

Hong Kong Customs combats unfair trade practices at employment agency

Hong Kong Customs today (May 4) arrested a female staff member of an employment agency suspected of having applied false trade descriptions to an employment agency service supplied, in contravention of the Trade Descriptions Ordinance (TDO).

Customs earlier received information alleging that a female staff member of an employment agency in Yuen Long has made a false claim to a customer on the application for employment of a foreign domestic helper, stating that the company had submitted the work application to the relevant government department, which was contrary to the fact.

After investigation, Customs officers today arrested a 25-year-old woman.

An investigation is ongoing and the arrested woman has been released on bail pending further investigation.

Customs reminds traders to comply with the requirements of the TDO and consumers to procure services at reputable shops.

Under the TDO, any trader who applies a false trade description to a service supplied to a consumer commits an offence. The maximum penalty upon conviction is a fine of \$500,000 and imprisonment for five years.

Members of the public may report any suspected violations of the TDO to Customs' 24-hour hotline 2545 6182 or its dedicated crime-reporting email account (crimereport@customs.gov.hk).

Government further adjusts boarding and quarantine arrangements for persons arriving at Hong Kong

The Government announced today (May 4) the continued suspension of passenger flights from India, Nepal, Pakistan, and the Philippines, and the continued restriction on persons who have stayed in India, Nepal, Pakistan, the Philippines, Brazil, and South Africa from boarding flights for Hong Kong from any place; and subject to no significant change to epidemic situation locally and in relevant overseas places, the lifting of the ban for persons who have stayed in Ireland and the United Kingdom (UK) on boarding for Hong

Kong on May 7, to allow flights to resume from those places and for Hong Kong residents there to board for flights for Hong Kong, while these relevant persons would be subject to the most stringent compulsory quarantine and testing arrangements upon arrival at Hong Kong.

Flight suspension mechanism and restriction on boarding for Hong Kong

In response to the emergence of the more transmissible new virus variants in different places, as a measure to prevent the importation of the new virus variants into Hong Kong, the Government announced late last year the specification of the UK, South Africa, Brazil, and Ireland respectively as extremely high-risk places (i.e. the existing Group A specified places) under the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H), so as to restrict all persons who have stayed in those places from boarding a flight for Hong Kong.

In view of the sustained unstable epidemic situation and even large-scale outbreaks overseas, and with new virus variants, including many virus strains designated by the World Health Organization (WHO) as variants of concern, ravaging many parts of the world, the Government announced on April 14 this year the tightening of measures to guard against the importation of cases. Apart from the tightening of the existing flight suspension mechanism based on the number of imported cases that was applicable to specific flights of an airline, a place-specific flight suspension mechanism targeted at places where cases originated that made reference to the number of imported cases carrying new virus variants was also introduced, in which all passenger flights from that place would be prohibited, and all persons who have stayed in that place would be restricted from boarding a flight for Hong Kong from any place. Under the place-specific suspension mechanism, the Government announced on April 18 the implementation of the ban on India, Pakistan, and the Philippines, and announced on April 29 the implementation of the ban on Nepal, as well as the further tightening of the suspension mechanism, including that the mechanism would not be lifted automatically after two weeks, but would instead require regular reviews of the epidemic situation of the relevant places and whether the ban could be lifted, before flights could resume and persons who have stayed in those places could be allowed to board for Hong Kong.

Under the existing place-specific flight suspension mechanism, if among all passenger flights from the same place, regardless of airline, a total of five or more passengers were confirmed positive by arrival tests for COVID-19 with the N501Y mutant strain or relevant virus mutation within a seven-day period, or a total of 10 or more passengers were confirmed positive by any tests (including tests conducted during quarantine) with the N501Y mutant strain or relevant virus mutation within a seven-day period, the Government will invoke Cap. 599H to prohibit all passenger flights from that place from landing in Hong Kong, and will specify that relevant place as an extremely high-risk place (i.e. the existing Group A specified place) under Cap. 599H to restrict persons who have stayed in that place for more than two hours from boarding passenger flights for Hong Kong, so as to stop persons from the

relevant place from travelling to Hong Kong via transit.

Considering that the epidemic situation is still unstable in the existing extremely high-risk places, i.e. India, Nepal, Pakistan, the Philippines, Brazil, and South Africa, the existing restrictions under Cap. 599H will continue.

On the other hand, having considered the stabilising local epidemic situation and the relatively satisfactory vaccination rate in Ireland and the UK, the Government plans to lift the boarding restriction for these two places on May 7, on the condition that there be no significant change to the epidemic situation locally and in these two places. Persons returning to Hong Kong from these two places can board for flights for Hong Kong after they have obtained a negative result for a COVID-19 test with samples taken 72 hours prior to departure, as well as confirmation of a 21-night room reservation in a designated quarantine hotel. On arriving at Hong Kong, they will be subject to the "test-and-hold" arrangement for obtaining a negative result at the airport, after which they will be subject to 21-day compulsory quarantine in the designated quarantine hotel (undergoing at least three tests during the period), and compulsory testing on the 26th day of arrival at Hong Kong after completion of compulsory quarantine.

Adjusted grouping on boarding and compulsory quarantine requirements

To implement the more targeted risk-based approach on boarding, quarantine, and testing arrangements for persons arriving at Hong Kong under the new direction in fighting the pandemic, the Government announced on April 14 the adjusted grouping of boarding and compulsory quarantine arrangements: places outside China will be categorised under Cap. 599H into the extremely high-risk Group A1 specified places (equivalent to the existing Group A specified places), the newly added very high-risk Group A2 specified places, as well as the existing high-risk Group B specified places, the medium-risk Group C specified places, and the low-risk Group D specified places.

The adjusted grouping that the Government plans to implement on May 7 is stated as follows. The extremely high-risk Group A1 specified places will include India, Nepal, Pakistan, and the Philippines, the places where the place-specific flight suspension has been in effect since April, as well as Brazil and South Africa where the boarding restriction had been implemented earlier. The very high-risk Group A2 specified places will include Ireland and the UK. The specification for the high-risk Group B and medium-risk Group C specified places will remain unchanged. Meanwhile, the low-risk Group D specified places will include Australia, New Zealand, and Singapore (details at Annex).

Depending on the importation of cases and mutant virus strains from a place, the Government would specify that place as an extremely high-risk Group A1 specified place in a timely manner under the flight suspension mechanism mentioned above. Subject to the development of the epidemic

situation in the relevant place, when flights to Hong Kong from that place could resume, that place would be specified as a very high-risk Group A2 specified place, such that persons from the relevant place who fulfilled the boarding requirements could resume coming to Hong Kong, but they must be subject to compulsory quarantine in designated quarantine hotels for 21 days (undergoing at least three tests during the period) and compulsory testing on the 26th day. On continued observation of the epidemic situation of a relevant place, including case incidence and vaccination progress, the Government may also consider lowering the specification of a specific place to high-risk place (Group B specified place) from very high-risk Group A2 specified place where appropriate.

Under the existing compulsory quarantine and testing arrangements, persons arriving at Hong Kong who have stayed in high-risk Group B specified places or medium-risk Group C specified places are both currently subject to compulsory quarantine in designated quarantine hotels for 21 days (undergoing at least three tests during the period). As for persons arriving at Hong Kong who have stayed in low-risk Group D specified places, they are subject to compulsory quarantine in designated quarantine hotels for 14 days (undergoing at least two tests during the period) and compulsory testing on the 19th day of their arrival at Hong Kong. However, based on the new direction in fighting the pandemic and the "vaccine bubble" concept as announced by the Chief Executive on April 12, the Government is planning to suitably shorten the compulsory quarantine period, based on risk levels, for persons arriving at Hong Kong who have not stayed in extremely high-risk and very high-risk places, and who have been fully vaccinated. The implementation date and details of the relevant measures will be announced separately.

The Government will gazette the relevant updated specifications under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E) and Cap. 599H to effect the above measures on the new specified places grouping and the lifting of the boarding restriction for Ireland and the UK on May 7.

A Government spokesman said, "The Government will continue to closely monitor the situation, including the developments of the epidemic situation both globally and locally, vaccination progress, and changes in the volume of cross-boundary passenger traffic, and will further adjust the boarding and compulsory quarantine requirements for persons arriving at Hong Kong from places with different risks when necessary."

Details on the grouping of specified places and their respective boarding and compulsory quarantine requirements can be found at www.coronavirus.gov.hk/eng/high-risk-places.html.

Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation assesses serious adverse events relating to COVID-19 vaccination

The Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation (Expert Committee) convened a meeting today (May 4) to assess serious adverse events relating to COVID-19 vaccination.

The Department of Health (DH) has been closely monitoring possible adverse events following COVID-19 immunisation. Based on the guidelines of the World Health Organization (WHO), the DH enhanced the existing surveillance system and carried out active surveillance. Under the surveillance system, the DH monitors Adverse Events Following Immunisation (AEFIs) and encourages and receives from healthcare providers and pharmaceutical industry AEFI reports of COVID-19 immunisation in Hong Kong. The DH also partners with the University of Hong Kong (HKU) to conduct an active surveillance programme for Adverse Events of Special Interest under the COVID-19 Vaccines Adverse Events Response and Evaluation Programme (CARE Programme) for provision of data on the safety profile of the COVID-19 vaccines via big data analysis and scientific studies.

According to reporting criteria of AEFIs endorsed by the Expert Committee, when there are obvious medical causes (including clinical diagnosis and pathology reports) for certain clinical events including death cases, the healthcare professionals may consider the event not fulfilling the criteria for reporting as AEFIs. On the other hand, under the CARE Programme, the DH and the Hospital Authority (HA) have set up mechanism to refer death cases not fulfilling reporting criteria of AEFIs to HKU for surveillance and analysis. The HKU would provide regular reports to the Expert Committee; if unusual pattern is detected, the DH will be notified and the information will be referred to the Expert Committee for assessment as soon as possible. In addition, according to the risk communication plan endorsed by the Expert Committee, figures and summary of clinical events received will be released and updated through the designated website biweekly. When suspected adverse event fulfilling the reporting criteria of AEFIs involving death case within 14 days of vaccination is received, it will be announced as soon as possible. An updated report (as at May 2) will be uploaded on May 7.

Between April 19 and May 2, 2021, the DH had received eight death reports with history of COVID-19 immunisation from the HA and another Coroner's case handled by public mortuary. These cases involved five males and four females aged from 43 to 76 years old. All the reports did not have clinical evidence to support the events were caused by vaccine. The Expert

Committee assessed these nine death cases in today's meeting (Annex). Four cases had history of COVID-19 vaccination more than 14 days before they passed away, the Expert Committee concluded that two of these cases had no causal relationship with COVID-19 vaccination based on the assessment and diagnosis made by the attending doctor(s), and preliminary considered that the other two were not associated with vaccination. For the other five cases with history of vaccination within 14 days, the Expert Committee preliminary considered them not associated with COVID-19 vaccination based on clinical information and preliminary autopsy findings.

In addition, the Expert Committee also concluded the causality assessment of two previous cases. The first case, first announced on March 7, involved an 80-year-old man who passed away on March 13. Full autopsy report indicated that the cause of death was acute myocardial infarction and ischaemic bowel, other investigation results did not reveal any possible immunological reactions due to vaccine. Based on the WHO algorithm, the Expert Committee concluded that there was no causal relationship between the deceased's outcome and COVID-19 vaccination. The second case, first announced on April 21, involved a 72-year-old man who passed away on April 16. Attending doctor(s) considered causes of death were haemodialysis catheter related sepsis and hyperkalaemia, and no clinical reason to suspect association with vaccine. The Expert Committee concluded that there was no causal relationship between the deceased's outcome and COVID-19 vaccination.

According to the local mortality data, in the period between February 26 and May 2 of 2019, among people aged 40 or above, there were 684 deaths (i.e. 16 per 100 000 population) and 1,154 deaths (i.e. 27 per 100 000 population) due to ischaemic heart diseases and heart disease respectively. The Expert Committee reviewed these data and considered there is no unusual pattern identified so far. The Expert Committee will continue to closely monitor the situation and collect data for assessment.

Between April 19 and May 2, 2021, the DH had received 16 reports of suspected Bell's palsy with history of COVID-19 vaccination. These cases involved 10 males and six females between 20 and 87 years old. Seven of these cases received CoronaVac vaccine and nine received Comirnaty vaccine. The Expert Committee reviewed available clinical data of these cases and considered that three cases requiring further clinical information before the assessment could be concluded.

Bell's palsy (acute peripheral facial paralysis) is a common neurologic disorder. Majority of the patients will have complete recovery even without treatment and early use of a short course of treatment within 3 days of symptoms onset will further enhance the recovery rate. According to the preliminary information collected by the HKU from HA, for people of 16-year-old or above, there were on average 65.7 new cases of Bell's palsy recorded in the period from April 19 to May 2 of 2018, 2019 and 2020.

The two COVID-19 vaccines authorised for use in Hong Kong have been rigorously evaluated by the Advisory Panel on COVID-19 Vaccines established under the Prevention and Control of Disease (Use of Vaccines) Regulation

(Cap. 599K) that they are safe, effective and of good quality. Current scientific evidence indicates that the benefits of the two COVID-19 vaccines outweigh their risks for use as active immunisation to prevent COVID-19. The surveillance system put in place by the DH aims at identifying potential signals that may indicate association between unknown adverse events and the vaccines. If a signal is identified and confirmed, appropriate regulatory measures would be instituted.

POH appeals to public for missing patient

The following is issued on behalf of the Hospital Authority:

The spokesman for Pok Oi Hospital (POH) made the following appeal today (May 4) regarding a patient who left the hospital without notifying hospital staff:

A 66-year-old male patient left the Emergency Medicine Ward without notifying the hospital staff at around 4.45pm today.

After discovering the patient had left without notification, ward staff reported the matter to security guards immediately and sought assistance from Police. Security guards conducted the hospital search immediately but unable to locate the patient. POH is very concerned about the incident and has reported to the police immediately. The hospital will continue to cooperate with the police for the search.

The patient is about 1.7 meters tall, medium body build with black and short hair. He was wearing a long-sleeved top with black and white stripes and beige trousers when he left the hospital. He has to use a cane when walking. The hospital appeals to the public to contact Yuen Long Police Station at 3661 4710 if they know the whereabouts of the patient.

Land and Development Advisory Committee holds meeting

At its meeting today (May 4), the Land and Development Advisory Committee (LDAC) was briefed by the Development Bureau (DEVB) on an application in Hung Hom under the "Scheme of Facilitating Provision of Pedestrian Links by the Private Sector", and by the Planning Department

(PlanD) on the proposal to subdivide certain commercial sites in the Hung Shui Kiu/Ha Tsuen New Development Area (HSK/HT NDA).

The "Scheme of Facilitating Provision of Pedestrian Links by the Private Sector" was introduced in 2017 to put in place a mechanism to evaluate the benefits of pedestrian links proposed by the private sector to facilitate consideration of whether land premium chargeable on the relevant lease modifications is justified to be waived. The current pedestrian link application involves a proposed footbridge connecting a redevelopment at 1 Cheong Tung Road to the existing elevated walkway network in Hung Hom which extends to Tsim Sha Tsui East via the Hung Hom MTR Station (location plan at Annex). The proposed pedestrian link will provide a 24-hour public passageway with barrier-free access that can facilitate people movement between Tsim Sha Tsui East and the northern part of Hung Hom, and is expected to serve a large population with enhanced pedestrian experience. Members considered that the proposed pedestrian link could benefit the community by improving the walkability in Hung Hom and providing pedestrians with a more direct, safe and comfortable walking environment. They were supportive of a premium waiver for the relevant lease modification arising from the application, and put forward a number of suggestions on the existing pedestrian network to further enhance pedestrian experience and accessibility. The DEVB will take into account the views of Members and work with the applicant and relevant government departments in taking forward the proposal.

In HSK/HT NDA, two town centres are planned around the proposed HSK Station and the existing Tin Shui Wai Station with concentrated commercial developments. Currently, there are 21 commercial sites (including pure commercial and mixed commercial and residential developments) at the town centres as shown on the relevant Outline Development Plan (ODP), with an average size of about 1.4ha (ranging from 0.6 to 4.3ha each). The site delineation has taken into account the planning intention for commercial development of a certain scale and requirements for large-scale public facilities, e.g. public transport interchange (PTI).

The HSK/HT NDA will be implemented under the Enhanced Conventional New Town Approach. Under this approach, the Government intends to resume and clear all private land planned for developments, and dispose of the land planned for private developments in the market. Prior to land resumption, the Government may allow in-situ land exchange applications from land owners of sites planned for private developments as shown on the ODP, subject to specified criteria and conditions. In response to calls for greater flexibility to facilitate commercial developments of diversified scales and characteristics and to enable participation of developers of different sizes in the NDA development, the PlanD has reviewed the site sizes on the ODP for the purpose of considering land exchange applications and guiding disposal of those sites should the land be resumed eventually. On the premise of maintaining a good planning for the town centres and ensuring the functionality of individual sites, nine out of the 21 commercial sites are proposed to be sub-divided into 18 smaller sites. After the sub-division, the 30 sites would have an average size of about 1ha (ranging from 0.6 to 2.35ha each, with two sites over 2ha each accommodating a PTI).

Commenting on the proposal, some Members suggested that in finalising the ODP, the PlanD should consider a number of factors, including the need for ensuring economies of scale and design flexibility notwithstanding the good intention of providing diversity in sizes and forms, the need to ensure utilisation efficiency of smaller sites by allowing alternative designs with for example additional ingress/egress points, and the need for flexibility to cope with evolving circumstances in the future. The PlanD will take into account Members' comments in finalising the proposal. The revised ODP showing the revised site boundaries will be promulgated in due course to guide the future development for the NDA.