

LCQ7: Statistics on supply of first-hand private residential units

Following is a question by the Hon Abraham Shek and a written reply by the Secretary for Transport and Housing, Mr Frank Chan Fan, in the Legislative Council today (May 26):

Question:

According to the statistics on private housing supply in the primary market as at March 31, 2021 published by the Government last month, there were about 12 200 unsold first-hand private residential units in the projects completed in or after 2014 and, among such units, about 3 400 units were for developers' self-use or letting out (e.g. as serviced apartments). In this connection, will the Government inform this Council:

(1) of the methodology adopted for calculating the estimated number of unsold units for developers' self-use or letting out; and

(2) of a breakdown (set out in the table below) of the aforesaid 3 400 unsold units for developers' self-use or letting out by (i) year in which the project to which the unit belonged was completed, and (ii) the size class (i.e. Classes A, B, C, D and E with saleable area of less than 40 square metres, 40 to 69.9 sq m, 70 to 99.9 sq m, 100 to 159.9 sq m, and 160 sq m or above respectively) to which the unit belonged?

Year in which the project was completed	Number of units				
	Class A	Class B	Class C	Class D	Class E
Pre 2019					
2019					
2020					
2021					

Reply:

President,

Unsold first-hand private residential units in completed projects (hereinafter referred to as unsold units) may include vacant units, units for self-use or units rented out (e.g. serviced apartments) by the developers. Completed projects refer to projects with occupation permits issued by the Buildings Department (BD). The Government releases statistics on private housing supply in the primary market, including the number of unsold units, on the website of the Transport and Housing Bureau (THB) on a quarterly basis. The number of unsold units is a cumulative figure reflecting the

number of unsold units in projects completed in that year or in the previous seven years as at a specific date. As at March 31, 2021, there were around 12 200 unsold units.

My reply to the question raised by the Hon Abraham Shek is as follows:

(1) In order to estimate the number of unsold units that are for self-use or are let out (e.g. serviced apartments) by the developers among the total number of unsold units, the THB would make reference to the information obtained from the BD, the Land Registry and the Rating and Valuation Department. Completed projects without any sold units (wholly unsold completed projects) are assumed to be for self-use if they are single-unit projects. For wholly unsold completed projects that are not single-unit projects, the THB would conduct desktop research to check the occupation status of the unsold units based on the best information available from the internet and other channels (e.g. media, estate agency, etc). Since developers are not required to report on the occupation status of their units, the above are ball-park estimates for reference only.

(2) As at March 31, 2021, it was estimated that around 3 400 unsold units were for self-use or were let out (e.g. serviced apartments) by the developers. Breakdown of these units by year of completion and class is at Annex.

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project to which the unit belonged was completed, and (ii) the size class (i.e. Classes A, B, C, D and E with saleable area of less than 40 square metres, 40 to 69.9 sq m, 70 to 99.9 sq m, 100 to 159.9 sq m, and 160 sq m or above respectively) to which the unit belonged?

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LCQ9: Vaccination against COVID-19

Following is a question by the Hon Shiu Ka-fai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 26):

Question:

Regarding the COVID-19 Vaccination Programme which commenced on February 26 this year, will the Government inform this Council:

(1) of the latest vaccination rate of the Coronavirus Disease 2019 (COVID-19) vaccines (the vaccines), and how such rate compares with the relevant vaccination rates in other economically advanced regions, including the United States, Singapore and European countries;

(2) whether it has drawn reference from the measures taken by other economically advanced regions for promoting the vaccination against COVID-19 among their people; if so, of the details;

(3) of the new measures in place to promote the vaccination against COVID-19 among members of the public and the performance indicators for such measures;

(4) whether it knows the latest situation of the staff of various types of scheduled premises receiving the vaccines; and

(5) whether, as an incentive to encourage members of the public to receive the vaccines, it will consider disbursing to those members of the public who have received two doses of the vaccines additional electronic consumption vouchers with a value of \$3,000 on top of the electronic consumption vouchers with a value of \$5,000 to be disbursed in this summer to each eligible Hong Kong permanent resident and new arrival aged 18 or above; if so, of the details; if not, the reasons for that?

Reply:

President,

Vaccination is the current focus of the global anti-epidemic work, and is the most effective and ultimate measure for preventing and controlling the epidemic. The COVID-19 Vaccination Programme (Vaccination Programme) in Hong Kong has been implemented since February 26. The goal is to provide vaccines for the majority of Hong Kong residents within 2021 for free and on a voluntary basis, thereby building up the herd immunity barrier for Hong Kong and overcoming the epidemic.

My consolidated reply to the various parts of the question raised by the

Hon Shiu Ka-fai is as follows:

(1) and (2) According to global statistics on vaccination by the University of Oxford (Note 1), as at May 24, more than 1.67 billion doses of COVID-19 vaccine have been administered worldwide, equal to 22 doses for every 100 people. Among the countries with greater progress in vaccination, such as Israel, the take-up rate has exceeded 60 per cent, while the take-up rates of other major countries/regions such as the United Kingdom, the United States, the European Union and Singapore are about 55 per cent, 48 per cent, 34 per cent and 33 per cent respectively (Note 2). For Hong Kong, as at May 24, over 2.17 million doses of COVID-19 vaccines were administered to members of the public. Among them, over 1.26 million persons have received their first dose, accounting for around 19.3 per cent of the population aged 16 or above. About 900 000 persons have received their second dose, accounting for around 13.8 per cent of the population aged 16 or above.

Drawing from international experience, even in the face of mutant strains, countries which have commenced large-scale vaccination programmes are able to improve their epidemic situation as the vaccination coverage rate increases. On the contrary, in places where the epidemic is still severe or has rebounded, such as India and Taiwan, generally vaccination is relatively slow with a low take-up rate. The current vaccine take-up rate in Hong Kong is still far below the level that can achieve herd immunity. If, unfortunately, a new wave of epidemic arrives, we will not be able to build a herd immunity barrier for protection. There is still much room for improvement in terms of our vaccine take-up rate and the vaccination progress.

People's willingness to get vaccinated in different places are affected by many factors, and it is difficult to directly compare the vaccination progress and vaccine take-up rates across different places. The vaccination progress of an individual place can be affected by limitations such as overall vaccine supply, vaccination logistics, manpower as well as infrastructure. Hong Kong is fortunate to not be limited in this regard. Supply of vaccines in Hong Kong is sufficient, with capacity in vaccination centres sufficient to cater up to over 40 000 doses daily. On the other hand, places such as the United Kingdom, the United States and Europe, etc. have experienced severe epidemic situations leading to a high death toll (hundreds of new cases per million capita per day). With relatively higher risks of infection, severe case and death, the public's desire for vaccination is significantly higher, resulting in better vaccination progress and higher overall take-up rate.

In contrast, Hong Kong has achieved better control of the epidemic situation. The public considers that the risk of infection, severe case and death is not high, and the willingness for vaccination is therefore lower. According to a research survey conducted by the University of Hong Kong subsidised by the Government on the public's views towards the COVID-19 epidemic and vaccination, since the beginning of the epidemic last year, in general, the level of risk perceived by Hong Kong residents regarding the severity of COVID-19 as well as the chance of infection has been declining

and has remained at a low level. Only about 40 per cent of citizens over the age of 16 indicated willingness to get vaccinated, while the older (aged 55 or above) and younger (aged 35 or below) population showed significantly lower willingness to get vaccinated, with nearly 50 per cent and 70 per cent of the respective age groups indicating that they were unlikely to get vaccinated.

The COVID-19 Vaccination Programme is premised on science and data, and the two vaccines currently provided by the Government are proven to be safe, efficacious and of good quality. So far, we have not seen any obvious examples of people in other places where the willingness to get vaccinated increase significantly due to non-health risk related factors. Nevertheless, we will continue to pay close attention to measures taken by local governments to improve citizens' willingness to get vaccinated and the overall take-up rate as reference for Hong Kong to encourage citizens to receive vaccines. The Government has been following closely the resumption of cross-boundary travel and adjustment of social distancing measures by other countries/regions after launching of vaccination programmes, with a view to trying to encourage members of the public to get vaccinated in various ways (see below).

(3) and (5) The Government announced on April 12 that it would adopt a new direction in fighting the pandemic and relax certain restrictions with "vaccine bubble" as the basis, on one hand to respond to the aspirations of various trades and the public to resume normal ways of life as soon as possible, and on the other, encourage citizens to get vaccinated proactively. The first phase of social distancing measures under the "vaccine bubble" took effect from April 29.

In respect of catering business, we have provided four types of mode of operation for eateries, under which the operation restrictions on the relevant premises (including period of time that dine-in service can be provided, the maximum number of people per table and per banquet, and seating capacity limit in the premises) would be relaxed subject to whether their staff and customers have received COVID-19 vaccination and the use of the "LeaveHomeSafe" mobile application. Moreover, six types of premises (viz. bars or pubs, bathhouses, party rooms, clubs or nightclubs, karaoke establishments and mahjong-tin kau premises) may also resume operation in a gradual manner on the premise that their staff and/or customers must receive COVID-19 vaccination and customers must use the "LeaveHomeSafe" mobile application. We have also relaxed the restrictions in relation to three types of exempted group gatherings, including wedding ceremonies, religious gatherings and business meetings held in order to comply with any Ordinance or other regulatory instrument such as annual general meetings on the premise that their participants must have received at least the first dose of COVID-19 vaccine. Group gatherings of not more than 30 persons each during tours may also resume operation on the premise that their frontline staff must have received the first dose of COVID-19 vaccine. Furthermore, on the premise of maintaining reduction of social contact and carrying out infection protection measures, a restricted visiting arrangement for residential care homes for the elderly and residential care homes for persons with

disabilities has been implemented from May 10 under specified conditions.

Depending on the epidemic development, the progress of the Vaccination Programme and the implementation of the first phase of measures under the "vaccine bubble", we will review and adjust the details of the measures and consider further relaxation of restrictions in respect of the operation of restaurants and other premises under the second phase. The Government will also continue to maintain close liaison with the trade, listen to their views and suggestions on the implementation of social distancing measures under the "vaccine bubble", as well as provide more details on the implementation of the measures.

In terms of latest boarding and quarantine arrangements for persons arriving at Hong Kong under the "vaccine bubble" concept, the Government adjusted the boarding and compulsory quarantine grouping since May 7, so as to implement the boarding, quarantine, and testing arrangements for persons arriving at Hong Kong based on risk levels: overseas places outside China have been categorised under the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H) into extremely high-risk Group A1 specified places, very high-risk Group A2 specified places, high-risk Group B specified places, medium-risk Group C specified places, and low-risk Group D specified places. The Government has then adjusted the boarding, quarantine and testing arrangements for persons arriving at Hong Kong who have completed their COVID-19 vaccination course under the "vaccine bubble" concept on May 12.

Under the new arrangement, persons who have stayed in low-risk Group D specified places (Australia and New Zealand), and who have been fully vaccinated, will be subject to compulsory quarantine in designated quarantine hotels for seven days (originally 14 days). They will subsequently be required to self-monitor for seven days and undergo compulsory testing on the 12th day of their arrival at Hong Kong.

For persons who have stayed in medium-risk Group C specified places and high-risk Group B specified places, and who have been fully vaccinated, they will be subject to compulsory quarantine in designated quarantine hotels for 14 days (originally 21 days), and subsequently be required to self-monitor for seven days and undergo compulsory testing on the 16th and 19th day of their arrival at Hong Kong. As for extremely high-risk Group A1 specified places and very high-risk Group A2 specified places, the boarding, quarantine, and testing arrangements will remain unchanged.

In addition to the above policy changes, we also place great emphasis on promotion and education work related to the Vaccination Programme. We have been providing to members of the public through different channels the latest information on vaccines, and made public the professional views of experts on vaccination. Government officials have also on various occasions explained to the public the progress of the Vaccination Programme and messages on vaccines through the media. We have also launched the "COVID-19 Vaccination Programme" thematic website (www.covidvaccine.gov.hk) to provide the public a one-stop destination to learn about the latest information and accurate messages on

COVID-19 vaccines, including the principles of the vaccines, their protection and need-to-know facts, etc. We also stepped up monitoring of false information on vaccines within the community and made clarifications and debunked rumours as necessary.

To tie in with the roll-out of the Vaccination Programme, the Department of Health (DH) produced a series of six television promotion videos titled "Protect yourself and others, Get vaccinated" and four radio promotional clips to encourage members of the public to receive COVID-19 vaccines to protect themselves and their families. The DH also collaborated with television channels to produce and broadcast informational clips, including inviting family doctors to assess whether different cases are suitable for receiving vaccines so as to dissipate citizens' worries on vaccination; and bring out the latest information on COVID-19 vaccines through different shows and programmes. The DH and the Hospital Authority (HA) also worked with radio stations to explain whether different specific illnesses will affect the efficacy and safety of vaccination, and respond to audience's queries. Furthermore, to enable ethnic minorities to receive the latest news and information on vaccines, we specifically produced for them education materials and videos which have been translated into different languages. Relevant important messages are broadcasted on local radio channels for ethnic minorities.

On the other hand, having considered that members of the public are concerned about adverse events following COVID-19 vaccination, we issue a weekly press release to provide updated statistics and relevant information on monitoring COVID-19 vaccination, including reports of adverse events received in the past one week, death cases which received COVID-19 vaccination within 14 days of passing away, the assessment results by the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation (Expert Committee), as well as the comparison figures of overall ratio of death cases, ratio of death cases with acute stroke or acute myocardial infarction, and ratio of miscarriage cases out of those with and without vaccination record. The respective baseline reference figures captured by HA in the past three years have also been uploaded to the COVID-19 Vaccination Programme thematic website. Furthermore, according to the risk communication plan endorsed by the Expert Committee, figures and summary of clinical events related to vaccination received will be released and updated through the thematic website biweekly. When suspected adverse event fulfilling the reporting criteria involving death case within 14 days of vaccination is received, it will be announced as soon as possible.

Vaccination is the strongest and most effective measure in our anti-epidemic efforts. It is also key to overcoming the epidemic, resuming normal ways of life and resuming cross-boundary travel as soon as possible. We appeal to members of the public who have not yet been vaccinated to get vaccinated as soon as possible while the supply of vaccines lasts and the Community Vaccination Centres have sufficient capacity, with a view to protecting themselves and others and build up the herd immunity barrier for Hong Kong. We will continue to communicate with members from different sectors and the community to listen to their views and suggestions on

motivating the public to get vaccinated.

(4) We have been paying close attention to the vaccination situation of staff of scheduled premises. During the early stage of the Vaccination Programme, the relevant staff can register on the booking system by indicating the priority group of the scheduled premises. However, with the phased relaxation in age eligibility (lowered to aged 30 and above, then aged 16 and above), the relevant staff could, in subsequent stage, register for vaccination as long as they fulfil the age requirement. Providing information on the category of the scheduled premises is voluntary. Hence, the Government cannot provide from the booking system precise vaccination figures of staff of scheduled premises.

Note 1: ourworldindata.org/covid-vaccinations

Note 2: Proportion of the population of the country/region concerned which has received at least one dose of COVID-19 vaccine.

LCQ9: Vaccination against COVID-19

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Question:

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(3) of the new measures in place to promote the vaccination against COVID-19 among members of the public and the performance indicators for such measures;

(4) whether it knows the latest situation of the staff of various types of scheduled premises receiving the vaccines; and

(5) whether, as an incentive to encourage members of the public to receive the vaccines, it will consider disbursing to those members of the public who have received two doses of the vaccines additional electronic consumption

vouchers with a value of \$3,000 on top of the electronic consumption vouchers with a value of \$5,000 to be disbursed in this summer to each eligible Hong Kong permanent resident and new arrival aged 18 or above; if so, of the details; if not, the reasons for that?

Reply:

President,

Vaccination is the current focus of the global anti-epidemic work, and is the most effective and ultimate measure for preventing and controlling the epidemic. The COVID-19 Vaccination Programme (Vaccination Programme) in Hong Kong has been implemented since February 26. The goal is to provide vaccines for the majority of Hong Kong residents within 2021 for free and on a voluntary basis, thereby building up the herd immunity barrier for Hong Kong and overcoming the epidemic.

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(1) and (2) According to global statistics on vaccination by the University of Oxford (Note 1), as at May 24, more than 1.67 billion doses of COVID-19 vaccine have been administered worldwide, equal to 22 doses for every 100 people. Among the countries with greater progress in vaccination, such as Israel, the take-up rate has exceeded 60 per cent, while the take-up rates of other major countries/regions such as the United Kingdom, the United States, the European Union and Singapore are about 55 per cent, 48 per cent, 34 per cent and 33 per cent respectively (Note 2). For Hong Kong, as at May 24, over 2.17 million doses of COVID-19 vaccines were administered to members of the public. Among them, over 1.26 million persons have received their first dose, accounting for around 19.3 per cent of the population aged 16 or above. About 900 000 persons have received their second dose, accounting for around 13.8 per cent of the population aged 16 or above.

Drawing from international experience, even in the face of mutant strains, countries which have commenced large-scale vaccination programmes are able to improve their epidemic situation as the vaccination coverage rate increases. On the contrary, in places where the epidemic is still severe or has rebounded, such as India and Taiwan, generally vaccination is relatively slow with a low take-up rate. The current vaccine take-up rate in Hong Kong is still far below the level that can achieve herd immunity. If, unfortunately, a new wave of epidemic arrives, we will not be able to build a herd immunity barrier for protection. There is still much room for improvement in terms of our vaccine take-up rate and the vaccination progress.

People's willingness to get vaccinated in different places are affected by many factors, and it is difficult to directly compare the vaccination progress and vaccine take-up rates across different places. The vaccination progress of an individual place can be affected by limitations such as overall vaccine supply, vaccination logistics, manpower as well as

infrastructure. Hong Kong is fortunate to not be limited in this regard. Supply of vaccines in Hong Kong is sufficient, with capacity in vaccination centres sufficient to cater up to over 40 000 doses daily. On the other hand, places such as the United Kingdom, the United States and Europe, etc. have experienced severe epidemic situations leading to a high death toll (hundreds of new cases per million capita per day). With relatively higher risks of infection, severe case and death, the public's desire for vaccination is significantly higher, resulting in better vaccination progress and higher overall take-up rate.

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The COVID-19 Vaccination Programme is premised on science and data, and the two vaccines currently provided by the Government are proven to be safe, efficacious and of good quality. So far, we have not seen any obvious examples of people in other places where the willingness to get vaccinated increase significantly due to non-health risk related factors. Nevertheless, we will continue to pay close attention to measures taken by local governments to improve citizens' willingness to get vaccinated and the overall take-up rate as reference for Hong Kong to encourage citizens to receive vaccines. The Government has been following closely the resumption of cross-boundary travel and adjustment of social distancing measures by other countries/regions after launching of vaccination programmes, with a view to trying to encourage members of the public to get vaccinated in various ways (see below).

(3) and (5) The Government announced on April 12 that it would adopt a new direction in fighting the pandemic and relax certain restrictions with "vaccine bubble" as the basis, on one hand to respond to the aspirations of various trades and the public to resume normal ways of life as soon as possible, and on the other, encourage citizens to get vaccinated proactively. The first phase of social distancing measures under the "vaccine bubble" took effect from April 29.

In respect of catering business, we have provided four types of mode of operation for eateries, under which the operation restrictions on the relevant premises (including period of time that dine-in service can be provided, the maximum number of people per table and per banquet, and seating

capacity limit in the premises) would be relaxed subject to whether their staff and customers have received COVID-19 vaccination and the use of the "LeaveHomeSafe" mobile application. Moreover, six types of premises (viz. bars or pubs, bathhouses, party rooms, clubs or nightclubs, karaoke establishments and mahjong-tin kau premises) may also resume operation in a gradual manner on the premise that their staff and/or customers must receive COVID-19 vaccination and customers must use the "LeaveHomeSafe" mobile application. We have also relaxed the restrictions in relation to three types of exempted group gatherings, including wedding ceremonies, religious gatherings and business meetings held in order to comply with any Ordinance or other regulatory instrument such as annual general meetings on the premise that their participants must have received at least the first dose of COVID-19 vaccine. Group gatherings of not more than 30 persons each during tours may also resume operation on the premise that their frontline staff must have received the first dose of COVID-19 vaccine. Furthermore, on the premise of maintaining reduction of social contact and carrying out infection protection measures, a restricted visiting arrangement for residential care homes for the elderly and residential care homes for persons with disabilities has been implemented from May 10 under specified conditions.

Depending on the epidemic development, the progress of the Vaccination Programme and the implementation of the first phase of measures under the "vaccine bubble", we will review and adjust the details of the measures and consider further relaxation of restrictions in respect of the operation of restaurants and other premises under the second phase. The Government will also continue to maintain close liaison with the trade, listen to their views and suggestions on the implementation of social distancing measures under the "vaccine bubble", as well as provide more details on the implementation of the measures.

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Under the new arrangement, persons who have stayed in low-risk Group D specified places (Australia and New Zealand), and who have been fully vaccinated, will be subject to compulsory quarantine in designated quarantine hotels for seven days (originally 14 days). They will subsequently be required to self-monitor for seven days and undergo compulsory testing on the 12th day of their arrival at Hong Kong.

For persons who have stayed in medium-risk Group C specified places and high-risk Group B specified places, and who have been fully vaccinated, they will be subject to compulsory quarantine in designated quarantine hotels for 14 days (originally 21 days), and subsequently be required to self-monitor for seven days and undergo compulsory testing on the 16th and 19th day of their arrival at Hong Kong. As for extremely high-risk Group A1 specified places and very high-risk Group A2 specified places, the boarding, quarantine, and testing arrangements will remain unchanged.

In addition to the above policy changes, we also place great emphasis on promotion and education work related to the Vaccination Programme. We have been providing to members of the public through different channels the latest information on vaccines, and made public the professional views of experts on vaccination. Government officials have also on various occasions explained to the public the progress of the Vaccination Programme and messages on vaccines through the media. We have also launched the "COVID-19 Vaccination Programme" thematic website (www.covidvaccine.gov.hk) to provide the public a one-stop destination to learn about the latest information and accurate messages on COVID-19 vaccines, including the principles of the vaccines, their protection and need-to-know facts, etc. We also stepped up monitoring of false information on vaccines within the community and made clarifications and debunked rumours as necessary.

To tie in with the roll-out of the Vaccination Programme, the Department of Health (DH) produced a series of six television promotion videos titled "Protect yourself and others, Get vaccinated" and four radio promotional clips to encourage members of the public to receive COVID-19 vaccines to protect themselves and their families. The DH also collaborated with television channels to produce and broadcast informational clips, including inviting family doctors to assess whether different cases are suitable for receiving vaccines so as to dissipate citizens' worries on vaccination; and bring out the latest information on COVID-19 vaccines through different shows and programmes. The DH and the Hospital Authority (HA) also worked with radio stations to explain whether different specific illnesses will affect the efficacy and safety of vaccination, and respond to audience's queries. Furthermore, to enable ethnic minorities to receive the latest news and information on vaccines, we specifically produced for them education materials and videos which have been translated into different languages. Relevant important messages are broadcasted on local radio channels for ethnic minorities.

On the other hand, having considered that members of the public are concerned about adverse events following COVID-19 vaccination, we issue a weekly press release to provide updated statistics and relevant information on monitoring COVID-19 vaccination, including reports of adverse events received in the past one week, death cases which received COVID-19 vaccination within 14 days of passing away, the assessment results by the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation (Expert Committee), as well as the comparison figures of overall ratio of death cases, ratio of death cases with acute stroke or acute myocardial infarction, and ratio of miscarriage cases out of those with and

without vaccination record. The respective baseline reference figures captured by HA in the past three years have also been uploaded to the COVID-19 Vaccination Programme thematic website. Furthermore, according to the risk communication plan endorsed by the Expert Committee, figures and summary of clinical events related to vaccination received will be released and updated through the thematic website biweekly. When suspected adverse event fulfilling the reporting criteria involving death case within 14 days of vaccination is received, it will be announced as soon as possible.

Vaccination is the strongest and most effective measure in our anti-epidemic efforts. It is also key to overcoming the epidemic, resuming normal ways of life and resuming cross-boundary travel as soon as possible. We appeal to members of the public who have not yet been vaccinated to get vaccinated as soon as possible while the supply of vaccines lasts and the Community Vaccination Centres have sufficient capacity, with a view to protecting themselves and others and build up the herd immunity barrier for Hong Kong. We will continue to communicate with members from different sectors and the community to listen to their views and suggestions on motivating the public to get vaccinated.

(4) We have been paying close attention to the vaccination situation of staff of scheduled premises. During the early stage of the Vaccination Programme, the relevant staff can register on the booking system by indicating the priority group of the scheduled premises. However, with the phased relaxation in age eligibility (lowered to aged 30 and above, then aged 16 and above), the relevant staff could, in subsequent stage, register for vaccination as long as they fulfil the age requirement. Providing information on the category of the schedule premises is voluntary. Hence, the Government cannot provide from the booking system precise vaccination figures of staff of scheduled premises.

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Note 2: Proportion of the population of the country/region concerned which has received as least one dose of COVID-19 vaccine.

LCQ1: Professional conduct of teachers

Following is a question by the Hon Tommy Cheung and a reply by the Secretary for Education, Mr Kevin Yeung, in the Legislative Council today (May 26):

Question:

It has been reported that quite a number of students, under the influence of their teachers or peers, participated in the Occupy Central movement in 2014 and the movement of opposition to the proposed legislative

amendments in 2019. From June of the year before last to the end of last year, the Education Bureau received 269 complaints about professional misconduct of teachers, and has so far taken disciplinary actions against 154 teachers, including cancelling the teachers' registration of three of them. Regarding the professional conduct of teachers, will the Government inform this Council:

(1) given that the Code for the Education Profession of Hong Kong and the Professional Standards for Teachers of Hong Kong currently in place were formulated by teacher advisory bodies a number of years ago, whether the Government will expeditiously review and update the two documents to expressly prohibit teachers from performing the following acts: participating in unlawful activities, inciting or organising students to participate in unlawful activities, promoting their personal political opinions to students, as well as publishing radical, hatred-inciting or misrepresented remarks on the Internet; if so, of the details; if not, the reasons for that;

(2) whether it will learn from the bitter experiences and expeditiously formulate a clear and authoritative official code for the teaching profession, so as to deter teachers from inciting students to participate in unlawful activities; if so, of the details; if not, the reasons for that; and

(3) of the new measures, on the premise of not violating professional autonomy, put in place to step up disciplinary actions against teachers who have misconducted themselves, so as to maintain the standard of teachers' conduct?

Reply:

President,

Teachers play a vital role in passing on knowledge and nurturing students' character. Their words and deeds have a far-reaching impact on students' growth. Therefore, parents and the community at large expect our teachers to possess not only solid professional knowledge but also high moral standards, and they should serve as role models in educating our next generation. If teachers are found to have seriously misconducted themselves or violated professional ethics, the Education Bureau (EDB) will consider cancelling their teacher registration in accordance with the Education Ordinance to safeguard students' well-being, uphold the dignity of the teaching profession and maintain public's confidence in the teaching profession.

Our reply to the question raised by the Hon Tommy Cheung is as follows:

(1) and (2) The Committee on Professional Development of Teachers and Principals (COTAP), after in-depth research, discussion and extensive consultation with the school sector, launched the "T-standard+" in 2018. It includes "Professional Standards for Teachers of Hong Kong" and "Professional Standards for Principals of Hong Kong". "T-standard+" portrays the professional performance expected of school teachers and principals, with a view to promoting the professional learning of the teaching force, upholding

professional ethics of the teaching profession, and demonstrating high moral standards and values. Specifically, teachers are expected to perform the three professional roles of being the "Caring Cultivators", "Inspirational Co-constructors" and "Committed Role Models"; and the principals are required to play the three professional roles of being the "Ethical Enablers", "Versatile Architects" and "Visionary Edupreneurs".

Starting from the 2020/21 school year, we have strengthened the structured teacher training and provided corresponding professional development programmes for newly-joined teachers, in-service teachers and teachers aspiring for promotion to middle management. Among others, the programmes include 30 hours of core training, which include detailed explanation on the "T-standard+" and case studies with a view to reminding teachers to perform the professional roles as expected and to uphold their professional ethics.

The Code for the Education Profession of Hong Kong (the Code), promulgated in 1990, was drawn up and formulated by the Preparatory Committee, Professional Code for Educational Works comprising representatives from education organisations in accordance with the recommendations in the Education Commission Report No. 1. The purpose of the Code is to provide self-disciplinary guidelines and norms of professional conduct for educators. It has been over 30 years since promulgation of the Code. In light of changes in the society and development in education, the Council on Professional Conduct in Education (CPC) drew up practical guidelines with exemplars for the Code. A consultation was carried out in 2016. However, there was strong opposition from individual education organisations against the illustrations/exemplars. The CPC hence shelved the practical guidelines and conducted another consultation in 2018. The current revision of the Code mainly involves the addition of guiding principles as section headings to the 1990 version and categorisation of the provisions according to their nature. There were no substantial changes in the content.

When handling suspected misconduct cases of teachers, we draw reference to the "T-standard+" and the Code. More importantly, we take into account whether the words and deeds of the teachers concerned fail to meet the moral standards generally acceptable to the society, whether they risk the safety and harm the healthy development of students, and whether the values so demonstrated will have an adverse impact on the dignity of the teaching profession or students' learning and undermine public's confidence in teachers. For the 269 complaints about professional misconduct of teachers relating to the social turmoil, as at the end of April 2021, we have cancelled three teachers' registration, and issued reprimand letters, warning letters, advisory letters and verbal reminders to a total of 151 teachers. As regard the Hon Cheung's suggestion to expressly prohibit teachers from participating in unlawful activities, inciting or organising students to participate in unlawful activities, promoting their personal political opinions to students, as well as publishing radical, hatred-inciting or misrepresented remarks on the Internet, such actions from teachers will not be accepted, be they spelt out in any code or not. We have been handling these cases in a serious manner in accordance with the Education Ordinance.

We have analysed cases concerning professional conduct of teachers in the past two years and briefed Members of the overall situation at the meeting of the Panel on Education of the Legislative Council on May 7, 2021. We have publicly explained our considerations in determining the follow-up actions or penalty. We have also consolidated and shared some specific cases. The EDB plans to release the related numbers on a regular basis, with examples of cases to illustrate the penalties against misconducted teachers and the considerations involved for the public's information and schools' reference. This would help schools strengthen the management of teachers and remind teachers to be more sensitive in their words and abide by regulations and the law.

(3) The EDB has all along respected the professionalism of teachers. Teachers should, based on their expertise and experience and according to the EDB's curriculum guides, make their professional judgement in adjusting learning materials and teaching strategies with reference to the characteristics and needs of their students. I wish to stress that "professional autonomy" does not mean indulgence without limits. Teaching and assessment must be in line with the curriculum framework and related requirements. Under no circumstances should teachers promote personal political views to students, disseminate inaccurate information, biased views or distorted facts to mislead students, or spread hatred or discriminatory messages or messages that go against social morality. If such cases are found, the EDB will certainly handle them prudently. For serious cases, the EDB will consider cancelling the registration of the teachers concerned.

Being employers of teachers, schools should supervise their teachers, remind them of the behaviour and conduct required, pro-actively follow up on the misconduct of their teachers and take disciplinary actions as appropriate. We will enhance liaison with school sponsoring bodies and schools for case sharing and exchange of experience in disciplinary actions, so as to facilitate school sponsoring bodies in drawing up their own guidelines on the matters. After completion of investigation, we will provide advice on the penalties/follow-up actions taken by schools. School leadership and supervision of teachers are important indicators of school performance. The EDB will seriously follow up on any mishandling by schools.

The EDB will continue to handle all teacher misconduct cases in a serious and prudent manner, from the perspective of education professionalism and in accordance with the Education Ordinance. In tandem, we appreciate the contributions of the responsible and distinguished teachers and promote the continuous development of the teaching profession.

Thank you, President.