report of COVID-19 nucleic acid test conducted by a medical institution mutually recognised by the governments of Hong Kong and Guangdong / Hong Kong and Macao.

13. Taking into account the discovery of the new virus variant with

high transmissibility in the UK and South Africa and to complement the above-mentioned boarding restrictions for persons who have stayed in the two places, the Government tightened the isolation arrangement for exempted persons who have stayed in the two places in December 2020. According to the latest measures, exempted persons (including crew members of aircraft) who have visited the UK or South Africa in the past 21 days must be subject to compulsory self-isolation in designated hotels for 21 days upon arrival in Hong Kong. Furthermore, 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 arriving in Hong Kong.

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

**Enhancing our Testing Capacity**

14. 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 epidemic in mid November 2020 (from 15 November 2020 to 4 January 2021), the Government has conducted more than 1.8 million tests, including:

- (a) more than 560 000 compulsory tests (2 362 samples or 0.42% tested preliminarily positive);
- (b) more than 650 000 targeted tests (271 samples or 0.04% tested preliminarily positive); and
- (c) more than 630 000 voluntary tests (766 samples or 0.12% tested preliminarily positive).

*Compulsory Testing on a Mandatory Basis*

15. 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 with a view to fully implementing the virus testing strategy of compulsory testing on a mandatory basis. As at 6 January 2021, the Government has required the following groups or persons to undergo compulsory testing by respective deadlines:

- persons who had been to 112 specified premises (including dance clubs/venues, restaurants, residential buildings, construction sites, department store and hospitals);
- symptomatic persons clinically suspected to have contracted COVID-19<sup>2</sup>;
- staff members of residential care homes for the elderly (RCHEs), residential care homes for persons with disabilities (RCHDs) and nursing homes, day service units attached to the premises of residential care homes<sup>3</sup>; and
- taxi drivers<sup>4</sup>.

16. The Government has actively expanded the coverage of compulsory testing on a mandatory basis especially for residential buildings. 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. Since the revision of this criteria, as at 6 January 2021, the Government had issued compulsory testing notices for 51 buildings. To tie in with the expansion of compulsory testing, the Government not only provides free testing services in 19 community testing centres (CTCs) but also arranges testing service providers to set up 32 mobile specimen collection stations in the vicinity of these buildings to facilitate persons covered by the compulsory testing notices to undergo testing.

17. Meanwhile, the Government has been reviewing and enhancing the legal framework, such as gazetting on 8 December 2020 the latest amendments to Cap. 599J so as to allow the Government to, having regard to infection control needs, restrict movement of persons subject to compulsory testing, or seal off premises with epidemic outbreaks until all persons on the premises have undergone testing and the test results are ascertained.

---

<sup>2</sup> From 28 November 2020 to 2 January 2021, a total of over 45 000 symptomatic persons were issued a written direction to undergo compulsory testing by private medical practitioners, of which more than 213 positive cases were recorded (0.47 per cent).

<sup>3</sup> Under two rounds of compulsory testing for staff members of RCHEs, RCHDs and nursing homes, more than 40 000 and 42 000 staff members have undergone compulsory testing respectively, of which 6 preliminarily positive cases were recorded (0.007 per cent).

<sup>4</sup> 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).

18. To achieve compulsory testing on a mandatory basis and community clearing, the Government conducted joint enforcement action on compulsory testing notice at Ming Yan Lau of Jat Min Chuen in Sha Tin on 24 December 2020. All residents entering or leaving Ming Yan Lau were required to provide the SMS notification through mobile phone or related certification to show that they had participated in testing. The Government checked the test records of over 1 900 residents during the operation and 76 residents were found not having complied the compulsory testing notice. DH is following up on investigation. The Government is preparing to step up enforcement such as conducting blitz operations.

*Targeted testing on an obligatory basis*

19. 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 helpers<sup>5</sup> and construction site workers have been added. A total of 203 000 tests were carried out under testing for targeted groups from 15 November 2020 to 4 January 2021, equivalent to a daily average of around 4 000 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*

20. 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 CTCs, with a total daily capacity of more than 20 000 tests. From 15 November 2020 (commencement date of first four CTCs) to 4 January 2021, more than 300 000 persons were provided self-paid testing service

---

<sup>5</sup> 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.



at CTCs, of which 474 samples tested preliminarily positive (0.16 per cent).

21. 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**

22. Contact tracing is also fundamental to the efforts in preventing further spread of the virus. The Food and Health Bureau, together with the Innovation and Technology Bureau and other relevant departments, is developing an internal information portal specifically designed for contact tracing. The portal aims to link up various relevant departments, agencies and existing information systems for centrally and electronically collecting information needed for contact tracing, so as to streamline the procedures for information collection, input and sharing, which are mainly conducted manually at the moment. This will help speed up DH's work in tracing contacts, as well as conducting testing and arranging quarantine or medical surveillance for such contacts. The fundamental framework of the portal has completed development in December 2020. DH is carrying out trial-run to centrally and electronically collect information needed for contact tracing. DH will timely review the relevant arrangements for enhancement. To further strengthen the work on contact tracing, the Government has set up an inter-departmental work group led by the Chief Secretary for Administration, to review and enhance the work on contact tracing and to arrange additional manpower for this purpose.

23. Separately, the "LeaveHomeSafe" exposure notification mobile application has been made available for public download from 16 November 2020 with an aim to encourage the public to keep a more precise record of their whereabouts. If the user of the mobile application is unfortunately a confirmed case, the user will be required to upload his travel records in the mobile application to DH to assist the epidemiological investigation for confirmed cases. Users visited the same venue as the 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 Cap. 599F.

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

24. The compulsory quarantine arrangement for close contacts has proven to be an indispensable measure in our fight against the epidemic. At present, the four quarantine centres (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. As we expect there will still be a large amount of close contacts who needs to undergo the 14-day quarantine, the Government has activated four hotels for quarantine purpose<sup>6</sup>, which provides about 1 700 units. With the above measures, the Government currently has approximately 6 000 units for quarantine purpose to cope with the demand arising from the epidemic.

25. To relieve the pressure on the demand of hospital isolation beds, the Government has assisted HA to establish the Community Treatment Facility (CTF) 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 would provide negative pressure wards that could accommodate around 820 beds, and would be completed in January 2021. HA would strive to put the temporary hospital into service by February 2021 in order to enhance the capability in combating the epidemic.

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

26. 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. The four halls at AWE provide a total of 640 beds. Together with another temporary quarantine centre at the Hong Kong PHAB Association Jockey Club PHAB Camp, there are a total of 680 quarantine beds for RCHEs/RCHDs residents in Hong Kong. In addition, the Government issued compulsory testing notices on 30 November 2020, 11 December 2020, 23 December 2020 and 5 January 2021 respectively to require staff working in RCHEs, RCHDs, nursing homes and day service units attached to the premises of residential care homes to undergo compulsory testing.

---

<sup>6</sup> Silka Tsuen Wan Hotel, Dorsett Kwun Tong Hotel and YauMaTei Silka Seaview Hotel were activated on 3 Dec, 7 Dec and 9 Dec 2020 respectively. As the rapid test has been implemented in the Airport, Rambler Garden Hotel in Tsing Yi changed from a Holding Center to a quarantine hotel on 27 Dec 2020.

## **Enhancing infection control measures in hospitals**

27. HA has implemented measures in late December 2020 to strengthen infection control in public hospitals, including – repeat testing at least once within two days for patients with respiratory infection symptoms who are tested negative upon admission screening for early identification of asymptomatic patients; when performing oral hygiene or feeding for patients, healthcare staff should wear an eye shield or face shield, disposable isolation gown and gloves in addition to surgical mask; general visit would remain suspended and compassionate visit would only be considered under special circumstances. Visitors are required to present a proof of negative test result. If testing is not feasible due to time constraint (such as last visit of dying patients), visitors should undergo testing as soon as possible after the visit; public hospitals would reduce unnecessary inter-cubicle transfer of patients; and introduce dedicated use of equipment, including blood pressure monitor and tourniquet, etc. It is anticipated that procurement of the relevant items would be completed by the first half of 2021.

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

28. In view of different stages of development of the epidemic, HA would suitably adjust non-emergency and non-essential medical services. To tie in with the service adjustment, HA has expanded the service scope of some of the existing Public-Private Partnership (PPP) Programmes, including the expansion of service group of the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector to cover all eligible cancer patients, increasing the service quota of the Haemodialysis PPP Programme, as well as extending the Colon Assessment PPP Programme to cover colonoscopy cases recently delayed due to the epidemic. Furthermore, HA is also actively liaising with private hospitals and private healthcare providers to launch new public-private collaboration initiatives, with a view to diverting some patients from public hospitals to the private sector to receive treatment. Current ongoing programmes includes neonatal jaundice treatment, caesarean delivery, radiotherapy for cancer patients, orthopaedic surgery, cystoscopy, gastroscopy and breast cancer surgery. Patients can receive early treatment by paying the fees charged by public hospitals. On the other hand, HA will change its service model where practicable and continue to serve patients with the use of video conferencing technologies. For example, psychiatric services have piloted the use of telehealth consultations to provide psychiatric consultation services. Allied health

staff have been using video conferences to follow up on treatments, or providing videos of rehabilitation exercises to patients through HA's mobile application "HA Go", so as to allow patients to continue their training at home according to schedule.

29. Under the compulsory quarantine measures currently in force, some Hong Kong residents residing in Guangdong Province are unable to travel back and forth between Hong Kong and the Mainland for scheduled medical consultations at the outpatient clinics under the HA as they had done so previously. To ensure that the health conditions of these patients can be effectively monitored and taken care of in a continued and coordinated manner, the Government has appointed the University of Hong Kong-Shenzhen Hospital (HKU-SZH) to take up subsidised follow-up consultations for patients with scheduled appointments at designated Specialist Outpatient Clinics or General Outpatient Clinics under the HA. The scheme has been implemented on 10 November 2020. Eligible patients may receive medical consultations at the HKU-SZH before 31 July 2021, or until the lapse of the quarantine requirement in both Hong Kong and the Mainland (whichever is earlier). Eligible patients under the scheme are required to co-pay RMB100 as a consultation fee per each designated outpatient service at the HKU-SZH (except for specified persons whose medical fees would be waived upon verification by the HA). The rest of the medical fees are subsidised under the scheme subject to a cap of RMB2,000 per patient. As of 31 December, the HKU-SZH has received and processed about 9 380 applications and scheduled around 5 760 appointments for eligible patients, among which around 2 420 consultations were already conducted at the HKU-SZH.

### **Social distancing measures**

30. The implementation of stringent and decisive social distancing measures is the key to the Government's success in containing the third wave of the epidemic. In view of the signs of rebound in the number of local cases of unknown infection sources since mid-November 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.

31. Although the number of confirmed cases declined slowly in recent days, the subsidence of the epidemic situation was clearly slower than that in the former wave of epidemic. The risk of rebound of the epidemic situation remains real, and large cluster outbreaks are still detected from time to time. The situation is worrying. At the same time, having been engaged in the efforts to fight the epidemic for months, public awareness in complying with social distancing measures has notably declined. Despite the severe epidemic situation, there were still a large number of people on the streets during the long holidays of the winter solstice, Christmas and the New Year. Many people continued to attend 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 4 January 2021 to maintain the relevant social distancing measures until 20 January 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 people participating in banquets in catering premises to 20; closing all scheduled premises under Cap. 599F except club-houses and hotels or guesthouses; closing all facilities with the same function(s) as the aforesaid scheduled premises in club-houses and hotels or guesthouses that are open; and limiting the number of persons in meeting rooms or function rooms of club-houses and hotels or guesthouses to 50% of the normal capacity of that room, etc.

32. In order to the implement the anti-epidemic measures effectively, it is essential that members of the community strictly comply with various such measures. In the face of the fourth wave of the epidemic, apart from tightening various infection control measures, it is necessary for the Government to increase the relevant penalties so as to create the necessary deterrence effect to ensure that the community would strictly comply with the relevant requirements. The Government gazetted on 4 December 2020 the legislative amendments to the relevant subsidiary legislation under the Prevention and Control of Disease Ordinance (Cap. 599). For persons in breach of certain requirements under the regulations, the amount for discharging liability for the offence by paying a fixed penalty has been increased from \$2,000 to \$5,000 with effect from 11 December. During

the periods over Christmas and the New Year, law enforcement agencies including the Police and the Food and Environmental Hygiene Department (FEHD) stepped up stringent enforcement actions relating to public health emergency regulations. During the period from 24 December 2020 to 1 January 2021, the two departments, in joint operations and their respective inspections, inspected a total of about 10 000 catering premises and other premises, and initiated procedures on prosecution against 108 cases for breaching the relevant requirements and issued a total of 729 fixed penalty notices at \$5,000 to persons in breach of the requirements in relation to group gatherings and mask-wearing. The Labour Department, the Leisure and Cultural Services Department, the Police and the FEHD also publicised the requirements and took enforcement actions in popular gathering places of foreign domestic helpers through joint operations. During the period from 24 December 2020 to 1 January 2021, the government departments issued a total of 75 fixed penalty notices at \$5,000 to persons in breach of the requirements in relation to group gatherings and mask-wearing.

33. The special work arrangements for government employees which have been implemented since 2 December 2020 would be extended until 20 January 2021. Save for those involved in the provision of emergency services and essential public services, all other government employees will be arranged to continue to work from home. During the implementation of the special work arrangements, members of the public are encouraged to use alternative means, such as the post, drop-in boxes or online channels to receive the services they need. The Government also appealed to employers to allow their staff members to work from home as far as possible according to their operational needs.

34. Despite the fact that the social distancing measures currently in place are already very stringent, over the past few weeks especially during the long holidays of the winter solstice, Christmas and the New Year, there were still a lot of people out and about and many gatherings in the community. We wish to stress that, similar to other preventive and control work related to public health, sole reliance on the Government to put in place restrictions and requirements through legislation is inadequate for achieving the effect of quickly suppressing the epidemic. We strongly appeal to the public's co-operation and self-discipline in temporarily holding off social activities and gatherings at this crucial time as far as possible. If there continues to be still a substantial number of confirmed cases involving cross-family gatherings, we do not rule out the need to introduce new legislation to further regulate social activities and gatherings so as to achieve an objective of preventing the spreading of the virus in the

community.

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

35. Since the situation of COVID-19 is still severe, further to the Government's earlier announcement on suspension of face-to-face classes and school activities of all schools in Hong Kong until 10 January 2021, the Education Bureau has decided 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 continue the suspension of face-to-face classes and school activities after 10 January 2021. The suspension will continue until the beginning of this year's school Chinese New Year holidays. The Government will continue to closely monitor the epidemic's 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 vaccine**

36. According to the views of the WHO and health experts, COVID-19 will not vanish without an effective treatment method and vaccine. The Government has earlier made an announcement in September 2020 that it would adopt a "two-pronged" strategy to procure vaccines for protecting against COVID-19 for the entire Hong Kong population. The Government has on one hand joined the COVAX Facility led by the WHO, and at the same time directly entered into advance purchase agreements with individual vaccine developers for obtaining greater supplies of vaccines at an earlier time. For advance purchase agreements, the Government's goal is to procure at least two candidate vaccines from different vaccine developers and different vaccine technology platforms, and to procure sufficient doses to serve at least two times the Hong Kong population. The purpose of signing advance purchase agreements is to reserve in advance vaccines which have a higher chance of success for Hong Kong citizens, notwithstanding that the vaccines are still in the development process and have yet to obtain approval from the relevant local regulatory authorities.

37. The Government's procurement of vaccines is based on prevailing scientific evidence and that our goal is to provide as early as possible the safest and most effective vaccines for the entire Hong Kong population. The Government has reached a preliminary agreement with

Sinovac Biotech (Hong Kong) Limited to provide 7.5 million doses of vaccine to Hong Kong. This vaccine is developed from the inactivated virus technology platform. The first batch of one million vaccine doses is expected to be delivered to Hong Kong in January 2021 the earliest. After the vaccine obtains approval from the Government for emergency use, arrangement will be made for the public to receive vaccination as soon as possible. At the same time, the Government has reached an agreement with Fosun Pharma to procure a maximum of 7.5 million doses of the vaccine developed by Fosun Pharma in collaboration with the German drug manufacturer BioNTech (Pfizer is the collaboration partner of BioNTech in regions outside of Greater China). This vaccine is developed from the mRNA technology platform. The first batch of one million doses is expected to be delivered in the first quarter of 2021 the earliest. Furthermore, the Government has also obtained 7.5 million doses of the vaccine developed by AstraZeneca in collaboration with the University of Oxford. The relevant vaccines are expected to start arriving in Hong Kong by batches by the end of the second quarter of 2021 the earliest. The abovementioned vaccines requires two doses per person, and the quantity procured is enough to cover 1.5 times the population of Hong Kong.

38. The three vaccines now purchased by the Government are frontrunners in terms of the progress of scientific research and technology development and clinical trials from the three respective technology platforms. The Government's decision on procurement of the relevant vaccines is reached after having made reference to the experts' views on candidate vaccines and having considered factors such as the quantity and timing of supply, logistics and storage methods, etc. The global competition for vaccines is very vigorous, and it is expected that supply in the initial stage will be relatively tight. We will continue to negotiate procurement arrangements with other vaccine developers and strive to provide sufficient supplies of vaccines which are proven to be safe and effective for the Hong Kong population as early as possible.

39. In terms of the regulation of vaccines, Government published the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) (the Regulation), which provides the legal framework under the present state of public health emergency to bring in COVID-19 vaccines which satisfy the criteria of safety, efficacy and quality for emergency use. The Regulation empowers SFH to, based on the objective clinical data of a COVID-19 vaccine (including third phase clinical research data), with reference to the expert advice of an independent advisory panel and having regard to the approval given by a



regulatory authority in a place outside Hong Kong that performs the function of approving pharmaceutical products (including emergency use), authorise and allow the specified use of the relevant COVID-19 vaccine in Hong Kong under the emergency situation, which is basically for vaccination programmes conducted by the Government. The Regulation will remain in effect until 23 December 2021.

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

41. Notwithstanding that the vaccines to soon enter the market have undergone stringent clinical tests to ascertain their safety and that tens of thousands of people have participated in the clinical research, and that the number of people administered with the vaccines in other places continues to increase, it is a matter of fact that the research and development period of COVID-19 vaccines is greatly compressed as compared to other regular vaccines. Hence, the occurrence of rare or unpredictable severe adverse event after widespread vaccination on the population cannot be completely ruled out. Having made reference to overseas practices on the relevant issue, the Government plans 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, they can still take action against the drug manufacturer. The fund will cover the indemnities ultimately determined by court or arbitration and can provide in advance part of the indemnities in order to make available financial assistance to the member of the public as early as possible. 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.

42. On the other hand, the Government has been supporting local research and development (R&D) of vaccines to enhance our knowledge base and research capabilities in vaccinology and immunology. Since April 2020, the Health and Medical Research Fund (HMRF) has supported two local universities to conduct four vaccine-related R&D projects with a total commitment of \$29.5 million. Among them, the HMRF has funded around \$20 million to the Department of Microbiology, Faculty of Medicine of The University of Hong Kong, to conduct the Phase I clinical trials on the safety of an nasal spray COVID-19 vaccine candidate co-developed with partners in mainland China (i.e. Xiamen University and Wantai Biopharmaceutical company) in January 2021. The study plans to recruit 100 healthy adult volunteers for the trials. This vaccine candidate is currently the only nasal spray vaccine among the COVID-19 vaccine candidates approved for clinical trials.

#### **ADVICE SOUGHT**

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

**Food and Health Bureau  
Civil Service Bureau  
Education Bureau  
Department of Health  
Hospital Authority  
January 2021**