

## LCQ2: Measures to cope with epidemic

Following is a question by Ir Dr the Hon Lo Wai-kwok and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (January 13):

Question:

As the epidemic has raged on in Hong Kong for nearly one year but has not yet been brought under control, various industries have been hard hit, with the unemployment rate soaring. Quite a number of members of the public have pointed out that such a situation stems from the Government's perfunctory anti-epidemic efforts which are inept and piecemeal, and merely deal with problems on an ad hoc basis. In this connection, will the Government inform this Council:

(1) whether it will, by making reference to the successful anti-epidemic experience on the Mainland, carry out anti-epidemic work under a state-of-war mentality, mobilising and steering the efforts of the whole society towards fighting the epidemic, in order to strive for "zero" infection case as soon as possible; if so, of the details; if not, the reasons for that;

(2) whether the Government will, for the sake of cutting the virus transmission chain as early as possible, consider afresh the implementation of universal compulsory testing and, when necessary, once again request the Central Authorities to send a test support team to Hong Kong to provide assistance; if so, of the details; if not, the reasons for that; and

(3) given that the universal vaccination programme is massive in scale, involving work in various aspects such as transporting and storing vaccines, setting up vaccination centres, conducting publicity, rebutting rumours, providing vaccination appointment service, keeping vaccination records and handling post-vaccination adverse reactions, of the progress of preparing and the specific work arrangements for the vaccination programme?

Reply:

President,

My reply to the various parts of the question raised by Ir Dr the Hon Lo Wai-kwok is as follows:

(1) Hong Kong has been extensively affected by COVID-19, a pandemic sweeping across the world. The Special Administrative Region (SAR) Government has remained vigilant and committed to curbing the epidemic through a multi-pronged approach with a view to meeting the target of "Sparing No Effort in Achieving 'Zero Infection'" as put forward by the Chief Executive in the 2020 Policy Address.

In view of the rapidly evolving pandemic, the SAR Government has all along made references to the advice from experts in Hong Kong, the Mainland and the rest of the world in formulating anti-epidemic strategy suitable for Hong Kong based on science and theories. In terms of making reference to the Mainland's anti-epidemic experience, in addition to the regular exchanges between the Department of Health (DH) of the SAR Government and the National Health Commission, the Chief Secretary has also led government officials and expert advisors to attend a meeting to exchange views with Mainland officials and experts in December 2020. By drawing on the Mainland's successful anti-epidemic strategy and experience, it is hoped that the fourth wave of the epidemic in Hong Kong could be put under control as soon as possible. The SAR Government will continue to strengthen exchanges between experts in the Mainland and Hong Kong in order to further enhance the anti-epidemic work in the territory.

(2) With respect to the suggestion that the Government should consider implementing universal compulsory testing, we reiterate that the virus testing strategy is to continue and expand 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". Since the commencement of the fourth wave of epidemic from mid-November 2020 to January 6, 2021, the Government has conducted more than 1.9 million tests, of which 3 477 samples tested preliminarily positive (0.18 per cent), successfully cutting silent transmission chains in the community.

Regarding compulsory testing on a mandatory basis, the Government has implemented the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J) since November 15, 2020. As at January 11, the Government has required persons who had been to 121 specified premises, 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.

The Government has also actively expanded the scope of compulsory testing on a mandatory basis especially for residential buildings to achieve community clearing. With effect from December 30, 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. After the amendment of this criteria, 59 buildings had been included in compulsory testing notices by January 11. 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 set up around 50 mobile specimen collection stations in the vicinity of these buildings to facilitate persons subject to the compulsory testing notices to undergo testing. For the 42 premises subject to compulsory testing notices issued on December 30 and December 31, 2020, as at January 4, around 55 000 persons have received tests through

mobile specimen collection stations and CTCs. The Government is also actively preparing to step up enforcement such as conducting blitz operations to demonstrate our determination to enforce the legal requirement of compulsory testing.

For targeted testing on an obligatory basis, the Government also arranges 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. New targeted groups including foreign domestic helpers and workers from construction sites have been added.

On voluntary testing, the Government continues to provide convenient testing service to individuals who perceive themselves as having a higher risk of exposure or experience mild discomfort through various channels, including free testing for the public through 188 distribution points (namely designated general outpatient clinics of the Hospital Authority, 121 post offices, and vending machines at 20 MTR stations) and 83 collection points. The above three channels can distribute over 40 000 specimen collection packs per day, while the 19 CTCs also have a total daily capacity of more than 20 000 tests.

(3) On vaccines, we have procured three vaccines from different technology platforms through advance purchase agreements. The vaccines are respectively from Sinovac Biotech (Hong Kong) Limited, BioNtech and Fosun Pharma, and AstraZeneca and the University of Oxford. We procured 7.5 million doses of each of the above three vaccines. Under the situation where each person requires two doses, the amount procured is sufficient to cover 1.5 times the Hong Kong population. Having considered that the vaccines have different requirements in transport and storage, the DH has identified suppliers which fulfil the relevant certifications, with a view to ensuring that the vaccines are properly handled once delivered to Hong Kong.

We estimate that starting in February, members of the public can get vaccinated through vaccination programmes led by the Government free of charge. Our goal is to provide vaccines for the majority of the population within 2021. Having considered experts' views, we will provide vaccination for priority groups first, including groups which have higher risks of coming into contact with the COVID-19 virus, groups which have greater mortality rates after contracting the disease, and groups which may easily transmit the virus to others, the vulnerable or weak if infected (e.g. healthcare workers, elders and staff of residential care homes). Furthermore, we are reviewing other target groups which may need to receive vaccination early due to their work nature or other needs, including those who are particularly crucial to the infrastructure and operations of Hong Kong.

In view that the vaccine developed by BioNTech in collaboration with Fosun Pharma has more stringent requirements for transport and storage (the vaccines must be stored in -70 degrees Celsius, and can only survive in a two to eight degrees Celsius environment for five days) and also require thawing procedures, in order to ensure the quality of the vaccines and that the

vaccination procedures adhere to requirements, we will set up Community Vaccination Centres in 18 districts in Hong Kong. As regards the other two vaccines, we expect that they will be handled following the arrangements for seasonal influenza in general, under which vaccination will be provided to members of the public through private hospitals and clinics. Members of the public will receive a vaccination card for record after vaccination. The relevant record can be uploaded to the Electronic Health Record Sharing System. The COVID-19 Electronic Testing Record System launched by the Government will also include an "Electronic Vaccination Record" feature for convenient download by the public.

The DH has always had a pharmacovigilance system for handling reports of adverse events that occur after vaccination. The DH will make reference to guidelines from the World Health Organization (WHO), step up monitoring of potential adverse events after vaccination, and keep in view and refer to the safety and efficacy assessment of the vaccines promulgated by the drug regulatory authorities of advance countries and regions and the WHO. Therefore, the Government is making preparations to set up an Indemnity Fund. In the event members of the public encounter a severe adverse event associated with the administration of a vaccine, the fund will cover the indemnities 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.

As regards the publicity and education work, we will disseminate correct information on vaccines and details on the vaccination programme to the public through various channels, including print, electronic and social media, etc., to enable members of the public to adequately grasp the relevant information before vaccination, as well as understand the principles, formulation, usefulness and side effects of the various vaccines, etc. In fact, there is a dedicated page on the Government's thematic website "Together, We Fight the Virus" that disseminates information on vaccines, including the latest news, frequently asked questions, as well as information charts and short clips, in order to enable the public to grasp the latest information on COVID-19 vaccines. We will also step up monitoring of false information on vaccines within the community and make clarifications and debunk rumours as necessary. We will later set up a thematic website for the vaccination programme, so that members of the public can have one-stop access to correct and the most updated information and messages on vaccines.

Thank you, President.