

LCQ12: Vaccination against Coronavirus Disease 2019

Following is a question by Dr the Hon Priscilla Leung and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (September 15):

Question:

It is learnt that in recent months, the patients in a number of imported cases of Coronavirus Disease 2019 (COVID-19) had completed a COVID-19 vaccination course (vaccination) prior to their being confirmed of infection. As a result, quite a number of members of the public are unwilling to receive vaccination as they are doubtful about the efficacy of the vaccines. In this connection, will the Government inform this Council:

(1) of a breakdown of the number of persons confirmed to have been infected with the disease in each of the past three months by

(a) the vaccination status (i.e. (i) not vaccinated, (ii) having received the first dose of vaccine (in respect of vaccines which need two doses for completion of vaccination) and (iii) having completed a vaccination course) of the infected persons prior to being confirmed of infection,

(b) whether the confirmed cases were local or imported, and

(c) the infected persons' clinical presentations (i.e. asymptomatic, mild disease, severe disease and death);

(2) of (i) the number of arrivals, and (ii) the percentage of arrivals who were confirmed after entry to have been infected, in the past three months; a breakdown of (i) by vaccination status prior to their entering Hong Kong; and

(3) as a number of experts on epidemiology have pointed out that the vision of building an immunity barrier through vaccination has been dashed due to the lower efficacy of the various vaccines against highly transmissible COVID-19 variants, how the Government will adjust its publicity strategies to incentivise members of the public to get vaccinated?

Reply:

President,

My reply to the various parts of the question raised by Dr the Hon Priscilla Leung is as follows:

(1) According to information by the Department of Health (DH), during the period from June to August 2021, Hong Kong recorded 271 confirmed cases of

COVID-19, out of which 91 cases had completed the vaccination course, while 180 cases did not get vaccinated or had not yet completed the vaccination course. The detailed breakdown is tabulated below.

	No. of cases which had completed the vaccination course	No. of cases which did not get vaccinated or had not yet completed the vaccination course	Total no. of confirmed cases
June	9	73	82
July	17	44	61
August	65	63	128
Total	91	180	271

Out of the 91 cases which had completed the vaccination course, 77 per cent of them reported having no symptoms while 22 per cent of them reported having symptoms (on the day of report or earlier). There is no relevant information for 1 per cent of the cases as they had left Hong Kong at the time of diagnosis and could not be reached. All 91 cases were imported cases or had epidemiological linkage with imported cases (Note 1). It should be noted that for those who had to undergo quarantine upon arrival in Hong Kong via the Airport in June, July and August, 33 per cent, 64 per cent and 80 per cent had respectively completed the vaccination course.

Out of the 180 cases which did not get vaccinated or had not yet completed the vaccination course, 66 per cent of them reported having no symptoms while 31 per cent of them reported having symptoms (on the day of report or earlier). There is no relevant information for 3 per cent of the cases as they had left Hong Kong at the time of diagnosis and could not be reached. Five of the 180 cases were local cases or had epidemiological linkage with local cases, while the remaining cases were imported cases or had epidemiological linkage with imported cases (Note 2).

According to information by the Hospital Authority (HA), in the past three months preceding September 8, 2021, there were 263 cases admitted to public hospitals for treatment (Note 3), out of which 245 cases had recovered and had been discharged. Out of the cases which completed the vaccination course, their conditions remained stable during hospitalisation. As regards the cases which did not get vaccinated or had not yet completed the vaccination course, one case was for a time in critical condition during hospitalisation. The other cases all had stable conditions.

(2) In the past three months ending August 31, 2021, around 77 000 persons entering Hong Kong via the Airport needed to undergo quarantine. Amongst them, around 46 000 had completed vaccination (around 60 per cent). As at August 31, there were 261 confirmed cases amongst the inbound travellers (as some people are still under quarantine, the final percentage of confirmed

cases is not yet available).

(3) The rapid spread of the Delta variant and other mutant strains across the world has posed enormous challenges to the work relating to infection prevention and control. There is growing evidence showing that mutant strains are more transmissible and vaccination may not be able to provide full protection against mutant strain infection and halt community transmission. Nevertheless, vaccination is still the best measure to guard against the disease as it can effectively prevent vaccinated persons from getting seriously ill or even death after infection. The World Health Organization has also pointed out that in most cases, those who are vaccinated have milder symptoms after infection and their risk of getting seriously ill or death is generally lower. Such effective infection control can safeguard our healthcare system from being overwhelmed when an outbreak occurs in the community.

As at September 13, a total of about 8.19 million doses of COVID-19 vaccines have been administered to members of the public, of whom about 4.35 million people have received the first dose of vaccine, accounting for about 64.6 per cent of the eligible population. The quantity of vaccines we have procured is sufficient to cater for the whole population of Hong Kong. The Government will sustain its efforts to take forward the COVID-19 Vaccination Programme to boost the vaccination rate, aiming at reaching the milestone of 70 per cent of the eligible population receiving at least one dose of vaccine as soon as possible. To encourage and facilitate vaccination, we will extend the operation of 21 Community Vaccination Centres (CVC) to the end of this year, and also enhance outreach vaccination services.

Nevertheless, the vaccination rate of elderly persons is persistently low with a slow growth rate, which has become the weakest link in Hong Kong's current anti-epidemic efforts. The Government strongly urges elderly persons and other high-risk individuals to get vaccinated immediately. Hundreds of millions of elderly and high-risk individuals around the world have received COVID-19 vaccination. Various research data also confirm that for the elderly and high-risk individuals, the risk of death or severe complications brought by COVID-19 infection is much higher than the side effects brought by receiving vaccination, especially when the overall local vaccination rate is at a high level and those who have been vaccinated can be infected asymptotically and spread to third parties. Overseas experience also show that mutant strains can spread at a high speed among those unvaccinated. In view of Hong Kong's crowded living environment and frequent interaction with one another in our daily lives, even if the elderly stay at home as much as possible, it is still not possible for them to be completely isolated from outside contact. Therefore, the elderly and other high-risk individuals should get vaccinated as soon as possible for better self-protection. Otherwise, if the fifth wave of epidemic unfortunately strikes Hong Kong, the elderly and other high-risk individuals will bear the brunt and will not be able to get vaccinated in time, which may lead to large-scale outbreaks and a large number of critical or even death cases.

Focusing on vaccination for the elderly, we have implemented various

measures to encourage and facilitate their vaccination. For instance, health talks are held at shopping centres, housing estates and districts, with healthcare personnel to answer enquiries from the elderly and their families and provide vaccination services on-site. In addition, the HA plans to soon issue "referral letters" to patients with follow-up appointments at specialist or general out-patient clinics for them to get vaccinated at CVCs. We are also discussing with the HA to arrange for individual public hospitals to set up vaccination stations, such that elderly persons who visit specialist out-patient clinics for follow-up, upon receiving advice from doctors that they are suitable for vaccination, can get vaccinated immediately. As for the same-day ticket arrangement, in addition to issuing same-day tickets for vaccination to elderly persons aged 60 or above at some CVCs, starting from September 9, the arrangement has been extended to five target groups to further raise their vaccination rates. These target groups are staff of residential care homes for the elderly (RCHE), residential care homes for persons with disabilities (RCHD) and nursing homes; staff of medical organisations; staff of schools, school bus drivers and escorts (commonly known as "nannies"); staff of catering businesses, bars or pubs; and construction site personnel.

Meanwhile, the Government and different sectors in the community have rolled out various measures to proactively encourage members of the public to get vaccinated as soon as possible. These measures include implementing vaccination leave arrangements for Government employees and appealing to organisations and enterprises to adopt the same; further relaxing social distancing measures and shortening the quarantine period for fully vaccinated persons arriving at Hong Kong on the basis of "vaccine bubble"; and different sectors launching lucky draws, concessions and vaccination reward programmes. Furthermore, Government employees, as well as staff of the HA, RCHEs, RCHDs, secondary schools, primary schools, nurseries, kindergartens and special schools are required to receive vaccination. With effect from September 1, those who have not received their first dose of vaccine are required to undergo regular nucleic acid tests at their own expense (except for those who are unfit to receive vaccination because of medical conditions supported by a medical certificate).

On the other hand, the Government has followed the principles of openness, transparency, accuracy and timeliness, and adopted a science-based approach to provide the public with the latest information on COVID-19 vaccines and views of experts through different channels, so as to build social momentum and enhance citizens' willingness to get vaccinated. On publicity and education, the DH has produced a large amount of promotional materials to call on members of the public to get vaccinated and carried out related publicity work through various media. Having regard that science-based evidence is particularly important, the DH invited family doctors to informative programmes to give advice on the suitability of different cases for vaccination. For example, in collaboration with the HA and Radio Television Hong Kong, the DH explained to the public for several weeks through the programme "Vaccine Line" whether different illnesses would affect the effectiveness and safety of COVID-19 vaccination. The programme also answered public enquiries so that members of the public would have more

confidence in getting vaccinated. We have also launched a thematic website to provide such information as the mechanisms of vaccines, their protection and need-to-know facts. A dashboard is provided on the website to give updated information on vaccine doses administered in Hong Kong.

Note 1: Including 90 imported cases and one case with epidemiological linkage with imported cases.

Note 2: Including 171 imported cases, four cases with epidemiological linkage with imported cases, and five cases which were either local cases or with epidemiological linkage with local cases.

Note 3: There were eight cases involving sea crew which were not admitted to public hospitals for treatment.