

LCQ17: Anti-epidemic measures

Following is a question by the Hon Chan Han-pan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 28):

Question:

An expert on epidemiology has pointed out that while the fourth wave of the Coronavirus Disease 2019 (COVID-19) epidemic has become stable recently, there may still be silent transmission in the community. On the other hand, during holidays and weekends, everywhere in the street is packed with people, and members of the public have not maintained an appropriate social distance. Under such circumstances, the epidemic may rebound on a large scale at any time. In this connection, will the Government inform this Council:

(1) whether it has drawn up a contingency plan for a large-scale rebound of the epidemic; if so, of the details; if not, the reasons for that;

(2) whether it has plans to fully introduce COVID-19 rapid self-testing services to increase the testing capability; if not, of the reasons for that; if so, whether it will provide those categories of persons such as teachers, students and restaurant practitioners with free or subsidised services to encourage them to conduct testing on their own daily; and

(3) given that currently some scheduled premises (such as bars and karaoke establishments) have not yet been allowed to resume business, whether the Government will consider relaxing the operation restrictions of such scheduled premises subject to the following conditions being met: operators of scheduled premises must arrange for their staff to undergo COVID-19 tests more frequently, and operators may only receive customers who have undergone COVID-19 rapid tests; if so, of the details; if not, the reasons for that?

Reply:

President,

The number of local confirmed cases has declined to a lower level in recent days. To continue containing the spread of the disease, we cannot let our guard down. It is essential for us to take all necessary measures to strengthen epidemic control by guarding against the importation of cases and the resurgence of domestic infections, and to further enhance the precision of the control measures in a bid to achieve the target of "zero infection" with the support and cooperation of the general public. At the same time, we will adopt the concept of "vaccine bubble" as announced earlier as the new direction in fighting the epidemic.

My reply to the various parts of the question raised by the Hon Chan Han-pan is as follows:

(1) On the prevention of importation of cases, more targeted measure in stopping the introduction of the virus into Hong Kong at the source, the Government implemented on April 14 the tightened flight-specific suspension mechanism, as well as the new place-specific flight suspension mechanism in parallel. Under the place-specific flight suspension mechanism, if a total of five or more passengers among all flights from the same place, regardless of airline, were confirmed by arrival tests for COVID-19 with the N501Y mutant strain within a seven-day period, the Government would invoke the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H) to prohibit all passenger flights from that place from landing in Hong Kong for 14 days, and would at the same time specify that place as an extremely high-risk 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 for 14 days, so as to prevent persons from the relevant place from arriving at Hong Kong via transit.

At the same time, the Government has in place very stringent inbound prevention and control measures, including requiring travellers arriving at Hong Kong to undergo "test-and-hold" at the airport, as well as the arrangement of dedicated transport to transfer persons who have stayed in different places outside China to designated quarantine hotels for compulsory quarantine. All travellers arriving at Hong Kong via land boundary control points, including Hong Kong residents returning under the Return2hk scheme, are also subject to tests.

As the global pandemic situation remains severe with the new virus variants still ravaging many parts of the world, the Government needs to maintain the 21-day compulsory quarantine requirement for persons who have stayed in high-risk places outside China. However, considering that the epidemic situations in certain places have stabilised and pose lower public health risks, with reference to the "vaccine bubble" concept, the Government will adjust the quarantine arrangements for persons who have stayed in overseas places other than extremely high-risk and very high-risk places 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. The basic boarding and quarantine requirements will remain unchanged for high-risk and medium-risk places (i.e. Group B and Group C specified places), but the Government will supplement in due course new arrangements applicable to fully vaccinated persons and shorten the compulsory quarantine period for the relevant persons from 21 days to 14 days under the "vaccine bubble" concept. As for low-risk Group D specified places (i.e. Australia, New Zealand and Singapore), the compulsory quarantine period for fully vaccinated persons will also be correspondingly shortened from 14 days to seven days in due course under the "vaccine bubble" concept. Persons that have completed quarantine under the adjusted Group B, Group C and Group D requirements will be required to self-monitor for seven days and undergo compulsory testing after their shortened quarantine. The Government will announce at appropriate juncture the adjusted arrangement and the exact grouping of places after finalising the relevant details.

In terms of prevention of rebound within the community, the Government has all along been adjusting our social distancing measures having regard to the latest development of the epidemic situation. If and when there are cluster outbreaks on individual types of premises, we would, taking into account the actual circumstances and the operating characteristics of individual sectors, enhance the infection control measures on the relevant premises. For instance, in view of the cluster in eateries earlier, we have introduced two infection control measures in respect of catering premises successively, in order to step up infection control thereat and reduce transmission risks: (1) starting from March 4, all catering premises are required to arrange, if practicable, dedicated staff for clearing used utensils and cleaning and disinfecting used tables and partitions or suitably adopt hand hygiene measures; and (2) by end April, all catering premises must enhance its air ventilation to a minimum level of six air changes per hour, and if this could not be achieved, appropriate air purifier(s) should be installed as an alternative, in order to reduce the relevant transmission risks. In addition, there was a large-scale cluster outbreak involving a fitness centre earlier. To contain the outbreak, we tightened the infection control measures in fitness centres with immediate effect from March 12 by reinstating the mask-on requirement.

Virus testing is an integral part of our anti-epidemic strategies. Regarding the strategy for virus testing, we will continue to expand and enhance the implementation of compulsory testing on a mandatory basis, targeted testing on an obligatory basis and testing on a voluntary basis, and provide more convenient testing services to encourage members of the public to undergo testing, with a view to achieving the objective of "early identification, early isolation and early treatment" and cutting the transmission chains as early as possible.

On the other hand, the COVID-19 Vaccination Programme is being implemented in full swing. Members of the public are provided with the Sinovac and Comirnaty vaccines which meet the criteria of safety, efficacy and quality. So far, a total of over 1.3 million doses of COVID-19 vaccines have been administered to the public (including about 700 000 doses of the Sinovac vaccine and about 600 000 doses of the Comirnaty vaccine). The Vaccination Programme has already covered persons aged 16 or above. Members of the public can receive COVID-19 vaccines at 29 Community Vaccination Centres throughout Hong Kong, designated General Out-patient Clinics under the Hospital Authority, as well as designated private clinics.

(2) The Government has all along been providing convenient testing services to the public through various channels, including free testing service. The 21 community testing centres across the territory provide self-paid testing services to the public for general community or private purposes (such as certification for travelling or work); and free testing services for persons subject to compulsory testing or targeted groups requiring testing (including employees of designated scheduled premises and catering businesses, construction site workers as well as school staff). The number of tests available for appointments at community testing centres has been further

increased to more than 38 000 per day, and more manpower has been deployed to serve the public. In the past few weeks, the average booking rate for the next seven days at the 21 community testing centres in the territory was only about 20 per cent, and there were sufficient quotas to meet the demand. In addition, there are about 20 mobile specimen collection stations throughout Hong Kong that provide free testing services to the public, some of which exclusively serve staff of catering premises and designated scheduled premises and local residents and workers subject to compulsory testing, with sufficient capacity to meet the testing needs of the public and the relevant sectors.

The Government has been monitoring the latest developments of COVID-19 testing technology. With reference to scientific studies around the world and in Hong Kong, practical experience and expert advice, the Government will roll out rapid antigen tests in specific settings. For instance, the Hospital Authority announced earlier the resumption of special visiting arrangements in infirmary hospitals. Relevant departments are also exploring the possibility of applying rapid antigen testing in the visiting arrangement at care homes.

(3) The Chief Executive announced on April 12 that the Government would adopt a new direction in fighting the pandemic down the road, which is manifested by the adjustments of social distancing measures with "vaccine bubble" as the basis, with a view to giving a clear path to help the community to build a consensus and work together, so that Hong Kong can gradually return to normality.

The Government had earlier met with the relevant trade representatives to listen to their views and suggestions on the implementation of social distancing measures under the "vaccine bubble" and finalised the details of the relevant measures after considering their views. The relevant details was announced on April 27.

Under the "vaccine bubble" concept, the six types of premises that are currently required to be closed (viz. bar or pub, bathhouse, party room, club or nightclub, mahjong-tin kau premises and karaoke establishment) may gradually resume operation on the premise of adopting the specific measures in relation to staff and/or customers receiving COVID-19 vaccination and customers using the "LeaveHomeSafe" mobile application to record the premises visited. At the same time, the Government will make appropriate arrangements for the staff of these premises who are unable to receive COVID-19 vaccination because of health reasons and the elderly and children who are unable to use the "LeaveHomeSafe" mobile application.

The Government will continue to closely monitor the implementation situation of the relevant measures, and having regard to the development of the epidemic situation, suitably adjust the social distancing measures.