LCQ3: Epidemic-related measures

Following is a question by the Hon Elisabeth Quat and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (September 1):

Question:

Coronavirus disease 2019 infection cases involving the Delta mutant strain have swept across the globe, giving rise to grave concern about the epidemic situation. Regarding epidemic-related measures, will the Government inform this Council:

(1) given that the United States (US) had seen a significant epidemic rebound early last month, with approximately 100 000 confirmed cases recorded on average each day, and a number of people coming from US had been confirmed to have contracted the disease on entry to Hong Kong, but it was not until the 16th of last month that the Government announced that it would adjust upwards the risk grouping to which US belonged four days later, of the mechanism and criteria adopted by the Government for determining the risk grouping of various places around the world, and whether it will conduct a review to ensure timely adjustment of the risk groupings to which various places belong;

(2) given that as at the 10th of last month, there were more than 4 000 cases awaiting assessment by the Vaccine Allergy Safety Clinic under the Hospital Authority of suitability for receiving vaccination, and some members of the public have even been scheduled an appointment as late as in 2029, whether the Government knows the latest progress made by the Authority in speeding up the provision of assessment service; and

(3) as it has been reported that the Mainland authorities have approved the lowering of the minimum age for emergency use of the Sinovac vaccine to three, and quite a number of local parents have indicated their intention to let their minor children receive the Sinovac vaccine, whether the Government will consider lowering the minimum age for receiving the Sinovac vaccine immediately?

Reply:

President,

COVID-19 continues to sweep across the world with a recent global upsurge of cases arising from the rapid spread of mutant strains. Faced with the risk posed by the more contagious mutant strains, we must not let down our guard and must take all necessary measures to guard against the importation of cases and the resurgence of local infections in order to control the epidemic.

My reply to the various parts of the question raised by the Hon Elizabeth Quat is as follows:

(1) On guarding against the importation of cases, the Government has adopted very stringent boarding, quarantine and testing measures to prevent as far as possible the importation of cases into the community from outside of Hong Kong. In view of the latest developments of the global and local COVID-19 epidemic situation, the Government implemented in August various measures to tighten the inbound prevention and control measures for travellers arriving at Hong Kong from overseas places, in order to build an anti-epidemic barrier to prevent the importation of cases. The Government has based on the risk-based principle re-categorised overseas places into high-risk, medium-risk and low-risk groups to implement boarding, quarantine and testing requirements based on the risk levels.

General inbound travellers from overseas, regardless of the risk grouping of their place of departure, have to comply with the following three basic requirements:

(a) present prior to boarding (i) a negative result proof of a polymerase chain reaction-based (PCR-based) nucleic acid test for COVID-19 conducted within 72 hours before the scheduled time of departure of the aircraft, and (ii) confirmation of room reservation at a designated quarantine hotel for the required compulsory quarantine duration;

(b) subject to the "test and hold" arrangement to undergo a nucleic acid test at the airport upon arrival at Hong Kong; and

(c) upon confirmation of a negative test result, board the designated transport arranged by the Government to go to the designated quarantine hotel for compulsory quarantine so as to minimise the risk of spreading the virus to the community.

The Government has also enhanced the testing arrangements to require inbound travellers of relevant groups to undergo at least six tests during the quarantine and self-monitoring periods, and to undergo the final compulsory test in a Community Testing Centre after completion of the quarantine period.

The Government will keep in view the epidemic situation of various places and continue to adopt the risk-based approach taking into account a range of factors, including public health considerations such as the epidemic situations in particular places, testing rates, vaccination rates, volume of travellers and actual imported cases, as well as other local socio-economic factors, and will adjust the boarding, quarantine and testing requirements for persons arriving in Hong Kong from relevant places based on the risk levels as the situation warrants. As for the United States of America (US), up till the Government's announcement on August 16 to upgrade it to a higher risk grouping, among the various risk factors assessed, including the number and proportion of imported cases, the US had not yet reached the same level as when other places were upgraded to the highest risk grouping.

Nevertheless, as a precautionary measure to guard against the mutant strains, the Government decided to upgrade the US and a number of other places as high-risk Group A specified places, thereby subjecting them to entry, quarantine and testing requirements that are likely among the world's longest in duration and the most stringent, in order to more effectively prevent the importation of cases from these places. The Government will continue to monitor the epidemic situation of various places on a daily basis to follow through on the goal of guarding against the importation of cases.

(2) On the other hand, noting that vaccination is the strongest and most effective measure to curb the epidemic, the Government is implementing the COVID-19 Vaccination Programme at full speed. The two types of vaccines administered in Hong Kong are highly effective in preventing severe cases and deaths arising from COVID-19. People who are vaccinated are effectively protected from serious complications and even deaths after infection.

In support of the Vaccination Programme, the Hospital Authority (HA) set up earlier a Vaccine Allergy Safety Clinic (VASC) at Grantham Hospital of the Hong Kong West Cluster to provide assessment service and vaccination advice for referral cases with history of allergies.

As at early August, there were over 4 000 cases on the waiting list of the VASC, of which around 1 200 were cases with allergic reactions after vaccination and around 2 800 were cases with history of allergies but not yet vaccinated. The VASC has scheduled consultation dates based on the service quota, the allergy conditions of referred cases and the sequence of referral under the prevailing mechanism.

To expedite the assessment service, various clusters under the HA have respectively deployed specialist doctors to help first assess the some 2 800 persons who have not yet been vaccinated, with reference to the VASC's clinical assessment guidelines. These relevant people on the waiting list are gradually being notified of an updated appointment for assessment to be conducted before the end of this September. As regards the VASC at Grantham Hospital, it will refine its service model to focus on handling the some 1 200 cases with allergic reactions after vaccination so as to provide more detailed clinical assessment service to ensure safety.

According to the earlier experience of the assessment service of VASC, nearly 98 per cent of cases with history of allergies were found suitable for vaccination. The HA will consolidate the relevant experience, and in collaboration with the Department of Health, disseminate the relevant information to primary healthcare and front-line medical workers, with a view to enabling front-line medical workers to better grasp the assessment and handling of allergies, such that members of the public with general allergic reactions can receive suitable assessment via the primary healthcare system.

(3) The Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) (the Regulation) empowers the Secretary for Food and Health (SFH) to, based on the objective scientific data of a COVID-19 vaccine (including data from Phase 3 clinical research), with reference to the professional advice of

the Advisory Panel on COVID-19 Vaccines (Advisory Panel) and having regard to the approval for use (including emergency use) given by a regulatory authority in a place outside Hong Kong that performs the function of approving pharmaceutical products, authorise the specified use of COVID-19 vaccines which fulfil the criteria of safety, efficacy and quality in Hong Kong under an emergency situation. Such specified use basically refers to the Vaccination Programme conducted by the Government.

At present, the COVID-19 vaccine by Sinovac Biotech (Hong Kong) Limited (Sinovac) is authorised by the SFH for use by persons aged 18 or above. The relevant authorisation is granted on the recommendation of the Advisory Panel, which confirmed the efficacy and safety of the Sinovac vaccine for use by specified age groups after examining the related information, including findings of the Phase 3 clinical trial.

As for lowering the age threshold for receiving the Sinovac vaccine, the Government noted earlier from the drug manufacturer that data from the Phase 1 and 2 clinical trials were available, while the Phase 3 clinical trials were in progress. Sinovac has confirmed that application will be submitted in accordance with the Regulation when further data, including those from the Phase 3 clinical trials or other real-world researches, are available. At this juncture, the Advisory Panel considers that it would be more prudent to consider lowering the minimum age for receiving the Sinovac vaccine after examining the relevant Phase 3 clinical data or other real world information submitted by the drug manufacturer for proving the safety and efficacy of the vaccine. Upon receipt of the relevant application and clinical research data from Sinovac, the Government will refer them to the Advisory Panel for consideration, assessment and recommendation.

Thank you, President.