

LCQ2: Virus testing and vaccination services relating to the epidemic

Following is a question by the Hon Luk Chung-hung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 27):

Question:

The Government has, in view of the outbreak of the Coronavirus Disease 2019 epidemic, engaged contractors/operators to provide virus testing and vaccination services. In this connection, will the Government inform this Council:

- (1) of the list of contractors/operators engaged to provide the aforesaid services, as well as the number of service contracts awarded to them;
- (2) whether open tendering exercises were conducted for the relevant service contracts; if so, of the relevant mechanism and assessment criteria; if not, the reasons for that; among the awarded service contracts, of the mechanism in place to ensure that the contractors/operators protect labour rights and interests, for instance, whether the contents of the employment contracts they sign with employees have been regulated to prevent the occurrence of false self-employment;
- (3) whether it has evaluated the standard of the services provided by the aforesaid contractors/operators, including the quality and efficiency of such services; if not, of the reasons for that; and
- (4) whether mechanism is in place to encourage other healthcare institutions to join as the contractors/operators for providing the aforesaid services?

Reply:

President,

The Government has been implementing a risk-based virus testing strategy and ramping up testing capacity significantly, with a view to achieving "early identification, early isolation and early treatment" through "restriction-testing declaration", compulsory testing and voluntary testing, to cut transmission chains in the community as early as possible. At the same time, COVID-19 vaccination is a strong and effective measure for stopping the spread of the virus and preventing severe cases, hospitalisation and death. It is an important pillar of the Government's anti-epidemic strategy. We strive to increase the vaccination rate, with an aim to expeditiously building up a protection shield for Hong Kong. In order to quickly and extensively provide testing and vaccination services in the community, the Government provides the needed services through various service providers and partnering with a number of healthcare organisations.

My consolidated reply to the various parts of the question raised by the Hon Luk Chung-hung is as follows:

Virus testing services

For the 2021-22 financial year, the testing service procured by the Food and Health Bureau, including 19 community testing centres (CTCs), mobile specimen collection stations set up in various districts and "restriction-testing declaration" operations, amounts to over 10 million tests. In mid-2021, the Food and Health Bureau allocated the CTCs to nine operators after going through a competitive procurement process. Invitations for quotations were sent to all eligible testing institutions when the CTCs were allocated to nine operators (full list at Annex 1). The nine operators are also responsible for supporting the testing strategy which evolves as required by the latest epidemic situation, by flexibly setting up mobile specimen collection stations and supporting "restriction-testing declaration" operations. The operators are responsible for providing one-stop service from setting up swabbing booths, specimen collection to virus testing.

All operators are in the "Local COVID-19 nucleic acid testing institutions recognised by the Hong Kong SAR Government" list maintained by the Department of Health (DH) and have passed the External Quality Assessment Programme for COVID-19 testing of the DH and possess relevant laboratory accreditation, including:

(i) The private laboratory must possess relevant medical laboratory accreditation, that is, meeting the requirement of quality management standard for medical laboratory accreditation of ISO 15189:2012 or the College of American Pathologists. Recognised private laboratories in general possess accreditation status of the Hong Kong Laboratory Accreditation Scheme (HOKLAS) of the Hong Kong Accreditation Service (HKAS). The accreditation process of medical laboratory is independent and rigorous, which holistically standardises the quality (including standard operating procedures, management systems), personnel qualifications, biosafety, etc. of the private laboratories to ensure compliance with internationally recognised standards; and

(ii) To ensure that the testing platforms and reagents used by private laboratories are up to the standard, they must participate in the monthly Continuous Quality Assessment Programme conducted by the Centre for Health Protection (CHP). Samples including some involving variant strain provided by the CHP are sent to private laboratories regularly, whose results will be evaluated. Contractors who do not meet the standards may be terminated from the contract.

The Government has also taken into account various factors such as the testing capabilities, past experience and performance of the relevant private laboratories when conducting the competitive procurement exercise.

To enhance regulation, the Food and Health Bureau has requested all institutions on the list of "Local COVID-19 nucleic acid testing institutions recognised by the Hong Kong SAR Government" to attain accreditation by HOKLAS

or its Mutual Recognition Arrangement Partners within 2021, with COVID-19 nucleic acid testing included in the scope of accreditation. We consider that the requirement has struck a balance between enhancing the quality of local testing services and ensuring the availability of sufficient testing capacity in Hong Kong to cope with the next wave that could come at any time. The allocation of the next round of CTCs will also be carried out through a competitive procurement process. All private laboratories that meet the accreditation requirement may participate in the bidding.

Vaccination services

The COVID-19 Vaccination Programme led by the Government was launched in February 2021 to provide members of the public with two safe and effective COVID-19 vaccines, namely the Sinovac and Comirnaty vaccines. The Government has all along provided multiple channels to encourage members of the public to get vaccinated as early as possible, mainly through operating Community Vaccination Centres (CVCs) and through the networks of private healthcare organisations and private doctors to provide vaccination services to the public.

To mobilise sufficient healthcare manpower to support the smooth operation of CVCs, which had 29 in operation at its peak, the Government partnered with a number of healthcare professional bodies, medical organisations and private hospitals (collectively as partner healthcare organisations thereafter) to take charge of the medical-related tasks at the CVCs, including providing the medical staff to administer the vaccines for members of the public and also handling medical-related tasks, such as dilution of the vaccines (if applicable), providing emergency medical services, explaining medical information and handling of enquiries, as well as the medical support at the vaccination booths and resting areas, etc.

The goal of setting up CVCs is to provide the public with extensive and convenient vaccination services in the community in a safe and effective manner. Hence, the partner healthcare organisations participating in the operation of CVCs need to have a certain scale, healthcare network, experience, mobilisation capability and resources. In early 2021, the Government issued invitation documents to some 40 healthcare organisations which met the above criteria and selected our partner organisations out of them. The factors for consideration included the capability of the organisation concerned to operate the CVC and provide the relevant vaccination services, as well as its experience and resources available for mobilisation, etc. The list of healthcare organisations which operated CVCs in the past/is now operating CVCs is at Annex 2.

On the other hand, around 1 700 private doctors are providing Sinovac vaccination services for members of the public at around 2 500 private clinics under the Vaccination Subsidy Scheme (Note 1), out of which around 160 doctors have also participated in providing the relevant vaccination service at non-clinic setting (i.e. outreach vaccination service). Moreover, 11 private healthcare organisations have joined the BioNTech Vaccination Pilot Scheme (Note 2) and provide the public with the Comirnaty vaccine at 42 service locations. The DH has invited more private healthcare organisations

to participate in the second phase of the Pilot Scheme. Upon completion of the Pilot Scheme, the DH will take into account the experience gained and consider regularising the scheme and implementing it more extensively. On the other hand, residential care homes for the elderly, residential care homes for persons with disabilities and nursing homes can invite visiting medical officers who joined the Residential Care Home Vaccination Programme to visit the institution and provide Sinovac vaccination services to the residents (Note 3). To encourage more private healthcare organisations to provide COVID-19 vaccination services, the DH has issued invitation letters to private doctors and arranged seminars for them to explain the details of the relevant programmes and the arrangements for vaccination, etc. For convenient access by doctors, relevant information, such as "Doctors' Guide" and agreements have been uploaded to the "Healthcare Professional Corner" of the thematic website of the COVID-19 Vaccination Programme. Also, private doctors can conveniently register to join the Vaccination Subsidy Scheme online.

To ensure the service quality of the healthcare service providers providing vaccination services, the DH requires that they must arrange eligible healthcare workers or staff who have received training to provide the vaccination service to the public. They must also arrange for vaccination in accordance with the relevant agreement and "Doctors' Guide". The DH will also stringently monitor the operations of the healthcare service providers under the various vaccination programmes, and will visit the various vaccination settings from time to time to remind the providers to continue to carefully abide by the guidelines for providing safe and effective vaccination services. Furthermore, the DH has put in place a notification system which requires the responsible doctor to report to the DH any clinical incidents related to vaccination. If there is any contravention of the relevant requirements, the DH will follow up according to the established mechanism.

As regards the protection of labour rights and interests, both service providers and partner healthcare organisations operating CTCs or CVCs have the responsibility to decide on an operation model which complies with the legislation and is suitable for the actual situation. The Government will ensure that the service providers and partner healthcare organisations comply with the relevant legislation in Hong Kong for ensuring that the legitimate rights and interests of the workers are safeguarded.

Note 1:

List of private clinics: www.covidvaccine.gov.hk/en/VSS

List of doctors providing COVID-19 vaccination at non-clinic setting: www.chp.gov.hk/files/pdf/list_vssdr_covid_non_clinic_eng.pdf

Note 2:

List of private healthcare institutions enrolled in the BioNTech Vaccination Pilot Scheme: www.chp.gov.hk/files/pdf/list_vssdr_covid_bnt_pilot_eng.pdf

Note 3:

Lists of visiting medical officers: www.covidvaccine.gov.hk/en/RV

LCQ16: Problem of smoking

Following is a question by the Hon Chan Hok-fung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 27):

Question:

The findings of a survey conducted in the 2019-2020 financial year indicated that, among the respondents aged 25 or below, the ratio of persons who used electronic smoking products and heated tobacco products (alternative smoking products (ASPs)) was as high as 86 per cent. Regarding the problem of smoking, will the Government inform this Council:

(1) given that upon the Smoking (Public Health) (Amendment) Ordinance 2021 formally coming into force on April 30 this year, ASPs cannot be imported to Hong Kong, whether the Government has assessed if the youth who are used to patronising ASPs will switch to smoking conventional cigarettes; if it has assessed and the outcome is in the affirmative, whether it has formulated any contingency plans; if the assessment outcome is in the negative, of the reasons for that;

(2) as it is reported that in recent months, there have been quite a number of online promotions of and advertisements for cheap cigarettes (commonly known as "cheap whites"), the prices of which are about one-third lower than those of traditional brands, whether the Government has gained an understanding of the reasons why the prices of such type of cigarettes are lower, as well as the age groups of customers (if so, of the percentage of youth in those customers);

(3) given that according to the relevant manual issued by the World Health Organization, raising the prices of cigarettes by way of tobacco tax increase is the most effective tobacco control measure, whether the Government has introduced the relevant measures in accordance with the manual; if so, whether it has gained an understanding of the reasons why polarisation of prices for cigarettes still exists in the market; and

(4) given that quite a number of countries have set the target of reducing the smoking prevalence to 5 per cent with a view to achieving a tobacco endgame, whether the Government has drawn up a timetable for the relevant work; if so, of the details?

Reply:

President,

The reply to the various parts of the question raised by the Hon Chan Hok-fung is as follows:

(1) According to the surveys conducted by the Census and Statistics Department (C&SD) for the period from 2005 to 2019, the percentage of daily smoker of conventional cigarettes (excluding alternative smoking products (ASPs)) in adolescents (aged 15-19) in Hong Kong has decreased from 3.5 per cent in 2005 to 1.0 per cent in 2017. In the 2019 survey, the number of conventional cigarette smokers in the samples taken from this age group was too small to provide an accurate estimate of the overall smoking prevalence. The above statistics revealed that the appeal of conventional cigarettes to local adolescents had been gradually decreasing.

On the other hand, the Thematic Household Survey Report No. 70 released by the C&SD in June 2020 showed that the percentages of daily electronic cigarette (e-cigarette) and heated tobacco product (HTP) users aged 15 and above in the local population were 0.1 per cent and 0.2 per cent in 2019 respectively. According to a school-based survey on smoking conducted by the University of Hong Kong in 2018-2019 that was published in the same report, the percentage of daily users of e-cigarettes or HTPs among Secondary 1 to 6 students at the time of the survey was 0.3 per cent, while the percentages of those who ever used e-cigarettes and HTPs were 7.7 per cent and 2.3 per cent respectively. By comparing the results of the two surveys above, it was observed that these new ASPs were more popular in the younger age groups.

In view of the emergence of ASPs and their health risks, the Government introduced the Smoking (Public Health) (Amendment) Bill 2019 to the Legislative Council (LegCo) in February 2019 to ban the import, manufacture, sale, distribution and advertisement of ASPs, including e-cigarettes and HTPs. The Bill was passed by the LegCo on October 21, 2021. Upon the Smoking (Public Health) (Amendment) Ordinance 2021 coming into effect on April 30, 2022, the Government will focus on assisting current users of e-cigarettes and HTPs to quit smoking and keep tabs on relevant data, especially those related to the activities and trends of consumption of various smoking products by adolescents, so as to make timely adjustment to the tobacco control policy. The most effective way to reduce the overall smoking population is to assist smokers to quit smoking and prevent non-smokers from picking up smoking. The Government will continue to adopt a multi-pronged approach to strengthen tobacco control, including legislation, enforcement, publicity, education, smoking cessation services, taxation, as well as introducing various measures such as the designation and continuous expansion of no smoking areas to contain the proliferation of tobacco use (including conventional cigarettes).

(2 and 3) According to Article 6 of the Framework Convention on Tobacco Control of the World Health Organization (WHO), raising tobacco price and tax is an important means of reducing tobacco consumption. The WHO encourages countries/areas to raise taxes on tobacco products periodically. Over the years, apart from strengthening its work on overall tobacco control, the Government has also been increasing tobacco duty to influence the prices of tobacco products. That said, in the absence of retail price control, tobacco products of different brands and retailers are sold at different prices in Hong Kong. In any case, it cannot be ruled out that there are cases of sale of smuggled duty-not-paid cigarettes (illicit cigarettes) acquired through

illegal channels by lawbreakers.

Under the Dutiable Commodities Ordinance (Cap. 109), any person who deals with, possesses, sells or buys illicit cigarettes commits an offence and is liable on conviction to a maximum penalty of a fine of \$1 million and imprisonment for two years. The Customs and Excise Department (C&ED) has been adopting a multi-faceted intelligence-led enforcement strategy comprising of upstream interception of cross-boundary smuggling operations, midstream enforcement against the storage and distribution of illicit cigarettes as well as downstream curbing of the selling and buying of illicit cigarettes to combat illicit cigarette activities in a holistic manner. The C&ED has also been keeping surveillance in various districts to reinforce its intelligence collection efforts, which includes monitoring cigarette retail prices on the market and investigating products with abnormal retail price. Resolute enforcement actions will be taken upon detection of illegal activities.

The number of illicit cigarette cases detected by the C&ED from 2019 to 2021 and relevant statistics are as follows:

	2019	2020	2021
Number of cases*	17 368	3 159	4 008
Number of illicit cigarettes seized (sticks)	55.5 million	205 million	427 million
Number of persons arrested	17 334 [228]	2 498 [40]	3 553 [59]

* Including compounded cases at border control points

[] Number of arrestees under the age of 21

The Government will continue to keep in view the recommendations by the WHO and views of the community, as well as closely monitor changes in cigarette retail prices and the overall smoking situation in Hong Kong, in a bid to review the prevailing tobacco duty rates at suitable junctures.

(4) The Government has set a target in "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" to further reduce smoking prevalence to 7.8 per cent by 2025. The long-term goal of the Government is to eliminate smoking hazards. The Government will endeavour to strengthen the work focus on the following three major areas:

(a) conducting a comprehensive review on the current tobacco control policies, especially with regard to the hazards of second-hand smoking, and expand the scope of no smoking areas in Hong Kong as well as consider raising tobacco duty from time to time;

(b) strengthening our efforts in smoking cessation: at present, smoking prevalence among adolescents in Hong Kong has dropped to a very low level. Apart from endeavouring to deter the younger generation from picking up

smoking, the Government must also proactively take forward measures to motivate smokers to quit smoking, especially for adolescents and women, as well as enhancing the smoking cessation services for e-cigarette and HTP smokers; and

(c) Tobacco Endgame: promoting a smoke-free society is a major trend across the globe. Many countries have already set up the Tobacco Endgame and the respective timetable, as well as the goal of reducing smoking prevalence to 5 per cent. Hong Kong will also carry out the work towards the Tobacco Endgame proactively, launching a comprehensive tobacco control strategy, formulating a timetable and roadmap for the Tobacco Endgame, thereby steadily progressing towards the goal of a smoke-free Hong Kong.

Children Community Vaccination Centres attentively serve special school students (with photo)

Around 300 students from 37 special schools were arranged to receive the BioNTech vaccine at the Children Community Vaccination Centres (CCVCs) at Yuen Chau Kok Sports Centre in Sha Tin and Hong Kong Children's Hospital in Kowloon Bay at special booking time slots this morning (April 27).

The Secretary for the Civil Service, Mr Patrick Nip, visited the CCVC at Yuen Chau Kok Sports Centre in Sha Tin to learn about the vaccination arrangements from the medical team of the CUHK Medical Centre and to give encouragement to the children. About a third of the special school students receiving vaccination at the CCVC today are children aged 6 to 11 and the rest are students aged 12 or above. Medical staff of the CUHK Medical Centre has made special arrangements to provide suitable vaccine dosages to students according to their age.

Mr Nip said, "To cater for children with special needs, the Civil Service Bureau has been making arrangements for special school students, such as arranging them to receive vaccination at specialist out-patient clinics in hospitals outside opening hours. This is the third arrangement we made to group special school students together for vaccination. The children have already had experience in receiving COVID-19 vaccination. This is the first time we gathered them at the two CCVCs to speed up the vaccination process.

"The students getting vaccinated today, some with attention deficit disorders and some with certain severe impairments, have different needs that require special support and delicate attention from the medical staff. During the vaccination process, the medical staff has served the children with a great deal of love and care. I am very grateful to the medical staff and also thank the parents for their support."

Mr Nip reminded members of the public that for the four CCVCs that are dedicated to providing the BioNTech vaccination service to children aged 5 to 11 (Gleneagles Hospital Hong Kong, Hong Kong Children's Hospital, Yuen Chau Kok Sports Centre, and Tsuen Wan Sports Centre), their opening hours on Saturdays, Sundays and public holidays have been extended to between 8am and 8pm until May 15, so as to provide convenience to parents to bring their children to get vaccinated during the holidays.

As the BioNTech vaccine for children requires a special dilution procedure, children aged 5 to 11 must receive the BioNTech vaccine at the four CCVCs mentioned above. They must bring along a consent form of the following version signed by their parents or guardians on the date of vaccination

(www.covidvaccine.gov.hk/pdf/Consent_Form_for_Fractional_BioNTech_Vaccination_ENG.pdf) and must be accompanied by their parents or guardians in person when receiving vaccination.

Persons have to bring along the original identity documents on the date of vaccination. If the identity documents do not bear the child's photo, such as the birth certificate, then school documents (such as school handbooks) bearing a photo of the student must be presented at the time of vaccination.

The designated website for the COVID-19 Vaccination Programme (www.covidvaccine.gov.hk/en/programme) provides the latest information including details on vaccination venues, reservation and enquiry hotlines.



Fraudulent SMS message purportedly issued by Inland Revenue Department

The Inland Revenue Department (IRD) today (April 27) alerted members of the public to a fraudulent SMS message purportedly issued by the department that requests the recipient to settle his or her outstanding tax. The fraudulent SMS message provides a hyperlink to a fake IRD website (https://irdgovhk.com/chi/tax/e_alert.php) that seeks to obtain the recipient's personal particulars.

The department has no connection with the fraudulent SMS message and has reported the case to the Police for further investigation. Members of the public are reminded not to open any suspicious SMS message.

LCQ11: Civil Service Staff Exchange Programme

Following is a question by Dr the Hon Kennedy Wong and a written reply by the Secretary for the Civil Service, Mr Patrick Nip, in the Legislative Council today (April 27):

Question:

The Chief Executive indicated in the middle of last year that the Government would soon sign agreements on the taking up of temporary positions for exchanges (agreements) with the government of the Guangdong Province and municipal governments such as the Shenzhen Municipal Government, so as to allow civil servants to take up temporary positions on the Mainland for exchanges, thereby enabling them to gain a deeper understanding of the work and operation modes of the provincial and municipal governments on the Mainland. Also, the Government welcomes Mainland civil servants to come to Hong Kong for exchanges. Moreover, the Government also signed agreements with the governments of places such as Beijing and Shanghai earlier on. In this connection, will the Government inform this Council:

(1) of the dates on which it signed agreements with the governments of Beijing and Shanghai, and when it will sign agreements with the governments of the Guangdong Province and the Shenzhen Municipality; whether it has plans to sign agreements with more governments of different provinces and municipalities in the next three years;

(2) as it has been more than half a year since the release of the news that

the Government is going to sign agreements with the governments of the Guangdong Province and the Shenzhen Municipality, but the Government has not yet announced the detailed arrangements under the agreements, of the reasons for that;

(3) of the ranks of those Hong Kong civil servants to be assigned to take up temporary positions for exchanges, and the considerations in this respect; whether such ranks will include newly recruited and seasoned Administrative Officers of government departments, as well as the permanent secretaries and deputy secretaries of policy bureaux;

(4) of the detailed arrangements for the aforesaid (i) Hong Kong civil servants taking up temporary positions on the Mainland for exchanges and (ii) Mainland civil servants taking up temporary positions in Hong Kong for exchanges, including the timetables and the annual numbers of participating civil servants; and

(5) of the expected benefits of the taking up of temporary positions for exchanges, including its positive impacts on and help for the civil service system and governance?

Reply:

President,

The civil service is the backbone of the Hong Kong Special Administrative Region (HKSAR) Government. It plays a vital role in implementing the principle of "one country, two systems". As the HKSAR is part of the country, it is important for civil servants to enhance their understanding of the latest developments of the Mainland and the relevant national strategies and plans. The Civil Service Staff Exchange Programme, jointly organised by the Civil Service Bureau and the Mainland municipalities, constitutes part of the work in this area. Under the programme, officers from Hong Kong and the Mainland are attached to each other's side to share experience and expertise, better understand each other's structure, regimes, policy and operation, foster networking and communication, and gain first-hand experience of the host city's latest development.

The Government's consolidated reply to the various parts of the question is as follows:

Since the launch of the Civil Service Staff Exchange Programme, about 380 Mainland civil servants and about 140 Hong Kong civil servants have participated in the programme. Participants from Hong Kong are officers on Master Pay Scale (MPS) Point 45 or above (or equivalent) while the Mainland participants are mostly at division director or deputy division director level. The Mainland municipalities which participated in the programme in recent years included Beijing, Shanghai, Chongqing, Hangzhou, Wuhan and Changsha.

The exchange lasts for about four weeks for each round. The themes are determined with reference to the nature and needs of the participants' work. Areas covered by past exchanges included infrastructure development, town planning, traffic management, public housing, health and food safety, environmental protection, trade and commerce, information technology, culture and arts, etc. The participants would learn more about the operation of the host agencies through briefings, training, meetings, discussion forums, experience sharing sessions and site visits, etc. The participants would not exercise substantive power in the host agencies.

The Chief Executive of the HKSAR and the then Governor of Guangdong Province, Mr Ma Xingrui, signed the 2020 Work Plan of the Framework Agreement on Hong Kong/Guangdong Co-operation on October 30, 2020. One of the measures is "pressing ahead with the extension of the Civil Service Staff Exchange Programme to cover the nine municipalities in the Pearl River Delta, and continuing to organise various types of the exchange activities" (Item 41). The programme targets at civil servants on MPS Point 45 or above (or equivalent) including officers from the Administrative Officer, Executive Officer and various professional grades. Extending the Civil Service Staff Exchange Programme to cover the Mainland municipalities in the Greater Bay Area (GBA) will provide Hong Kong civil servants with the opportunity to experience more deeply the development of the GBA municipalities, so as to enable them to play a more active and vital role in pressing ahead with their respective areas of work.

The participation of Mainland municipalities in the programme is under the overall co-ordination of the Hong Kong and Macao Affairs Office of the State Council (HKMAO). In the past two years (2020 and 2021), owing to the epidemic, all exchange activities in the Mainland had to be cancelled. Under the co-ordination of the HKMAO, the Government is actively preparing the staff exchange programme for 2022-23 and pursuing discussion with the relevant Mainland authorities on the details. Specific programme arrangements are pending confirmation. The Government looks forward to launching, if circumstances allow, the exchange activities as soon as possible. The term "serving temporary posts" (服務短期職位) carries a specific connotation in the Mainland and may not be very applicable to the arrangement of mutual staff exchanges between the HKSAR Government and the Mainland municipal authorities. Thus, the programme has all along been named the "Civil Service Staff Exchange Programme".

The feedback of officers and departments participating in the programme has been positive. They consider that the programme has enhanced mutual understanding and networking conducive to future communication and co-operation. Participating officers from both Hong Kong and the Mainland have found the programme inspiring and useful to their concrete understanding of the management strategy, regulations and codes, and working culture of the government authorities of the other side.