

LCQ13: Anti-epidemic measures

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 27):

Question:

On the 26th of last month, the Chief Secretary for Administration led a delegation to meet with Mainland officials to discuss the strategies on preventing and fighting the Coronavirus Disease 2019 (COVID-19) epidemic as well as the gradual resumption of normal traveller clearance between Hong Kong and the Mainland. A Hong Kong government expert consultant who had attended the meeting revealed that as the Mainland authorities had expressed worries about the strategies adopted by the Hong Kong Government for coping with the epidemic, which included the criteria for the discharge of confirmed patients from hospital, the quarantine exemption arrangements for targeted groups, as well as the arrangements for high-risk groups to undergo virus testing, they therefore had reservations about the resumption of normal traveller clearance. On the other hand, a Mainland expert is of the view that entry epidemic prevention measures may be fully relaxed when the COVID-19 vaccination rate on the Mainland reaches 80 per cent or 85 per cent by the end of this year. In this connection, will the Government inform this Council:

(1) whether it will require people of higher-risk groups such as healthcare workers, staff of designated quarantine hotels and airport staff to undergo virus testing every alternate day; if so, of the details; if not, the reasons for that;

(2) whether it will follow the arrangements implemented on the Mainland for confirmed COVID-19 patients as follows: those who have been tested negative for the virus twice consecutively may be discharged from hospital and then undergo medical observation at a designated venue for 14 days, during which they must be tested negative for the virus twice before they may go home; if so, of the details; if not, the reasons for that;

(3) whether it will tighten the quarantine exemption arrangements for air crew, sea crew as well as consular and diplomatic officers of foreign countries; if so, of the details; if not, the reasons for that;

(4) as it has been reported that the Government will introduce a "cross border code" as part of the arrangements for the resumption of normal traveller clearance between Hong Kong and the Mainland, of the difference between the use of this application and that of "Hong Kong Health Code"; the progress of the development of the "cross-border code", and the time when the application will be available for public download and use; and

(5) whether it will raise Hong Kong's COVID-19 vaccination rate target to 80 per cent or 85 per cent, and introduce new measures to further boost the

vaccination rate; if so, of the details; if not, the reasons for that?

Reply:

President,

In the face of the threat posed by mutant strains and as a preparation for the fifth wave of epidemic, the Government will continue to require staff of targeted groups to receive vaccination as soon as possible while at the same time strengthen the testing arrangements for staff. Only in very exceptional situations can an individual staff member postpone his or her vaccination, e.g. if he or she is unfit to receive vaccination at the moment because of health reasons, but the staff will be subject to undergo more frequent testing.

Having consulted the Innovation and Technology Bureau (ITB), our reply to different parts of the question raised by Dr Hon Chiang Lai-wan is as follows:

(1) The Government has stepped up virus testing and continued to conduct testing for targeted groups since last July. There have been more than 50 targeted groups covering various sectors.

Relevant bureaux and departments are proactively reviewing, based on the operation and risk of exposure of different sectors and the latest epidemic risk assessment, occupations or targeted groups which need to be put under testing and increase testing frequency for enhanced prevention, early identification and early isolation and as a preparation for the next wave of epidemic. For instance, airport staff of targeted groups are currently subject to more frequent testing, with vaccinated staff tested every three days with effect from October 20, 2021, instead of every week previously.

(2) In order to further minimise the risk of COVID-19 confirmed patients carrying and spreading the virus in the community in their early phase of recovery, the Government has revised the discharge criteria for a confirmed patient with effect from October 27, with details as follows:

(a) For symptomatic patients:

(i) Afebrile for at least three days;

(ii) Significantly improved respiratory symptoms;

(iii) Significant improvement in lung infiltrates in chest imaging; and

(iv) Meeting the following laboratory criteria: With two clinical specimens of the same type (i.e. respiratory or stool) tested negative for nucleic acid of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by reverse transcription polymerase chain reaction (RT-PCR) taken at least 24 hours apart (for patients ever with stool specimen(s) tested positive, they should have two negative stool specimens collected 24 hours apart before release from isolation); and 10 days have passed since the onset of illness.

(b) For patients who did not develop any COVID-19 compatible symptoms all along:

(i) Meeting the following laboratory criteria: With two clinical specimens of the same type (i.e. respiratory or stool) tested negative for nucleic acid of SARS-CoV-2 by RT-PCR taken at least 24 hours apart (for patients ever with stool specimen(s) tested positive, they should have two negative stool specimens collected 24 hours apart before release from isolation); and 10 days have passed after the first positive RT-PCR for SARS-CoV-2.

Patients fulfilling the criteria will be immediately placed under "close-loop management" and transported to designated isolation location in the form of point-to-point transfer for 14-day isolation management and health monitoring after discharge, so as to ensure that they do not bring the virus into the community.

(3) To maintain necessary operation of Hong Kong's society and economy and to ensure an uninterrupted supply of all daily necessities to the public, the Government has exempted certain categories of persons who fulfilled relevant criteria (for example, cross-boundary goods vehicle drivers, crew members of aircraft, sea crew of cargo vessels loading/unloading in Hong Kong, consular and diplomatic officers, etc.) from the compulsory quarantine requirement upon arrival in Hong Kong in accordance with the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E). Relevant criteria include necessary for the normal operation of Hong Kong; governmental operation; protection of the safety or health of the people of Hong Kong; or serving the public interest of Hong Kong or the purposes are relating to manufacturing operations, business activities or provision of professional services in the interest of Hong Kong's economic development. Exempted persons must comply with certain sets of strict epidemic prevention measures and conditions to mitigate the risk of transmission and contact with the public, including requirements on regular testing, restriction on the location of self-isolation or movement so as to adhere to the principle of "closed-loop management". These conditions are adjusted from time to time in accordance with the global and local epidemic situation and the risk assessment of respective exemption categories.

We are currently reviewing the quarantine exemption arrangements, with a view of providing exemption only for purposes with urgency and which are necessary, and for persons related to the daily operation of Hong Kong. Details will be announced at a later time.

(4) "Cross-boundary code" refers to the "Hong Kong Health Code" which supports cross-boundary travel of citizens. The Government has completed the development of the "Hong Kong Health Code" conversion system for boundary-crossing in last November. The system supports eligible persons arriving Hong Kong from Guangdong Province or Macao under the Return2hk Scheme to use the "Yuekang Code" or "Macao Health Code" to transfer their valid negative nucleic acid results directly to the electronic health declaration form platform of Hong Kong. The system also supports persons coming to Hong Kong from Guangdong Province and Macao under the Come2hk Scheme launched in

September this year. We will continue to enhance the functionality of the "Hong Kong Health Code" to support the latest anti-epidemic requirements for cross-boundary travels between Guangdong, Hong Kong and Macao. The detailed arrangements will be further confirmed in accordance with the discussions between the anti-epidemic experts of the two places.

(5) The Government launched the territory wide COVID 19 Vaccination Programme in February 2021 to provide the Sinovac and Comirnaty vaccines, which are safe, efficacious and of good quality, to the eligible population. As at October 25, the Government had administered a total of around 8.99 million doses of COVID-19 vaccines to members of the public. Around 4.59 million people had received the first dose of vaccine, accounting for around 68.2 per cent of the eligible population.

Hong Kong has procured sufficient vaccine doses for vaccination by the entire population. We will continue to press ahead with vaccination amongst target groups, particularly the elderly over 70 years of age to protect them from serious complications and even death after infection and at the same time build a protective shield. In order to facilitate members of the public to get vaccinated, 21 Community Vaccination Centres (CVCs) will have their operations extended till the end of 2021. The same day ticket arrangement has also been extended to cover all eligible persons who want to receive vaccination. In view that the vaccination rate of elders is persistently low and growing at a slow rate, we strive to encourage and facilitate elders to get vaccinated through different ways, including organising COVID-19 vaccination events with district organisations, e.g. hosting district health talks for healthcare personnel to answer enquiries from the elderly and their families and to provide vaccination services on-site. Furthermore, COVID-19 Vaccination Stations operated by medical organisations have been set up at seven public hospitals (see Note) under the Hospital Authority to enable patients visiting the hospitals for follow-up appointments and visitors, in particular patients of specialist out-patient clinics, to receive the Comirnaty vaccine. On the other hand, District Health Centres enhance publicity and education to promote the COVID-19 Vaccination Programme at the district level via different channels, and proactively liaise and support members to make bookings for vaccination. The 18 Elderly Health Centres under the Department of Health (DH) also provide on-site COVID-19 vaccination service for citizens who receive services at the centres. We will continue to look into providing more channels for members of the public to get vaccinated. For example, we plan to launch mobile vaccination trucks within the next month, with a view to allowing the public to get vaccinated on the spot at locations such as housing estates, etc. At the same time, we also plan to launch a dedicated vaccine coach to transport residents of housing estates, especially the elderly, to CVCs for vaccination.

Meanwhile, the Government and different sectors in the community have rolled out various measures to proactively encourage members of the public to get vaccinated as soon as possible. These measures include implementing vaccination leave arrangements for government employees and appealing to organisations and enterprises to adopt the same; further relaxing social distancing measures and shortening the quarantine period for fully vaccinated

persons arriving at Hong Kong on the basis of "vaccine bubble"; and different sectors launching lucky draws, concessions and vaccination reward programmes. Furthermore, the Government has tightened vaccination requirements for civil servants, public hospital and elderly home staff, teachers, local air crew, airport staff and container terminal workers to provide better protection for the community.

On the other hand, the Government has all along followed the principles of openness, transparency, accuracy and timeliness, and adopted a science-based approach to provide the public with the latest information on COVID-19 vaccines and views of experts through different channels, so as to build social momentum and enhance citizens' willingness to get vaccinated. On publicity and education, the DH has produced a large amount of promotional materials to call on members of the public to get vaccinated and carried out related publicity work through various media. Having regard that science-based evidence is particularly important, the DH invited family doctors and specialists to informative programmes to give advice on the suitability of different cases for vaccination, explain to the public whether different illnesses would affect the effectiveness and safety of COVID-19 vaccination, as well as answer public enquiries so that members of the public would have more confidence in getting vaccinated. We have also launched a thematic website to provide such information as the mechanisms of vaccines, their protection and need-to-know facts. A dashboard is provided on the website to give updated information on vaccine doses administered in Hong Kong.

Note: Namely Queen Mary Hospital, Queen Elizabeth Hospital, Tuen Mun Hospital, Pamela Youde Nethersole Eastern Hospital, Tseung Kwan O Hospital, Caritas Medical Centre and Prince of Wales Hospital.