

LCQ17: Cross-boundary spread of infectious diseases

Following is a question by the Hon Wu Chi-wai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 30):

Question:

Some members of the public are concerned that with contacts between residents of Hong Kong and the Mainland growing day by day, there is an increasing risk of cross-boundary spread of infectious diseases. In this connection, will the Government inform this Council:

(1) whether it knows the respective numbers of confirmed cases of infection with four types of multi-drug resistant bacteria (i.e. Vancomycin-resistant Enterococcus, Extended-spectrum beta-lactamase producing organisms, Multi-drug resistant Acinetobacter and Methicillin-resistant Staphylococcus aureus) in each of the past five years, with a breakdown by hospital cluster, hospital name and reason for the patients seeking treatment;

(2) whether it knows, among the cases in (1), the respective numbers of those where the routes of transmission were suspected to have involved (i) Mainland residents who sought medical treatment on the Mainland and (ii) Hong Kong residents who had settled on the Mainland and returned to Hong Kong for medical treatment, with a breakdown by hospital name;

(3) of the number of suspected cases of infectious diseases reported to the authorities by operators of cross-boundary conveyances and staff of the various port offices in each of the past five years, with a breakdown by name of the infectious disease, as well as the details of each case; and

(4) of the details concerning the exchange of information among the relevant authorities of Hong Kong, Macao and the Guangdong Province in each of the past five years under the infectious disease notification mechanism, including the name of diseases, number of cases, number of deaths, age group and causative agents; among such information, the respective numbers of cases involving the infectious diseases listed in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap 599) and the infectious diseases caused by infectious agents listed in Schedule 2 to the same Ordinance?

Reply:

President,

(1) The Hospital Authority (HA) normally uses antibiotic resistance rate (i.e. the ratio of organisms showing antibiotic resistance) to indicate the situation of multi-drug resistant organisms (MDROs) in public hospitals. The

antibiotic resistance rates of MDROs in public hospitals in the past five years are listed at Annex 1. The HA does not keep statistical information on the causes of MDRO cases.

(2) The HA does not keep such statistical information.

(3) The Port Health Office of the Centre for Health Protection (CHP) of the Department of Health (DH) has been carrying out health surveillance at all boundary control points, including the Hong Kong International Airport, harbour ports and ground crossings, with the use of infrared thermal imaging systems for body temperature checks on inbound travellers. Passengers entering Hong Kong by cross-boundary transport are required to go through body temperature checking facilities at various boundary control points. Suspected cases of infectious diseases are referred by the CHP to healthcare facilities for follow-up, and among them, suspected cases of severe infectious diseases (e.g. avian influenza or Middle East Respiratory Syndrome) are directly referred by the CHP to public hospitals for follow-up.

The numbers of suspected cases of severe infectious diseases identified by Port Health officers at various boundary control points and referred to public hospitals during the period from 2014 to March 2018 are listed at Annex 2. None of them were confirmed cases.

(4) As early as 2005, the Government of the Hong Kong Special Administrative Region signed a Co-operation Agreement on Response Mechanism for Public Health Emergencies with the then State Ministry of Health and the Secretariat for Social Affairs and Culture of the Macao Special Administrative Region. The three places have enhanced collaboration and exchange in areas such as notification of information in response to major public health emergencies and infectious disease epidemics, co-ordinated effort in emergency response, as well as technical issues, training and scientific research regarding public health emergency response. In addition, DH signed an Agreement of Co-operation on Emergency Public Health Incidents in Hong Kong, Guangdong and Macao with the then Health Department of the Guangdong Province and the Health Bureau of Macao in 2006. The parties have since maintained co-operation in areas including notification of information, surveillance and alert in respect of infectious diseases, so as to enhance the capabilities of the three places in disease prevention and control.

The CHP has maintained close liaison and co-operation with the National Health Commission (formerly known as the National Health and Family Planning Commission), the Health and Family Planning Commission of the Guangdong Province and the Health Bureau of Macao under an established mechanism. The mechanism requires Hong Kong, the Mainland (especially the Guangdong Province) and Macao to notify one another of surveillance data on infectious diseases, emergency public health incidents and responses to major infectious diseases.

The three places exchange surveillance data on infectious diseases on a regular basis, including the statistics on 50 statutory notifiable infectious

diseases under the Prevention and Control of Disease Ordinance (Cap 599) shared with the Mainland and Macao authorities on a monthly basis, details of which are set out at Annex 3. As regards imported cases of infectious diseases from the Mainland and Macao (e.g. food poisoning, Legionnaires' disease, dengue fever and human infection of avian influenza), the CHP gives timely notification to the Mainland and Macao for follow-up investigation and implementation of necessary prevention and control measures, so as to enhance the capabilities of the three places in the prevention and control of infectious diseases. On the part of Hong Kong, follow-up investigation into cases notified by the Mainland and Macao that involve Hong Kong people is carried out by the CHP. In addition, the three places exchange information on major public health incidents and cases of severe infectious diseases, including human infection of avian influenza, Middle East Respiratory Syndrome, yellow fever, plague and Zika virus infection. The CHP also gives relevant information, such as press releases, to the Mainland and Macao in a timely manner to facilitate joint efforts in risk assessment for effective control of infectious diseases.

Hong Kong has maintained a stable and effective co-operation mechanism with the Mainland and Macao over the years, under which information on various infectious diseases can be shared through enquires and notification among the three places by telephone, email or fax. This has been part of the routine work of the CHP in its investigation and surveillance efforts in infectious disease control. There were about 180 to 760 notifications of cases of infectious diseases made with the Mainland and Macao each year between 2013 and 2017. Most of the cases involved were human infection of avian influenza, followed by cases of Legionnaires' disease and Zika virus infection.

LCQ20: Vetting and approval of applications for various funding schemes under ITC

Following is a question by the Hon Charles Mok and a written reply by the Secretary for Innovation and Technology, Mr Nicholas W Yang, in the Legislative Council today (May 30):

Question:

The Innovation and Technology Commission (ITC) has set up assessment panels for the vetting and approval of the relevant funding applications made to the various funding schemes under the ITC. Some members of the technology sector have criticised that due to the complicated procedure, the outdated criteria and the excessively long time taken (e.g. more than a year in some

cases) for the vetting and approval of such applications, enterprises are unable to benefit from such schemes at an opportune time. In this connection, will the Government inform this Council:

(1) of the respective average numbers of working days taken in the past three years (i) from the Secretariat of the Enterprise Support Scheme receiving an application to the applicant being invited to make a presentation, and (ii) from the assessment panel's decision to support an application to the signing of the funding agreement between the authorities and the company concerned;

(2) whether it has set a target time in respect of the following: the secretariat of a funding scheme's (i) responding to an applicant's enquiry upon receipt, and (ii) informing an applicant of the progress for the vetting and approval of the application concerned upon receipt of supplementary information from the applicant;

(3) as some applicants have relayed that they have difficulties in making long-term planning for their companies' operations during the time when they are awaiting the outcome of their applications, and this affects small and medium enterprises and start-up enterprises more seriously, whether the authorities will enhance the communication with such enterprises so that such enterprises can anticipate the time when the outcome of their applications will be known;

(4) given that some persons-in-charge of funded companies have relayed that as quite a number of innovative technology products and services are only offered by a single provider, they are unable to submit at least two quotations for the goods and services to be procured in accordance with the requirements under the funding schemes, of the measures that the authorities have put in place to deal with such situation;

(5) of the academic background of ITC's staff who are responsible for the preliminary screening of the projects under application, and whether such staff have grasped the relevant knowledge about the latest research and development (R&D) and application products or services; the respective percentages of the members in each assessment panel who are from the academia, technology sector, private equity and capital market, etc and the quorum of each assessment panel; whether the authorities will adjust the composition of the various assessment panels from time to time in response to the ever-evolving technological advancement to ensure that the members have an understanding of the latest R&D and application products or services so that the relevant applications can be considered fairly; and

(6) whether the authorities will inform the applicants of the reasons for their applications being rejected; if not, whether such an arrangement will be made; whether the authorities have put in place an appeal mechanism under which members of the assessment panel other than those who were involved in the original vetting and approval of the application concerned will be responsible for reviewing the appeal lodged by the applicant?

Reply:

President,

Our reply to the various parts of the question is as follows:

(1) to (3) The Enterprise Support Scheme (ESS) was launched in April 2015 to encourage, through providing funding support, the private sector to invest in research and development. Generally speaking, upon receipt of an application, the ESS Secretariat (the Secretariat) will examine the content of the project proposal as well as the completeness of information and supporting documents submitted by the applicant enterprise. The Secretariat will contact the applicant enterprise within three weeks to follow up with the latter's application. The Secretariat will then invite the applicant enterprise to attend an ESS assessment panel (the panel) meeting if deemed necessary. The applicant enterprise will normally be notified two to three weeks before the meeting. Overall, after the submission of an application, an applicant enterprise would be notified of the assessment result in around two months in the fastest case.

On receipt of the panel's support and comments, the applicant enterprise is required to, within three months, revise the content of the proposal to address the panel's comments and submit supplementary information along with the supporting documents before signing the fund agreement. As at end May 2018, fund agreements on 45 approved projects have been signed. In the fastest case, it took 33 working days from the receipt of the panel's support to the signing of the fund agreement. The average time taken was 105 working days, of which 87 working days were used by the applicant enterprises to prepare the necessary information and supporting documents. As the processing time for an application mainly depends on the speed of the applicant enterprise in providing the required documents, we therefore have not set a target completion time.

Throughout the entire application process, the Secretariat liaises closely with the applicant enterprises to ensure that the application is handled in a timely manner. The Innovation and Technology Commission (ITC) has been monitoring the ESS implementation with reviews conducted from time to time for enhancing performance. In the past year, a number of enhancement measures, including updating the application form and the Guide to Filling in the Application Form, etc, were introduced.

(4) To ensure proper use of public funds, when procuring goods and services, the recipient enterprise must comply with the procurement procedures established in accordance with the guidelines of the Independent Commission Against Corruption in the Guide to Filling in the Application Form. When the recipient enterprise has to procure goods or services from one single specific company/organisation/individual due to various circumstances, it has to provide details and sufficient justifications (including its relationship with the company/organisation/individual) for not following the prevailing procurement procedures. The ITC will consider whether to grant approval taking into account the merits of each individual case.

(5) Upon receipt of an application, ITC's technology professionals will conduct a preliminary assessment of the technology component of the application which will then be presented to the panel for consideration. Depending on the project content, the number of panel members participating in the assessment generally varies from four to nine. There are currently over 110 panel members in the panel. The ratio of members from the innovation and technology (I&T) industry (including the private equity and capital market) to members from the academia is approximately 2:1. The tenure of the members is normally two years. Upon expiry of the tenure, the ITC will adjust the composition of the panel having regard to the latest I&T development.

(6) If an application is not supported by the panel, the Secretariat will notify the applicant enterprise of the reasons in writing. While there is no appeal mechanism under the ESS, an applicant enterprise may revise the application having regard to the panel's comments and re-submit the application. There were precedents where re-submitted proposals were supported by the panel.

LCQ10: Provision of free Wi-Fi services in public hospitals

Following is a question by the Dr Hon Pierre Chan and a written reply by the Secretary for Innovation and Technology, Mr Nicholas W Yang, in the Legislative Council today (May 30):

Question:

Report No. 70 of the Director of Audit published in April this year pointed out that the progress of the Government in expanding the coverage of Wi-Fi.HK services had been slow. For instance, Wi-Fi.HK services were provided in only 12 (about 29 per cent) of the 42 public hospitals. Regarding the provision of free Wi-Fi services in public hospitals, will the Government inform this Council:

(1) of the (i) number, (ii) daily average usage, (iii) installation cost and (iv) daily expenditure of the Wi-Fi hotspots currently provided in the various public hospitals concerned, with a tabulated breakdown by name of hospitals and location of such hotspots in the hospitals;

(2) of the reasons why Wi-Fi.HK services are so far not provided in most public hospitals; whether the authorities have drawn up a timetable for the provision of such services in all public hospitals; if so, of the details (including the number of Wi-Fi hotspots to be provided in various hospitals and the estimated expenditure);

(3) as the aforesaid Report pointed out that no Wi-Fi signages had been put up at certain venues equipped with Wi-Fi hotspots, whether Wi-Fi signages have been put up near each Wi-Fi hotspot in the various public hospitals concerned at present, so that members of the public are aware of the availability of such services at those places; if so, of the details (including the names of the hospitals); if not, the reasons for that; and

(4) as the information on the Wi-Fi.HK website shows that the distribution of Wi-Fi hotspot locations in various public hospitals is varied (e.g. Wi-Fi hotspots are available at the accident and emergency (A&E) departments, outpatient clinics, pharmacies, canteens of Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital, whereas Wi-Fi hotspots are available only at its A&E department and certain specialist outpatient clinics of Princess Margaret Hospital), whether the authorities will consider providing Wi-Fi hotspots at places in hospitals where more patients and their family members stay (including A&E departments, outpatient clinics, pharmacies and canteens); if so, of the details (including the timetable); if not, the reasons for that?

Reply:

President,

In consultation with the Food and Health Bureau and the Hospital Authority (HA), our reply is as follows:

(1), (2) and (4) To dovetail with the implementation of the Wi-Fi.HK Public-Private Collaboration (PPC) programme by the Government, the HA has provided suitable venues at its public hospitals for participating service operators to install related facilities. These service operators participate in the programme on a voluntary basis and bear all the costs for installation, equipment, operation and maintenance, etc. The PPC programme has provided 223 Wi-Fi hotspots at 12 public hospitals for providing free Wi-Fi service starting from 2015. Details are set out below:

	Name of hospital	No. of hotspots	Location of hotspots	Daily average usage
1	Queen Elizabeth Hospital	13	Accident and emergency (A&E) department, walk-in clinic and ambulatory care centre	83
2	Yan Chai Hospital	22	A&E department and specialist out-patient clinic	55
3	Caritas Medical Centre	49	A&E department and specialist out-patient clinic	83

4	Kwong Wah Hospital	20	A&E department and specialist out-patient clinic	86
5	Hong Kong Eye Hospital	23	Eye out-patient clinic	23
6	Princess Margaret Hospital	62	A&E department and specialist out-patient clinic	94
7	Pamela Youde Nethersole Eastern Hospital	5	A&E department, pharmacy, specialist out-patient clinic, 1/F of main building and restaurant	50
8	Queen Mary Hospital*	2	A&E department and pharmacy	NA
9	Tseung Kwan O Hospital	4	A&E department, pharmacy and restaurant	34
10	Prince of Wales Hospital	5	A&E department, restaurant, cancer centre, pharmacy and blood taking centre	33
11	Tuen Mun Hospital	4	A&E department, pharmacy and restaurant	38
12	Tin Shui Wai Hospital	14	A&E department, radiology department, G/F lift lobby, specialist out-patient clinic, pharmacy, endoscopy investigation department, restaurant, allied health department and medical social services department	45
	Total	223		

* The Wi-Fi service provided at the Queen Mary Hospital will be launched in June 2018.

The Office of the Government Chief Information Officer launched another round of the Wi-Fi.HK PPC programme in April this year and invited service providers to provide free Wi-Fi service at more than 3 000 government venues, which include all public hospitals under the HA. The service areas cover public waiting areas of public hospitals, including A&E departments, out-patient clinics, pharmacies, restaurants, etc. It is expected that the service providers will install hotspots and roll out free Wi-Fi service progressively at the venues from 2019 onwards.

(3) In the two rounds of the PPC programme in 2015 and 2017, the HA has put up signage near the free Wi-Fi hotspots in the 12 aforesaid public hospitals to inform the public of the services. Details of the location of all Wi-Fi hotspots in these public hospitals are also available on the Wi-Fi.HK website and the Wi-Fi.HK mobile app.

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[Lifesaving services suspended at Silverstrand Beach](#)

Attention TV/radio announcers:

Please broadcast the following as soon as possible and repeat it at regular intervals:

The Leisure and Cultural Services Department announced today (May 30) that due to an insufficient number of lifeguards on duty, the lifesaving services at Silverstrand Beach in Sai Kung District are suspended until further notice.

First aid service will be maintained at the beach.