

LCQ9: Vaccination against COVID-19

Following is a question by the Hon Shiu Ka-fai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 26):

Question:

Regarding the COVID-19 Vaccination Programme which commenced on February 26 this year, will the Government inform this Council:

(1) of the latest vaccination rate of the Coronavirus Disease 2019 (COVID-19) vaccines (the vaccines), and how such rate compares with the relevant vaccination rates in other economically advanced regions, including the United States, Singapore and European countries;

(2) whether it has drawn reference from the measures taken by other economically advanced regions for promoting the vaccination against COVID-19 among their people; if so, of the details;

(3) of the new measures in place to promote the vaccination against COVID-19 among members of the public and the performance indicators for such measures;

(4) whether it knows the latest situation of the staff of various types of scheduled premises receiving the vaccines; and

(5) whether, as an incentive to encourage members of the public to receive the vaccines, it will consider disbursing to those members of the public who have received two doses of the vaccines additional electronic consumption vouchers with a value of \$3,000 on top of the electronic consumption vouchers with a value of \$5,000 to be disbursed in this summer to each eligible Hong Kong permanent resident and new arrival aged 18 or above; if so, of the details; if not, the reasons for that?

Reply:

President,

Vaccination is the current focus of the global anti-epidemic work, and is the most effective and ultimate measure for preventing and controlling the epidemic. The COVID-19 Vaccination Programme (Vaccination Programme) in Hong Kong has been implemented since February 26. The goal is to provide vaccines for the majority of Hong Kong residents within 2021 for free and on a voluntary basis, thereby building up the herd immunity barrier for Hong Kong and overcoming the epidemic.

My consolidated reply to the various parts of the question raised by the Hon Shiu Ka-fai is as follows:

(1) and (2) According to global statistics on vaccination by the University of Oxford (Note 1), as at May 24, more than 1.67 billion doses of COVID-19 vaccine have been administered worldwide, equal to 22 doses for every 100 people. Among the countries with greater progress in vaccination, such as Israel, the take-up rate has exceeded 60 per cent, while the take-up rates of other major countries/regions such as the United Kingdom, the United States, the European Union and Singapore are about 55 per cent, 48 per cent, 34 per cent and 33 per cent respectively (Note 2). For Hong Kong, as at May 24, over 2.17 million doses of COVID-19 vaccines were administered to members of the public. Among them, over 1.26 million persons have received their first dose, accounting for around 19.3 per cent of the population aged 16 or above. About 900 000 persons have received their second dose, accounting for around 13.8 per cent of the population aged 16 or above.

Drawing from international experience, even in the face of mutant strains, countries which have commenced large-scale vaccination programmes are able to improve their epidemic situation as the vaccination coverage rate increases. On the contrary, in places where the epidemic is still severe or has rebounded, such as India and Taiwan, generally vaccination is relatively slow with a low take-up rate. The current vaccine take-up rate in Hong Kong is still far below the level that can achieve herd immunity. If, unfortunately, a new wave of epidemic arrives, we will not be able to build a herd immunity barrier for protection. There is still much room for improvement in terms of our vaccine take-up rate and the vaccination progress.

People's willingness to get vaccinated in different places are affected by many factors, and it is difficult to directly compare the vaccination progress and vaccine take-up rates across different places. The vaccination progress of an individual place can be affected by limitations such as overall vaccine supply, vaccination logistics, manpower as well as infrastructure. Hong Kong is fortunate to not be limited in this regard. Supply of vaccines in Hong Kong is sufficient, with capacity in vaccination centres sufficient to cater up to over 40 000 doses daily. On the other hand, places such as the United Kingdom, the United States and Europe, etc. have experienced severe epidemic situations leading to a high death toll (hundreds of new cases per million capita per day). With relatively higher risks of infection, severe case and death, the public's desire for vaccination is significantly higher, resulting in better vaccination progress and higher overall take-up rate.

In contrast, Hong Kong has achieved better control of the epidemic situation. The public considers that the risk of infection, severe case and death is not high, and the willingness for vaccination is therefore lower. According to a research survey conducted by the University of Hong Kong subsidised by the Government on the public's views towards the COVID-19 epidemic and vaccination, since the beginning of the epidemic last year, in general, the level of risk perceived by Hong Kong residents regarding the severity of COVID-19 as well as the chance of infection has been declining and has remained at a low level. Only about 40 per cent of citizens over the age of 16 indicated willingness to get vaccinated, while the older (aged 55

or above) and younger (aged 35 or below) population showed significantly lower willingness to get vaccinated, with nearly 50 per cent and 70 per cent of the respective age groups indicating that they were unlikely to get vaccinated.

The COVID-19 Vaccination Programme is premised on science and data, and the two vaccines currently provided by the Government are proven to be safe, efficacious and of good quality. So far, we have not seen any obvious examples of people in other places where the willingness to get vaccinated increase significantly due to non-health risk related factors. Nevertheless, we will continue to pay close attention to measures taken by local governments to improve citizens' willingness to get vaccinated and the overall take-up rate as reference for Hong Kong to encourage citizens to receive vaccines. The Government has been following closely the resumption of cross-boundary travel and adjustment of social distancing measures by other countries/regions after launching of vaccination programmes, with a view to trying to encourage members of the public to get vaccinated in various ways (see below).

(3) and (5) The Government announced on April 12 that it would adopt a new direction in fighting the pandemic and relax certain restrictions with "vaccine bubble" as the basis, on one hand to respond to the aspirations of various trades and the public to resume normal ways of life as soon as possible, and on the other, encourage citizens to get vaccinated proactively. The first phase of social distancing measures under the "vaccine bubble" took effect from April 29.

In respect of catering business, we have provided four types of mode of operation for eateries, under which the operation restrictions on the relevant premises (including period of time that dine-in service can be provided, the maximum number of people per table and per banquet, and seating capacity limit in the premises) would be relaxed subject to whether their staff and customers have received COVID-19 vaccination and the use of the "LeaveHomeSafe" mobile application. Moreover, six types of premises (viz. bars or pubs, bathhouses, party rooms, clubs or nightclubs, karaoke establishments and mahjong-tin kau premises) may also resume operation in a gradual manner on the premise that their staff and/or customers must receive COVID-19 vaccination and customers must use the "LeaveHomeSafe" mobile application. We have also relaxed the restrictions in relation to three types of exempted group gatherings, including wedding ceremonies, religious gatherings and business meetings held in order to comply with any Ordinance or other regulatory instrument such as annual general meetings on the premise that their participants must have received at least the first dose of COVID-19 vaccine. Group gatherings of not more than 30 persons each during tours may also resume operation on the premise that their frontline staff must have received the first dose of COVID-19 vaccine. Furthermore, on the premise of maintaining reduction of social contact and carrying out infection protection measures, a restricted visiting arrangement for residential care homes for the elderly and residential care homes for persons with disabilities has been implemented from May 10 under specified conditions.

Depending on the epidemic development, the progress of the Vaccination Programme and the implementation of the first phase of measures under the "vaccine bubble", we will review and adjust the details of the measures and consider further relaxation of restrictions in respect of the operation of restaurants and other premises under the second phase. The Government will also continue to maintain close liaison with the trade, listen to their views and suggestions on the implementation of social distancing measures under the "vaccine bubble", as well as provide more details on the implementation of the measures.

In terms of latest boarding and quarantine arrangements for persons arriving at Hong Kong under the "vaccine bubble" concept, the Government adjusted the boarding and compulsory quarantine grouping since May 7, so as to implement the boarding, quarantine, and testing arrangements for persons arriving at Hong Kong based on risk levels: overseas places outside China have been categorised under the Prevention and Control of Disease (Regulation of Cross-boundary Conveyances and Travellers) Regulation (Cap. 599H) into extremely high-risk Group A1 specified places, very high-risk Group A2 specified places, high-risk Group B specified places, medium-risk Group C specified places, and low-risk Group D specified places. The Government has then adjusted the boarding, quarantine and testing arrangements for persons arriving at Hong Kong who have completed their COVID-19 vaccination course under the "vaccine bubble" concept on May 12.

Under the new arrangement, persons who have stayed in low-risk Group D specified places (Australia and New Zealand), and who have been fully vaccinated, will be subject to compulsory quarantine in designated quarantine hotels for seven days (originally 14 days). They will subsequently be required to self-monitor for seven days and undergo compulsory testing on the 12th day of their arrival at Hong Kong.

For persons who have stayed in medium-risk Group C specified places and high-risk Group B specified places, and who have been fully vaccinated, they will be subject to compulsory quarantine in designated quarantine hotels for 14 days (originally 21 days), and subsequently be required to self-monitor for seven days and undergo compulsory testing on the 16th and 19th day of their arrival at Hong Kong. As for extremely high-risk Group A1 specified places and very high-risk Group A2 specified places, the boarding, quarantine, and testing arrangements will remain unchanged.

In addition to the above policy changes, we also place great emphasis on promotion and education work related to the Vaccination Programme. We have been providing to members of the public through different channels the latest information on vaccines, and made public the professional views of experts on vaccination. Government officials have also on various occasions explained to the public the progress of the Vaccination Programme and messages on vaccines through the media. We have also launched the "COVID-19 Vaccination Programme" thematic website (www.covidvaccine.gov.hk) to provide the public a one-stop destination to learn about the latest information and accurate messages on COVID-19 vaccines, including the principles of the vaccines, their protection and need-to-know facts, etc. We also stepped up monitoring of false

information on vaccines within the community and made clarifications and debunked rumours as necessary.

To tie in with the roll-out of the Vaccination Programme, the Department of Health (DH) produced a series of six television promotion videos titled "Protect yourself and others, Get vaccinated" and four radio promotional clips to encourage members of the public to receive COVID-19 vaccines to protect themselves and their families. The DH also collaborated with television channels to produce and broadcast informational clips, including inviting family doctors to assess whether different cases are suitable for receiving vaccines so as to dissipate citizens' worries on vaccination; and bring out the latest information on COVID-19 vaccines through different shows and programmes. The DH and the Hospital Authority (HA) also worked with radio stations to explain whether different specific illnesses will affect the efficacy and safety of vaccination, and respond to audience's queries. Furthermore, to enable ethnic minorities to receive the latest news and information on vaccines, we specifically produced for them education materials and videos which have been translated into different languages. Relevant important messages are broadcasted on local radio channels for ethnic minorities.

On the other hand, having considered that members of the public are concerned about adverse events following COVID-19 vaccination, we issue a weekly press release to provide updated statistics and relevant information on monitoring COVID-19 vaccination, including reports of adverse events received in the past one week, death cases which received COVID-19 vaccination within 14 days of passing away, the assessment results by the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation (Expert Committee), as well as the comparison figures of overall ratio of death cases, ratio of death cases with acute stroke or acute myocardial infarction, and ratio of miscarriage cases out of those with and without vaccination record. The respective baseline reference figures captured by HA in the past three years have also been uploaded to the COVID-19 Vaccination Programme thematic website. Furthermore, according to the risk communication plan endorsed by the Expert Committee, figures and summary of clinical events related to vaccination received will be released and updated through the thematic website biweekly. When suspected adverse event fulfilling the reporting criteria involving death case within 14 days of vaccination is received, it will be announced as soon as possible.

Vaccination is the strongest and most effective measure in our anti-epidemic efforts. It is also key to overcoming the epidemic, resuming normal ways of life and resuming cross-boundary travel as soon as possible. We appeal to members of the public who have not yet been vaccinated to get vaccinated as soon as possible while the supply of vaccines lasts and the Community Vaccination Centres have sufficient capacity, with a view to protecting themselves and others and build up the herd immunity barrier for Hong Kong. We will continue to communicate with members from different sectors and the community to listen to their views and suggestions on motivating the public to get vaccinated.

(4) We have been paying close attention to the vaccination situation of staff of scheduled premises. During the early stage of the Vaccination Programme, the relevant staff can register on the booking system by indicating the priority group of the scheduled premises. However, with the phased relaxation in age eligibility (lowered to aged 30 and above, then aged 16 and above), the relevant staff could, in subsequent stage, register for vaccination as long as they fulfil the age requirement. Providing information on the category of the scheduled premises is voluntary. Hence, the Government cannot provide from the booking system precise vaccination figures of staff of scheduled premises.

Note 1: ourworldindata.org/covid-vaccinations

Note 2: Proportion of the population of the country/region concerned which has received as least one dose of COVID-19 vaccine.