

**Replies in written questions raised by Finance Committee Members
in examining the Estimates of Expenditure 2020-21**

**Controlling Officer : Director of Health
Head 37 - Department of Health**

Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)202	0113	Hon CHAN Hoi-yan	Curative Care
FHB(H)203	0114	Hon CHAN Hoi-yan	Curative Care
FHB(H)204	1814	Hon CHAN Hoi-yan	Statutory Functions
FHB(H)205	1828	Hon CHAN Hoi-yan	Disease Prevention
FHB(H)206	1829	Hon CHAN Hoi-yan	Disease Prevention
FHB(H)207	1830	Hon CHAN Hoi-yan	Rehabilitation
FHB(H)208	1832	Hon CHAN Hoi-yan	Curative Care
FHB(H)209	2351	Hon CHAN Hoi-yan	Rehabilitation
FHB(H)210	1510	Hon CHAN Pierre	Disease Prevention
FHB(H)211	1511	Hon CHAN Pierre	-
FHB(H)212	1512	Hon CHAN Pierre	Disease Prevention
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FHB(H)214	1515	Hon CHAN Pierre	Statutory Functions
FHB(H)215	1526	Hon CHAN Pierre	Disease Prevention
FHB(H)216	1535	Hon CHAN Pierre	Disease Prevention
FHB(H)217	1536	Hon CHAN Pierre	Curative Care
FHB(H)218	1542	Hon CHAN Pierre	Disease Prevention
FHB(H)219	1549	Hon CHAN Pierre	Disease Prevention
FHB(H)220	2082	Hon CHAN Pierre	Curative Care
FHB(H)221	2086	Hon CHAN Pierre	Disease Prevention
FHB(H)222	2087	Hon CHAN Pierre	Statutory Functions
FHB(H)223	3206	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)224	0441	Hon CHIANG Lai-wan	Statutory Functions
FHB(H)225	0624	Hon CHOW Ho-ding, Holden	Disease Prevention
FHB(H)226	0625	Hon CHOW Ho-ding, Holden	Disease Prevention
FHB(H)227	3262	Hon CHOW Ho-ding, Holden	Statutory Functions
FHB(H)228	2804	Hon CHU Hoi-dick	-
FHB(H)229	2805	Hon CHU Hoi-dick	Disease Prevention
FHB(H)230	3115	Hon KWOK Ka-ki	Disease Prevention
FHB(H)231	0819	Hon KWOK Wai-keung	Disease Prevention

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FHB(H)232	0936	Hon KWOK Wai-keung	Statutory Functions, Health Promotion
FHB(H)233	2091	Hon KWONG Chun-yu	Rehabilitation
FHB(H)234	2097	Hon KWONG Chun-yu	Statutory Functions
FHB(H)235	1129	Hon LAU Ip-keung, Kenneth	Disease Prevention
FHB(H)236	1130	Hon LAU Ip-keung, Kenneth	Disease Prevention
FHB(H)237	0066	Hon LEE Kok-long, Joseph	Statutory Functions
FHB(H)238	0067	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)239	0068	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)240	0069	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)241	0070	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)242	0071	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)243	0072	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)244	0073	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)245	0074	Hon LEE Kok-long, Joseph	Curative Care
FHB(H)246	0075	Hon LEE Kok-long, Joseph	Rehabilitation
FHB(H)247	0262	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)248	1192	Hon LEE Wai-king, Starry	Curative Care
FHB(H)249	1193	Hon LEE Wai-king, Starry	Disease Prevention
FHB(H)250	1320	Hon LEUNG Che-cheung	Disease Prevention
FHB(H)251	2519	Hon LEUNG Che-cheung	Rehabilitation
FHB(H)252	2143	Hon LEUNG Mei-fun, Priscilla	Curative Care
FHB(H)253	2181	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
FHB(H)254	2325	Hon LEUNG Mei-fun, Priscilla	Disease Prevention, Curative Care
FHB(H)255	0201	Hon LO Wai-kwok	Disease Prevention
FHB(H)256	0202	Hon LO Wai-kwok	Disease Prevention
FHB(H)257	2013	Hon LO Wai-kwok	Disease Prevention
FHB(H)258	2295	Hon MA Fung-kwok	Statutory Functions, Health Promotion
FHB(H)259	2340	Hon MA Fung-kwok	Disease Prevention
FHB(H)260	0848	Hon MAK Mei-kuen, Alice	Disease Prevention
FHB(H)261	0849	Hon MAK Mei-kuen, Alice	Disease Prevention
FHB(H)262	0850	Hon MAK Mei-kuen, Alice	Disease Prevention

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<u>FHB(H)263</u>	0851	Hon MAK Mei-kuen, Alice	Disease Prevention
<u>FHB(H)264</u>	0853	Hon MAK Mei-kuen, Alice	Rehabilitation
<u>FHB(H)265</u>	0854	Hon MAK Mei-kuen, Alice	Curative Care
<u>FHB(H)266</u>	0855	Hon MAK Mei-kuen, Alice	Disease Prevention
<u>FHB(H)267</u>	0856	Hon MAK Mei-kuen, Alice	Disease Prevention
<u>FHB(H)268</u>	0938	Hon MAK Mei-kuen, Alice	Curative Care
<u>FHB(H)269</u>	2834	Hon NG Wing-ka, Jimmy	Statutory Functions, Health Promotion
<u>FHB(H)270</u>	2063	Hon OR Chong-shing, Wilson	Disease Prevention
<u>FHB(H)271</u>	2068	Hon OR Chong-shing, Wilson	Statutory Functions
<u>FHB(H)272</u>	2348	Hon OR Chong-shing, Wilson	Disease Prevention
<u>FHB(H)273</u>	2975	Hon QUAT Elizabeth	Disease Prevention
<u>FHB(H)274</u>	1101	Hon SHIU Ka-Chun	Curative Care
<u>FHB(H)275</u>	1102	Hon SHIU Ka-Chun	Disease Prevention
<u>FHB(H)276</u>	1103	Hon SHIU Ka-Chun	Disease Prevention
<u>FHB(H)277</u>	1105	Hon SHIU Ka-Chun	Disease Prevention
<u>FHB(H)278</u>	0874	Hon SHIU Ka-fai	Statutory Functions
<u>FHB(H)279</u>	0875	Hon SHIU Ka-fai	Statutory Functions
<u>FHB(H)280</u>	0876	Hon SHIU Ka-fai	Statutory Functions
<u>FHB(H)281</u>	0879	Hon SHIU Ka-fai	Health Promotion
<u>FHB(H)282</u>	0880	Hon SHIU Ka-fai	Statutory Functions
<u>FHB(H)283</u>	2377	Hon SHIU Ka-fai	Statutory Functions
<u>FHB(H)284</u>	0611	Hon TO Kun-sun, James	Disease Prevention
<u>FHB(H)285</u>	1352	Hon TSE Wai-chuen, Tony	Statutory Functions, Disease Prevention
<u>FHB(H)286</u>	1353	Hon TSE Wai-chuen, Tony	-
<u>FHB(H)287</u>	2533	Hon WONG Pik-wan, Helena	-
<u>FHB(H)288</u>	2534	Hon WONG Pik-wan, Helena	Statutory Functions, Disease Prevention
<u>FHB(H)289</u>	2537	Hon WONG Pik-wan, Helena	-
<u>FHB(H)290</u>	2538	Hon WONG Pik-wan, Helena	Disease Prevention
<u>FHB(H)291</u>	2930	Hon WONG Pik-wan, Helena	Statutory Functions
<u>FHB(H)292</u>	0769	Hon YIU Si-wing	Disease Prevention
<u>FHB(H)293</u>	1480	Hon YUNG Hoi-yan	-
<u>FHB(H)452</u>	3818	Hon CHAN Chi-chuen	Statutory Functions, Disease Prevention

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FHB(H)453	3863	Hon CHAN Chi-chuen	Statutory Functions
FHB(H)454	3868	Hon CHAN Chi-chuen	Disease Prevention
FHB(H)455	3891	Hon CHAN Chi-chuen	Disease Prevention
FHB(H)456	3894	Hon CHAN Chi-chuen	Statutory Functions
FHB(H)457	3918	Hon CHAN Chi-chuen	Disease Prevention
FHB(H)458	3993	Hon CHAN Chi-chuen	Disease Prevention
FHB(H)459	3661	Hon CHAN Hak-kan	Statutory Functions
FHB(H)460	4138	Hon CHAN Tanya	Statutory Functions
FHB(H)461	4139	Hon CHAN Tanya	Disease Prevention
FHB(H)462	4346	Hon CHAN Tanya	Statutory Functions
FHB(H)463	4453	Hon CHAN Tanya	-
FHB(H)464	4855	Hon CHAN Tanya	-
FHB(H)465	5274	Hon CHEUNG Chiu-hung, Fernando	-
FHB(H)466	5783	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)467	5789	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
FHB(H)468	5818	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)469	5819	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
FHB(H)470	5820	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)471	5821	Hon CHEUNG Chiu-hung, Fernando	-
FHB(H)472	6631	Hon CHU Hoi-dick	Disease Prevention
FHB(H)473	3315	Hon IP Kin-yuen	Disease Prevention
FHB(H)474	3318	Hon IP Kin-yuen	Statutory Functions
FHB(H)475	3346	Hon IP Kin-yuen	Disease Prevention
FHB(H)476	3347	Hon IP Kin-yuen	Disease Prevention
FHB(H)477	3348	Hon IP Kin-yuen	Disease Prevention
FHB(H)478	3423	Hon IP Kin-yuen	Disease Prevention
FHB(H)479	3425	Hon IP Kin-yuen	Disease Prevention
FHB(H)480	3446	Hon IP Kin-yuen	Disease Prevention
FHB(H)481	3451	Hon IP Kin-yuen	Disease Prevention
FHB(H)482	3452	Hon IP Kin-yuen	Statutory Functions

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FHB(H)483	3463	Hon IP Kin-yuen	Health Promotion
FHB(H)484	3464	Hon IP Kin-yuen	Rehabilitation
FHB(H)485	4492	Hon KWOK Ka-ki	Disease Prevention
FHB(H)486	4506	Hon KWOK Ka-ki	Disease Prevention
FHB(H)487	4511	Hon KWOK Ka-ki	Disease Prevention
FHB(H)488	4520	Hon KWOK Ka-ki	Statutory Functions
FHB(H)489	4549	Hon KWOK Ka-ki	Statutory Functions
FHB(H)490	4552	Hon KWOK Ka-ki	Statutory Functions
FHB(H)491	4574	Hon KWOK Ka-ki	Statutory Functions
FHB(H)492	4575	Hon KWOK Ka-ki	Statutory Functions
FHB(H)493	4578	Hon KWOK Ka-ki	Statutory Functions
FHB(H)494	4579	Hon KWOK Ka-ki	Disease Prevention
FHB(H)495	4580	Hon KWOK Ka-ki	Disease Prevention
FHB(H)496	4581	Hon KWOK Ka-ki	Disease Prevention
FHB(H)497	4582	Hon KWOK Ka-ki	Disease Prevention
FHB(H)498	4583	Hon KWOK Ka-ki	Disease Prevention
FHB(H)499	4584	Hon KWOK Ka-ki	Disease Prevention
FHB(H)500	4585	Hon KWOK Ka-ki	Disease Prevention
FHB(H)501	4586	Hon KWOK Ka-ki	Disease Prevention
FHB(H)502	4587	Hon KWOK Ka-ki	Disease Prevention
FHB(H)503	4596	Hon KWOK Ka-ki	Disease Prevention
FHB(H)504	4604	Hon KWOK Ka-ki	Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)505	4605	Hon KWOK Ka-ki	Disease Prevention
FHB(H)506	4606	Hon KWOK Ka-ki	Disease Prevention
FHB(H)507	4607	Hon KWOK Ka-ki	Disease Prevention
FHB(H)508	4613	Hon KWOK Ka-ki	Curative Care
FHB(H)509	4619	Hon KWOK Ka-ki	Disease Prevention
FHB(H)510	4621	Hon KWOK Ka-ki	Disease Prevention
FHB(H)511	4622	Hon KWOK Ka-ki	Disease Prevention
FHB(H)512	4623	Hon KWOK Ka-ki	Curative Care
FHB(H)513	4624	Hon KWOK Ka-ki	Disease Prevention
FHB(H)514	4625	Hon KWOK Ka-ki	Disease Prevention
FHB(H)515	4626	Hon KWOK Ka-ki	Curative Care
FHB(H)516	4628	Hon KWOK Ka-ki	Curative Care
FHB(H)517	4632	Hon KWOK Ka-ki	Curative Care

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FHB(H)518	4633	Hon KWOK Ka-ki	Curative Care
FHB(H)519	4634	Hon KWOK Ka-ki	Disease Prevention
FHB(H)520	4635	Hon KWOK Ka-ki	Curative Care
FHB(H)521	4636	Hon KWOK Ka-ki	Disease Prevention
FHB(H)522	4639	Hon KWOK Ka-ki	Disease Prevention
FHB(H)523	4640	Hon KWOK Ka-ki	Disease Prevention
FHB(H)524	4641	Hon KWOK Ka-ki	Disease Prevention
FHB(H)525	4642	Hon KWOK Ka-ki	Disease Prevention
FHB(H)526	4643	Hon KWOK Ka-ki	Disease Prevention
FHB(H)527	4644	Hon KWOK Ka-ki	Disease Prevention
FHB(H)528	4645	Hon KWOK Ka-ki	Disease Prevention
FHB(H)529	4646	Hon KWOK Ka-ki	Disease Prevention
FHB(H)530	4647	Hon KWOK Ka-ki	Disease Prevention
FHB(H)531	4648	Hon KWOK Ka-ki	Disease Prevention
FHB(H)532	4649	Hon KWOK Ka-ki	Disease Prevention
FHB(H)533	4650	Hon KWOK Ka-ki	Rehabilitation
FHB(H)534	4651	Hon KWOK Ka-ki	Statutory Functions
FHB(H)535	4652	Hon KWOK Ka-ki	Statutory Functions
FHB(H)536	4654	Hon KWOK Ka-ki	Rehabilitation
FHB(H)537	4655	Hon KWOK Ka-ki	Statutory Functions
FHB(H)538	4656	Hon KWOK Ka-ki	Statutory Functions
FHB(H)539	4658	Hon KWOK Ka-ki	Health Promotion
FHB(H)540	4668	Hon KWOK Ka-ki	Curative Care
FHB(H)541	4680	Hon KWOK Ka-ki	Curative Care
FHB(H)542	4681	Hon KWOK Ka-ki	Curative Care
FHB(H)543	4682	Hon KWOK Ka-ki	Disease Prevention
FHB(H)544	4684	Hon KWOK Ka-ki	Statutory Functions
FHB(H)545	4685	Hon KWOK Ka-ki	Statutory Functions
FHB(H)546	4689	Hon KWOK Ka-ki	Disease Prevention
FHB(H)547	4775	Hon KWOK Ka-ki	Disease Prevention
FHB(H)548	4776	Hon KWOK Ka-ki	Disease Prevention
FHB(H)549	4777	Hon KWOK Ka-ki	Health Promotion
FHB(H)550	5025	Hon KWOK Ka-ki	Curative Care
FHB(H)551	5026	Hon KWOK Ka-ki	Disease Prevention, Health Promotion, Curative Care
FHB(H)552	5027	Hon KWOK Ka-ki	Disease Prevention, Health Promotion

Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)553	5028	Hon KWOK Ka-ki	Disease Prevention
FHB(H)554	5029	Hon KWOK Ka-ki	Disease Prevention
FHB(H)555	5030	Hon KWOK Ka-ki	Disease Prevention
FHB(H)556	5033	Hon KWOK Ka-ki	Disease Prevention
FHB(H)557	5040	Hon KWOK Ka-ki	Disease Prevention
FHB(H)558	5041	Hon KWOK Ka-ki	Disease Prevention, Health Promotion, Curative Care
FHB(H)559	5042	Hon KWOK Ka-ki	Curative Care
FHB(H)560	5043	Hon KWOK Ka-ki	Disease Prevention
FHB(H)561	5118	Hon KWOK Ka-ki	Disease Prevention, Health Promotion, Curative Care
FHB(H)562	5119	Hon KWOK Ka-ki	Disease Prevention
FHB(H)563	6806	Hon KWOK Ka-ki	Disease Prevention
FHB(H)564	6768	Hon KWOK Wai-keung	Disease Prevention
FHB(H)565	6126	Hon KWOK Wing-hang Dennis	Rehabilitation
FHB(H)566	6127	Hon KWOK Wing-hang Dennis	Rehabilitation
FHB(H)567	3394	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)568	3395	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)569	3396	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)570	3397	Hon LEE Kok-long, Joseph	Health Promotion
FHB(H)571	3405	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)572	3406	Hon LEE Kok-long, Joseph	Statutory Functions
FHB(H)573	3407	Hon LEE Kok-long, Joseph	Statutory Functions
FHB(H)574	3408	Hon LEE Kok-long, Joseph	Statutory Functions
FHB(H)575	3721	Hon MA Fung-kwok	Statutory Functions, Health Promotion
FHB(H)576	3729	Hon MA Fung-kwok	Disease Prevention
FHB(H)577	6037	Hon MO Claudia	-
FHB(H)578	6807	Hon MO Claudia	Statutory Functions
FHB(H)579	3957	Hon QUAT Elizabeth	Statutory Functions
FHB(H)580	3958	Hon QUAT Elizabeth	Disease Prevention
FHB(H)581	3959	Hon QUAT Elizabeth	Disease Prevention
FHB(H)582	3960	Hon QUAT Elizabeth	Disease Prevention
FHB(H)583	3961	Hon QUAT Elizabeth	Disease Prevention
FHB(H)584	3962	Hon QUAT Elizabeth	Rehabilitation
FHB(H)585	6186	Hon SHIU Ka-chun	Health Promotion
FHB(H)586	6187	Hon SHIU Ka-chun	Health Promotion
FHB(H)587	6191	Hon SHIU Ka-chun	Disease Prevention

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<u>FHB(H)588</u>	6192	Hon SHIU Ka-chun	Disease Prevention, Curative Care
<u>FHB(H)589</u>	6193	Hon SHIU Ka-chun	Health Promotion
<u>FHB(H)590</u>	6194	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)591</u>	6206	Hon SHIU Ka-chun	Health Promotion
<u>FHB(H)592</u>	6208	Hon SHIU Ka-chun	Health Promotion, Curative Care
<u>FHB(H)593</u>	6209	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)594</u>	6210	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)595</u>	6211	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)596</u>	6212	Hon SHIU Ka-chun	Curative Care
<u>FHB(H)597</u>	6264	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)598</u>	6269	Hon SHIU Ka-chun	Health Promotion
<u>FHB(H)599</u>	6270	Hon SHIU Ka-chun	Health Promotion
<u>FHB(H)600</u>	6271	Hon SHIU Ka-chun	Curative Care
<u>FHB(H)601</u>	6273	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)602</u>	6321	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)603</u>	6770	Hon SHIU Ka-chun	Disease Prevention
<u>FHB(H)604</u>	6766	Hon TO Kun-sun, James	Disease Prevention
<u>FHB(H)605</u>	6501	Hon YEUNG Alvin	-
<u>CSB066</u>	3009	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<u>CSB108</u>	4630	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<u>CSB109</u>	4657	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<u>CSB110</u>	6782	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<u>SB882</u>	4679	Hon KWOK Ka-ki	Treatment of Drug Abusers
<u>S-FHB(H)006</u>	S0064	Hon CHAN Hoi-yan	Disease Prevention
<u>S-FHB(H)007</u>	S0065	Hon CHAN Hoi-yan	Disease Prevention
<u>S-FHB(H)008</u>	S0068	Hon CHAN Pierre	Curative Care
<u>S-FHB(H)009</u>	S0079	Hon MOK Charles Peter	Disease Prevention
<u>S-FHB(H)010</u>	S0066	Hon WU Chi-wai	Disease Prevention

CONTROLLING OFFICER'S REPLY**FHB(H)202****(Question Serial No. 0113)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding dermatology specialised outpatient services,

- I. please list the total numbers of new cases treated (including both serious and non-serious ones), their average waiting time (in weeks) and longest waiting time (in weeks) in the past 3 years.
- II. please list the staff establishment of dermatology specialised outpatient services (including the estimated and actual staff establishment), the additional manpower and the numbers of personnel departed in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 11)Reply:

- I. The number of new attendances, the average waiting time, and the longest waiting time at specialised outpatient clinics providing dermatological services under the Social Hygiene Service (SHS) of the Department of Health (DH) in the past 3 years are appended in the following tables –

(i) Number of new attendances

2017	2018	2019
25 219	24 884	21 890

(ii) Average waiting time and the longest waiting time

	2017	2018	2019
Average waiting time (weeks)	104	114	123
The longest waiting time (weeks)	156	195	199

II. The approved establishment and additional manpower of specialised outpatient clinics providing dermatological services in the past 3 years are –

Rank	Approved establishment		
	2017-18	2018-19	2019-20
Senior Medical and Health Officer	5	5	5
Medical and Health Officer	17	19	19
Nursing Officer	12	14	14
Registered Nurse	65	74	74
Enrolled Nurse	7	4	4
Senior Dispenser	1	1	1
Dispenser	2	2	2
Assistant Clerical Officer	8	8	8
Clerical Assistant	15	15	15
Office Assistant	3	3	3
Workman II	12	12	12
Total	147	157	157

In the past 3 years, there was a net increase of 10 posts in the approved establishment.

The manpower of specialised outpatient clinics providing dermatological services is an integral part of the SHS. The SHS does not separately keep records on wastage of staff for specific services.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)203****(Question Serial No. 0114)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding dermatology specialised outpatient services,

- I. please list the average numbers of new cases waiting for appointment at the dermatological clinics broken down by month in the past 3 years.
- II. what are the main reasons for the decrease in the annual actual and estimated numbers of attendances at dermatological clinics over the past few years in a row as indicated in the records? How will the Government improve the situation this year? What is the expenditure involved?

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 12)Reply:

- I. The number of new cases booked for the first consultation (position as at end of each month) in the past 3 years is appended in the table -

	2017	2018	2019
January	51 022	53 452	56 240
February	51 258	55 635	56 551
March	51 478	52 743	57 391
April	51 539	52 922	58 027
May	51 238	53 054	59 273
June	51 857	53 756	60 031
July	52 857	54 856	60 527
August	53 223	55 078	62 205
September	53 673	55 748	61 504
October	53 394	55 512	61 867
November	53 040	56 223	62 624
December	52 549	56 010	61 095

- II. The decrease in attendance at the dermatological clinics was attributed to high shortage of Medical and Health Officer grade staff. In 2019, the Social Hygiene Service (SHS) had an average shortfall of 5 Medical and Health Officers in strength. The ability to clear the back log was undermined with insufficient manpower. The Department of Health has all along endeavoured to fill the vacancies arising from staff wastage. As an interim measure, the SHS considers internal re-deployment of manpower. As such involves only internal redeployment of resources, no additional expenditures are required.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)204****(Question Serial No. 1814)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the enforcement of tobacco control legislation, please advise on:

the numbers of enforcement actions taken in restaurants, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges over the past 3 years (broken down by type of statutory no smoking area);

the numbers of warnings, fixed penalty notices and/or summonses issued to minors under 18 by law enforcement officers concerned over the past 3 years; and

whether the Government has any plans to review the prevailing tobacco control measures to, among other things, extend no smoking areas or impose a prohibition on smoking while walking; if yes, the details and the timetable; if not, the reasons.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 30)Reply:

The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Department of Health's Tobacco and Alcohol Control Office (TACO) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) at food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no-smoking areas (NSAs) are as follows:

	2017	2018	2019
Inspections conducted	33 159	32 255	34 680
- Food premises	(3 838)	(3 088)	(3 429)
- Shops and shopping malls	(5 816)	(7 492)	(9 211)
- Public transport facilities	(2 380)	(2 303)	(2 534)
- Bus interchanges	(1 088)	(965)	(1 126)
- Other statutory NSAs	(20 037)	(18 407)	(18 380)

FPNs issued (for smoking offences)		9 711	8 684	8 068
- Food premises		(656)	(537)	(342)
- Shops and shopping malls		(2 024)	(2 013)	(1 821)
- Public transport facilities		(929)	(1 181)	(1 229)
- Bus interchanges		(1 000)	(495)	(903)
- Other statutory NSAs		(5 102)	(4 458)	(3 773)
Summonses issued	for smoking offences	149	140	67
	- Food premises	(16)	(5)	(3)
	- Shops and shopping malls	(19)	(22)	(12)
	- Public transport facilities	(20)	(13)	(8)
	- Bus interchanges	(20)	(12)	(1)
	- Other statutory NSAs	(74)	(88)	(43)
for other offences (such as wilful obstruction and failure to produce identity document)		78	68	42

TACO does not have separate figures on enforcement at indoor workplace or the different outdoor public places. TACO also does not maintain the breakdown of summonses issued for other related offences by premises types.

The numbers FPNs/summonses issued by TACO to persons under the age of 18 for the period from 2017 to 2019 are as follows:

		2017	2018	2019
FPNs issued (for smoking offences)		112	90	90
Warning letters issued		9	3	10
Summonses issued	for smoking offences	0	4	2
	for other offences (such as wilful obstruction and failure to produce identity document)	0	0	0

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if smoking offenders are found to be persons under 15 years old.

Since the amendment of Cap. 371 in 2006, the statutory smoking ban has been gradually extended and now covers all indoor working places and public places as well as many outdoor public places. Around 240 public transport facilities have been designated as NSAs progressively. Since 2016, the Government has also extended the smoking ban to 11 bus interchanges leading to expressways or tunnels by phases.

The main purpose of designating NSAs or introducing tobacco control measures is to minimise the effect of secondhand smoke on the public. There is also a need to balance

the interests of all parties, including both smokers and non-smokers. Before putting any smoking ban or other tobacco control measures in place, it is imperative to ensure that they can be effectively enforced and can be easily complied with by the public, such as whether there are clear and conspicuous demarcations between NSAs and non-NSAs. The Government has received both supporting and opposing views when extending the smoking ban in the past. We must therefore carefully consider and take into account different views when further extending the smoking ban.

Under the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”, the Government has already laid down the target of further reducing smoking prevalence to 7.8% by 2025. We will review our tobacco control measures regularly with reference to international experience. We will also reference international experience in exploring the way forward in achieving our goal.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)205

(Question Serial No. 1828)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHV) Scheme, please give a breakdown of the following by type of service provider:

- I. the number of voucher claims, the total amount claimed and the average amount claimed per transaction by type of service in each of the past 5 years;
- II. the highest amount spent in a single transaction of all voucher claims by type of service in each of the past 5 years;
- III. the number of transactions in which an amount of \$500 or below was spent on a single occasion, and the percentage of such claims in the total number of voucher claims in each of the past 5 years; and
- IV. among those eligible for the EHVs, the respective numbers of persons who have never made any voucher claims and those who have not made any voucher claims in a year in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 44)

Reply:

I.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the average amount of vouchers claimed per transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 5 years:

Amount of Vouchers Claimed (in HK\$'000)

	2015	2016	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	611,860	638,006	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	142,265	171,599	256,563	533,136	599,170
Dentists	98,563	105,455	144,331	287,044	313,111
Occupational Therapists	230	271	2,506	5,681	4,432
Physiotherapists	6,381	7,007	8,344	16,452	17,210
Medical Laboratory Technologists	3,820	9,905	11,256	17,808	18,654
Radiographers	2,365	3,197	5,447	13,400	15,749
Nurses	1,389	3,335	5,122	7,447	10,214
Chiropractors	1,825	1,913	2,303	5,225	5,675
Optometrists	37,092	128,399	288,582	759,750	431,680
Sub-total (Hong Kong):	905,790	1,069,087	1,498,542	2,800,688	2,661,919
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 4}	537	1,471	1,855	3,492	3,997
Total :	906,327	1,070,558	1,500,397	2,804,180	2,665,916

Number of Voucher Claim Transactions

	2015	2016	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	2 006 263	1 955 048	2 218 938	2 917 895	2 952 153
Chinese Medicine Practitioners	533 700	607 531	860 927	1 502 140	1 633 532
Dentists	109 840	119 305	168 738	294 950	310 306
Occupational Therapists	478	620	2 217	3 515	3 233
Physiotherapists	19 947	21 835	25 076	40 874	43 946
Medical Laboratory Technologists	5 646	9 748	12 044	18 662	20 770
Radiographers	4 971	5 886	8 935	16 785	16 779
Nurses	1 457	3 079	5 079	6 523	9 936
Chiropractors	3 125	5 003	5 346	10 743	10 820
Optometrists	21 326	72 572	173 279	359 343	242 424
Sub-total (Hong Kong):	2 706 753	2 800 627	3 480 579	5 171 430	5 243 899
HKU-SZH ^{Note 4}	2 287	5 667	6 755	11 418	13 562
Total :	2 709 040	2 806 294	3 487 334	5 182 848	5 257 461

Average Amount of Vouchers Claimed Per Transaction (HK\$)

	2015	2016	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	305	326	349	396	422
Chinese Medicine Practitioners	267	282	298	355	367
Dentists	897	884	855	973	1,009
Occupational Therapists	481	437	1,130	1,616	1,371
Physiotherapists	320	321	333	403	392
Medical Laboratory Technologists	677	1,016	935	954	898
Radiographers	476	543	610	798	939
Nurses	953	1,083	1,008	1,142	1,028
Chiropractors	584	382	431	486	524
Optometrists	1,739	1,769	1,665	2,114	1,781
HKU-SZH ^{Note 4}	235	260	275	306	295

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

II.

In each of the past 5 years from 2015 to 2019, the range of the maximum voucher amount claimed per transaction under the EHV Scheme by types of healthcare service providers are provided below:

	Range of Maximum Voucher Amount Claimed Per Transaction (HK\$)				
	2015	2016	2017 ^{Note 5}	2018 ^{Note 6}	2019 ^{Note 7}
Medical Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Chinese Medicine Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Dentists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Occupational Therapists	3,001 – 3,250	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Physiotherapists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Medical Laboratory Technologists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Radiographers	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Nurses	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	5,751 – 6,000
Chiropractors	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	4,751 – 5,000
Optometrists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000	4,751 – 5,000
HKU-SZH ^{Note 8}	3,251 – 3,500	3,751 – 4,000	3,251 – 3,500	4,501 – 4,750	5,501 – 5,750

Note 5: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 6: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 7: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 8: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

III.

The table below shows the number of voucher claim transactions with amount of “\$500 or below” made by participating healthcare service providers in Hong Kong in the past 5 years, and their respective percentage of the total number of voucher claim transactions in Hong Kong in the relevant year:

Amount of vouchers claimed per transaction	Number of voucher claim transactions (Percentage of the total number of voucher claim transactions in the year)				
	2015	2016	2017	2018	2019
\$500 or below	2 423 493 (90%)	2 422 122 (86%)	2 884 279 (83%)	4 001 849 (77%)	4 066 170 (78%)

IV.

Based on the estimated number of eligible elders provided in the Hong Kong Population Projections 2017-2066 by the Census and Statistics Department, about 31 000 (2%) eligible elders had never made use of vouchers as at end-2019. The Department of Health does not maintain statistics on the number of elders who had not made use of vouchers in a year.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)206****(Question Serial No. 1829)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Elderly Health Care Voucher (EHV) Scheme, please advise on:

- I. the number of persons eligible for voucher claims whose voucher account balance fell below \$100 in each of the past 3 years;
- II. the number of voucher claims exceeding \$2,000 in a single transaction in each of the past 3 years; and
- III. the number of complaints about the EHV Scheme received by the Department of Health, and the respective numbers of cases with investigation completed, found to be substantiated, and that were related to fraud or improper voucher claims, broken down by type of service, in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 45)Reply:

- I. The table below shows the number of elders with voucher balance of \$100 or less as at end of 2017, 2018 and 2019:

	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Number of elders with voucher balance of \$100 or less as at end of the year	250 000	230 000	178 000

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

- II. The number of voucher claim transactions made by participating healthcare service providers in Hong Kong with voucher amount exceeding \$2,000 in a single transaction were 67 773, 254 107 and 154 469 in 2017, 2018 and 2019 respectively.
- III. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the DH in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)207****(Question Serial No. 1830)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the services of the Child Assessment Centres (CACs) of the Department of Health (DH), please set out:

1. the number of cases diagnosed with developmental disability by type of developmental condition in the past 3 years; and
2. in the table below, the attendances, the number of children who have completed the assessment and the rate for completion of assessment of new cases within 6 months at the 7 CACs under the DH in the past 3 years:

Year:			
	Attendances	Number of children who have completed assessment	Rate for completion of assessment of new cases within 6 months
Central Kowloon Child Assessment Centre			
Ha Kwai Chung Child Assessment Centre			
Pamela Youde Child Assessment Centre (Kwun Tong)			
Pamela Youde Child Assessment Centre (Sha Tin)			
Fanling Child Assessment Centre			
Tuen Mun Child Assessment Centre			
Ngau Tau Kok Child Assessment Centre			
Total			

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 46)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of the Department of Health (DH) from 2017 to 2019 are as follows –

Developmental conditions	Number of newly diagnosed cases		
	2017	2018	2019 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. The attendance at the 7 Child Assessment Centres (CACs) under the CAS in the past 3 years is as follows –

Child Assessment Centre (CAC)	2017	2018	2019 (Provisional figures)
Central Kowloon CAC	5 489	5 632	5 492
Ha Kwai Chung CAC	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	8 262	8 493	7 535
Fanling CAC	3 892	4 182	4 875
Tuen Mun CAC	5 384	5 610	5 186
Ngau Tau Kok CAC*	0*	1 682*	2 513*
Total:	37 423	39 327	38 005

* Ngau Tau Kok CAC commenced operation in January 2018.

The number of new referred cases received and the number of children assessed by the CAS in the past 3 years are as follows. The statistics for individual centres are not readily available.

	2017	2018	2019 (Provisional figures)
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

In the past 3 years, all new cases of CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services of the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 (provisional figure) are 55%, 49% and 53% respectively. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)208

(Question Serial No. 1832)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the general public sessions (GP sessions) of dental clinics, please advise on:

- I. the number of attendances by age group and the age distribution (in percentage terms) in each of the past 5 years;
- II. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 5 years;
- III. the actual number of patients attending (as against attendances in) GP sessions at government dental clinics across Hong Kong and the number of patients who consulted more than once in GP sessions in each of the past 5 years by age group; and
- IV. the staff establishment, the number of additional staff, the number of staff departed, the median salary and the total payroll cost involved in the operation of GP sessions at government dental clinics across Hong Kong in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 48)

Reply:

- I. Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

The number of attendance and the breakdowns by age group in GP sessions in the financial years 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Year	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
No. of attendance	34 580	36 783	35 957	37 027	31 093

Age group	% Distribution of attendances by age group				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
0-18	2.09%	1.80%	1.76%	1.82%	3.92 %
19-42	14.20%	14.45%	15.39%	15.22%	20.42 %
43-60	27.46%	27.66%	26.38%	24.05 %	20.02 %
61 or above	56.25%	56.09%	56.47%	58.91%	55.64 %

II. In 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the total number of discs available and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session	No. of attendances (No. of discs available)				
			2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 177 (6 090)	5 329 (6 006)	5 234 (6 006)	5 419 (6 132)	4 457 (5 082)
	Thursday (AM)	42					
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 028 (4 200)	4 295 (4 368)	3 990 (4 200)	4 023 (4 116)	3 360 (3 444)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905 (7 896)	6 903 (8 064)	6 599 (7 980)	7 191 (8 400)	6 071 (6 678)
	Friday (AM)	84					
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218 (2 500)	2 356 (2 450)	2 262 (2 450)	2 227 (2 300)	1 862 (2 100)
Mona Fong Dental Clinic	Thursday (PM)	42	1 952 (2 142)	1 909 (2 142)	1 898 (2 142)	1 899 (2 100)	1 574 (1 806)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978 (2 142)	2 026 (2 142)	2 011 (2 142)	1 970 (2 100)	1 710 (1 806)

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session	No. of attendances (No. of discs available)				
			2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 193 (8 148)	7 567 (8 316)	7 808 (8 232)	7 994 (8 232)	6 730 (6 930)
	Friday (AM)	84					
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071 (2 100)	2 152 (2 184)	2 015 (2 100)	2 016 (2 058)	1 686 (1 722)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769 (4 074)	3 999 (4 158)	3 851 (4 116)	3 910 (4 116)	3 325 (3 465)
	Friday (AM)	42					
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	97 (384)	95 (384)	90 (384)	95 (384)	95 (320)
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	192 (384)	152 (384)	199 (384)	283 (384)	223 (320)

In 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the number of service sessions for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	No. of sessions				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	98	97	97	98	81
Kwun Tong Dental Clinic	50	52	50	49	41
Kennedy Town Community Complex Dental Clinic	94	96	95	100	80
Fanling Health Centre Dental Clinic	50	49	49	46	42
Mona Fong Dental Clinic	51	51	51	50	43
Tai Po Wong Siu Ching Dental Clinic	51	51	51	50	43

Dental clinic with GP sessions	No. of sessions				
	2015-16	2016-17	2017-18	2018-19	2019-20 (up to 31 January 2020)
Tsuen Wan Dental Clinic	97	99	98	98	83
Yan Oi Dental Clinic	50	52	50	49	42
Yuen Long Jockey Club Dental Clinic	97	99	98	98	83
Tai O Dental Clinic	12	12	12	12	10
Cheung Chau Dental Clinic	12	12	12	12	10

III. DH does not maintain the number of patients attended the GP sessions. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2015-16, 2016-17, 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	0-18	158	96	92	99	175
	19-42	719	770	805	825	910
	43-60	1 336	1 474	1 381	1 303	892
	61 or above	2 964	2 989	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	88	77	70	73	132
	19-42	398	621	614	612	686
	43-60	942	1 188	1 053	968	673
	61 or above	2 600	2 409	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	112	124	116	131	238
	19-42	1 190	998	1 016	1 095	1 240
	43-60	1 578	1 909	1 741	1 729	1 215
	61 or above	3 025	3 872	3 726	4 236	3 378
Fanling Health Centre	0-18	45	42	40	41	73
	19-42	287	340	348	339	380
	43-60	698	652	597	535	373

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Dental Clinic	61 or above	1 188	1 322	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	57	34	33	34	62
	19-42	249	276	292	289	321
	43-60	605	528	501	457	315
	61 or above	1 041	1 071	1 072	1 119	876
Tai Po Wong Siu Ching Dental Clinic	0-18	34	37	35	36	67
	19-42	261	293	309	300	349
	43-60	608	560	531	474	342
	61 or above	1 075	1 136	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	123	136	137	145	264
	19-42	896	1 094	1 202	1 217	1 374
	43-60	1 916	2 093	2 060	1 923	1 347
	61 or above	4 258	4 244	4 409	4 709	3 745
Yan Oi Dental Clinic	0-18	24	39	35	37	66
	19-42	287	311	310	307	344
	43-60	519	595	532	485	338
	61 or above	1 241	1 207	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	77	72	68	71	130
	19-42	566	578	592	595	679
	43-60	1 221	1 106	1 016	940	666
	61 or above	1 905	2 243	2 175	2 304	1 850
Tai O Dental Clinic	0-18	1	2	2	2	4
	19-42	22	14	14	14	19
	43-60	23	26	23	23	19
	61 or above	51	53	51	56	53
Cheung Chau Dental Clinic	0-18	7	3	4	5	9
	19-42	35	22	31	43	45
	43-60	44	42	52	68	45
	61 or above	106	85	112	167	124

DH does not maintain information on the number of cases of repeated visits in the past 5 years.

IV. The establishment and staff remuneration for the operation of the GP sessions are not available as they have been absorbed within the provision for dental services under Programme (4).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)209

(Question Serial No. 2351)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of the Child Assessment Centres (CACs) of the Department of Health, the completion rate for assessment of new cases within 6 months failed to meet the target, which has been adjusted from 90% to 70% in 2020, for several consecutive years. In this connection, please advise on:

1. the detailed process of completing the assessment (including the number of healthcare professionals and procedures involved);
2. the staff establishment and wastage rate in the past 3 years (broken down by grade); and
3. the number of referred cases received, the number of children assessed by the CACs and the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 53)

Reply:

1. The Child Assessment Service (CAS) provides comprehensive assessments, diagnosis, formulates rehabilitation plan, and provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await assessment and rehabilitation services, the CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the assessment is not available.

2. The approved establishment in the CAS by grade from 2017-18 to 2019-20 are as follows-

Grade	Approved establishment		
	2017-18	2018-19	2019-20
Medical and Health Officer	24	25	25
Registered Nurse	30	30	40
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	22	22	22
Speech Therapist	13	13	16
Optometrist	2	2	2
Occupational Therapist	8	8	9
Physiotherapist	6	6	7
Hospital Administrator	1	1	1
Electrical Technician	1	1	1
Executive Officer	2	2	2
Clerical Officer	12	12	16
Clerical Assistant	20	20	23
Office Assistant	1	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
Total:	160	161	183

Records on wastage rate of staff for individual offices are not separately kept.

3. The number of newly referrals cases received and number of children assessed by the CAS in the past 3 years are as follows-

	2017	2018	2019 (provisional figures)
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

DH does not maintain statistics on the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment.

CONTROLLING OFFICER'S REPLY

FHB(H)210

(Question Serial No. 1510)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's work on the Elderly Health Care Voucher (EHV) Scheme, please advise this Committee on:

1. the amount of EHV's claimed, the number of claim transactions and the range of maximum amount claimed per transaction by types of healthcare professionals in table form over the past 3 years;
2. the number of complaints related to EHV's received by the Department of Health (DH); the number of follow-up actions taken as appropriate in respect of the complaints, related media coverage or intelligence reports; the number of cases in which voucher claims were not reimbursed by the Government; the number of cases in which the Government took actions to recover the claimed amount from healthcare service providers and the amount so recovered; the number of cases referred by the DH to the Police and/or relevant law enforcement agencies; and the number of cases of successful prosecutions by the Police and/or relevant law enforcement agencies in table form over the past 3 years;
3. the measures, the expenditure and the manpower for the prevention of abuse of the EHV Scheme in the past 3 years and in the coming year;
4. the numbers of inspections conducted (broken down by routine inspection, investigation into aberrant patterns of transaction and inspection upon complaint); the numbers of EHV claims checked and their percentages in all the claim transactions made and in all the enrolled healthcare service providers involved over the past 3 years; and
5. the number of EHV claims exceeding \$4,000 per claim by types of healthcare services.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 3)

Reply:

1. The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the range of maximum voucher amount claimed per transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2017 ^{Note 1}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	774,088	2 218 938	3,751 – 4,000
Chinese Medicine Practitioners	256,563	860 927	3,751 – 4,000
Dentists	144,331	168 738	3,751 – 4,000
Occupational Therapists	2,506	2 217	3,751 – 4,000
Physiotherapists	8,344	25 076	3,751 – 4,000
Medical Laboratory Technologists	11,256	12 044	3,751 – 4,000
Radiographers	5,447	8 935	3,751 – 4,000
Nurses	5,122	5 079	3,751 – 4,000
Chiropractors	2,303	5 346	3,751 – 4,000
Optometrists	288,582	173 279	3,751 – 4,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	1,855	6 755	3,251 – 3,500

Amount of vouchers claimed and number of voucher claim transactions in 2018 ^{Note 3}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,154,745	2 917 895	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	4,751 – 5,000
Dentists	287,044	294 950	4,751 – 5,000
Occupational Therapists	5,681	3 515	4,751 – 5,000
Physiotherapists	16,452	40 874	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	4,751 – 5,000
Radiographers	13,400	16 785	4,751 – 5,000
Nurses	7,447	6 523	4,751 – 5,000
Chiropractors	5,225	10 743	4,751 – 5,000
Optometrists	759,750	359 343	4,751 – 5,000
HKU-SZH ^{Note 2}	3,492	11 418	4,501 – 4,750

Amount of vouchers claimed and number of voucher claim transactions in 2019 ^{Note 4}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,246,024	2 952 153	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	5,751 – 6,000
Dentists	313,111	310 306	5,751 – 6,000
Occupational Therapists	4,432	3 233	5,751 – 6,000
Physiotherapists	17,210	43 946	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	5,751 – 6,000
Radiographers	15,749	16 779	5,751 – 6,000
Nurses	10,214	9 936	5,751 – 6,000
Chiropractors	5,675	10 820	4,751 – 5,000
Optometrists	431,680	242 424	4,751 – 5,000
HKU-SZH ^{Note 2}	3,997	13 562	5,501 – 5,750

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

2. From 2017 to 2019, the Department of Health (DH) received a total of 290 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2017 to 2019 are provided in the table below.

	2017	2018	2019	Total
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHV Scheme	67	120	103	290
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK\$) involved ^{Note 5}	5 \$15,454	7 \$33,650	1 \$350	13 \$49,454
Number of complaint cases referred to the Police by the DH ^{Note 5 and 6}	6	9	1	16
Number of cases successfully prosecuted by the Police ^{Note 5}	0	0	0	0

Note 5: Provisional figures as at end-December 2019. Some of the cases are still under investigation.

Note 6: Among the 16 complaint cases received in 2017 to 2019 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 7 cases were still under investigation as at end-December 2019.

3. The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme Agreement and those who displayed unusual patterns of voucher claims. Appropriate actions/ measures would be taken when violation of terms and conditions

of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2017-18, 2018-19 and 2019-20 was 48, 48 and 52 respectively, while that in 2020-21 will be 55.

Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2017-18 (Actual) \$ million	2018-19 (Actual) \$ million	2019-20 (Revised Estimate) \$ million	2020-21 (Estimate) \$ million
19.7	26.3	36.7	47.9

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately quantified.

4. Details of inspections conducted under the EHV Scheme as at end of 2017, 2018 and 2019 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints <small>Note 7</small>	Total	Coverage of total number of voucher claims made under the EHV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
31.12.2017	Number of inspections conducted	13 309	3 058	123	16 490	2.0%	92.9%
	Number of claims checked	235 811	56 019	17 435	309 265		
31.12.2018	Number of inspections conducted	15 327	3 571	230	19 128	1.8%	95.5%

	Number of claims checked	272 224	64 650	21 231	358 105		
31.12.2019	Number of inspections conducted	18 473	4 212	318	23 003	1.7%	95.5%
	Number of claims checked	329 840	76 040	23 926	429 806		

Note 7: Including complaints/ media reports and other reports about the EHV Scheme.

5. The table below shows the number of voucher claims with amount more than \$4,000 per transaction in 2019, broken down by types of healthcare service providers:

	Number of voucher claims in 2019 with amount more than \$4,000 per transaction
Medical Practitioners	3 507
Chinese Medicine Practitioners	3 521
Dentists	6 488
Occupational Therapists	78
Physiotherapists	78
Medical Laboratory Technologists	68
Radiographers	390
Nurses	319
Chiropractors	3
Optometrists ^{Note 8}	13 776
HKU-SZH	5

Note 8: A cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on 26 June 2019.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)211

(Question Serial No. 1511)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health plans to create 75 non-directorate posts and 1 directorate post in 2020-21. Please advise on the respective ranks, salaries and duties of these posts.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 4)

Reply:

Details of the net increase of 76 posts in the Department of Health are at **Annex**.

Creation and Deletion of Posts in Department of Health in 2020-21

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<i>Programme 1 – Statutory Functions</i>		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
<i>Total (Programme 1) :</i>	<i>60</i>	<i>34,655,700</i>
<i>Programme 2 – Disease Prevention</i>		
Senior Medical and Health Officer	-1	-1,514,640
Medical and Health Officer	-1	-1,172,940
Nursing Officer	-1	-771,240
Registered Nurse	3	1,458,540
Dispenser/Student Dispenser	1	292,170
Scientific Officer (Medical)	-2	-1,970,520
Senior Executive Officer	-1	-1,124,520
Executive Officer II	3	1,603,980
Clerical Officer	-1	-463,140
Systems Manager	4	4,498,080
Analyst/Programmer II	2	1,069,320
<i>Total (Programme 2) :</i>	<i>6</i>	<i>1,905,090</i>
<i>Programme 4 – Curative Care</i>		
Dental Consultant #	1	2,500,473
Personal Secretary I	1	463,140

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<i>Total (Programme 4) :</i>	2	2,963,613

Programme 7 – Medical and Dental Treatment for Civil Servants

Senior Dental Officer	3	4,543,920
Dental Officer	-3	-3,091,320
Dental Hygienist	5	1,726,800
Dental Surgery Assistant	3	977,220

Total (Programme 7) : **8** **4,156,620**

Total (Overall): **76** **43,681,023**

Directorate post

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)212

(Question Serial No. 1512)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the provision of laboratory and other screening services, will the Government inform this Committee of:

1. the number of participants of the Colorectal Cancer Screening Programme (the Programme) in 2018-19, broken down by age group and gender, and the respective numbers of participants found to have polyp(s) and diagnosed with cancer through its pilot programme;
2. the expenditure and staff establishment in 2019-20 for running the Programme;
3. the number of eligible persons and the estimated number of participants of the Programme, broken down by age group and gender; and
4. whether a review has been conducted to see if the number of participants was as expected following the regularisation of the Programme?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 5)

Reply:

1. Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has commenced since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 persons colorectal cancers. Breakdown of

the number of participants (as at end February 2020) since the introduction of the Pilot Programme, by year of birth and gender, is appended below -

Phase (Launch date) (A)	Year of birth of new eligible participants covered in respective phase	Number of participants since the launch date (column (A)) up to end February 2020	
		Male	Female
<i>Pilot phase</i>			
Phase 1 (28 September 2016)	1946-1948	15 200	17 200
Phase 2 (27 February 2017)	1949-1951	17 000	20 200
Phase 3 (27 November 2017)	1952-1955	19 800	26 400
<i>Regularised phase</i>			
Phase 1 (6 August 2018)	1942-1945 1956-1957	13 300	16 200
Phase 2 (1 January 2019)	1958-1963	9 700	15 800
Phase 3 (1 January 2020)	1964-1970	800	1 000

2. The revised estimate for the CRCSP in 2019-20 is \$147.1 million and the number of civil service establishment involved in the CRCSP in the Department of Health (DH) is 25.

3 & 4.

At the time of planning the regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Its breakdown by age group and gender is appended below -

Age group	Estimated population size	
	Male	Female
50-59	636 600	701 000
60-69	461 400	470 000
70-75	143 000	142 500

Based on the experience in the Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP. The DH will keep in view the participation rate of the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)213

(Question Serial No. 1514)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of doctors in the Department of Health's establishment from 2015-16 to 2019-20, please set out:

- (a) by specialty and rank the numbers of doctors in the establishment;
- (b) by specialty and rank the numbers of full-time and part-time doctors employed;
- (c) by post and department upon departure of doctors the number of wastage, wastage rate and length of service upon departure of the doctors, whether all the resulting vacancies have been filled, as well as the time required for and the expenditure on filling the vacancies; and
- (d) by specialty and rank the number of doctors newly recruited each year.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 8)

Reply:

Manpower of doctors in the Department of Health (DH) from 2015-16 to 2019-20:

- (a) The approved establishment of doctors by stream and rank is at **Annex A**.
- (b) The number of full-time and part-time contract doctors by stream and rank is at **Annex B**.
- (c) The wastage rate (from retirement, resignation and completion of agreement) of doctors and their length of service before leaving the service by stream and rank are at **Annex C**. In view of the shortage of doctors, DH is arranging year-round recruitment to identify suitable candidates to fill all the vacancies.
- (d) The number of doctors recruited by stream and rank is at **Annex D**.

Approved Establishment of Doctors in the Department of Health

2015-16

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	24	5	2	1	2	42
Senior Medical and Health Officer	8	2	3	13	18	5	58	8	5	2	7	129
Medical and Health Officer	12	3	16	84	53	9	116	7	23	2	23	348
Total	21	6	19	98	73	17	198	20	30	5	32	519

2016-17

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	26	5	2	1	2	44
Senior Medical and Health Officer	9	2	3	13	18	5	61	8	5	2	7	133
Medical and Health Officer	14	3	16	84	53	9	120	7	23	2	23	354
Total	24	6	19	98	73	17	207	20	30	5	32	531

2017-18

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	2	3	26	5	2	1	2	44
Senior Medical and Health Officer	9	2	3	13	18	5	61	8	5	2	7	133
Medical and Health Officer	14	3	16	84	56	9	124	7	23	2	23	361
Total	24	6	19	98	76	17	211	20	30	5	32	538

2018-19

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	3	3	26	5	2	1	2	45
Senior Medical and Health Officer	10	3	3	13	18	5	63	8	5	2	7	137
Medical and Health Officer	14	4	16	84	57	9	125	7	25	2	23	366
Total	25	8	19	98	78	17	214	20	32	5	32	548

2019-20

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total
Directorate	1	1	-	1	3	3	27	5	2	1	2	46
Senior Medical and Health Officer	10	3	3	13	18	5	71	8	5	2	7	145
Medical and Health Officer	14	5	16	84	57	9	141	7	25	2	23	383
Total	25	9	19	98	78	17	239	20	32	5	32	574

Number of Full-time and Part-time Contract Doctors in the Department of Health

2015-16

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	3
Correctional Institutions	3	-	-	-	3
Family Health	-	5	-	-	5
Health	2	28	-	-	30
Tuberculosis and Chest	-	1	-	-	1
Total	5	34	-	3	42

2016-17

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	3
Correctional Institutions	3	-	-	-	3
Family Health	-	7	-	-	7
Family Medicine	-	1	-	-	1
Health	2	29	-	-	31
Social Hygiene	1	-	-	-	1
Tuberculosis and Chest	-	1	-	-	1
Total	6	38	-	3	47

2017-18

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	3
Correctional Institutions	3	-	-	-	3
Family Health	-	8	-	-	8
Family Medicine	-	1	-	-	1
Health	4	25	-	-	29
Social Hygiene	1	-	-	-	1
Tuberculosis and Chest	-	1	-	-	1
Total	8	35	-	3	46

2018-19

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	3
Clinical Genetics	1	-	-	-	1
Correctional Institutions	3	-	-	-	3
Family Health	-	8	-	-	8
Family Medicine	1	-	-	-	1
Health	8	22	-	-	30
Social Hygiene	1	1	-	-	2
Tuberculosis and Chest	-	1	-	-	1
Total	14	32	-	3	49

2019-20 (as at 1 February 2020)

Stream / Number	Contract Doctor		Contract Senior Doctor		Total
	Full-time	Part-time	Full-time	Part-time	
Child Assessment	-	-	-	3	3
Correctional Institutions	2	-	-	-	2
Family Health	1	9	-	-	10
Family Medicine	1	-	1	-	2
Health	9	22	-	1	32
Tuberculosis and Chest	1	1	-	-	2
Total	14	32	1	4	51

**Wastage of Doctors (Note) and
Years of Service of Doctors before Leaving the Service**

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total	Wastage rate %
2015-16													
Directorate	-	1	-	-	-	-	-	-	-	-	-	1	5.9
Senior Medical and Health Officer	-	1	-	-	1	-	6	-	1	-	-	9	8.7
Medical and Health Officer	3	-	1	6	-	-	3	-	3	-	-	16	4.9
Total	3	2	1	6	1	-	9	-	4	-	-	26	5.6
2016-17													
Directorate	-	-	-	-	-	-	-	2	-	-	-	2	12.5
Senior Medical and Health Officer	-	-	-	-	1	-	2	-	-	-	-	3	2.8
Medical and Health Officer	2	-	2	5	-	-	4	2	3	-	2	20	6.3
Total	2	-	2	5	1	-	6	4	3	-	2	25	5.4
2017-18													
Directorate	-	-	-	-	-	-	2	-	-	-	1	3	12.0
Senior Medical and Health Officer	-	-	-	-	-	1	-	-	-	-	-	1	1.0
Medical and Health Officer	-	-	-	6	3	-	4	-	4	-	-	17	5.2
Total	-	-	-	6	3	1	6	-	4	-	1	21	4.5

Rank / Stream	Child Assessment	Clinical Genetics	Correctional Institutions	Family Health	Family Medicine	Forensic Pathology	Health	Pathology	Social Hygiene	Special Preventive Programme	Tuberculosis and Chest	Total	Wastage rate %
2018-19													
Directorate	-	-	-	-	-	1	1	-	-	-	-	2	11.1
Senior Medical and Health Officer	-	-	-	-	1	-	2	-	1	1	-	5	4.7
Medical and Health Officer	-	-	-	1	4	-	4	-	6	-	1	16	5.0
Total	-	-	-	1	5	1	7	-	7	1	1	23	5.0
2019-20 (as at 1 February 2020)													
Directorate	-	-	-	-	-	-	1	-	-	-	1	2	12.5
Senior Medical and Health Officer	-	-	-	-	-	-	1	-	-	-	-	1	0.9
Medical and Health Officer	1	-	1	4	2	-	4	1	2	-	1	16	4.9
Total	1	-	1	4	2	-	6	1	2	-	2	19	4.0

Note : Wastage includes retirement, resignation, completion of agreement.

Rank / Years of service of doctors before leaving the service	0 to less than 10	10 to less than 20	20 to less than 30	30 to less than 40	Total
2015-16					
Directorate	-	-	-	1	1
Senior Medical and Health Officer	-	4	4	1	9
Medical and Health Officer	13	1	2	-	16
Total	13	5	6	2	26
2016-17					
Directorate	-	-	2	-	2
Senior Medical and Health Officer	-	1	2	-	3
Medical and Health Officer	11	2	4	3	20
Total	11	3	8	3	25
2017-18					
Directorate	-	-	-	3	3
Senior Medical and Health Officer	-	-	-	1	1
Medical and Health Officer	14	1	2	-	17
Total	14	1	2	4	21
2018-19					
Directorate	-	-	-	2	2
Senior Medical and Health Officer	1	1	3	-	5
Medical and Health Officer	11	3	2	-	16
Total	12	4	5	2	23
2019-20 (as at 1 February 2020)					
Directorate	-	-	-	2	2
Senior Medical and Health Officer	-	-	1	-	1
Medical and Health Officer	9	4	3	-	16
Total	9	4	4	2	19

Number of Doctors Recruited

Year / Rank	Senior Medical and Health Officer	Medical and Health Officer	Total
2015-16	1	26	27
2016-17	-	23	23
2017-18	-	29	29
2018-19	-	18	18
2019-20 (as at 1 February 2020)	-	32	32
Total	1	128	129

Stream / Year	2015-16	2016-17	2017-18	2018-19	2019-20 (as at 1 February 2020)	Total
Child Assessment	-	1	1	-	1	3
Clinical Genetics	1	1	-	-	2	4
Correctional Institutions	2	-	-	-	-	2
Family Health	9	2	6	5	1	23
Family Medicine	1	5	4	1	5	16
Forensic Pathology	1	-	-	1	-	2
Health	8	11	14	7	14	54
Pathology	3	-	2	1	1	7
Social Hygiene	-	-	-	-	8	8
Special Preventive Programme	-	1	1	2	-	4
Tuberculosis and Chest	2	2	1	1	-	6
Total	27	23	29	18	32	129

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)214

(Question Serial No. 1515)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to undertaking statutory enforcement work of the Private Healthcare Facilities Ordinance (Cap. 633), one of the Matters Requiring Special Attention in 2020-21 under this Programme, will the Government please inform this Committee of:

- (1) the expenditure and manpower involved in the regulation of private healthcare facilities; and
- (2) the expenditure and manpower involved in the enforcement work?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 10)

Reply:

The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases to regulate the private healthcare facilities. In 2020-21, the number of posts and financial provision earmarked to undertake the relevant registration and enforcement work under the Ordinance are 142 and \$162 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)215

(Question Serial No. 1526)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide details of the following in 2017, 2018 and 2019:

- (a) the amount of EHV's claimed by various healthcare disciplines and the total amount of claims;
- (b) the number of persons who have used the EHV's, the number of eligible persons and the percentage of eligible persons who have used the EHV's;
- (c) the percentage and number of eligible persons who have used the EHV's by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
- (d) the average number of EHV's used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and
- (e) the number of service providers participating in the EHV Scheme by discipline.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 25)

Reply:

(a) The table below shows the amount of vouchers claimed by types of healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years from 2017 to 2019:

Amount of Vouchers Claimed (in HK\$'000)

	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	256,563	533,136	599,170
Dentists	144,331	287,044	313,111
Occupational Therapists	2,506	5,681	4,432
Physiotherapists	8,344	16,452	17,210
Medical Laboratory Technologists	11,256	17,808	18,654
Radiographers	5,447	13,400	15,749
Nurses	5,122	7,447	10,214
Chiropractors	2,303	5,225	5,675
Optometrists	288,582	759,750	431,680
Sub-total (Hong Kong):	1,498,542	2,800,688	2,661,919
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 4}	1,855	3,492	3,997
Total :	1,500,397	2,804,180	2,665,916

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

(b) & (c)

The table below shows the number of eligible elders and the number of elders who had made use of vouchers up to end of 2017, 2018 and 2019, broken down by gender and age group:

	2017		2018		2019	
	Number of elders	% of eligible elders	Number of elders	% of eligible elders	Number of elders	% of eligible elders
(1) Number of eligible elders (i.e. elders aged 65 ^{Note 5} or above)*	1 221 000	-	1 266 000	-	1 325 000	-
(2) Cumulative number of elders who had made use of vouchers up to end of the year						
(i) By gender						
-Male	430 000	75%	552 000	93%	602 000	97%
-Female	523 000	80%	639 000	95%	692 000	98%
(ii) By age group						
-65 - 69	239 000	58%	394 000	92%	427 000	96%
-70 - 75	259 000	91%	323 000	100%	375 000	100%
-76 - 80	176 000	87%	176 000	91%	178 000	95%
-Above 80	279 000	87%	298 000	92%	314 000	93%

Note 5: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

*Source: Hong Kong Population Projections 2017-2066, Census and Statistics Department

The Department of Health (DH) does not maintain statistics on the residence of elders using the vouchers.

(d) The table below shows the average cumulative amount of vouchers in monetary value used per person up to end of 2017, 2018 and 2019 since the EHV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers (HK\$) used per person since the EHV Scheme was launched in 2009		
	Up to 31.12.2017 ^{Note 6}	Up to 31.12.2018 ^{Note 7}	Up to 31.12.2019 ^{Note 8}
(i) By gender			
- Male	4,431	5,605	6,912
- Female	4,696	6,059	7,516
(ii) By age Group			
- 65 - 69	1,167	3,164	4,357
- 70 - 75	4,228	5,283	6,466
- 76 - 80	6,789	8,752	10,506
- Above 80	6,424	8,294	10,212

Note 6: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 7: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 8: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

The DH does not maintain statistics on the residence of elders using the vouchers.

(e) The table below shows the number of healthcare service providers by types enrolled in the EHV Scheme as at end of 2017, 2018 and 2019:

	As at 31.12.2017	As at 31.12.2018	As at 31.12.2019
Medical Practitioners	2 387	2 591	2 893
Chinese Medicine Practitioners	2 424	2 720	3 159
Dentists	895	1 047	1 171
Occupational Therapists	69	74	97
Physiotherapists	396	441	520
Medical Laboratory Technologists	48	54	64
Radiographers	40	44	56
Nurses	182	182	244
Chiropractors	71	91	111
Optometrists	641	697	780
Sub-total (Hong Kong):	7 153	7 941	9 095
HKU-SZH ^{Note 9}	1	1	1
Total :	7 154	7 942	9 096

Note 9: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

CONTROLLING OFFICER'S REPLY

FHB(H)216

(Question Serial No. 1535)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of:

1. the annual expenditure, manpower needs and attendances after regularisation of the Programme as well as the estimated expenditure, staff establishment and attendances in 2020-21;
2. the amount of subsidies received by the organisations subvented under the Programme in the past 3 years and to be received by them in the coming year as well as the attendances in the past 3 years and the coming year;
3. the non-governmental organisations (NGOs) participating in the Programme and the number of outreach dental teams of each NGO (broken down by administrative district of the Social Welfare Department (SWD)); and
4. the percentage of residential care homes and day care centres for the elderly in different districts participating in the Programme (broken down by administrative district of the SWD)?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 38)

Reply:

1. & 2. A breakdown of the financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) is as follows:

Breakdown	Financial Provision (\$ million)			
	2017-18	2018-19	2019-20	2020-21
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	39.9	46.5	52.5
(b) Administrative costs	5.0	5.0	5.2	5.5
Total:	44.9	44.9	51.7	58.0

Six civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances under ODCP was about 233 700.

3. Starting from October 2017, a total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.
4. The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD under the ODCP is at **Annex B**.

**Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department**

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note: Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

**Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department**

	2019-20 Service Year of ODCP^{Note 1} (position as at 31 January 2020)		
	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	79	104	76%
Eastern and Wan Chai	78	111	70%
Kwun Tong	56	69	81%
Wong Tai Sin and Sai Kung	56	67	84%
Kowloon City and Yau Tsim Mong	115	141	82%
Sham Shui Po	65	97	67%
Tsuen Wan and Kwai Tsing	101	116	87%
Tuen Mun	50	58	86%
Yuen Long	55	61	90%
Sha Tin	53	63	84%
Tai Po and North	84	90	93%
Total:	792	977	81%^{Note 2}

Note 1: 2019-20 Service Year refers to the period from 1 April 2019 to 31 March 2020.

Note 2: This figure represents the participation rate of the first 10 months of 2019-20 Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)217****(Question Serial No. 1536)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the 11 government dental clinics with general public sessions under the Department of Health, will the Government inform this Committee of:

1. the service sessions and the maximum numbers of discs available in each session of each dental clinic in the past 3 years and the coming year; and
2. the numbers of attendances, broken down by age group, and the overall utilisation rates of service sessions at each dental clinic in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 40)Reply:

1. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and the next year are as follows –

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

2. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	0-18	92	99	175
	19-42	805	825	910
	43-60	1 381	1 303	892
	61 or above	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	70	73	132
	19-42	614	612	686
	43-60	1 053	968	673
	61 or above	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	116	131	238
	19-42	1 016	1 095	1 240
	43-60	1 741	1 729	1 215
	61 or above	3 726	4 236	3 378
Fanling Health Centre Dental Clinic	0-18	40	41	73
	19-42	348	339	380
	43-60	597	535	373
	61 or above	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	33	34	62
	19-42	292	289	321
	43-60	501	457	315
	61 or above	1 072	1 119	876
Tai Po Wong Siu Ching Dental Clinic	0-18	35	36	67
	19-42	309	300	349
	43-60	531	474	342
	61 or above	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	137	145	264
	19-42	1 202	1 217	1 374
	43-60	2 060	1 923	1 347
	61 or above	4 409	4 709	3 745

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Yan Oi Dental Clinic	0-18	35	37	66
	19-42	310	307	344
	43-60	532	485	338
	61 or above	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	68	71	130
	19-42	592	595	679
	43-60	1 016	940	666
	61 or above	2 175	2 304	1 850
Tai O Dental Clinic	0-18	2	2	4
	19-42	14	14	19
	43-60	23	23	19
	61 or above	51	56	53
Cheung Chau Dental Clinic	0-18	4	5	9
	19-42	31	43	45
	43-60	52	68	45
	61 or above	112	167	124

The overall utilisation rate for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	86.5	88.4	87.8
Kwun Tong Dental Clinic	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	92.5	96.5	88.7
Mona Fong Dental Clinic	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	93.7	94.0	94.9
Tsuen Wan Dental Clinic	94.6	96.9	97.0
Yan Oi Dental Clinic	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	93.3	94.6	96.0
Tai O Dental Clinic	23.4	24.7	29.7
Cheung Chau Dental Clinic	51.8	73.7	69.7

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)218

(Question Serial No. 1542)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the use of the Elderly Health Care Voucher (EHV) Scheme, please provide in table form, information on the following over the past 3 years:

1. the number of claim transactions and the amount of vouchers claimed by healthcare service provider;
2. the largest amount of voucher claim in a single transaction by healthcare service provider; and
3. the number of complaints related to EHV's received by the Department of Health (DH); the number of follow-up actions taken as appropriate in respect of the complaints, related media coverage or intelligence reports; the number of cases in which voucher claims were not reimbursed by the Government; the number of cases in which the Government took actions to recover the claimed amount from healthcare service providers and the amount so recovered; the number of cases referred by the DH to the Police and/or relevant law enforcement agencies; and the number of cases of successful prosecutions by the Police and/or relevant law enforcement agencies.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 48)

Reply:

1. & 2.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the range of maximum voucher amount claimed in a transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare service providers in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2017 ^{Note 1}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	774,088	2 218 938	3,751 – 4,000
Chinese Medicine Practitioners	256,563	860 927	3,751 – 4,000
Dentists	144,331	168 738	3,751 – 4,000
Occupational Therapists	2,506	2 217	3,751 – 4,000
Physiotherapists	8,344	25 076	3,751 – 4,000
Medical Laboratory Technologists	11,256	12 044	3,751 – 4,000
Radiographers	5,447	8 935	3,751 – 4,000
Nurses	5,122	5 079	3,751 – 4,000
Chiropractors	2,303	5 346	3,751 – 4,000
Optometrists	288,582	173 279	3,751 – 4,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	1,855	6 755	3,251 – 3,500

Amount of vouchers claimed and number of voucher claim transactions in 2018 ^{Note 3}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,154,745	2 917 895	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	4,751 – 5,000
Dentists	287,044	294 950	4,751 – 5,000
Occupational Therapists	5,681	3 515	4,751 – 5,000
Physiotherapists	16,452	40 874	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	4,751 – 5,000
Radiographers	13,400	16 785	4,751 – 5,000
Nurses	7,447	6 523	4,751 – 5,000
Chiropractors	5,225	10 743	4,751 – 5,000
Optometrists	759,750	359 343	4,751 – 5,000

HKU-SZH ^{Note 2}	3,492	11 418	4,501 – 4,750
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Amount of vouchers claimed and number of voucher claim transactions in 2019 ^{Note 4}			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,246,024	2 952 153	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	5,751 – 6,000
Dentists	313,111	310 306	5,751 – 6,000
Occupational Therapists	4,432	3 233	5,751 – 6,000
Physiotherapists	17,210	43 946	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	5,751 – 6,000
Radiographers	15,749	16 779	5,751 – 6,000
Nurses	10,214	9 936	5,751 – 6,000
Chiropractors	5,675	10 820	4,751 – 5,000
Optometrists	431,680	242 424	4,751 – 5,000
HKU-SZH ^{Note 2}	3,997	13 562	5,501 – 5,750

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

3.

From 2017 to 2019, the Department of Health (DH) received a total of 290 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2017 to 2019 are provided in the table below.

	2017	2018	2019	Total
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHV Scheme	67	120	103	290
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK\$) involved ^{Note 5}	5 \$15,454	7 \$33,650	1 \$350	13 \$49,454
Number of complaint cases referred to the Police by the DH ^{Note 5 and 6}	6	9	1	16
Number of cases successfully prosecuted by the Police ^{Note 5}	0	0	0	0

Note 5: Provisional figures as at end-December 2019. Some of the cases are still under investigation.

Note 6: Among the 16 complaint cases received in 2017 to 2019 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 7 cases were still under investigation as at end-December 2019.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)219****(Question Serial No. 1549)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the promotion of breastfeeding, will the Government inform this Committee of the amount of funding provided for the Family Health Service of the Department of Health in the past 3 years to continue strengthening promotional efforts for breastfeeding and give a detailed breakdown of the estimated expenditure for 2020-21?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 56)Reply:

In 2017-18, 2018-19 and 2019-20, a provision of \$6.0 million was allocated to Family Health Service (FHS) of the Department of Health (DH) each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2017-18, 2018-19 and 2019-20 are as follows:

Items	Expenditure (\$ million)		
	2017-18	2018-19	2019-20
Publicity campaigns (e.g. publicity events, exhibitions)	2.4	2.0	2.0
Production of promotional videos	1.8	1.4	1.0
Production and dissemination of health education resources and guidelines	1.0	0.9	1.2
Research, studies and service improvement on breastfeeding and child nutrition	0.3	0.4	0.4
Implementation of peer support programme for lactating mothers	0.5	1.3	1.4

The DH will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of “Breastfeeding Friendly Workplace” policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed

their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infant and Young Children; and strengthening the surveillance on local breastfeeding situation. In 2020-21, \$6.0 million has been earmarked to implement the above.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)220****(Question Serial No. 2082)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the dermatology specialised outpatient services from the Department of Health,

- I. what were the numbers of new attendances and revisit cases of serious psoriasis patients, the numbers of those receiving conventional treatment including medicine for external use or oral administration or phototherapy and the numbers of referred cases to the Hospital Authority for follow-up actions in 2017-18, 2018-19 and 2019-20 respectively?
- II. what were the numbers of attendances, the numbers of cases waiting for appointment, the median waiting time and the unit costs in respect of the biologic therapy specialised outpatient service in 2017-18, 2018-19 and 2019-20 respectively?
- III. has the Government reviewed if the current services are sufficient to meet the demand?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 6)Reply:

- I. The number of new attendances of psoriasis patients* in 2017, 2018 and 2019 are appended in the following table –

Year	2017	2018	2019
New attendances	312	401	285

*Most of these cases are pertaining to mild or moderately severe psoriasis.

The Department of Health (DH) does not keep the statistics of revisiting attendances of psoriasis patients, and the number of those receiving conventional treatment, including medicine for external use, oral administration or phototherapy.

The Social Hygiene Service (SHS) of the DH introduced the biologic service for people with severe psoriasis in Chai Wan Social Hygiene Clinic (CWSHC) located in

Pamela Youde Nethersole Eastern Hospital of the Hospital Authority since June 2018. As at end February 2020, all clinics under the SHS have identified a total of 74 severe psoriasis patients who may be suitable for biologic therapy. All of them were referred to the biologic service in CWSHC.

- II. Among the above mentioned 74 patients, 32 have already started biologic therapy. 9 patients are waiting for their first appointment, and they will have medical appointment before early May 2020. The others are still undertaking further preparation for treatment or have declined the first-time appointment or treatment. The DH does not keep the statistics of the median waiting time for new appointments for the biologic service and the unit costs of the biologic drugs involved.
- III. The SHS will closely monitor the service demands and, if necessary, provide additional sessions in the CWSHC.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)221

(Question Serial No. 2086)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information regarding the vaccination programmes / schemes for pneumococcal and seasonal influenza for the elderly and young children:

- (a) What are the costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)?
- (b) Please provide in detail the numbers of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS) as well as the quantities of seasonal influenza and 23vPPV vaccinations given / to be given in 2018, 2019 and 2020.
- (c) Please provide in detail the amount of subsidies provided / to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2018, 2019 and 2020.
- (d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2018, 2019 and the first 2 months of 2020.
- (e) Will PCV13 be included in the EVSS in the future? If yes, what is the estimated annual expenditure; if not, why?
- (f) Please provide in detail the quantities of seasonal influenza vaccines procured / to be procured in 2018, 2019 and 2020 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 19)

Reply:

- (a) The quantities and contract amount of seasonal influenza (SI) vaccines, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, under the Government Vaccination

Programme (GVP) and Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme, for 2019/20 are as follows –

Vaccine	Number of Doses	Amount (\$ million)
SI vaccine	837 700	42.3
PCV13	256 500	99.8
23vPPV	32 360	5.1

- (b) There have been about 1 700 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised SI vaccination (SIV) to elderly in the past 3 seasons. The number of elderly receiving subsidised SIV and 23vPPV under the VSS in the past 3 seasons are appended below –

	2017/18	2018/19	2019/20 (as at 1 March 2020)
Number of elderly receiving SIV	144 700	166 700	163 000
Number of elderly receiving 23vPPV	16 600	19 100	14 300

- (c) The subsidy of SIV under the VSS was \$190 per dose in 2017/18, and has been raised to \$210 per dose starting from 2018/19.

The subsidy for 23vPPV is \$190 per dose in 2017/18, and has been raised to \$250 per dose starting from 2018/19.

- (d) According to the data provided by the Hospital Authority (HA), the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) and pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0) in 2018, 2019 and the first 2 months of 2020 are as follows –

Year	Number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487)	Number of hospital admissions for pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0)
2018	11 932	78 289
2019	12 415	86 622
2020 (for the first 2 months)*	2 999	13 991

* Provisional figures

Breakdown of the above figures by age groups, as provided by HA, is set out in the tables below –

Number of hospital admissions for influenza in public hospitals

Year	Age group			
	0-4 years	5-64 years	≥ 65 years	Total
2018	2 818	4 726	4 388	11 932
2019	2 987	5 291	4 137	12 415
2020 (for the first two months)*	516	1 343	1 140	2 999

* Provisional figures

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals

Year	Age group			
	0-4 years	5-64 years	≥ 65 years	Total
2018	3 592	13 274	61 423	78 289
2019	4 127	16 374	66 121	86 622
2020 (for the first two months)*	403	2 663	10 925	13 991

* Provisional figures

According to the data provided by private hospitals, there were 5 433 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2018. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 4 319 in 2018. Breakdown for the above figures by age groups is provided in the table below. Relevant figures for 2019 and 2020 are not yet available.

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	2 234	1 358
5-64 years	2 925	1 856
≥65 years	274	1 105
Total	5 433	4 319

- (e) The Government has been providing free/subsidised PCV13 to eligible elderly with high-risk conditions through the GVP and the VSS since October 2017. There has been a total of 327 100 recipients so far (as at 1 March 2020).
- (f) The quantities of SI vaccines procured by the Government, the contract amount, and the number of vaccines expired, unused, and/or damaged in the past 3 seasons are set out below –

Season	Number of doses	Amount (\$ million)	Number of unused but expired or damaged doses
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	No available information yet

As the Government's vaccination programmes/schemes launched in 2019/20 have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)222****(Question Serial No. 2087)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the tobacco control work of the Department of Health, will the Government please inform this Committee of:

1. the numbers, in table form, of smoking complaints received, inspections conducted and warning letters/fixed penalty notices/summonses issued in the past 3 years;
2. the expenditure and staff establishment of the Tobacco and Alcohol Control Office in the past 3 years and in the coming year; and
3. the expenditure on the implementation of smoking cessation programmes and the details of work in the past 3 years and in the coming year?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 42)Reply:

(1)

The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

	2017	2018	2019
Complaints received	18 354	18 100	15 573
Inspections conducted	33 159	32 255	34 680
Warning letters issued	9	3	10
FPNs issued (for smoking offences)	9 711	8 684	8 068

Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if smoking offenders are found to be persons under 15 years old.

(2)

The expenditures/provisions and approved establishment of TACO from 2017-18 to 2020-21 are at **Annexes 1 and 2** respectively.

(3)

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiry and provide counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by non-governmental organisations (NGOs). There are a total of 5 smoking cessation clinics for civil servants operated by DH, and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities, new immigrants and the workplace, as well as a hotline to provide counselling service tailored for young smokers over the phone. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients quit smoking.

The expenditures/provisions related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2017-18 to 2020-21 are at **Annex 1**. For HA, smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure is not separately accounted for.

- End -

Expenditures/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2017-18 (\$ million)	2018-19 (\$ million)	2019-20 Revised Estimate (\$ million)	2020-21 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	61.5	78.6	97.7	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	124.4	125.4	131.2	138.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	49.8	50.4	55.5	63.7
<i>Subvention to Hong Kong Council on Smoking and Health</i>	23.9	24.0	27.8	26.1
<i>Sub-total</i>	<u>73.7</u>	<u>74.4</u>	<u>83.3</u>	<u>89.8</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u>				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	34.0	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.2	7.3	7.3	7.4
<i>Subvention to Po Leung Kuk</i>	1.5	1.7	1.6	1.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.7	2.9	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4	2.4	2.6	2.7
<i>Sub-total</i>	<u>50.7</u>	<u>51.0</u>	<u>47.9</u>	<u>48.2</u>
Total	<u>185.9</u>	<u>204.0</u>	<u>228.9</u>	<u>256.7</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2017-18	2018-19	2019-20	2020-21
<u>Head, TACO</u>				
Consultant	-	1	1	1
Principal Medical & Health Officer	1	-	-	-
<u>Enforcement</u>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	-	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	105	121	125
Senior Executive Officer/ Executive Officer	9	13	13	13
<i>Sub-total</i>	<u>106</u>	<u>127</u>	<u>143</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>22</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>140</u>	<u>163</u>	<u>179</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)223

(Question Serial No. 3206)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the waiting situation, including the waiting queue and waiting time (the shortest, longest and median) in each child assessment centre in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 439)

Reply:

In the past 5 years, nearly all new cases at the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health does not maintain statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)224

(Question Serial No. 0441)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, please provide:

1. in table form, the numbers of complaints received about illegal smoking, verbal and written warnings issued and prosecutions by summonses in 2019-20;
2. in table form, the numbers of patrols and call-outs for duties outside by tobacco control personnel during daytime (06:00-17:59) and during evening and night hours (18:00-05:59) in 2019-20; and
3. the number of initiatives with details for the promotion of smoke-free culture in 2019-20 and the manpower and expenditure involved.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 17)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted, warning letters and fixed penalty notices (FPNs) / summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
Complaints received		15 573
Inspections conducted		34 680
Warning letters issued		10
FPNs issued (for smoking offences)		8 068
Summonses issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

(2)

The number of day and night operations for inspecting statutory no smoking areas conducted by TACO during 2019 are 1 617 and 1 078 respectively. “Day operations” covers the “morning and afternoon shift” for the period 6:30 am – 6:30 pm, while “Night operations” covers the “afternoon and evening shift” and “evening shift” for the period 10 am - 11 pm and the “overnight shift” for the period 8 pm – 6 am.

(3)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under the Hospital Authority (HA), as well as DH subvented community-based cessation programmes operated by NGOs. There are 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms. The initiatives in promoting a smoke-free culture vary in nature and scale.

The expenditures and approved establishment of TACO in 2019-20 are at **Annexes 1 and 2** respectively. For HA, the smoking cessation services form an integral part of HA’s overall services provision, and therefore such expenditure could not be separately identified.

Expenditures of the Department of Health's Tobacco and Alcohol Control Office

	2019-20 Revised Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	97.7
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	131.2
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	55.5
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	27.8
<i>Sub-total</i>	<u>83.3</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3
<i>Subvention to Po Leung Kuk</i>	1.6
<i>Subvention to Lok Sin Tong</i>	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.6
<i>Sub-total</i>	<u>47.9</u>
Total	<u>228.9</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	121
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>143</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>179</u>

CONTROLLING OFFICER'S REPLY

FHB(H)225

(Question Serial No. 0624)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under Programme (2) of this Head, the estimate for 2020-21 is 2.2% less than that for 2019-20. In this connection, please advise on the following:

1. In view of the severe outbreak of the novel coronavirus disease, people in Hong Kong are very concerned about disease prevention. Have sufficient resources been earmarked to ensure the supply of anti-epidemic materials?
2. Will manpower be increased in this respect? If so, what are the details and what is the estimated expenditure?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 23)

Reply:

1. The Department of Health (DH) has been closely monitoring the development of the Coronavirus disease 2019 in Hong Kong. The DH will absorb any additional funding requirement through redeployment of resources (both financial resources and manpower) to meet the needs for anti-epidemic work. The DH would seek additional resources through the established procedures, if necessary.
2. Relevant manpower and resources are subsumed under the DH's overall provision and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)226

(Question Serial No. 0625)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Programme (2) of this Head that the Department of Health (DH) provides laboratory services for the diagnosis and surveillance of various diseases including infections, and for other screening activities. In this connection, please advise on whether the DH will use resources to proactively introduce the world's fastest portable detection device for testing the novel coronavirus, which is invented by a research team from the Hong Kong University of Science and Technology, and make the device available at government clinics for enhanced effectiveness of community quarantine.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 24)

Reply:

In vitro tests used for examination of human specimens to provide information for diagnostic, monitoring or compatibility purposes are medical devices. The safety, performance and quality of these tests have to be assessed before they can be used for the aforementioned purposes.

The Department of Health (DH) is liaising with The Hong Kong University of Science and Technology for an evaluation of the detection device. The DH will determine how to make the best use of the device and whether to introduce it in public service delivery after careful assessment of the evaluation results, including sensitivity and specificity and other factors such as throughput, ease of performance, cost and support services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)227

(Question Serial No. 3262)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Programme (1) of the Department of Health (DH) that one of its tasks is to enforce laws on tobacco control. In this regard, will the Government inform this Committee of:

1. the total numbers of smoking complaints received by Tobacco and Alcohol Control Office (TACO) in the past 3 years;
2. the numbers of inspections conducted by TACO in the past 3 years, broken down by administrative district of Hong Kong;
3. the numbers of warning letters, fixed penalty notices and summonses issued by TACO in the past 3 years;
4. the estimated expenditure and staff establishment of TACO in the coming financial year; and
5. whether the Government has any plans to increase tobacco duty, which will result in a price hike for cigarettes, to address the youth smoking problem?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 55)

Reply:

(1), (2) & (3)

The numbers of complaints received, inspections conducted, warning letters and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	2018	2019
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
Warning letters issued		9	3	10
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

In general, TACO will prosecute smoking offenders without prior warning. TACO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

TACO does not maintain the numbers of inspections conducted by TACO broken down by administrative district of Hong Kong.

(4)

The provision of TACO in 2020-21 is \$256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

(5)

To safeguard the health of the public, the Government has been adopting a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation, to discourage smoking, contain the proliferation of tobacco use and minimise the impact of passive smoking on the public.

Under the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”, the Government has already laid down the target of further reducing smoking prevalence to 7.8% by 2025. We will review our tobacco control measures including tobacco taxation regularly with reference to international experience, public expectations and the recommendations of World Health Organization in exploring the way forward in achieving our goal.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)228

(Question Serial No. 2804)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under *Subhead 000 Operational expenses*, the establishment of the Department of Health as at 31 March 2020 will be 6 969 posts. In this connection, please give a breakdown of manpower distribution in the following work units:

Dental Services

- Civil Servants Dental Service
- Community Special Dental Service
- Hospital Dental Service
- School Dental Care Service
- Dental Regulatory and Law Enforcement Office
- Dental Service Administration Office

Health Protection

- Communicable Disease Branch
- Emergency Response and Programme Management Branch
- Health Promotion Branch
- Infection Control Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch

Regulatory Affairs

- Boards
- Chinese Medicine Regulatory Office
- Drug Office
- Health Sciences and Technology Office
- Tobacco and Alcohol Control Office
- Forensic Pathology Service

Health Services and Administration

- Elderly Health Branch
- Family and Student Health Branch

- Specialised Services Branch
- Administration and Policy Office
- Finance and Supplies Office
- Health Administration and Planning Office
- Health Informatics and Technology Office

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 5007)

Reply:

To better address the community's public health challenges, we have realigned 3 existing main functions of the Department of Health, namely, Dental Services, Health Protection as well as Health Services and Administration and established a new Regulatory Affairs function under the reorganisation took place on 1 October 2019. The manpower distribution among the functions is provided below.

Function	No. of posts
Dental Services	1 532
Health Protection	1 797
Health Services and Administration	2 763
Regulatory Affairs	877
Total:	6 969

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)229

(Question Serial No. 2805)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health (DH) will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19). In this connection, please provide the following information as of January 2020:

- i. a breakdown of the cleansing operations conducted or supervised by the DH for units of confirmed or suspected cases of COVID-19 upon receipt of reports; and
- ii. whether the Centre for Health Protection has invited tenders from professional cleansing service providers for the cleansing of units of confirmed or suspected cases of COVID-19. If so, please provide details; if not, please explain why and advise on whether the DH has provided clear guidelines and training on disease prevention for all outsourced and non-outsourced frontline cleansing workers of the Food and Environmental Hygiene Department, the Housing Department and the Leisure and Cultural Services Department.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 5008)

Reply:

- i. Upon receiving notification of a confirmed case of Coronavirus Disease 2019 (COVID-19), the Centre for Health Protection (CHP) of the Department of Health (DH) would immediately launch epidemiological investigation, including tracing of contacts. The CHP would inform the Food and Environmental Hygiene Department for arranging disinfection of the patient's residence, and also contact its property management office and advise the property management office to perform environmental disinfection of the common areas of the building.

The DH does not maintain the figures of disinfection operations as the work is not performed by the DH.

- ii. The proper ways to clean and disinfect the environment of a suspected/confirmed case of COVID-19 are set out in the “Health Advice on Prevention of Coronavirus disease (COVID-19) for Properties Management”, which has been uploaded onto the CHP’s website (<https://www.chp.gov.hk/en/features/102742.html>).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)230

(Question Serial No. 3115)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in New Territories West from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 11)

Reply:

Details of the clinics/health centres in New Territories West are at **Annex**. There are no Special Assessment Centres for students, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in New Territories West.

Other than those set out in the Annex, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	11	11	11	329 646	312 424	303 235
(2)	Woman Health Centres	1	1	1	6 757	6 790	5 943
(3)	Dental Clinics with general public sessions ^{2,3,4}	5	5	5	13 963	14 298	12 059
(4)	Elderly Health Centres ^{1,3,5}	5	5	5	41 555	43 202	44 022
(5)	Student Health Service Centres ⁶	3	3	3	109 500	112 000	118 600
(6)	School Dental Clinics ^{3,6}	2	2	2	122 579	124 576	126 646
(7)	Methadone Day Clinics	2	2	2	179 600	176 200	163 900
(8)	Methadone Evening Clinics	2	2	2	173 000	178 500	159 200
(9)	Female Social Hygiene Clinics	1	1	1	9 411	8 627	8 299
(10)	Male Social Hygiene Clinics						
(11)	Dermatological Clinics ^{1,4}	1	1	1	27 589	26 323	24 220
(12)	Chest Clinics ^{1,4}	5	5	5	50 149	46 114	44 024
(13)	Child Assessment Centres	2	2	2	12 593	12 023	11 013
(14)	Families Clinics ³	1	1	1	53 000	53 000	52 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 25 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates rates of the Dental Clinics with general public sessions range from 23% to 98% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quotas for Dental Clinics with general public sessions and Dermatological Clinics are 32-84 and 134 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centres is 5 763, 6 150 and 5 158 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

CONTROLLING OFFICER'S REPLY

FHB(H)231

(Question Serial No. 0819)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in Programme 2 (Disease Prevention) that the Department of Health will continue to support the steering committee for viral hepatitis control in 2020-21. What is the estimated expenditure earmarked for this purpose? Are there any action plans for such work at present?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 9)

Reply:

In 2020-21, a provision of \$11 million has been provided for Special Preventive Programme to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil service posts.

With reference to the World Health Organization's recommendations, international practices and actual local situations, the Steering Committee on Prevention and Control of Viral Hepatitis will formulate an action plan in 2020 with an aim to reducing the public health burden posed by viral hepatitis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)232

(Question Serial No. 0936)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, will the Government please inform this Committee of the following:

1. the numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued by the Tobacco and Alcohol Control Office (TACO) in the past 5 years and the numbers of cases resulting from enforcement action which were related to the illegal sale of cigarettes to minors, as well as the staff establishment and estimated expenditure involved in the enforcement actions;
2. the numbers of enforcement actions taken relating to electronic cigarettes and heat-not-burn tobacco products in the past 5 years and among them, whether any vendors were found to have sold electronic cigarettes or heat-not-burn tobacco products to minors; and
3. the Government's initiatives in 2020-21 to prevent youngsters from exposure to any kind of smoking products and the staff establishment and estimated expenditure involved?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 12)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017	2018	2019
Complaints received		17 875	22 939	18 354	18 100	15 573
Inspections conducted		29 324	30 395	33 159	32 255	34 680
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42

During the above period, there was one summons issued against sales of tobacco products to minors in 2019.

The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures and approved establishment of TACO in the past 5 years are at **Annexes 1 and 2** respectively.

(2)

Cap. 371 stipulates that any person who smokes in a no smoking area (NSA) commits an offence and is subject to a fixed penalty of \$1,500. The numbers of FPNs and summonses issued by TACO for the period from 2015 to 2019 for smoking of electronic cigarette (e-cigarettes) and heated tobacco products (HTPs) in NSAs are as follows:

FPN issued

	2015	2016	2017	2018	2019
e-cigarettes	1	4	11	15	59
HTPs	0	0	22	70	72

Summonses issued

	2015	2016	2017	2018	2019
e-cigarettes	0	0	1	0	0
HTPs	0	0	2	1	0

The sale of e-cigarettes is not regulated under Cap. 371. However, e-cigarettes containing nicotine are considered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. From 2015 to 2019, there were 6 convicted cases involving illegal sale or possession of unregistered pharmaceutical products or Part 1 poisons related to nicotine-containing e-cigarettes.

TACO has not received any complaint related to the sale of HTPs to minors during the above period.

(3)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH) and non-governmental organisations (NGOs) to carry out publicity programmes on smoking prevention among students.

The DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision and approved establishment of TACO in 2020-21 are at **Annexes 1 and 2** respectively.

Expenditures / Provision of
the Department of Health's Tobacco and Alcohol Control Office (TACO)
(in \$ million)

	2015-16	2016-17	2017-18	2018-19	2019-20 Revised Estimate	2020-21 Estimate
<u>Enforcement</u>						
Programme 1: Statutory Functions	51.5	54.5	61.5	78.6	97.7	118.7
<u>Health Education and Smoking Cessation</u>						
Programme 3: Health Promotion	127.2	130.0	124.4	125.4	131.2	138.0
(a) <u>General health education and promotion of smoking cessation</u>						
<i>TACO</i>	46.7	46.8	49.8	50.4	55.5	63.7
<i>Subvention to Council on Smoking and Health (COSH)</i>	22.4	22.9	23.9	24.0	27.8	26.1
<i>Sub-total</i>	69.1	69.7	73.7	74.4	83.3	89.8
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>						
<i>Subvention to Tung Wah Group of Hospitals</i>	39.1	41.5	34.0	34.0	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.6	7.2	7.3	7.3	7.4
<i>Subvention to Po Leung Kuk</i>	2.2	2.0	1.5	1.7	1.6	1.7
<i>Subvention to Lok Sin Tong</i>	2.3	2.4	2.7	2.7	2.9	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.6	2.6	2.9	2.9	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.3	2.3	2.4	2.4	2.6	2.7
<i>Subvention to The University of Hong Kong¹</i>	2.3	1.9	-	-	-	-
<i>Sub-total</i>	58.1	60.3	50.7	51.0	47.9	48.2
Total	<u>178.7</u>	<u>184.5</u>	<u>185.9</u>	<u>204.0</u>	<u>228.9</u>	<u>256.7</u>

¹ Designated as World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, TACO has collaborated with the University of Hong Kong to develop the evaluation tool on smoking cessation service.

Rank	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
<i>Sub-total</i>	<u>22</u>	<u>22</u>	<u>22</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>140</u>	<u>140</u>	<u>140</u>	<u>163</u>	<u>179</u>	<u>183</u>

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)233****(Question Serial No. 2091)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

As supporting children with special needs is one of the key policy areas of the current-term Government, with early assessment at its heart, would the Government please advise this Committee on:

1. the number of children referred by doctors or schools or through other channels to queue for assessment at the child assessment centres (CACs) under the Department of Health in each of the past 5 years;
2. the number of children assessed at CACs by type of condition in each of the past 5 years; and
3. the average waiting time of children for the first nurse consultation at CACs and for the completion of assessment in each of the past 5 years?

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 115)Reply:

1. The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected symptoms of developmental problems. The number of newly referred cases received by the CAS in the past 5 years are as follows -

	2015	2016	2017	2018	2019 (provisional figure)
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

2. The number of newly diagnosed cases of developmental conditions in the CAS from 2015 to 2019 are as follows -

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

3. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the average waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)234

(Question Serial No. 2097)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services in forensic medicine, please provide information on:

- a) the establishment, the actual staffing and the expenditure of the Forensic Pathology Service in the past 3 years;
- b) the number of cases requiring an autopsy in the past 3 financial years; and
- c) the number of autopsies performed in person by doctors working in the Forensic Pathology Service in the past 3 years.

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 111)

Reply:

- a) The approved staff establishment and strength of the Forensic Pathology Service (FPS) in the past 3 financial years are as follows:

<u>Financial Year</u>	<u>Approved Establishment</u>	<u>Strength</u>
2017-18	73	68
2018-19	73	68
2019-20	73	68 (as at 1 February 2020)

The financial provisions of the FPS in the past 3 financial years are as follows:

<u>Financial Year</u>	<u>Amount</u> <u>(\$ million)</u>
2017-18 (Actual)	68.2
2018-19 (Actual)	66.1
2019-20 (Revised Estimate)	69.4

b) The numbers of cases requiring an autopsy handled by the FPS in the past 3 calendar years are as follows:

<u>Calendar Year</u>	<u>No. of autopsies</u>
2017	2 537
2018	2 485
2019	2 397

c) All autopsies carried out by the FPS are performed in person by doctors working in the FPS.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)235

(Question Serial No. 1129)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In relation to the prevention of the spread of communicable diseases and the prevention and control of Coronavirus Disease 2019 (COVID-19), please advise this Committee on:

1. the arrangements and response plans put in place by the Department of Health (DH) as well as the clinics and health centres under the DH;
2. the respective expenditure and staff establishment of the DH as well as the clinics and health centres under the DH involved in preventing the spread of communicable diseases and in preventing and controlling COVID-19 in the past year and in the coming year; and
3. the types of outpatient services and the number of attendances estimated to be affected by the temporary closure of 5 maternal and child health centres and by the re-arrangements of service starting from 17 February 2020 following the activation of the Emergency Response Level for COVID-19.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 35)

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health (DH) has issued infection control guidelines on healthcare setting for the prevention of Coronavirus Disease 2019 (COVID-19). Clinics and health centres of the DH would closely follow relevant guidelines issued by the CHP. In order to minimise flows of people and social contacts, some of the non-urgent services of the DH have been temporarily adjusted or suspended since late January 2020.
2. Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the

Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The CHP has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020,

the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

3. In view of the development of COVID-19, 5 Maternal and Child Health Centres (MCHCs) have been temporarily closed, with adjustment of services in the remaining MCHCs since 17 February 2020. Clients from the closed MCHCs can continue to receive services at the designated MCHCs.

Services that have been scaled down or suspended include some child health services, routine postnatal check-up, cervical cancer screening and family planning services. It is expected that there will be a drop of about 30% in attendance arising from the service adjustment.

CONTROLLING OFFICER'S REPLY

FHB(H)236

(Question Serial No. 1130)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the reasons why the provision for Programme (2) Disease Prevention for 2020-21 is \$111.8 million lower than the revised estimate for 2019-20; how the Government will reallocate its resources and manpower; whether it has assessed if the estimate will be sufficient to cope with additional needs arising from the severe outbreak of the Coronavirus Disease 2019 (COVID-19) at present; if not, whether additional funding will be sought apart from the estimate.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 36)

Reply:

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The Department of Health(DH) has earmarked sufficient resources in 2019-20 for prevention and control of the disease, including procurement of personal protective equipment (PPE) to ensure there is stable supply of materials required for all relevant work. The estimated provision for procurement of PPE for 2020-21 will fall after adequate contingency stockpile of PPE has been maintained for use by healthcare and front-line personnel.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)237

(Question Serial No. 0066)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the number of registration applications from healthcare professionals processed, please advise on the following:

- a. the operating expenditure, the manpower, the number of registration applications and the average time required for approval for each application processed by statutory boards/councils in 2019;
- b. the number of complaints processed and disciplinary inquiries conducted by statutory boards/councils last year, and the expenditure and manpower involved;
- c. whether the Department of Health has earmarked sufficient resources and manpower to meet the demand of this year in view of the rising number of registration applications from healthcare professionals; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 23)

Reply:

In 2019, the relevant statutory boards/councils of healthcare professionals subject to statutory registration ("boards and councils") processed 6 497 registration applications. The types and numbers of applications, and the average time taken for approval are as follows –

Healthcare Profession	No. of registration applications processed in 2019	Average time taken for approval #
Chiropractors	26	2 - 3 months
Dental Hygienists (Enrolled)	23	1 - 2 months
Dentists	94	
- <i>Full registration</i>	(86*)	2 - 3 weeks
- <i>Specialist registration</i>	(8)	2 - 3 months

Healthcare Profession	No. of registration applications processed in 2019	Average time taken for approval #
Doctors	1 499	
- <i>Full registration</i>	(476)	1 day
- <i>Provisional registration</i>	(469)	2 - 3 weeks
- <i>Limited registration</i>	(175)	2 weeks
- <i>Temporary registration</i>	(102)	2 weeks
- <i>Specialist registration</i>	(277)	2 - 3 months
Midwives	50	1 week
Nurses (Registered and Enrolled)	2 810	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	130	1 week
Chinese Medicine Practitioners	381	4 weeks
Supplementary Medical Profession Practitioners	1 484	1 week (for applicants holding qualifications prescribed under the law)
- Medical Laboratory Technologists		2 - 3 months (for applicants holding other qualifications)
- Occupational Therapists		
- Optometrists		
- Physiotherapists		
- Radiographers		
Total:	6 497	

Notes:

The registration applications are processed according to the legislations governing the respective healthcare professions, and are approved by the relevant statutory boards/councils or registrars. The approval time taken for different healthcare professions varies due to different procedures involved.

* *including 17 cases of deemed-to-be registered dentists.*

In 2019, the relevant boards and councils received 6 041 complaints and conducted 82 inquiries against healthcare professionals. The breakdown figures are as follows –

Healthcare Profession	No. of complaints received in 2019	No. of inquiries conducted in 2019
Chiropractors	4	0
Dental Hygienists (Enrolled)	1	0
Dentists	165	8
Doctors	3 286	41
Midwives	0	0
Nurses (Registered and Enrolled)	1 556	9

Healthcare Profession	No. of complaints received in 2019	No. of inquiries conducted in 2019
Pharmacists	1	1
Chinese Medicine Practitioners	100	12
Supplementary Medical Profession Practitioners	928	11
- Medical Laboratory Technologists	(5)	(1)
- Occupational Therapists	(7)	(2)
- Optometrists	(11)	(3)
- Physiotherapists	(904)	(5)
- Radiographers	(1)	(0)
Total:	6 041	82

In 2019, the Department of Health (“DH”) assigned 20 staff to provide secretariat support to the statutory boards and councils in processing registration and other related applications from 13 healthcare professions. DH will review from time to time the manpower requirement for handling the increasing registration-related applications, and deploy manpower flexibly to ensure efficient delivery of service.

DH also assigned 47 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2019-20 are around \$13.7 million and \$22.6 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)238

(Question Serial No. 0067)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, please advise on:

- a. the expenditure involved, the number of attendances and the manpower required since its implementation;
- b. the number of attendances by scope of service (including fillings, extractions and dentures); and
- c. whether the Programme will be extended to all 18 districts for the elderly not in residential care homes/day care centres and similar facilities to receive dental services and if so, the details.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 24)

Reply:

- a. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$25.1 million in 2014-15, \$44.5 million in 2015-16, \$44.8 million in 2016-17, \$44.9 million each in 2017-18 and 2018-19, \$51.7 million in 2019-20, and \$58.0 million in 2020-21, and 6 civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances under ODCP was about 233 700.
- b. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments provided include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).
- c. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly

Health Care Voucher to obtain dental services provided by the private sector.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)239

(Question Serial No. 0068)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of primary school students participating in the School Dental Care Service (SDCS) has been surging. In this regard, please advise on the following:

- a. the expenditures required for providing such service in the past 3 years, broken down by year;
- b. the numbers of personnel involved in providing such service in the past 3 years, broken down by grade;
- c. whether the Department of Health (DH) has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower, resources and details involved; if not, the reasons for that; and
- d. whether the DH will consider extending the SDCS to cover secondary school students; if so, the manpower, resources and details involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 25)

Reply:

- a. The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the participating students in SDCS over the past 3 years is mainly due to the increase in the total number of primary school students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

- b. In the service years of 2017-18, 2018-19 and 2019-20 the breakdown of the number of personnel involved (dentists, dental therapists and dental surgery assistants) in providing the service by grade in establishment are as follows:-

Number of personnel involved	Service Year ^{Note 1}		
	2017-18 (As at 1 February 2018)	2018-19 (As at 1 February 2019)	2019-20 (As at 1 February 2020)
Dentists	31	31	32
Dental Therapists	271	271	269
Dental Surgery Assistants	42	42	42

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

- c. Despite the increase in the number of participating students, DH will absorb the additional workload by flexible redeployment of resources. In 2020, DH will continue to recruit dental therapists for filling up the vacancies due to natural wastage.
- d. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Division (OHED) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. To help secondary school students pay constant attention to oral health, OHED launched a school-based oral health promotion programme named "Teens Teeth" since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual "Love Teeth Campaign" has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)240

(Question Serial No. 0069)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of attendances for health assessment and medical consultation at the Elderly Health Centres (EHCs) has been increasing. In this connection, please provide information on:

- a. the average waiting time and the numbers of elderly people waiting for enrolment in respect of the 18 EHCs in the past 3 years;
- b. the expenditures required for providing the related services in the past 3 years, broken down by year;
- c. the numbers of staff involved in providing the related services in the past 3 years, broken down by grade; and
- d. the number, broken down by year, of additional enrolments provided by the 2 new clinical teams established by the Department of Health (DH) in 2017-18 and 2018-19 respectively to enhance the service capacity of EHCs, as well as the manpower and resources involved; whether the DH will further increase the number of new clinical teams to enhance the services of the EHCs; if yes, the details; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 26)

Reply:

- a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in the past 3 years are as follows:

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
	2017	2018	2019*	2017	2018	2019*
EHC						
Sai Ying Pun	7.5	10.3	8.9	1 262	948	917
Shau Kei Wan	6.9	15.0	14.1	1 317	1 236	397
Wan Chai	5.4	9.1	12.6	2 143	2 933	2 285
Aberdeen	7.0	12.1	13.2	847	935	768
Nam Shan	5.8	10.7	12.3	829	771	584
Lam Tin	7.5	12.4	14.6	866	947	913
Yau Ma Tei	6.9	13.8	16.8	1 144	1 270	1 049
San Po Kong	6.3	11.5	9.3	754	688	848
Kowloon City	5.7	10.9	13.9	887	1 081	426
Lek Yuen	7.7	14.7	17.4	2 727	3 269	2 786
Shek Wu Hui	6.7	12.3	15.3	807	1 060	926
Tseung Kwan O	6.8	14.5	9.2	1 224	1 371	559
Tai Po	6.9	14.8	20.2	1 245	1 468	1 570
Tung Chung	3.9	8.4	9.0	629	549	471
Tsuen Wan	5.9	13.3	7.8	1 350	1 070	847
Tuen Mun Wu Hong	10.2	17.3	22.8	1 688	2 056	2 098
Kwai Shing	4.8	9.3	11.3	569	635	376
Yuen Long	6.7	14.3	19.1	1 527	1 840	1 366
Overall	6.8	12.3	13.5	21 815	24 127	19 186

*Provisional figures

- b. The expenditures for the EHCs in 2017-18, 2018-19 and 2019-20 are \$154.5 million (actual), \$170.2 million (actual) and \$178.5 million (revised estimate) respectively.
- c. The total numbers of posts deployed for the 18 EHCs in the past 3 years are as follows:

Grade	As at 31 March 2018*	As at 31 March 2019	As at 31 March 2020
Medical and Health Officer	28	29	29
Registered Nurse	63	66	66
Dispenser	5	5	5
Clinical Psychologist	4.5 [#]	4.5 [#]	4.5 [#]
Dietitian	4.5 [#]	4.5 [#]	4.5 [#]
Occupational Therapist	4.5 [#]	4.5 [#]	4.5 [#]
Physiotherapist	4.5 [#]	4.5 [#]	4.5 [#]
Clerical Officer	21	22	22
Clerical Assistant	20	20	20
Workman II	20	21	21
Total	175	181	181

* Approved establishment

A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

- d. The 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in the second half of 2018. On average, each clinical team contributed about 2 300 enrolments and 8 700 attendances for health assessment and medical consultations respectively in 2019. The Department of Health will continue to flexibly deploy 22 clinical teams and closely monitor the waiting time for health assessments in 2020.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)241****(Question Serial No. 0070)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the continuous implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on:

- a. the utilisation of EHV's, the expenditure involved and the percentage of beneficiaries in the total number of eligible persons in the past 3 years;
- b. whether the Government will further extend the scope of the EHV Scheme; if yes, the details and if not, the reasons; and
- c. whether the voucher amount will be increased or whether dental-specific vouchers will be introduced to subsidise and encourage elders to use dental services to improve their dental health; if yes, the details and if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 27)

Reply:

- a. The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage as compared to the eligible elderly population:

	2017	2018	2019
Cumulative number of elders who had made use of vouchers by end of the year	953 000	1 191 000	1 294 000
Number of eligible elders (i.e. elders aged 65 ^{Note 1} or above)*	1 221 000	1 266 000	1 325 000
Percentage of eligible elders who had made use of vouchers	78%	94%	98%

*Source: Hong Kong Population Projections 2017–2066, Census and Statistics Department

Regarding the utilisation of vouchers, the number of voucher claim transactions and the amount of vouchers claimed in the past 3 years from 2017 to 2019 are as follow:

Number of Voucher Claim Transactions

	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	2 218 938	2 917 895	2 952 153
Chinese Medicine Practitioners	860 927	1 502 140	1 633 532
Dentists	168 738	294 950	310 306
Occupational Therapists	2 217	3 515	3 233
Physiotherapists	25 076	40 874	43 946
Medical Laboratory Technologists	12 044	18 662	20 770
Radiographers	8 935	16 785	16 779
Nurses	5 079	6 523	9 936
Chiropractors	5 346	10 743	10 820
Optometrists	173 279	359 343	242 424
Sub-total (Hong Kong):	3 480 579	5 171 430	5 243 899
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 4}	6 755	11 418	13 562
Total :	3 487 334	5 182 848	5 257 461

Amount of Vouchers Claimed (in HKS'000)

	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Medical Practitioners	774,088	1,154,745	1,246,024
Chinese Medicine Practitioners	256,563	533,136	599,170
Dentists	144,331	287,044	313,111
Occupational Therapists	2,506	5,681	4,432
Physiotherapists	8,344	16,452	17,210
Medical Laboratory Technologists	11,256	17,808	18,654
Radiographers	5,447	13,400	15,749
Nurses	5,122	7,447	10,214
Chiropractors	2,303	5,225	5,675
Optometrists	288,582	759,750	431,680
Sub-total (Hong Kong):	1,498,542	2,800,688	2,661,919
HKU-SZH ^{Note 4}	1,855	3,492	3,997
Total :	1,500,397	2,804,180	2,665,916

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 4: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

- b. Currently, the EHV Scheme subsidises eligible Hong Kong elders aged 65 or above to use private primary healthcare services provided by 10 types of healthcare professionals, viz. medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359). Vouchers can be used for preventive, curative and rehabilitative services, including the treatment or services prescribed and provided by participating healthcare service providers in their professional capacity to meet the healthcare needs of elders after consultation, as well as the medication and healthcare products provided to elders during the course of treatment.

The Department of Health (DH) completed a review of the EHV Scheme and proposed a number of enhancement measures which were reported to the Panel on Health Services of the Legislative Council in March 2019. Members had no objection to these measures, which DH has progressively implemented since mid-2019. They included allowing the use of vouchers at Kwai Tsing District Health Centre (DHC); empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance; stepping up monitoring efforts against suspected abuse/ misuse of vouchers; tackling over-concentration of voucher use on optometry services by introducing a cap of \$2,000 every 2 years on the amount of vouchers that can be spent by each elder on such services; and regularisation of the Pilot Scheme at the HKU-SZH.

- c. We currently have no plans to increase the annual voucher amount. With the lowering of the eligibility age of the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount, we need to assess in detail the long-term financial implications on the Government.

We currently do not see the need for separately introducing a dental voucher under the EHV Scheme. Currently, eligible elders can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have

enrolled under the EHV Scheme, including dental services. The present arrangement provides elders with the flexibility for using the vouchers for healthcare services that best suit their health needs. In 2019, the Government further raised the accumulation limit of the vouchers under the EHV Scheme from \$5,000 to \$8,000 which should provide more flexibility for elders to use the suitable services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)242

(Question Serial No. 0071)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes/schemes under the disease prevention programme, please provide the following information for the past 3 years:

- (a) the quantity of vaccines procured each year and the resources involved;
- (b) the number of vaccine recipients and their age distribution;
- (c) whether there were any vaccines left unused each year; if so, the quantity and expenditure involved, as well as the way of disposal;
- (d) how the Government assessed the quantity of vaccines required each year;
- (e) the measures taken by the Government to encourage those in need to receive vaccination;
- (f) among the deaths from influenza during the winter surge recorded to date, the respective numbers of those vaccinated and unvaccinated, broken down by age group; and
- (g) the respective numbers, broken down by year, of the service quotas, applying schools and student recipients in respect of the 2019/20 Seasonal Influenza Vaccination School Outreach (Free of Charge) (the Programme) following the launching of the School Outreach Vaccination Pilot Programme in October 2018 and the regularisation of the Seasonal Influenza Vaccination School Outreach in the 2019/20 school year to cover more primary schools and to extend the Programme to kindergartens, kindergarten-cum-child care centres, and child care centres on a pilot basis; whether the number of service quotas provided under the Programme is sufficient; if not, whether it will be increased and the details in case of increase; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 28)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

- (a) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 3 seasons and the contract amount:

<u>Season</u>	<u>Number of doses</u>	<u>Amount (\$ million)</u>
2017/18 (Actual)	527 000	28.0
2018/19 (Actual)	654 000	30.1
2019/20 (Estimate)	837 700	42.3

- (b) The number of recipients for the past 3 seasons under the aforesaid SIV programmes/schemes are as follows –

Target groups	Number of SIV recipients		
	2017/18	2018/19	2019/20 (as at 1 March 2020)
Elderly aged 65 or above	531 400	555 000	601 300

Target groups	Number of SIV recipients		
	2017/18	2018/19	2019/20 (as at 1 March 2020)
Persons aged between 50 and 64 *	7 400	156 800	188 500
Children aged between 6 months and under 12	151 400	308 200	393 900
Others #	91 700	102 200	110 100
Total:	781 900	1 122 200	1 293 800

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- (c) The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in accordance with the statutory requirements. The SI vaccines procured by the DH represented the "best estimate", which has to be made at least 5 months prior, of the total number of SIVs that would be required in the coming winter influenza season. Among the SI vaccines procured by the DH for 2017/18 and 2018/19 seasons, about 45 000 doses and 41 000 doses expired respectively. As the Government's vaccination programmes/schemes launched in 2019/20 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.
- (d) The Government will assess the quantity of SI vaccines required under the GVP and SIVSOP each year by making reference to the epidemiology of SI, scope of eligibility, number of doses administered in the previous season, current vaccination situation, expected increase of vaccination rate and unavoidable wastage of vaccines, etc.

The Government will strive to ensure sufficient vaccine provision by closely monitoring vaccine use and by collaborating with different service units.

- (e) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

- (f) In the 2019/20 winter influenza season, the DH recorded 103 cases of influenza-associated deaths (in the week ending 8 February 2020). The breakdown of the number of cases by age group and status of receiving SIV is shown in the following table:

Age group	Total number of cases of influenza-associated deaths	Received SIV for 2019/20 season	Not known to have received SIV
0-5	0	0	0
6-11	0	0	0
12-17	0	0	0
18-49	3	1	2
50-64	17	1	16
≥65	83	29	54
Total	103	31	72

- (g) In 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KG/CCCs as a pilot programme. Under the SIVSOP, there is no service quota on the number of

schools. As at 1 March 2020, a total of 430 primary schools and 701 KG/CCCs joined the SIVSOP. The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)243

(Question Serial No. 0072)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of continuing the work in prevention and control of Coronavirus disease 2019 (COVID-19), what are the specific work plan, timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 29)

Reply:

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all

along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)244

(Question Serial No. 0073)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of implementing a pertussis vaccination programme for pregnant women attending antenatal service in Maternal and Child Health Centres, please provide details of the programme, as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 30)

Reply:

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection recommended pregnant women to receive 1 dose of acellular pertussis-containing vaccine during each pregnancy as part of routine antenatal care regardless of previous vaccination and natural infection history against pertussis, as a measure to provide direct protection for infants against pertussis. Maternal and Child Health Centres under the Department of Health and the Obstetric Department of hospitals under the Hospital Authority are planning to provide pregnant women who reached 26-34 week gestation 1 dose of diphtheria (reduced dose), tetanus and acellular pertussis (reduced dose) (dTdap) vaccine starting from mid-2020.

In 2020-21, the total provision for pregnant women pertussis vaccination programme is \$14.1 million. A total of 2 new civil servant posts will be created in 2020-21 to support the programme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)245

(Question Serial No. 0074)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, in relation to continuing the three-year programme (known as Healthy Teeth Collaboration) launched on 16 July 2018 in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities, please advise on:

- a. the expenditure involved, the number of attendances and the manpower required since the implementation of the programme;
- b. the number of attendances by scope of services (including oral check-ups, dental treatments and oral health education); and
- c. whether the Government has considered regularising the programme; if yes, the details; if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 31)

Reply:

- a. The Government launched a three-year programme named “Healthy Teeth Collaboration (HTC)” since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

- b. Dental treatments provided to eligible users include scaling and polishing, fluoride, X-ray and other curative treatments (such as fillings, extractions, etc). We do not have the attendance breakdown for each treatment item.
- c. The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)246

(Question Serial No. 0075)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Service,

- a. given that the completion time for assessment of new cases in Child Assessment Centres (CACs) within 6 months fell short of the target of 90% for the past 2 years and further dropped to 53% in 2019, please advise on the reasons for failing to meet the target;
- b. please advise on the number of children who received the child assessment service and the number of these children who were assessed as having developmental disabilities, broken down by developmental problem, for each of the past 3 years;
- c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in the CACs for the past 3 years;
- d. please advise on the number of additional service quotas and the reduction in waiting time for new cases since the setting up of an additional temporary CAC by the Department of Health in January 2018; and
- e. please advise if the Government, in view of the continuous increase in attendances in the CACs, as well as the persistently low rate for completion of assessment of new cases within 6 months, plans to allocate additional resources and manpower to expand the CACs or open more so as to enhance the service and meet the demand.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 32)

Reply:

(a), (b) and (c)

In the past 3 years, all new cases of the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to continuous increase in the demand for services of the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 are 55%,

49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) does not maintain statistics on the average waiting time for assessment of new cases.

The number of newly referred cases received and the number of children assessed by the CAS in the past 3 years are as follows –

	2017	2018	2019 (provisional figures)
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS from 2017 to 2019 are as follows –

Developmental conditions	Number of newly diagnosed cases		
	2017	2018	2019 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

The approved establishment in CAS by grade from 2017-18 to 2019-20 are as follows –

Grade	Approved establishment		
	2017-18	2018-19	2019-20
Medical and Health Officer	24	25	25
Registered Nurse	30	30	40
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	22	22	22
Speech Therapist	13	13	16
Optometrist	2	2	2

Grade	Approved establishment		
	2017-18	2018-19	2019-20
Occupational Therapist	8	8	9
Physiotherapist	6	6	7
Hospital Administrator	1	1	1
Electrical Technician	1	1	1
Executive Officer	2	2	2
Clerical Officer	12	12	16
Clerical Assistant	20	20	23
Office Assistant	1	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
Total:	160	161	183

(d) and (e)

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to monitor closely the capacity of the CAS in managing the service demand after strengthening of manpower. The financial provision for enhancing the service in 2020-21 is \$16.9 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)247

(Question Serial No. 0262)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government states that the Department of Health will renovate its clinic facilities in phases. What are the specific plans, the expenditure involved and the timetable in this regard?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 50)

Reply:

In consultation with relevant departments, the Department of Health is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)248

(Question Serial No. 1192)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Government dental clinics under the Department of Health provide free emergency dental treatments for the public. Dental services at general public sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

- (1) What were the numbers of service hours, the maximum service capacity, the actual numbers of attendances of each dental clinic in the past 3 years?
- (2) Will the Government review the actual public demand for dental services, and consider, in the light of the results, extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics? If yes, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 20)

Reply:

- (1) Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of attendances		
			2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 234	5 419	4 457
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990	4 023	3 360
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599	7 191	6 071
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262	2 227	1 862
Mona Fong Dental Clinic	Thursday (PM)	42	1 898	1 899	1 574
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011	1 970	1 710
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808	7 994	6 730
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015	2 016	1 686
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 910	3 325
	Friday (AM)	42			
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	90	95	95
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	199	283	223

[@] The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

The “AM” service session of GP sessions refers to 9:00 am to 1:00 pm, and “PM” service session refers to 2:00 pm to 5:00 pm. We do not have the average time per

consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

- (2) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)249****(Question Serial No. 1193)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Under the current Elderly Health Care Voucher (EHV) Scheme, the Government provides EHV's with a total value of \$2,000 per person annually to eligible elderly persons aged 70 or above. Please advise on the annual number of the elderly benefiting from the EHV Scheme, its percentage in the total number of eligible persons and the expenditure involved over the past 3 years, the number of elderly people included and the expenditure involved if the eligibility age for the EHV Scheme is lowered to 65 and 60 respectively, as well as the additional expenditure involved in 2020-21.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 21)Reply:

The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage out of

	2017	2018	2019
Cumulative number of elders who had made use of vouchers by end of the year	953 000	1 191 000	1 294 000
Number of eligible elders (i.e. elders aged 65 ^{Note} or above)*	1 221 000	1 266 000	1 325 000
Percentage of eligible elders who had made use of vouchers	78%	94%	98%

Note: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

*Source: Hong Kong Population Projections 2017-2066, Census and Statistics Department
the eligible elderly population:

The amount of vouchers claimed was \$1,500.4 million in 2017, \$2,804.2 million in 2018 and \$2,665.9 million in 2019.

With the lowering of the eligibility age for the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to further lower the eligibility age for the EHV Scheme in the future, we will need to assess in detail the long-term financial implications on the Government. The Government currently has no plans to further lower the eligibility age for the EHV Scheme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)250

(Question Serial No. 1320)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. With regard to paragraph 10 of Matters Requiring Special Attention in 2020-21 under Programme (2), please advise on (i) the respective numbers of primary schools, kindergartens, kindergartens-cum-child care centres and child care centres participating in the Seasonal Influenza Vaccination School Outreach (Free of Charge)(the Programme) and the Vaccination Subsidy Scheme (VSS) in 2019, and (ii) the expenditure involved.
2. Please advise on (i) the numbers of primary schools, kindergartens, kindergartens-cum-child care centres and child care centres anticipated to participate in the Programme and the VSS in 2020-21, and (ii) the estimated expenditure involved.
3. Given that the Department of Health will continue to enhance the seasonal influenza vaccination arrangements, please advise on (i) whether there will be plans to regularise the School Outreach Vaccination Pilot Programme being implemented in primary schools, kindergartens, kindergartens-cum-child care centres and child care centres to extend its coverage to secondary schools; if so, the details and (ii) if not, the reasons.

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 16)

Reply:

- (1) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –
 - Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
 - Vaccination Subsidy Scheme (VSS) (including VSS School Outreach (Extra Charge Allowed) Programme), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private

doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

As at 1 March 2020, a total of 430 primary schools and 701 kindergartens and child care centres (KG/CCCs) joined the SIVSOP. Moreover, there were 114 primary schools and 55 KG/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme.

The amount of expenditure relating to children aged between 6 months and under 12 receiving SIV under the aforesaid SIV programmes/schemes in 2019/20 season are as follows –

Vaccination programme/scheme	Subsidy Claimed (\$ million) (as at 1 March 2020)
GVP	Not applicable
VSS	30.4
SIVSOP	47.3

- (2) The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.
- (3) The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection frequently examines local epidemiological data, latest scientific evidence and overseas experiences and reviews the recommendations on priority groups for SIV. Every year, the Government takes into consideration the expert opinions from the SCVPD, practices of overseas health authorities, other public health factors and the affordability of persons receiving vaccination to determine the eligible groups under various vaccination programmes, and consider whether there is a need for expansion of target groups.

Currently, the SCVPD recommends children aged between 6 months and 11 as one of the priority groups for receiving SIV in Hong Kong. The Government has already

included this priority group under the GVP, the VSS and the SIVSOP in 2019/20 season.

The Government will review from time to time the scope of eligible groups under the free-of-charge/subsidised vaccination programmes in order to help the public cope with the flu seasons.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)251

(Question Serial No. 2519)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Despite the overwhelming need of some children for assessment services and early treatment at present, the planned completion time in 2020 for assessment of new cases in child assessment centres (CACs) within 6 months is only 70%. Please explain why a higher rate has not been set.

2. What were the attendances at the existing 7 CACs in the past 2 years?

3. What were: (i) the respective numbers of children confirmed to have learning and training needs upon assessment by the CACs in the past 2 years and (ii) their age distribution;

4. What were: (i) the respective numbers of children referred to government and non-government organisations for services upon confirmation of having learning and training needs in the past 2 years and (ii) the average waiting time for services upon referral; and

5. The estimated financial provision under Programme (5) represents an increase of 11.6%, which is mainly due to increased requirement for operating expenses. (i) Are the expenses partly incurred by additional manpower? (ii) if yes, what are the respective numbers of professionals and nurses responsible for the assessment work? (iii) if not, what are the reasons for the increase?

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 15)

Reply:

1. Due to continuous increase in the demand for services provided by the Child Assessment Service (CAS) of the Department of Health (DH) and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped to 49% in 2018 and slightly increased to 53% in 2019. CAS has adopted a triage system to ensure that children with urgent and more serious

conditions are accorded with higher priority in assessment. The actual waiting time depends on complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

2. The attendance at the 7 CACs under the CAS in the past 2 years is as follows –

Child Assessment Centre (CAC)	2018	2019 (Provisional figures)
Central Kowloon CAC	5 632	5 492
Ha Kwai Chung CAC	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 315	6 577
Pamela Youde CAC (Sha Tin)	8 493	7 535
Fanling CAC	4 182	4 875
Tuen Mun CAC	5 610	5 186
Ngau Tau Kok CAC*	1 682	2 513
Total:	39 327	38 005

* Ngau Tau Kok CAC commenced operation in January 2018.

3-4. The number of cases referred by the CAS to pre-school and school placement for training, remedial and special education in 2018 and 2019 are 17 359 and 18 011 (provisional figure) respectively. DH does not maintain statistics on the referral cases by age group and the average waiting time for pre-school and school placement for training, remedial and special education.

5. The total provision for 2020-21 for Programme 5 – Rehabilitation is \$170.5 million, representing an increase of 11.6% as compared with the revised estimate for 2019-20. The increase in provision is mainly due to the increased operating expenditure for filling vacant civil service posts and increased cash flow requirement for procurement of equipment.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)252

(Question Serial No. 2143)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding each government dental clinic (GDC) providing free emergency dental treatments for the public through designated sessions (i.e. general public sessions) at the District Council districts, please advise on the total population, population aged 65 or above, consultation quotas and attendances (with a breakdown by age group) in the past 3 financial years of the respective district where each GDC is located.
2. Will there be an increase in the number of GDCs providing general public session service or an increase in the number of consultation quotas in the existing GDCs in the coming year?
3. At present, some non-governmental organisations (NGOs) such as Project Concern Hong Kong and Yan Chai Hospital provide mobile dental clinic service for the public. Are these mobile dental clinics required to apply for licences with the Government? If so, how many relevant licences have been issued by the Government and how many organisations have been licensed?
4. Will the Government consider operating mobile dental clinics through the Department of Health or the Hospital Authority, or subsidising more NGOs to operate more such clinics to provide dental services for members of the public, especially the elderly, with walking difficulties or living far away from the GDCs with general public sessions?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 12)

Reply:

1. & 2. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are as follows –

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

The total population and the population of aged 65 or over by District Council districts are as below:

Dental clinics with GP sessions	District Council Districts	*Total population by District Council Districts (population of aged 65 or over)		
		2016	2017	2018
Kowloon City Dental Clinic	Kowloon City	413 800 (59 800)	411 900 (62 500)	414 100 (65 700)
Kwun Tong Dental Clinic	Kwun Tong	643 600 (107 200)	664 100 (113 300)	677 300 (118 600)
Kennedy Town Community Complex Dental Clinic	Central & Western	240 600 (36 200)	241 500 (38 500)	242 400 (40 300)
Fanling Health Centre Dental Clinic	North	310 700 (45 000)	312 700 (47 900)	314 800 (49 800)
Mona Fong Dental Clinic	Sai Kung	459 100 (67 300)	463 700 (71 900)	469 200 (73 900)

Dental clinics with GP sessions	District Council	*Total population by District Council Districts (population of aged 65 or over)		
Tai Po Wong Siu Ching Dental Clinic	Tai Po	300 100 (42 600)	303 700 (44 400)	307 700 (47 400)
Tsuen Wan Dental Clinic	Tsuen Wan	314 600 (43 000)	313 600 (46 100)	311 100 (48 300)
Yan Oi Dental Clinic	Tuen Mun	481 200 (68 300)	480 500 (71 500)	494 500 (77 100)
Yuen Long Jockey Club Dental Clinic	Yuen Long	610 900 (90 200)	625 000 (94 500)	635 600 (97 700)
Tai O Dental Clinic	Islands	154 500 (22 600)	160 300 (24 100)	170 900 (25 600)
Cheung Chau Dental Clinic	Islands	154 500 (22 600)	160 300 (24 100)	170 900 (25 600)

* Data from the Census and Statistics Department's website.

The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	0-18	92	99	175
	19-42	805	825	910
	43-60	1 381	1 303	892
	61 or above	2 956	3 192	2 480
Kwun Tong Dental Clinic	0-18	70	73	132
	19-42	614	612	686
	43-60	1 053	968	673
	61 or above	2 253	2 370	1 869
Kennedy Town Community Complex Dental Clinic	0-18	116	131	238
	19-42	1 016	1 095	1 240
	43-60	1 741	1 729	1 215
	61 or above	3 726	4 236	3 378
Fanling Health Centre Dental Clinic	0-18	40	41	73
	19-42	348	339	380
	43-60	597	535	373
	61 or above	1 277	1 312	1 036
Mona Fong Dental Clinic	0-18	33	34	62
	19-42	292	289	321
	43-60	501	457	315
	61 or above	1 072	1 119	876
Tai Po Wong Siu	0-18	35	36	67

Dental clinic with GP sessions	Age group	Attendance in 2017-18	Attendance in 2018-19	Attendance in 2019-20 (up to 31 January 2020)
Ching Dental Clinic	19-42	309	300	349
	43-60	531	474	342
	61 or above	1 136	1 160	952
Tsuen Wan Dental Clinic	0-18	137	145	264
	19-42	1 202	1 217	1 374
	43-60	2 060	1 923	1 347
	61 or above	4 409	4 709	3 745
Yan Oi Dental Clinic	0-18	35	37	66
	19-42	310	307	344
	43-60	532	485	338
	61 or above	1 138	1 187	938
Yuen Long Jockey Club Dental Clinic	0-18	68	71	130
	19-42	592	595	679
	43-60	1 016	940	666
	61 or above	2 175	2 304	1 850
Tai O Dental Clinic	0-18	2	2	4
	19-42	14	14	19
	43-60	23	23	19
	61 or above	51	56	53
Cheung Chau Dental Clinic	0-18	4	5	9
	19-42	31	43	45
	43-60	52	68	45
	61 or above	112	167	124

3. The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) was passed by the Legislative Council in November 2018 to introduce a new regulatory regime for private healthcare facilities, which is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. For clinics, applications for licences and letters of exemption are anticipated to commence in 2021 at the earliest. Operators of dental clinics which operate in vehicles are required to obtain either a licence or letter of exemption.

4. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles. In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak to be mobilised, we considered it more cost effective to provide dental care through the Outreach Dental Care Programme for the Elderly.

CONTROLLING OFFICER'S REPLY

FHB(H)253

(Question Serial No. 2181)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the work of the Emergency Response and Exercise Division (the Division) under the Centre for Health Protection of the Department of Health, will the Government inform this Committee of:

1. the expenditure and the staff establishment of the Division in the past 3 years and in the coming year;
2. the number of public health exercises conducted in the past 5 years and among them, the number of such exercises for the purpose of testing the Government's ability to handle pneumonia and respiratory tract infection, as well as the departments, organisations and number of staff involved in each of the exercises; and
3. whether the Division has drawn up and maintained a list of government and private properties suitable to be used as isolation and quarantine facilities; if yes, details of the list maintenance; if not, the department responsible for the task?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 81)

Reply:

1.

The Emergency Response and Exercise Division (ERED), formed under Emergency Response and Programme Management Branch (ER&PMB) in October 2019 upon the reorganisation of the Department of Health (DH), comprises a multi-disciplinary team with an approved establishment of 11.

Expenditure of the ERED is subsumed under DH's overall provision for disease prevention and cannot be separately identified.

2.

To enhance the overall preparedness and response for public health crisis for communicable diseases with public health significance, the DH has developed contingency plans and conducted exercises and drills to test the preparedness of relevant government bureaux/ departments (B/Ds) and organisations to cope with possible major outbreaks of infectious diseases in Hong Kong.

In the past 5 years (i.e. from 2015 to 2019), the Centre for Health Protection of DH organised 9 public health exercises. Among them, 6 were related to communicable diseases/ public health incidents which might cause respiratory infections. Details of the 6 exercises are set out in the table below –

Exercise Name	Date	Theme	No. of Participants	Participating Parties
PERIDOT	29 June 2015	Plague	About 80	<u>Government B/Ds</u> - Department of Health - Agriculture, Fisheries and Conservation Department - Architectural Services Department - Auxiliary Medical Service - Civil Aid Service - Customs & Excise Department - Development Bureau - Drainage Services Department - Education Bureau - Electrical and Mechanical Services Department - Environmental Protection Department - Food and Environmental Hygiene Department - Highways Department - Home Affairs Department - Hong Kong Police Force - Housing Department - Immigration Department - Information Services Department - Lands Department - Leisure and Cultural

				<p>Services Department</p> <ul style="list-style-type: none"> - Marine Department - Security Bureau - Social Welfare Department - Tourism Commission - Transport and Housing Bureau - Transport Department - Water Supplies Department <p><u>Other organisations</u></p> <ul style="list-style-type: none"> - Airport Authority Hong Kong - Hospital Authority
PEARL	20 June 2016	Biological Attack (Anthrax)	About 100	<p><u>Government B/Ds</u></p> <ul style="list-style-type: none"> - Department of Health - Auxiliary Medical Service - Civil Aid Service - Environmental Protection Department - Fire Services Department - Food and Environmental Hygiene Department - Hong Kong Observatory - Hong Kong Police Force - Security Bureau <p><u>Other organisations</u></p> <ul style="list-style-type: none"> - Airport Authority Hong Kong - Hong Kong Air Cargo Terminals Ltd - Hospital Authority
BERYL	16 November 2016	Middle East Respiratory Syndrome	About 100	<p><u>Government B/Ds</u></p> <ul style="list-style-type: none"> - Department of Health - Civil Aid Service - Customs & Excise Department - Environmental Protection Department - Fire Services Department - Food and Environmental

				<p>Hygiene Department</p> <ul style="list-style-type: none"> - Hong Kong Police Force - Immigration Department - Transport Department <p><u>Other organisations</u></p> <ul style="list-style-type: none"> - Hospital Authority - Mass Transit Railway Corporation
GARNET	30 November 2017	Novel Influenza	About 50	<p><u>Government B/Ds</u></p> <ul style="list-style-type: none"> - Department of Health - Fire Services Department - Home Affairs Department - Hong Kong Police Force - Social Welfare Department <p><u>Other organisations</u></p> <ul style="list-style-type: none"> - Cleansing contractor - Hospital Authority - Link Real Estate Investment Trust
SUNSTONE	27 June 2018	Disease 'X' - A Novel Disease	About 150	<p><u>Government B/Ds</u></p> <ul style="list-style-type: none"> - Department of Health - Agriculture, Fisheries and Conservation Department - Auxiliary Medical Service - Buildings Department - Civil Aid Service - Drainage Services Department - Electrical and Mechanical Services Department - Environmental Protection Department - Food and Environmental Hygiene Department - Fire Services Department - Government Logistics Department - Home Affairs

				Department - Hong Kong Police Force - Housing Department - Leisure and Cultural Services Department - Social Welfare Department <u>Other organisations</u> - Cleansing contractor - Hospital Authority
ZIRCON	30 April 2019	Legionnaires' Disease	About 50	<u>Government B/Ds</u> - Department of Health - Electrical and Mechanical Services Department - Water Supplies Department <u>Other organisations</u> - Hong Kong Housing Society - Hospital Authority - Service contractor of water system

The CHP will continue to conduct exercises and drills to ensure preparedness for major public health emergencies involving infectious diseases.

3.

In view of the development of the outbreak of the Coronavirus Disease 2019, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Currently, there are 3 quarantine centres, namely Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan. Furthermore, additional units through application of the modular integrated construction method will also be provided. The Government does not keep a standard list of properties suitable for setting up quarantine centres. But properties under Government's charge, for instance standalone camp sites, would usually be the first resort.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)254

(Question Serial No. 2325)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention, (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the implementation of the Outreach Dental Care Programme for the Elderly (ODCP), please advise on the expenditure involved, the manpower required, the numbers of attendances and the numbers of residential care homes (RCHes) and day care centres (DEs) visited in the past 3 years; whether statistics are kept on the types of services and treatments the participants received and if so, a breakdown of the number of attendances by type of service and treatment.
2. Please advise on whether the Government will consider extending the ODCP to allow elderly people aged over 60 other than those in RCHes and DEs to receive oral check-up, oral care and dental treatments with an appointment disc at a specified time at RCHes and DEs.
3. Please advise on the staff establishment and expenditure involved as well as the numbers of attendances in respect of the Healthy Teeth Collaboration since its implementation and in the coming year respectively.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 11)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$44.9 million each in 2017-18 and 2018-19, and \$51.7 million in 2019-20. Six civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2020, the number of attendances was about 233 700. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

The number of participating residential care homes/day care centres under the ODCP was 810 in 2016-17 service year^{Note 1}, 852 in 2017-19 service year^{Note 2}, and 792 in 2019-20 service year^{Note 3} (up to 31 January 2020).

Note 1: 2016-17 service year refers to the period from 1 October 2016 to 30 September 2017.

Note 2: 2017-19 service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: 2019-20 service year refers to the period from 1 April 2019 to 31 March 2020.

2. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.
3. The Government launched a three-year programme named “Healthy Teeth Collaboration (HTC)” since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)255

(Question Serial No. 0201)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continued prevention and control of Coronavirus disease 2019 (COVID-19), would the Government please inform this Committee of the following:

1. whether standardised guidelines have been issued to public and private healthcare facilities to set out the methods for collecting specimens from patients for virus testing and the items to be tested; if yes, whether the guidelines follow the standards set by the World Health Organization (WHO);
2. the existing numbers of laboratories run by public bodies (including universities) and private laboratories capable of conducting virus testing;
3. whether guidelines have been issued to private hospitals and private practitioners in respect of the commissioning of private laboratories to conduct virus testing; if yes, whether the guidelines follow the standards set by the WHO; and
4. the preventive and control measures in place in 2020-21, as well as the manpower and resources to be deployed.

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 6)

Reply:

1 - 3.

The Centre for Health Protection (CHP) of the Department of Health (DH) regularly reviews its "Guide to Requests for Laboratory Testing" on specimen collection, storage and scope of service, taking into consideration international guidelines including those of the World Health Organization (WHO) and local situation. The latest Guide has been uploaded onto the website of the CHP (<http://www.chp.gov.hk/en/static/46077.html>).

The Public Health Laboratory Services Branch of the CHP is currently providing laboratory testing for Coronavirus Disease 2019 (COVID-19). It also conducted WHO External Quality Assurance programme for laboratories under Hospital Authority and private hospitals to ensure the satisfactory performance on testing for COVID-19. We do not rule out the possibility of commissioning private laboratories to conduct tests for the Government when situation warrants.

4.

Since the outbreak of COVID-19, the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The CHP has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients' residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission

of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)256

(Question Serial No. 0202)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Given that the doses of vaccines given to school children by the Department of Health were 212 000 in 2018 and 173 000 in 2019, please advise on:

1. the reasons for the decrease in doses of vaccines in 2019 compared with 2018;
2. the expenditures involved in influenza vaccination for school children in the past 3 years and the estimated expenditure involved for the coming year; and
3. whether assessment has been made of the effectiveness of vaccines in reducing influenza infection; if so, the findings.

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 7)

Reply:

- (1) The decrease in the number of doses administered to school children from 212 000 in 2018 to 173 000 in 2019 was due to the advancement in the timing of administration of one type of vaccines (i.e. Diphtheria, Tetanus, Acellular Pertussis and Inactivated Poliovirus Vaccine (dTAp-IPV)) for Primary 6 (P6) students. Starting from the 2018/19 school year, the vaccines to be given to P6 students in the second school term (i.e. roughly between February and June) has been advanced to the first school term (i.e. roughly between September and December / January). Hence, the dTap-IPV vaccines were given to 2 cohorts of P6 students in around September to December 2018, instead of the first few months of 2019. This led to a one-off increase in the number of doses administered in 2018. The figures from 2019 onwards will maintain at the normal level as only 1 cohort of P6 students would receive the dTap-IPV vaccines.
- (2) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –
 - Government Vaccination Programme (GVP), which provides free SIV to eligible

children, elderly and other target groups at clinics of DH and the Hospital Authority;

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

The amount of expenditure relating to children aged between 6 months and under 12 receiving SIV under the aforesaid programmes/schemes in the past 3 seasons are as follows –

Vaccination programme / scheme	2017/18	2018/19	2019/20 (as at 1 March 2020)
	Subsidy claimed (\$ million)	Subsidy claimed (\$ million)	Subsidy claimed (\$ million)
GVP	Not applicable	Not applicable	Not applicable
VSS	35.5	58.5	30.4
Pilot Programme / SIVSOP	Not applicable	7.0	47.3

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

- (3) Since the 2017/18 winter influenza season, the DH has collaborated with the private doctors participating in its sentinel surveillance system to collect data (including vaccination history of SIV) and respiratory specimens from patients with influenza-like illness for laboratory testing to estimate the vaccine effectiveness (VE) of SIV. The overall VE of SIV in preventing laboratory-confirmed influenza infection in primary care setting in the 2017/18 and 2018/19 winter influenza seasons was 59% and 51% respectively, while the corresponding VE among children aged between 6 months and under 12 was 39% and 36% respectively. The DH will continue to closely monitor the local and international data on the VE of SIV.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)257

(Question Serial No. 2013)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Despite the elderly's compelling need for dental services, treatments during general public sessions (GP sessions) cover prescription for pain relief and teeth extraction only while the Elderly Dental Assistance Programme (the Programme) under the Community Care Fund (CCF) only serves Old Age Living Allowance recipients aged 65 or above on a one-off basis. Moreover, mobile dental vehicles which are warmly received by the elderly are far from enough. Would the Government please inform this Committee of:

1. whether it will consider allocating resources to provide mobile dental services on a trial basis across the 18 districts so as to meet people's needs for dental services (particularly the elderly living in the community);
2. whether it has reviewed and optimised the operation and location of existing dental clinics with GP sessions;
3. the number of people who received annual oral check and dental treatments under the Outreach Dental Care Programme for the Elderly in each of the past three years; whether it will consider expanding the staff establishment of outreach dental teams; if yes, the anticipated expenditure?

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 19)

Reply:

1. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles. In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak to be mobilised, we considered it more cost effective to provide dental care service through the Outreach Dental Care Programme for the Elderly (ODCP).

2. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. DH would continue to review and enhance the operation of the GP session service.

3. The number of attendances under ODCP was about 47 800 between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 from April 2019 and January 2020. 10 non-governmental organisations with a total of 23 outreach dental teams had been committed to provide dental service under the service agreement of ODCP from 1 October 2017 to 31 March 2021.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)258

(Question Serial No. 2295)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the estimated financial provision for Tobacco and Alcohol Control Office in 2020-21;
2. the measures to step up publicity about the hazards of alcohol in 2020-21 and the estimated expenditure involved;
3. the measures to publicise the hazards of smoking in 2020-21 and the estimated expenditure involved;
4. the subsidised smoking cessation services to be provided in 2020-21 and the estimated expenditure involved;
5. whether the Department will subsidise alcohol treatment services in 2020-21; if yes, the estimated expenditure involved and if not, the reasons why some of the smoking cessation services but not alcohol treatment services are subsidised.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 4)

Reply:

(1)

The provision for the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2020-21 is at **Annex**.

(2)

The subject of alcohol and health, including the problem of alcoholism among youths, has been a major area of work of DH. DH educates the public and publicises alcohol-related harm through a range of media, including health education materials, 24-hour education hotline, Announcement in Public Interest (API), websites, social media, electronic publications, health talks, etc.

In 2020-21, DH will continue the aforesaid education activities including 2 promotional campaigns, namely “Young and Alcohol Free” campaign which targets young people and their parents and teachers, and “Alcohol Fails” campaign which targets health care professionals and the general public.

Resources for the above activities are absorbed by DH’s overall provision for disease prevention which is not separately accounted for.

(3) & (4)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH, and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2020-21 is at **Annex**. For HA, smoking cessation services form an integral part of HA’s overall services provision; and therefore such expenditure is not separately accounted for.

(5)

DH does not subsidise treatment services to people with alcohol dependence.

Provision of the Department of Health's Tobacco and Alcohol Control Office

	2020-21 Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	118.7
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	138.0
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	<i>63.7</i>
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	<i>26.1</i>
<i>Sub-total</i>	<u>89.8</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	<i>30.6</i>
<i>Subvention to Pok Oi Hospital</i>	<i>7.4</i>
<i>Subvention to Po Leung Kuk</i>	<i>1.7</i>
<i>Subvention to Lok Sin Tong</i>	<i>2.9</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>2.9</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.7</i>
<i>Sub-total</i>	<u>48.2</u>
Total	<u>256.7</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)259

(Question Serial No. 2340)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the measures to be taken by the Government to promote breastfeeding in 2020-21 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 7)

Reply:

In 2020-21, the Department of Health will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of “Breastfeeding Friendly Workplace” policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary “Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children”; and strengthening the surveillance on local breastfeeding situation.

A provision of \$6.0 million has been earmarked in 2020-21 for enhancing the effort for promotion of breastfeeding.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)260

(Question Serial No. 0848)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding seasonal influenza vaccination, please advise on:

1. the quantities of seasonal influenza vaccines procured by the Government and the expenditure incurred in 2018-19 and 2019-20;
2. the number of recipients and the coverage rate of the Government Vaccination Programme, Vaccination Subsidy Scheme and School Outreach Vaccination Pilot Programme in the said two years (broken down by age group as follows: children between 6 months and less than 6, children between 6 and less than 12, persons aged between 50 and 64, and elderly aged above 65);
3. the Government's measures to promote vaccination, the community groups and the population so reached, as well as the manpower and expenditure so incurred in 2019-20; and
4. whether the Government has maintained relevant statistics, such as the quantities of seasonal influenza vaccines imported, for projecting the vaccination coverage rate of the overall population in the territory in view of the fact that some people are vaccinated by means other than the government-subsidised programmes.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 11)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible

children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

- (1) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 2 seasons and the contract amount:

<u>Season</u>	<u>Number of doses</u>	<u>Amount (\$ million)</u>
2018/19 (Actual)	654 000	30.1
2019/20 (Estimate)	837 700	42.3

- (2) The number of recipients and coverage rate of specific target groups under the aforesaid SIV programmes/ schemes in the past 2 seasons are as follows -

Target groups	Vaccination programme/ scheme	2018/19		2019/20 (as at 1 March 2020)	
		Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group
Elderly aged 65 or above	GVP	388 300	43.6%	438 300	45.1%
	VSS	166 700		163 000	
Persons aged between 50 and 64	GVP	7 100	8.8%	7 400	10.4%
	VSS	149 700		181 100	
Children aged between 6 months and under 12	GVP	1 000	45.8%	400	57.7%
	VSS	206 900		121 800	
	Pilot Programme/ SIVSOP	100 300		271 700	

Target groups	Vaccination programme/ scheme	2018/19		2019/20 (as at 1 March 2020)	
		Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group
Others [^]	GVP / VSS	102 200	#	110 100	#
Total:		1 122 200		1 293 800	

[^] Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.

As some target groups members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- (3) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

The DH does not have breakdown of the manpower and expenditure by the aforesaid measures which form an integral part of its disease surveillance, prevention and control functions.

- (4) The DH keeps statistics on the SIV coverage rate of target groups under the Government's vaccination programmes/schemes but not the rate of total population. Moreover, as some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the statistics captured by the DH. The DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups, as well as that of the total population in Hong Kong, to receive SIV.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)261

(Question Serial No. 0849)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the use of Elderly Health Care Vouchers (EHVs), will the Government please advise on:

1. the number of elderly people eligible for EHVs as at 31 December 2019;
2. the numbers of voucher claims for various types of service, the total amount claimed and the average amount of vouchers used per elderly person in the past 2 years;
3. the numbers of elderly people using vouchers at the University of Hong Kong-Shenzhen Hospital and the average amount used per consultation in the past 2 years; and whether the Government will consider extending the Elderly Health Care Voucher Scheme (EHVS) to other hospitals or clinics within the Greater Bay Area; and
4. the manpower and expenditure involved in managing the EHVS in the past 2 years?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 12)

Reply:

1. According to the Hong Kong Population Projections 2017-2066 of the Census and Statistics Department, the number of eligible elders (i.e. elders aged 65 or above) under the Elderly Health Care Voucher (EHV) Scheme was about 1 325 000 in 2019.
2. The average amount of vouchers used by an elder in 2018 and 2019 was \$2,553 and \$2,384 respectively. Regarding the utilisation of vouchers, the number of voucher claim transactions and the amount of vouchers claimed in the past 2 years are as follow:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}
Medical Practitioners	2 917 895	2 952 153
Chinese Medicine Practitioners	1 502 140	1 633 532
Dentists	294 950	310 306
Occupational Therapists	3 515	3 233
Physiotherapists	40 874	43 946
Medical Laboratory Technologists	18 662	20 770
Radiographers	16 785	16 779
Nurses	6 523	9 936
Chiropractors	10 743	10 820
Optometrists	359 343	242 424
Sub-total (Hong Kong):	5 171 430	5 243 899
University of Hong Kong – Shenzhen Hospital (HKU-SZH) ^{Note 3}	11 418	13 562
Total :	5 182 848	5 257 461

Amount of Vouchers Claimed (in HK\$'000)

	2018 ^{Note 1}	2019 ^{Note 2}
Medical Practitioners	1,154,745	1,246,024
Chinese Medicine Practitioners	533,136	599,170
Dentists	287,044	313,111
Occupational Therapists	5,681	4,432
Physiotherapists	16,452	17,210
Medical Laboratory Technologists	17,808	18,654
Radiographers	13,400	15,749
Nurses	7,447	10,214
Chiropractors	5,225	5,675
Optometrists	759,750	431,680
Sub-total (Hong Kong):	2,800,688	2,661,919
HKU-SZH ^{Note 3}	3,492	3,997
Total :	2,804,180	2,665,916

Note 1: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 2: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000

every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

3. About 3 400 and 4 600 elders had ever made use of vouchers at the HKU-SZH as at end-December 2018 and 2019 respectively. The average amount of vouchers claimed per transaction at the HKU-SZH in 2018 and 2019 was \$306 and \$295 respectively.

The Government launched the Pilot Scheme at the HKU-SZH in 2015 to enable Hong Kong elders to use vouchers to pay for outpatient medical care services provided by designated Outpatient Medical Centres and Medical Service Departments of the HKU-SZH. The Government chose to implement the Pilot Scheme at the HKU-SZH in view that the hospital adopts the “Hong Kong management model” and that its healthcare service quality and clinical governance structure are similar to those of Hong Kong, thus making it easier for Hong Kong elders to adapt and accept. In view that the Pilot Scheme’s operation was smooth and the feedback received was positive, and that the number of elders using vouchers at the HKU-SZH continued to increase, the Government regularised the Pilot Scheme on 26 June 2019 to provide greater certainty for Hong Kong elders to continue to use vouchers at the HKU-SZH.

When considering extending the use of vouchers outside of Hong Kong, it is necessary to consider the quality of healthcare, clinical governance structure, administrative procedures, financial arrangement, operating environment and employee skills of the institution concerned, as well as the views of other stakeholders (including healthcare professionals and patients in Hong Kong), as well as how to monitor voucher use. Since the relevant laws and codes of practice of Hong Kong are not applicable to medical institutions and healthcare professionals in places outside of Hong Kong, it would be very difficult for the Department of Health (DH) to follow-up and assist the elders on cases of non-compliance with the requirements of the EHV Scheme. At this stage, the Government has no plans to further extend the use of vouchers outside of Hong Kong.

4. The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2018-19 and 2019-20 was 48 and 52 respectively. Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2018-19 (Actual) HK\$ million	2019-20 (Revised Estimate) HK\$ million
26.3	36.7

CONTROLLING OFFICER'S REPLY

FHB(H)262

(Question Serial No. 0850)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the complaints about Elderly Health Care Vouchers (EHVs), please advise on:

1. the number of complaints about EHVs received in the past 2 years and the amounts involved; the causes of complaints; their investigation results; the number of substantiated cases where the accused were prosecuted; any aid given to the complainants of unsubstantiated cases towards recovery of their loss or any action taken to prevent recurrence; the number of cases with successful recovery of the amount lost;
2. the number of investigations initiated by the Department of Health into healthcare providers who accepted EHVs improperly over the past 2 years, and the manpower and expenditure involved; and
3. the Government's action in the future against improper voucher acceptance and the estimated expenditure for such work.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 13)

Reply:

1.

The Department of Health (DH) received 120 and 103 complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme in 2018 and 2019 respectively, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The amount of vouchers associated with these complaint cases is not readily available.

The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV

Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. In the past 2 years, among the 68 cases with investigation completed, 18 cases were found to be substantiated or partially substantiated; and 8 cases required withholding of reimbursements or recovering paid reimbursements. Of the 10 complaint cases received and referred to the Police, investigation of 4 cases was completed by them with no prosecution made.

2. & 3.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with the Scheme rules and those who displayed unusual patterns of voucher claims. Since launch of the Scheme in 2009 until end-2019, the DH had conducted checking of some 430 000 claim transactions. The checking had identified some 4 320 anomalous claims.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The approved establishment of the HCVD for the administration and monitoring of the EHV Scheme in 2018-19 and 2019-20 was 48 and 52 respectively, while that in 2020-21 will be 55.

Below are the actual/ estimated administrative expenses for administering the EHV Scheme:

2018-19 (Actual) \$ million	2019-20 (Revised Estimate) \$ million	2020-21 (Estimate) \$ million
26.3	36.7	47.9

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)263

(Question Serial No. 0851)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding enquiries about the elderly health care voucher (EHV) balances, will the Government please advise on:

1. the distribution of the EHV account balances (between \$0 and \$2,000, between \$2,001 and \$4,000, between \$4,001 and \$6,000 and between \$6,001 and \$8,000) as at 31 December 2019;
2. the numbers of enquiries about the EHV account balances (broken down by enquiry via the eHealth System(Subsidies) and via telephone) as well as the numbers of elderly people who have ever enquired about their EHV account balances in the past 2 years;
3. the expenditure on promoting EHV, including measures to encourage elderly people to manage their own EHV accounts in the past 2 years; and
4. the initiatives planned to encourage elderly people to manage their own EHV accounts and the estimated expenditure in this respect?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 14)

Reply:

1.

The table below shows the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme as at 31 December 2019, broken down by the amount of their voucher balances on that date.

Amount of voucher balance as at 31 December 2019 ^{Note} (\$)	Number of elders who had made use of vouchers as at 31 December 2019
2,000 or below	593 000
2,001 - 4,000	391 000
4,001 - 6,000	310 000
Total :	1 294 000

Note: The accumulation limit of vouchers was \$5,000 between 1 January 2019 and 25 June 2019. With the provision of a one-off voucher amount of \$1,000 on 26 June 2019, the maximum amount of vouchers that could be accumulated in an elder's voucher account was \$6,000 between 26 June 2019 and 31 December 2019.

2.

The table below shows the number of enquiries regarding voucher balance made through the EHV Scheme's website and the voucher balance enquiry hotline in the past 2 years:

Year	Number of voucher balance enquiries made through		Total
	EHV Scheme's website	Voucher balance enquiry hotline	
2018	913 000	56 000	969 000
2019	1 019 000	69 000	1 088 000

The Department of Health (DH) does not maintain statistics on the number of elders who had made enquiries on their voucher balances through the above means.

3. & 4.

To promote the EHV Scheme, the DH has conducted a variety of publicity activities, including dissemination of updated information about the Scheme (including its key statistics and voucher usage) through its dedicated website, hotline, broadcasting of television and radio announcements in the public interest, placing of advertisements on public transport, as well as distribution of leaflets, posters and DVDs to the Elderly Health Centres, Home Affairs Enquiry Centres, community elderly centres, etc. The DH has also strengthened its effort in empowering elders to make informed choices and use vouchers wisely by mobilising its Visiting Health Teams to conduct health talks to elders. Also, to help elders better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elders can check the amount of vouchers to be disbursed to their accounts and the amount of vouchers expected to be forfeited due to the accumulation limit being exceeded on 1 January of the coming year. The DH will continue the above publicity and public education efforts in this year.

The EHV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. Below are the actual/ estimated administrative expenses of HCVD for administering the EHV Scheme:

2018-19 (Actual) \$ million	2019-20 (Revised Estimate) \$ million	2020-21 (Estimate) \$ million
26.3	36.7	47.9

The expenditure on publicity and public educations efforts cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)264****(Question Serial No. 0853)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

According to the records, the completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months has fallen short of the target for several years in a row with the rate in 2019 going up slightly to 53%. In this connection, please advise this Committee on:

1. the numbers of newly referred cases received and the service capacities provided by the Child Assessment Service (CAS) in the past 5 years, broken down by CAC;
2. the staff establishment and the wastage rates of doctors of CACs in the past 5 years;
3. whether a mechanism is in place to regularly review the number of healthcare staff according to the demand for services provided by the CAS; and
4. the measures in place to expedite the completion time for assessment as it is estimated that the assessment for over 70% of new cases will be completed within 6 months in 2020.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 16)Reply:

1. The number of newly referred cases received by the Child Assessment Service (CAS) in the past 5 years are as follows. The statistics for individual centres are not readily available.

	2015	2016	2017	2018	2019 (provisional figure)
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

The attendance at the 7 Child Assessment Centres (CACs) under the CAS in the past 5 years is as follows –

Child Assessment Centre (CAC)	2015	2016	2017	2018	2019 (Provisional figures)
Central Kowloon CAC	6 476	5 666	5 489	5 632	5 492
Ha Kwai Chung CAC	7 033	7 373	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 243	7 120	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	7 152	7 933	8 262	8 493	7 535
Fanling CAC	4 055	3 882	3 892	4 182	4 875
Tuen Mun CAC	5 465	5 194	5 384	5 610	5 186
Ngau Tau Kok CAC*	0	0	0	1 682	2 513
Total:	37 424	37 168	37 423	39 327	38 005

* Ngau Tau Kok CAC commenced operation from January 2018.

2. The approved establishment in the CAS from 2015-16 to 2019-20 is as follows –

Grade	2015-16	2016-17	2017-18	2018-19	2019-20
Medical and Health Officer	21	24	24	25	25
Registered Nurse	27	30	30	30	40
Scientific Officer (Medical)	5	5	5	5	5
Clinical Psychologist	21	23	22*	22*	22*
Speech Therapist	12	13	13	13	16
Optometrist	2	2	2	2	2
Occupational Therapist	7	8	8	8	9
Physiotherapist	5	6	6	6	7
Hospital Administrator	1	1	1	1	1
Electrical Technician	2	2	1	1	1
Executive Officer	1	1	2	2	2
Clerical Officer	11	12	12	12	16
Clerical Assistant	17	19	20	20	23
Office Assistant	2	2	1	1	1
Personal Secretary	1	1	1	1	1
Workman II	10	12	12	12	12
Total:	145	161	160	161	183

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

The number of wastage of staff for Medical and Health Officer grade in the CAS from 2015-16 to 2019-20 is as follows –

Grade	2015-16	2016-17	2017-18	2018-19	2019-20
Medical and Health Officer	3	2	0	0	1

3-4. Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new CAC with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to monitor closely the capacity of the CAS in managing the service demand after strengthening of manpower.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)265

(Question Serial No. 0854)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the general public sessions (GP sessions) of dental clinics, will the Government inform this Committee of:

1. the total numbers of discs available and the utilisation of service provided by dental clinics with GP sessions under the Department of Health in the past 3 years;
2. whether the Government's recent arrangements for some of its employees to work from home in view of the Coronavirus Disease 2019 (COVID-19) outbreak has affected the number of discs available for people attending the GP sessions at the dental clinics; if so, the relevant figures; and
3. whether the Government will consider increasing the types of service provided by these clinics during the GP sessions to provide dental services more suited for those seeking treatment?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 17)

Reply:

1. Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the total number of disc available and the average utilisation rate for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Total number of disc available			Average utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	6 006	6 132	5 082	86.5	88.4	87.8
Kwun Tong Dental Clinic	4 200	4 116	3 444	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	7 980	8 400	6 678	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	2 450	2 300	2 100	92.5	96.5	88.7
Mona Fong Dental Clinic	2 142	2 100	1 806	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	2 142	2 100	1 806	93.7	94.0	94.9
Tsuen Wan Dental Clinic	8 232	8 232	6 930	94.6	96.9	97.0
Yan Oi Dental Clinic	2 100	2 058	1 722	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	4 116	4 116	3 465	93.3	94.6	96.0
Tai O Dental Clinic	384	384	320	23.4	24.7	29.7
Cheung Chau Dental Clinic	384	384	320	51.8	73.7	69.7

2. In response to the outbreak of the Novel Coronavirus (2019-nCoV) Infection, the Government has activated the Emergency Response Level of the Government's Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 25 January 2020. Taking into consideration the need to implement infection control measures, the disc quota of each GP session in the 11 government dental clinics was reduced by 50% with effect from 31 January 2020.

3. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)266

(Question Serial No. 0855)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under this Head that the Department of Health (DH) will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19) during 2020-21. In this connection, would the Government please inform this Committee of:

1. the action to be taken by the Government to ensure the safety of high-risk places of assembly such as elderly health centres and residential care homes for the elderly so as to prevent infection from the coronavirus disease, given that existing clinical data shows that COVID-19 patients are mostly older people; and the expenditure on such work;
2. the current stock of rapid test reagents held by the Centre for Health Protection and the Hospital Authority, which have been using the reagents to find out if patients are positive for the coronavirus; and the expenditure on the procurement of the reagents;
3. the number of persons who have been or are under compulsory quarantine and isolation to date (since the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation stipulates that any person who arrives at Hong Kong from the Mainland or has stayed in the Mainland during the 14 days preceding arrival must be placed under quarantine upon entry to Hong Kong); the methods used and the number of investigations conducted by the DH on its own initiative to find out if the persons concerned are observing the compulsory quarantine requirement; the expenditure and staff establishment involved in the investigations; whether there are persons violating the quarantine order; if yes, their number; whether the DH has prosecuted such persons; and
4. the existing venues used as quarantine centres by the DH; the capacity of such centres; the staff establishment and expenditure in respect of related conversion or construction work?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 21)

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health (DH) has issued infection control guidelines to residential care homes for the elderly (RCHEs) or persons with disabilities for the prevention of Coronavirus Disease 2019 (COVID-19). The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintain good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

The DH routinely conducts Integrated Assessment on infection control measures for RCHEs between September and February of the following year. It includes assessing staff knowledge and skills (such as proper donning and doffing of personal protective equipment and hand hygiene) in the prevention and control of infectious diseases, environmental hygiene and facilities. Health advice will be provided after the assessment. Follow-up on-site health talks and skills training will be further arranged for those RCHEs with gaps in knowledge and skills identified.

Since mid-January 2020, the DH has strengthened support to RCHEs to prevent COVID-19 by calling all RCHEs to remind them of relevant infection control measures, advising them to follow infection control guidelines issued by the CHP, and providing health talks on hand hygiene and use of face mask. Relevant posters have been sent to all RCHEs by mail and uploaded onto the website of Elderly Health Service of the DH. The DH will continue to step up education on infection control measures for RCHEs.

The Elderly Health Centres (EHCs) of the DH closely follow the infection control guidelines issued by the CHP. In order to minimise flows of people and social contacts, the EHCs have also scaled down the non-urgent services and minimise the number of visitors since late January 2020.

As the aforementioned services form an integral part of the respective services of the DH, the relevant resources are subsumed under the DH's overall provision and cannot be separately identified.

2. The Public Health Laboratory Services Branch (PHLSB) of the CHP is currently using Polymerase Chain Reaction test for detecting Severe Acute Respiratory Syndrome Coronavirus 2. As at 25 March 2020, the stock of rapid test reagents held by the PHLSB is sufficient for performing over 150 000 tests. The reagents costs around \$17 million.
3. Starting from 8 February 2020, save for persons exempted under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), the DH issues quarantine orders to all persons arriving from the Mainland or have been to the Mainland in the past 14 days preceding their arrival in Hong Kong. As at 25 March 2020, more than 74 000 quarantine orders were served to such persons arriving at Hong Kong.

In accordance with section 8 of Cap. 599C, a person must not leave the place of quarantine in which the person is placed under quarantine under section 3 without permission given by an authorised officer. The Government has put in place various measures for monitoring compliance. Such measures include spot checks, telephone calls, making use of the location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

Actions taken against those who violate the quarantine orders include verbal warning, warning letters, request to wear wristbands and criminal prosecution. As at 25 March 2020, the DH has issued more than 400 warning letters. Upon receipt of advice from the Department of Justice, the DH has prosecuted 3 persons for suspected violation of compulsory quarantine requirement.

As tasks related to Cap. 599C are implemented through redeployment of resources within the DH and other related bureaux/departments, relevant manpower and resources are subsumed under the overall provision of the DH and other bureaux/departments and cannot be separately identified.

4. Currently, there are 3 quarantine centres, namely Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan, providing some 1 200 units as at 25 March 2020.

Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the works are outside the scope of Head 37 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)267****(Question Serial No. 0856)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

With regard to the provision of woman health service, will the Government inform this Committee of:

1. the numbers of new cases of breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years, with a breakdown by age group (29 or below, 30-39, 40-49, 50-59, 60-69, 70 or above);
2. the number of women having osteoporosis currently in Hong Kong and whether the Government has provided any support for them; if yes, the expenditure involved;
3. the number of deaths from breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years; and
4. the key findings of the study scheduled for completion in the latter half of 2019 on whether women in Hong Kong should undergo regular breast cancer screening; whether the Government will implement any programmes for women in Hong Kong to have regular breast cancer screening; if yes, the details of the screening programme; the expenditure on conducting the study mentioned above?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 26)

Reply:

- (1) The number of new cases, with breakdown by age groups, of (female) breast cancer, cervical cancer, ovarian cancer and corpus cancer in 2017* are shown below -

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
29 or below	15	7	44	2
30 - 39	275	67	67	45

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
40 - 49	973	128	137	227
50 – 59	1 265	128	200	432
60 – 69	1 052	96	107	249
70 or above	793	90	72	121
Total	4 373	516	627	1 076

*Figures for 2018 and 2019 are not yet available.

The Department of Health (DH) does not keep statistics on new cases of osteoporosis.

- (2) The DH does not provide treatment services to osteoporosis patients and does not maintain statistics on the number of women with osteoporosis.
- (3) The number of registered deaths from (female) breast cancer, cervical cancer, ovarian cancer, corpus cancer and (female) osteoporosis from 2017 to 2018* are shown below -

Year	Registered deaths				
	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer	(Female) Osteoporosis
2017	721	150	218	114	1
2018	753	163	229	115	5

*Figures for 2019 are not yet available.

- (4) As set out in Policy Address 2018, a Government-commissioned study to identify risk factors associated with breast cancer for local women was funded under the Health and Medical Research Fund, with an approved amount of \$19 million following rigorous peer review and established procedures. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risk profiles.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)268

(Question Serial No. 0938)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services in specialist outpatient clinics under the Department of Health (DH), will the Government please inform this Committee of:

1. the numbers of new cases at the dermatological outpatient clinics, their median, 75th and 90th percentiles waiting time in the past 3 years, and the number of serious dermatoses amongst the new cases;
2. the respective numbers of consultations of new cases and revisit cases and the median waiting time of the revisit cases at the dermatological outpatient clinics in the past 3 years;
3. the approved establishment of the healthcare staff at the dermatological outpatient clinics and the Social Hygiene Clinics in the past 3 years; whether there were any vacancies in the establishment and the expenditure on remuneration in respect of the above establishment in the same period; and
4. the ways to shorten the waiting time for consultation at the dermatological outpatient clinics, and whether the Government will consider launching the Special Retired and Rehire Scheme for the specialties under the Department of Health?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 24)

Reply:

1. (i) The number of new cases at specialised outpatient clinics providing dermatological services under the Social Hygiene Service (SHS) of the Department of Health (DH) in the past 3 years are appended in the following table –

2017	2018	2019
25 219	24 884	21 890

(ii) The status of new skin case appointment is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH does not compile statistics regarding the median, the 75th percentile and the 90th percentile of individual new cases.

(iii) The number of new serious dermatoses cases amongst the new cases in the past 3 years are appended in the following table –

2017	2018	2019
No figure*	2 367	2 128

* Statistics are only available since 2018

2. The number of new cases and revisiting cases at the specialised outpatient clinics providing dermatological services in the past 3 years are appended in the following table–

	2017	2018	2019
New cases	25 219	24 884	21 890
Revisiting cases	210 995	191 991	177 070

The DH does not compile statistics regarding the median waiting time of individual revisiting cases as the time for the next consultation depends on the clinical conditions of the patients concerned.

3. (i) The approved establishment of healthcare staff at dermatological clinics and social hygiene clinics in the past 3 years are appended in the following table -

Rank	Approved Establishment	
	2017-18	2018-19 to 2019-20
Senior Medical and Health Officer	5	5
Medical and Health Officer	20	22
Nursing Officer	17	19
Registered Nurse	86	96
Enrolled Nurse	12	8
Total	140	150

(ii) There were vacancies in the establishment in the past 3 years.

(iii) The expenditure on remuneration in respect of the above establishment in the past 3 years are tabulated below –

Year	Expenditure on Remuneration (\$ million)
2017-18	\$79.6
2018-19	\$89.1
2019-20	\$93.0

4. The DH has all along endeavoured to fill the vacancies arising from staff wastage through recruitment of new civil service Medical and Health Officers (M&HO) and internal re-deployment. The SHS of the DH has recruited retired civil servants under the Post-retirement Service Contract (PRSC) Scheme. As at December 2019, there were 2 PRSC Nursing grade members taking up PRSC positions in the SHS. The SHS will continue to encourage retired M&HO grade members to take up PRSC positions when opportunity occurs.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)269****(Question Serial No. 2834)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory Functions, (3) Health PromotionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

How many inspections conducted in respect of illegal smoking under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in the past year resulted in cases found to have breached the law? How many of those cases related to conventional cigarettes, heat-not-burn tobacco products and electronic cigarettes respectively? What were the manpower and expenditure involved for the enforcement actions? What are the estimated manpower and expenditure involved for the related enforcement actions next year?

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 1)Reply:

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
Inspections conducted		34 680
FPNs issued (for smoking offences)		8 068
Summonses issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42

Cap. 371 stipulates that any person who smokes in a no smoking area (NSA) commits an offence and is subject to a fixed penalty of \$1,500. The numbers of FPNs and summonses

issued by TACO in 2019 for smoking of conventional tobacco products, heated tobacco products (HTPs) and electronic cigarette (e-cigarettes) in NSAs are as follows:

	2019	
	Summons	FPN
Conventional tobacco products	67	7 937
HTPs	0	72
E-cigarettes	0	59

TACO is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and provision for TACO in 2019-20 (revised estimates) and 2020-21 are \$228.9 million and \$256.7 million respectively. The approved establishment of TACO in 2019-21 and 2020-21 is at **Annex**.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2019-20	2020-21
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	121	125
Senior Executive Officer/ Executive Officer	13	13
<i>Sub-total</i>	<u>143</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>179</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY**FHB(H)270****(Question Serial No. 2063)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on the number of beneficiaries and the total amount of subsidies granted in each of the past 10 years.

How many complaints about the use of EHV's has the Government ever received? If it has, please provide a breakdown of the number of cases by year and by category. Is there any way to improve the Scheme so as to address the complaints?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 38)Reply:

The table below shows the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 10 years:

Year	Number of eligible elders (i.e. elders aged 65/70^{Note 1} or above)*	Cumulative number of elders who had made use of vouchers by the end of the year
2010	688 000	286 000
2011	707 000	358 000
2012	714 000	424 000
2013	724 000	488 000
2014	737 000	551 000
2015	760 000	600 000
2016	775 000	649 000
2017	1 221 000	953 000
2018	1 266 000	1 191 000
2019	1 325 000	1 294 000

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

*Sources: Hong Kong Population Projections 2010 - 2039, Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department.

The table below shows the amount of vouchers claimed in each of the years from 2010 to 2019:

Year	Amount of Vouchers Claimed (in HK\$'000)
2010 ^{Note 2}	66,709
2011	89,316
2012 ^{Note 3}	163,219
2013 ^{Note 4}	314,704
2014 ^{Note 5}	597,539
2015 ^{Note 6}	906,327
2016	1,070,558
2017 ^{Note 7}	1,500,397
2018 ^{Note 8}	2,804,180
2019 ^{Note 9}	2,665,916

Note 2: The EHV Scheme was launched in 2009 as a Pilot Scheme. Eligible elders aged 70 or above were given an annual voucher amount of \$250 for 2009 to 2011.

Note 3: The annual voucher amount was increased to \$500 on 1 January 2012.

Note 4: The annual voucher amount was increased to \$1,000 on 1 January 2013.

Note 5: The EHV Scheme was converted into a recurrent programme and the annual voucher amount was increased to \$2,000. The accumulation limit of vouchers of \$3,000, effective from 1 January 2014, was increased to \$4,000 from 7 June 2014.

Note 6: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015 and has been regularised since 26 June 2019.

Note 7: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 8: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 9: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers;

withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme and those who displayed unusual patterns of voucher claims.

Apart from stepping up monitoring efforts against suspected abuse/ misuse of vouchers, the DH regularly issues guidelines to participating healthcare service providers to remind them of the requirements of the EHV Scheme. Besides, the DH has strengthened its efforts in empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance. The DH will also continue to provide updated key statistics on the EHV Scheme and voucher usage on its website and the website of the EHV Scheme to help both elders and the general public better understand the EHV Scheme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)271

(Question Serial No. 2068)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work undertaken by the Tobacco and Alcohol Control Office of the Department of Health, will the Government please, in the context of enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, inform this Committee of:

- (a) the expenditure and the manpower involved in 2019;
- (b) the number of inspections made against smoking offences in the past 3 years (broken down by year); and
- (c) the number of prosecutions instituted in 2019?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 43)

Reply:

(a)

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure for TACO in 2019-20 (Revised Estimate) is \$228.9 million. The approved establishment of TACO in 2019-20 is at **Annex**.

(b) and (c)

The numbers of inspections and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2017 to 2019 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		2017	2018	2019
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

**Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2019-20
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	121
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>143</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>179</u>

CONTROLLING OFFICER'S REPLY**FHB(H)272****(Question Serial No. 2348)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

It is mentioned in the Budget Speech that the Department of Health will renovate its clinic in phases. In this connection, please set out in the table below details about the clinics proposed for renovation:

Phase	District	Clinics proposed for renovation	Type of clinics (general/specialist/others)	Expected works commencement (year)
Phase 1				
Phase 2				
...				

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 53)Reply:

In consultation with relevant departments, the Department of Health is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)273

(Question Serial No. 2975)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

A study report shows that 11% of children aged six and as many as 44% of children aged 9 in Hong Kong are short-sighted, putting Hong Kong first in the world in terms of childhood myopia rate. In this connection, would the Government please inform this Committee of the following:

- the respective numbers of children suffering from i) myopia; ii) astigmatia; iii) both in each of the past 5 years, broken down by age groups of 0-3, 4-6, 7-9 and 10-12 years old;
- the total number of registered optometrists in Hong Kong;
- the total number of eyecare centres where optometric examinations for children are available and among them, details of the centres that run on a public-private partnership mode;
- the number of preschoolers who received “Pre-School Vision Screening” services currently provided by the government for preschoolers aged 4 and above, as well as the manpower and expenditures involved in each of the past three years;
- whether the Government has contemplated conducting a comprehensive vision screening for all children in Hong Kong to pursue public healthcare in the spirit of prevention is better than cure; if yes, the details and implementation timetable; if no, the reasons; and
- whether the Government has considered providing optometric examination and eyeglasses allowances for children from low-income families as a support measure; if yes, the details; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 64)

Reply:

The Family Health Service (FHS) of the Department of Health (DH) provides a comprehensive range of health promotion and disease prevention services for all children from birth to 5 years of age in Maternal and Child Health Centres (MCHCs). Under the health and developmental surveillance programme, the visual development of children is monitored during routine visits in MCHCs. Children detected to have suspected visual abnormalities e.g. squint, would be referred to specialists for assessment. The Pre-School Vision Screening (PSVS) in MCHCs is provided free of charge for eligible children aged four to five, including those from low-income families. The screening aims to detect as early as possible any visual abnormality (such as amblyopia, squint, and significant refractive errors) of children so that they can be referred to ophthalmologists for further visual assessment and treatment with a view to protecting their vision and visual development.

The PSVS conducted by the MCHCs is only an initial screening test. The DH does not maintain statistics on the confirmed cases of visual problems such as myopia or astigmatism for pre-school children.

As at 31 December 2019, the number of optometrists registered with the Optometrists Board is 2 250. The DH does not have the number of eyecare centres where optometric examinations for children are available.

In 2017, 2018 and 2019, the number of children (new cases) who participated in PSVS were 36 771, 33 873 and 33 434 respectively. Breakdown on the manpower and expenditure of the PSVS is not available.

The Student Health Service (SHS) of the DH provides free visual acuity test for all eligible primary schools and secondary schools students, including those from low-income families, during their health checks at Student Health Service Centres (SHSCs). The visual acuity test is a screening test which aims to detect as early as possible visual acuity problems of the students and whether the problems so detected have already been appropriately corrected (for example, wearing suitable glasses). The test is conducted for the students with their own glasses on if they are already wearing glasses. Those who fail the visual acuity test will be referred to optometrists of the Special Assessment Centres (SACs) of SHS for further visual assessment.

In the past 5 school years (i.e. from school year 2014/2015 to school year 2018/2019), the respective number of primary school students that underwent visual acuity test at SACs and the number of those primary students with myopia and/or astigmatism are shown in the following 2 tables.

	Number of primary students					Number of primary students with myopia				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
P1	2 497	2 268	2 325	2 314	1 944	1 425	1 260	1 194	1 201	1 014
P2	3 966	3 994	3 748	3 688	3 385	3 012	3 019	2 725	2 589	2 318
P3	3 828	4 067	4 126	3 795	3 265	3 316	3 518	3 523	3 239	2 708
P4	3 742	3 998	4 142	3 779	3 017	3 432	3 667	3 770	3 384	2 682
P5	2 996	3 135	3 250	3 350	2 821	2 826	2 926	3 031	3 102	2 605
P6	2 677	2 882	2 813	2 832	2 526	2 413	2 615	2 524	2 534	2 187
Total	19 706	20 344	20 404	19 758	16 958	16 424	17 005	16 767	16 049	13 514

	Number of primary students					Number of primary students with astigmatism				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
P1	2 497	2 268	2 325	2 314	1 944	1 652	1 488	1 494	1 541	1 337
P2	3 966	3 994	3 748	3 688	3 385	2 446	2 476	2 286	2 273	2 191
P3	3 828	4 067	4 126	3 795	3 265	2 269	2 429	2 397	2 267	1 998
P4	3 742	3 998	4 142	3 779	3 017	2 238	2 437	2 370	2 224	1 822
P5	2 996	3 135	3 250	3 350	2 821	1 848	1 942	1 929	1 999	1 706
P6	2 677	2 882	2 813	2 832	2 526	1 620	1 881	1 732	1 690	1 499
Total	19 706	20 344	20 404	19 758	16 958	12 073	12 653	12 208	11 994	10 553

Remarks: Students found to have myopia and astigmatism might be overlapped.

According to the Social Welfare Department, under the Comprehensive Social Security Assistance (CSSA) Scheme, financial assistance will be provided to CSSA households with children who need to wear glasses but are in genuine financial difficulty to pay for them, having regard to the actual situation of these families.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)274

(Question Serial No. 1101)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the medical expenditures per person living with HIV in the financial year 2019-20.

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 46)

Reply:

Treatment and care for HIV/AIDS are complex and vary among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)275

(Question Serial No. 1102)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the Government's expenditure in the financial year 2019-20 and its estimated expenditure in the financial year 2020-21 on the procurement of anti-HIV drugs.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 47)

Reply:

The revised estimate on anti-HIV drugs under the Department of Health in 2019-20 are \$315.3 million. In 2020-21, the provision for anti-HIV drugs is \$349.0 million. The workload for implementing the initiatives will be absorbed by the existing manpower resources of FHB and DH, hence breakdown by items is not available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)276

(Question Serial No. 1103)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What was the expenditure of the Government on the prevention of AIDS and sexually transmitted diseases in the financial year of 2019-20?

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 49)

Reply:

The Government has been allocating resources for the prevention of HIV/AIDS and sexually transmitted infections. Their provisions under Programme (2) Disease Prevention in 2019-20 were \$17.1 million and \$78.5 million respectively.

Provisions for clinical management services for HIV/AIDS is provided under a separate Programme and is not included in the provision above.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)277

(Question Serial No. 1105)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Based on the recommendations of the Recommended HIV/AIDS Strategies for Hong Kong 2017-2021, higher funding priorities will be accorded to applications targeted at the 6 high risk groups, namely:

men who have sex with men;
people living with HIV;
people who inject drugs;
ethnic minorities;
male-to-female transgender; and
female sex workers and their male clients.

Please provide the estimated amount of funding for the above 6 groups in the past 3 years and in 2020-21.

Asked by: Hon SHIU Ka-Chun (LegCo internal reference no.: 52)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" (the Strategies) issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (the Fund) for projects targeted at the 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and Female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects with the breakdown as follows. The Fund will continue to make reference to recommendations of the Strategies in assessing project applications and in according resources to different key populations.

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	98.4

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)278

(Question Serial No. 0874)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health stated that it would continue to undertake enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633) in 2020-21. In this connection, please advise on the allocation of manpower, the work progress and the timetable.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 17)

Reply:

The Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) was passed by the Legislative Council in November 2018 to introduce a new regulatory regime for private healthcare facilities, which is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. For clinics, applications for licences and letters of exemption are anticipated to commence in 2021 at the earliest.

In 2020-21, the number of posts earmarked to undertake the relevant registration and enforcement work under the Ordinance is 142.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)279

(Question Serial No. 0875)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that it will continue to enforce the law prohibiting commercial sale and supply of alcohol to minors in 2020-21. Will the Government advise on the manpower allocation, the current progress and the expenditure breakdown in respect of the relevant work?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 18)

Reply:

The ban on the sale and supply of intoxicating liquor to minors in the course of business, under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), has come into effect since 30 November 2018. Tobacco and Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements.

The Department of Health's Tobacco and Alcohol Control Office (TACO) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The provision for TACO in 2020-21 is \$256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)280

(Question Serial No. 0876)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that it will continue to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines in 2020-21. Will the Government advise on the manpower allocation, the progress, the scheduled timetable and the expenditure breakdown in respect of the relevant work?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 19)

Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI), GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines; (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

In 2020-21, the financial provision for the temporary GCMTI is about \$47.9 million, and the approved establishment is 29 with breakdown as follows:

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3

<u>Rank</u>	<u>Number of post</u>
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
Total :	<u>29</u>

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)281****(Question Serial No. 0879)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (3) Health PromotionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the subvention to the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control, will the Government advise on:

- 1) the amount of subvention received by COSH in each of the past 5 years; and
- 2) its amount of subvention to be received, its establishment and work plan in 2020-21?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 21)Reply:

(1)

The amount of subvention received by the Hong Kong Council on Smoking and Health (COSH) in the past 5 years is listed below:

2015-16 (Actual) (\$ million)	2016-17 (Actual) (\$ million)	2017-18 (Actual) (\$ million)	2018-19 (Actual) (\$ million)	2019-20 (Revised Estimate) (\$ million)
22.4	22.9	23.9	24.0	27.8

(2)

The amount of provision for COSH in 2020-21 is \$26.1 million. The establishment of COSH in 2020-21 will be 13. In 2020-21, COSH plans to carry out a series of smoke-free programmes targeting different sectors and stakeholders of the community, which include education programmes (e.g. school education theatre programme, tailor-made programme to equip teenagers with knowledge on smoking hazards), publicity and community involvement programmes (e.g. production of television and radio Announcements in the

Public Interest, district-based community involvement activities) and research programmes on tobacco control.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)282

(Question Serial No. 0880)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that the provision for this Programme for 2020-21 is \$393 million (33.5%) higher than the revised estimate for 2019-20 mainly due to increased requirement for operating expenses and a net increase of 60 posts in 2020-21 to meet operational needs. Will the Government please advise on the duties of the posts involved, the offices in the Department to which these posts belong and the breakdown of the expenditure?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

Provision for 2020-21 for Programme 1: statutory functions is \$393 million (33.5%) higher than the revised estimate for 2019-20. The increased requirement for operating expenses is mainly for the expanded implementation of :

- (a) health screening services for the Boundary Control Points at Hong Kong-Zuhai-Macao Bridge, West Kowloon Terminus and Liantang/Heung Yuen Wai; and
- (b) the registration and enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633).

Details of the net increase of 60 posts in 2020-21 are in the **Annex**.

Creation of Posts in Department of Health in 2020-21

Programme 1 – Statutory Functions

<u>Rank</u>	<u>No. of posts to be created</u>
Senior Medical and Health Officer	3
Medical and Health Officer	4
Registered Nurse	4
Senior Dental Officer	1
Dental Officer	1
Dental Surgery Assistant	1
Scientific Officer (Medical)	2
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Clerical Officer	7
Assistant Clerical Officer	12
Clerical Assistant	9
Workman II	1
Total :	60

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)283

(Question Serial No. 2377)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health states that it will continue to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance in 2020-21. In this connection, please advise on:

- 1) the manpower deployment, the current progress and the expenditure breakdown in respect of the relevant work; and
- 2) the number of persons prosecuted and convicted in each of the past 5 years.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 20)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371), and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The provision for TACO in 2020-21 is \$256.7 million. The approved establishment of TACO in 2020-21 is at **Annex**.

(2)

TACO conducts inspections at venues concerned in response to smoking complaints. The numbers of fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017	2018	2019
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42
	(as of 4 March 2020)					
	- Convicted	(228)	(271)	(197)	(189)	(75)
- Pending hearing results	(9)	(6)	(10)	(10)	(31)	
- Not convicted	(6)	(9)	(20)	(9)	(3)	

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2020-21
<u>Head, TACO</u>	
Consultant	1
<u>Enforcement</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	125
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<u>147</u>
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)284

(Question Serial No. 0611)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the fight against the novel coronavirus outbreak, please provide the following figures and information:

- (a) the number of cases of infection in private hospitals and the number of confirmed cases upon referral since the emergence of the novel coronavirus in Hong Kong;
- (b) whether the Government has requested private hospitals to step up disinfection and cleaning; if yes, the results;
- (c) whether the Government has requested the Hong Kong Sanatorium & Hospital to step up disinfection and cleaning instantly following a number of confirmed cases involving a 26-year-old man, a 57-year-old woman and a 60-year-old woman who visited the hospital for medical consultation or admission as reported by the media; if yes, the implementation timetable of the relevant measures, the details and the results; and
- (d) whether the Government has deployed resources to understand the work of private hospitals in the prevention and fight against the transmission of the novel coronavirus; if yes, the effectiveness; if no, whether additional resources are needed in this respect?

Asked by: Hon TO Kun-sun, James (LegCo internal reference no.: 22)

Reply:

(a)

Upon notification of a cluster of pneumonia cases with unknown etiology in Wuhan on 31 December 2019, the Centre for Health Protection (CHP) of the Department of Health (DH) has immediately introduced enhanced surveillance. The CHP has established specific reporting criteria to guide doctors to report suspected cases. With effect from 8 January 2020, "Severe Respiratory Disease associated with a Novel Infectious Agent" has been listed as one of the statutorily notifiable diseases under the Prevention and Control of Disease Ordinance (Cap. 599). The CHP has continually reviewed and revised the

reporting criteria to widen the scope of surveillance according to the latest epidemiological situation, and has kept all doctors and hospitals including the private sector abreast of the latest situation and reporting criteria for suspected cases. Private doctors are urged to notify the CHP of any suspected cases fulfilling the reporting criteria. The CHP will then arrange to transfer the patient concerned to a public hospital for isolation, testing and treatment.

Since 31 December 2019 (as of 4 March 2020 noon), the CHP has received 56 reports of suspected cases fulfilling the reporting criteria of Coronavirus Disease 2019 (COVID-19) from private hospitals. Among 56 suspected cases, 2 patients were confirmed to have infection with COVID-19.

(b) - (d)

The DH has developed and promulgated relevant infection control recommendations/guidelines and private hospitals are required to follow the recommendations/guidelines. Staff of DH has visited all private hospitals to understand their implementation of infection control measures and provided support as appropriate. The DH also maintains regular communications and conducts meetings with infection control officers/nurses of private hospitals. In the light of the outbreak of COVID-19, the DH has held urgent ad hoc meetings and seminars to brief staff of private hospitals on the latest situation and discuss on prevention and control measures against the COVID-19 infection, including cleaning and disinfection after admitting a suspected/confirmed case.

In general, on receiving notification of confirmed cases of COVID-19 including those reported by private hospitals, the CHP would immediately conduct epidemiological investigation and contact tracing. For cases who have visited healthcare facilities, the CHP would contact the healthcare service providers for contact tracing and would also advise the healthcare service provider to conduct cleansing and disinfection of the premises.

As the aforementioned services form an integral part of the respective services of DH, the relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)285

(Question Serial No. 1352)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Following the SARS outbreak, the Department of Health (DH) has set up the Centre for Health Protection (CHP), whose duties include the prevention, surveillance and control of communicable diseases. However, the recent COVID-19 outbreak highlights how Hong Kong is not well prepared for preventing and combating an epidemic. The shortage of protective gears such as masks and of isolation and quarantine facilities is a case in point. In this connection, please provide information on:

1. the actual and estimated expenditures on and the specific work done by the DH and the CHP on the prevention, surveillance and control of communicable diseases in the five financial years from 2016 to 2021;
2. whether the Government has conducted any study on or assessment of the supply and demand of various departments or even society at large for protective gears such as masks, and whether it has reminded relevant departments to procure and stock these gears; and
3. whether the DH has conducted any study on or assessment of the demand for isolation and quarantine facilities, and whether it has formulated appropriate preparedness and contingency plans; the expenditure and work in this respect in 2020-21.

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 3)

Reply:

1. Through a wide range of health services and activities covering different age groups and targeted at various communicable diseases, the Centre for Health Protection (CHP) under the Department of Health (DH) seeks to prevent and control diseases, and reduce preventable diseases and premature deaths. The work mainly includes, but not limited to the following –
 - (a) law enforcement on prevention and control of infectious diseases;
 - (b) maintaining surveillance;

- (c) providing laboratory services for diagnosis and surveillance of various infectious diseases; and
- (d) promoting health and increasing health awareness in the community and among specific target groups through a wide range of health promotion activities.

The financial provision on preventing and controlling diseases, and reducing preventable diseases by the DH from 2016-17 to 2020-21 are as follows –

<u>Financial Year</u>	<u>Financial Provision</u> (\$ million)
2016-17 (Actual)	3,367.3
2017-18 (Actual)	4,142.2
2018-19 (Actual)	5,700.9
2019-20 (Revised estimate)	7,482.9
2020-21 (Estimate)	7,366.7

2. For infection prevention and control, the DH regularly maintains at least a 3-month contingency stockpile of personal protective equipment (PPE) for use by the Government's healthcare personnel. To combat the Coronavirus Disease 2019 (COVID-19), the DH has been closely liaising with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for the Government's healthcare and front-line personnel.
3. In view of the development of the outbreak of COVID-19, the Government has endeavoured to look for more suitable sites and set up quarantine facilities in full steam. Apart from converting existing facilities into quarantine facilities at sites such as Lei Yue Mun Park and Holiday Village, Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate in Fo Tan etc., constructing additional units through application of the modular integrated construction method is considered the most desirable by our works agent.

Expenditure of the works concerned is funded under the Capital Works Reserve Fund and the Lotteries Fund. Details on the works are outside the scope of Head 37 under the General Revenue Account.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)286

(Question Serial No. 1353)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the net increase of 60 posts by the Department of Health (DH) under its Programme Statutory Functions in 2020-21, please advise on the ranks and duties of such posts;
2. The DH's revised estimate for Allowances under Subhead 000 Operational expenses for 2019-20 was \$197 million, representing a 6-fold increase from its original estimate while the estimate for 2020-21 drops substantially by 85% to less than \$30 million. Please explain why;
3. The DH's revised estimate for Specialist supplies and equipment under Subhead 000 Operational expenses for 2019-20 was \$2.57 billion, increased by 1.5 times from its original estimate while the estimate for 2020-21 drops substantially by 60% to only around \$1 billion. Please explain why; and
4. The DH's revised estimate for Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote) for 2019 - 20 was only \$1.6 million, slashed by 81% from its original estimate while the estimate for 2020-21 surges by 4-fold to around \$8.5 million. Please explain why.

Asked by: Hon TSE Wai-chuen, Tony (LegCo internal reference no.: 4)

Reply:

(1)

Details of the net increase of 60 posts in 2020-21 are in the **Annex**.

(2) & (3)

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The increase in the allowances under personal emoluments in 2019-20 revised estimate is mainly attributed to the provision for payment of overtime allowance to personnel engaged in the prevention and control of the COVID-19. Details of allowance are not available as the fight against the epidemic is still going on.

The DH has also earmarked sufficient resources in 2019-20 for prevention and control of the disease, including procurement of personal protective equipment (PPE) to ensure there is stable supply of materials required for all relevant work. The estimated provision for the specialist supplies and equipment for 2020-21 will fall to \$1 billion after adequate contingency stockpile of PPE has been maintained for use by healthcare and front-line personnel.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

(4)

The increase in the 2020-21 estimate for Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote) over the 2019-20 revised estimate is mainly due to increase in requirement for repairs and renovation works of the subvented organisations.

Creation of Posts in Department of Health in 2020-21

Programme 1 – Statutory Functions

<u>Rank</u>	<u>No. of posts to be created</u>
Senior Medical and Health Officer	3
Medical and Health Officer	4
Registered Nurse	4
Senior Dental Officer	1
Dental Officer	1
Dental Surgery Assistant	1
Scientific Officer (Medical)	2
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Clerical Officer	7
Assistant Clerical Officer	12
Clerical Assistant	9
Workman II	1
Total :	60

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)287

(Question Serial No. 2533)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational Expenditure

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. The Financial Secretary mentioned that sufficient financial support would be provided for the Department of Health (DH) in combating the epidemic. How much provision is allocated in this respect for the year?
2. What are the estimated expenditures on DH's anti-epidemic work on various fronts in the year?
3. As at 29 February 2020, how much stock of personal protective gears does the DH keep? How long can the stock last for use by DH staff?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 13)

Reply:

1 and 2.

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, “Severe Respiratory Disease associated with a Novel Infectious Agent” has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients’ residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

3.

For infection prevention and control, the DH maintains stockpile of personal protective equipment (PPE) for use by its healthcare and front-line personnel. The DH works closely with the Government Logistics Department to increase purchases for replenishment of PPE where necessary with a view to ensuring sufficient provision to meet operational needs.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)288

(Question Serial No. 2534)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- 1) Please explain why the revised estimate is 19.3% lower than the original estimate for 2019-20?
- 2) Regarding the prevention of the spread of infectious diseases, especially COVID-19, what specific measures will be taken in the coming year? What is the expenditure for each measure?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 14)

Reply:

1.

In 2019-20, the revised estimate for Programme (1) – Statutory Functions of the Department of Health (DH) is \$280.2 million less than the original estimate, representing a decrease of 19.3%. This is mainly due to the reduced operating expenditure on health screening services for the Boundary Control Points at Hong Kong-Zhuhai-Macao Bridge and Liantang/Heung Yuen Wai, and registration and enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633).

2.

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the DH has introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional

outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, “Severe Respiratory Disease associated with a Novel Infectious Agent” has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patients’ residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotline to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting

community transmission of COVID-19, the DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)289

(Question Serial No. 2537)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. What is the estimated total expenditure on the remuneration of the Director of Health in 2020-21?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 17)

Reply:

1. The provision earmarked for the salary of the Director of Health calculated on the basis of the notional annual mid-point salary value is \$3,276,000 in 2020-21.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)290

(Question Serial No. 2538)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to supporting other initiatives aiming to enhance primary healthcare, please advise on the specific work of the Department of Health in 2020-21 on this front, as well as the manpower and expenditure involved.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 18)

Reply:

The Department of Health (DH) is the Government's health adviser and agency to execute healthcare policies and statutory functions. It safeguards the community's health through a range of promotive, preventive, curative and rehabilitative services. Primary healthcare is being delivered using a life-course approach through DH's various areas of work with emphasis on preventive care. On this front, the Family Health Service of DH provides a range of health promotion and disease prevention services to children from birth to 5 years of age and to women aged 64 years and below. Student Health Service provides centre-based programmes as well as a school-based outreach programme with an aim to safeguarding both the physical and mental health of primary and secondary school children. The Elderly Health Service operates through its Elderly Health Centres and Visiting Health Teams, in order to enhance primary healthcare to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

Other divisions/branches of DH have also been implementing projects and initiatives seeking to enhance primary healthcare in Hong Kong such as health promotion and education, prevention and control of non-communicable diseases, vaccination programmes, the Elderly Health Care Voucher Scheme, cancer screening programmes, dental care services and so forth.

Moreover, DH will continue to provide professional support to FHB on matters related to primary healthcare development.

The manpower and expenditure of DH on supporting all measures in improving primary healthcare cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)291

(Question Serial No. 2930)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please advise on the staff establishment as well as the actual, revised and estimated expenditures of the Tobacco and Alcohol Control Office in 2018-19, 2019-20 and 2020-21.
2. Since the enactment of the Dutiable Commodities (Amendment) Ordinance in 2018 and its coming into force on 30 November 2018, what is the total number of offenders in violation of the legislation prohibiting the sale and supply of intoxicating liquor with more than 1.2 percent alcohol by volume to minors under 18 years old in 2019-20? What is the average amount of fine?
3. How many people have been prosecuted under the Smoking (Public Health) Ordinance over the past 3 years?
4. How many fixed penalty tickets, over the past 3 years, have been issued by the Police as a result of its enforcement action under the Smoking (Public Health) Ordinance?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 2)

Reply:

(1)

The expenditures and provision of Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2018-19, 2019-20 (revised estimates) and 2020-21 (estimates) are \$204 million, \$228.9 million and \$256.7 million respectively. The approved establishment of TACO in 2018-19 to 2020-21 is at **Annex**.

(2)

The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. From 1 January 2019 to 31 December 2019, there was 1

convicted case of selling or supplying intoxicating liquor to minors in the course of business. The offender was fined HK\$3,000.

(3)

The numbers of fixed penalty notices (FPNs) / summonses issued by the TACO for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	2018	2019
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

(4)

The numbers of FPNs issued by the Hong Kong Police Force in 2017, 2018 and 2019 are 325, 252 and 180 respectively.

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2018-19	2019-20	2020-21
<u>Head, TACO</u>			
Consultant	1	1	1
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125
Senior Executive Officer/ Executive Officer	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	19	19	19
Motor Driver	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)292

(Question Serial No. 0769)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Although fees charged by private clinics go up with inflation each year, the annual elderly health care voucher amount remains at \$2,000. Under what circumstances will the Government consider increasing the annual voucher amount?

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 9)

Reply:

The Government launched the Elderly Health Care Voucher (EHV) Scheme in 2009. It aims at providing financial incentives for elders to choose private primary healthcare services in their local communities that best suit their health needs. It has provided elders with additional healthcare choices on top of the existing public healthcare services. Over the years, the Government has introduced a number of enhancements under the EHV Scheme, including the progressive increase in the annual voucher amount from the initial \$250 to the current \$2,000, the lowering of the face value of each voucher from \$50 to \$1 in 2014 to allow greater flexibility in use, the lowering of the eligibility age from 70 to 65 in 2017, the provision of an additional voucher amount of \$1,000 on a one-off basis to each eligible elder as announced in the Budget in 2018 and 2019 respectively, as well as the increase of the accumulation limit of the vouchers to \$8,000 in 2019.

With the lowering of the eligibility age for the EHV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount in the future, we will need to assess in detail the long-term financial implications on the Government. The Government currently has no plans to further increase the annual voucher amount.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)293

(Question Serial No. 1480)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the staff establishment of the Department of Health, on top of the 6 969 posts in 2020, it is expected that there will be an increase of 76 posts to 7 045 posts in 2021. Please give a breakdown of these 6 969 posts, as well as the 76 newly created posts by rank, post and terms of appointment. In the staff establishment of 2020 and 2021, how many personnel possess the professional qualifications of doctors, nurses and supplementary medical professionals respectively? Please give a breakdown of the number of personnel among them who need to undertake front-line clinical duties by rank and post.

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 9)

Reply:

Breakdown of 6 969 posts in 2019-20 and 76 new posts in 2020-21 by rank are provided at **Annexes A** and **B** respectively. Ranks requiring professional qualifications of doctors, nurses and supplementary medical professionals are also indicated in the **Annexes**. Among the 6 969 posts, about 99% are employed on local terms and new terms, and the remaining are on common terms. For the 76 new posts, their terms of appointment are subject to the provisions prevailing at the time when the offer of appointment is made.

Since staff in the Department of Health are subject to deployment to different offices with or without clinical settings, the breakdown of the number of personnel by clinical duties and posts cannot be separately provided.

Establishment of Department of Health

<u>Rank</u>	<u>No. of posts as at 31 March 2020</u>
Director of Health ^{#^}	1
Deputy Director of Health ^{#^}	1
Assistant Director of Health ^{#^}	7
Consultant ^{#^}	22
Principal Medical and Health Officer ^{#^}	14
Senior Medical and Health Officer [^]	145
Medical and Health Officer [^]	383
Controller, Public Health ^{#^}	2
Principal Nursing Officer ^{#^}	1
Regional Nursing Officer [^]	1
Chief Nursing Officer [^]	4
Senior Nursing Officer [^]	28
Nursing Officer [^]	347
Registered Nurse [^]	933
Enrolled Nurse [^]	186
Senior Inoculator	4
Inoculator	28
Dental Consultant [#]	9
Principal Dental Officer [#]	2
Senior Dental Officer	77
Dental Officer	283
Dental Hygienist	20
Senior Dental Surgery Assistant	63
Dental Surgery Assistant	327
Senior Dental Technologist	1
Dental Technologist	2
Dental Technician I	36
Dental Technician II	8
Senior Dental Therapist	29
Dental Therapist / Student Dental Therapist	269
Chief Pharmacist ^{#^}	3
Senior Pharmacist [^]	20
Pharmacist [^]	126
Chief Dispenser [^]	2
Senior Dispenser [^]	18
Dispenser / Student Dispenser [^]	56
Chief Medical Technologist [^]	1
Senior Medical Technologist [^]	18
Medical Technologist [^]	95
Medical Laboratory Technician I [^]	44
Medical Laboratory Technician II [^]	103
Scientific Officer (Medical) [^]	136
Senior Clinical Psychologist [^]	5

No. of posts
as at 31 March 2020

Rank

Clinical Psychologist^	45
Senior Dietitian^	3
Dietitian^	22
Speech Therapist^	18
Senior Occupational Therapist^	2
Occupational Therapist I^	18
Senior Physiotherapist^	2
Physiotherapist I^	15
Orthoptist I^	2
Optometrist^	18
Senior Physicist^	3
Physicist^	11
Senior Radiographer^	3
Radiographer I^	13
Radiographer II^	23
Radiographic Technician^	2
Chief Hospital Administrator	3
Senior Hospital Administrator	18
Hospital Administrator I	27
Hospital Administrator II	31
Electrical Technician	4
Overseer	10
Senior Foreman	45
Foreman	123
Hospital Foreman	3
Mortuary Officer	7
Mortuary Technician	3
Mortuary Attendant	28
Chief Information Officer	1
Principal Information Officer	1
Senior Information Officer	2
Information Officer	3
Assistant Information Officer	2
Administrative Officer Staff Grade C [#]	1
Senior Administrative Officer	1
Senior Principal Executive Officer [#]	1
Principal Executive Officer [#]	2
Chief Executive Officer	14
Senior Executive Officer	62
Executive Officer I	101
Executive Officer II	97
Senior Clerical Officer	16
Clerical Officer	123
Assistant Clerical Officer	540
Clerical Assistant	638
Office Assistant	31

<u>Rank</u>	<u>No. of posts as at 31 March 2020</u>
Confidential Assistant	3
Senior Personal Secretary	2
Personal Secretary I	28
Personal Secretary II	16
Typist	2
Senior Official Languages Officer	1
Official Languages Officer I	3
Official Languages Officer II	4
Calligraphist	1
Building Services Engineer / Assistant Building Services Engineer	1
Senior Chemist	1
Chemist	3
Senior Electrical and Mechanical Engineer	1
Electrical and Mechanical Engineer / Assistant Electrical and Mechanical Engineer	1
Chief Technical Officer (Electrical)	1
Senior Electronics Engineer	2
Electronics Engineer / Assistant Electronics Engineer	1
Chief Technical Officer (Mechanical)	1
Senior Health Inspector	3
Health Inspector I / II	29
Occupational Hygienist / Assistant Occupational Hygienist	2
Librarian	3
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Social Work Officer	1
Assistant Social Work Officer	1
Senior Statistician	1
Statistician	5
Statistical Officer I	15
Statistical Officer II / Student Statistical Officer	39
Chief Supplies Officer	1
Supplies Officer	3
Assistant Supplies Officer	4
Supplies Supervisor I	5
Supplies Supervisor II	19
Supplies Assistant	12
Supplies Attendant	4
Senior Training Officer	1
Training Officer I	1
Transport Services Officer I	1
Transport Services Officer II	1
Motor Driver	56
Assistant Director of Accounting Services [#]	1
Senior Treasury Accountant	2

<u>Rank</u>	<u>No. of posts as at 31 March 2020</u>
Treasury Accountant	7
Senior Accounting Officer	4
Accounting Officer I	6
Accounting Officer II	14
Superintendent of Police	1
Chief Inspector of Police	2
Police Sergeant	4
Land Surveyor / Assistant Land Surveyor	1
Chief Systems Manager [#]	1
Senior Systems Manager	5
Systems Manager	13
Analyst / Programmer I	10
Analyst / Programmer II	15
Computer Operator I	4
Photographer I	3
Artisan	4
Darkroom Technician	12
Laboratory Attendant	73
Ganger	1
Property Attendant	22
Telephone Operator	1
Workman I	3
Workman II	477
Total :	6 969

[#] Directorate post

[^] Medical, nursing and supplementary medical grades

Creation and Deletion of Posts in the Department of Health in 2020-21

<u>Rank</u>	<u>No. of posts to be created/deleted</u>
Dental Consultant #	1
Senior Medical and Health Officer^	2
Medical and Health Officer^	3
Nursing Officer^	-1
Registered Nurse^	7
Senior Dental Officer	4
Dental Officer	-2
Dental Hygienist	5
Dental Surgery Assistant	4
Dispenser / Student Dispenser^	1
Senior Hospital Administrator	2
Hospital Administrator I	6
Hospital Administrator II	3
Foreman	4
Senior Executive Officer	-1
Executive Officer II	3
Clerical Officer	6
Assistant Clerical Officer	12
Clerical Assistant	9
Personal Secretary I	1
Systems Manager	4
Analyst / Programmer II	2
Workman II	1
Total :	76

Directorate post

^ Medical, nursing and supplementary medical grades

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)452

(Question Serial No. 3818)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Would the Government please inform this Committee of:

1. the daily number of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020;
2. the daily number of inspections of persons from 8 February 2020 to 8 March 2020 subjected to compulsory quarantine orders for compliance and the number of such persons inspected;
3. the number of times each day from 8 February 2020 to 8 March 2020 when advice was given to those who disobeyed the compulsory quarantine orders and the number of persons to whom advice was given twice;
4. the number of persons arrested for violating the compulsory quarantine orders from 8 February 2020 to 8 March 2020;
5. the number of cases from 8 February 2020 to 8 March 2020 in which compulsory quarantine orders were issued twice against the same person;
6. the respective staff establishment involved in the enforcement of the compulsory quarantine orders in 2019-20 and 2020-21, as well as the estimated expenditure on remuneration in this respect in 2020-21; and
7. among the orders issued from 8 February 2020 to 8 March 2020, the respective numbers of compulsory quarantine orders issued against Mainland visitors and Hong Kong residents who have resided in Hong Kong for less than 7 years?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 125)

Reply:

1.

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health (DH) issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality. From 8 February to 8 March 2020, a total of 44 794 quarantine orders were served to persons arriving at Hong Kong. The daily number of quarantine orders served ranges from 468 to 2 484, with a median of 1 513.5.

2. and 3.

Persons under compulsory quarantine at home, hotel or quarantine camps under the Regulation are asymptomatic and have passed body temperature screening upon arrival in Hong Kong. They are also not close contacts of confirmed cases of COVID-19. The measure aims to reduce two-way cross-boundary people flow between the Mainland and Hong Kong.

The Government has various measures in place for monitoring the compliance. While officers from disciplinary forces would assist in spot checks, the Office of the Government Chief Information Officer would make use of a location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

DH does not possess the statistics on all checkings conducted by other departments.

As at 8 March 2020, DH issued 259 warning letters to persons who were found to have contravened the term of quarantine order referred by the above departments. Among them, 4 have been issued more than 1 warning letters.

4.

As at 8 March 2020, DH, upon receipt of advice from the Department of Justice, has prosecuted 2 persons for suspected violation of compulsory quarantine requirement.

5.

From 8 February to 8 March 2020, 122 persons have received 2 quarantine orders.

6.

As initiatives and programmes seeking for prevention and control of infections (including matters relating to quarantine) form an integral part of the respective services of DH, the relevant manpower and resources are subsumed under DH's overall allocation and cannot be separately quantified. DH will continue to closely monitor the development of COVID-19 and make request for additional allocation when need arises.

7.

Among the 44 794 quarantine orders issued to persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, 38 631 were issued to Hong Kong residents and 6 163 were issued to non-Hong Kong residents. DH does not maintain the statistics on the number of quarantine orders issued to visitors from the Mainland, or to Hong Kong residents who have resided in Hong Kong for less than 7 years.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)453

(Question Serial No. 3863)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2020-21 is \$393.0 million (33.5%) higher than the revised estimate for 2019-20 mainly due to increased requirement for operating expenses and a net increase of 60 posts in 2020-21 to meet operational needs. Would the Government please advise this Committee of the post titles, duties and estimated expenditure on remuneration in respect of these 60 new posts?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 163)

Reply:

Details of the net increase of 60 posts in the Department of Health are at **Annex**.

- End -

Creation of Posts in Department of Health in 2020-21

<u>Rank</u>	No. of posts to be <u>created</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<i>Programme 1 – Statutory Functions</i>		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
<i>Total (Programme 1) :</i>	60	34,655,700

CONTROLLING OFFICER'S REPLY

FHB(H)454

(Question Serial No. 3868)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the *Matters Requiring Special Attention in 2020-21* under this Programme, the Department of Health will continue the work in prevention and control of Coronavirus disease 2019 (COVID-19). In this connection, please inform this Committee of:

- (1) the details of work to continue the prevention and control of COVID-19;
- (2) the staff establishment, operational expenses and estimated expenditure on remuneration in respect of the prevention and control of COVID-19 in 2020-21; and
- (3) the number of masks and protective gears used in January and February 2020 respectively.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 170)

Reply:

- (1) and (2)

Since the outbreak of Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. Guided by 3 key principles of responding promptly, staying alert to the situation and working in an open and transparent manner, and having regard to experts' advice and opinions, the Government has responded comprehensively with decisive and appropriate measures. According to the Government's prevention and control strategies, and further to the Government's launching of the Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance on 4 January 2020 and the activation of the Emergency Response Level on 25 January 2020, the Department of Health (DH) introduced a host of specific measures in areas of surveillance and monitoring, epidemiological investigation, port health measures, prevention and control of institutional outbreaks, and risk communication, health education and promotion. Details of the measures are set out in the ensuing paragraphs -

Surveillance and Monitoring

The Centre for Health Protection (CHP) of the DH has commenced and progressively enhanced surveillance since 31 December 2019. Effective from 8 January 2020, “Severe Respiratory Disease associated with a Novel Infectious Agent” has been added as a scheduled infectious disease to Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599), empowering the DH to place close contacts into quarantine and infected persons into isolation.

In view of the latest local and global development of COVID-19, the CHP has continually revised the reporting criteria to widen the scope. Medical practitioners or hospitals are all along requested to report to the CHP on cases that fulfil the reporting criteria for further investigation. Amongst others, the CHP and the Hospital Authority (HA) collaboratively launched an electronic reporting platform on 6 January 2020 for monitoring of reported cases under enhanced surveillance in terms of clinical information, epidemiological information and test results.

Epidemiological Investigation

The CHP would conduct epidemiological investigation and contact tracing on the reported cases. Patients fulfilling the reporting criteria would be referred for admission to public hospitals for isolation, testing and treatment. For cases reported by private doctors, the CHP will make arrangement to transfer the patients concerned to public hospitals. The CHP would also admit close contacts of confirmed cases into quarantine centres. For confirmed cases, the CHP would liaise with the Food and Environmental Hygiene Department and the management companies of the patient’s residence to conduct disinfection and cleansing. When appropriate, the CHP would activate its multi-disciplinary response team to proactively investigate environmental factors relating to the transmission of the disease for multiple cases within the same building, and would conduct evacuation and isolation as and when necessary.

The CHP has set up hotlines (2125 1111 and 2125 1122) for the suspected and confirmed cases. The hotlines operate daily from 8 a.m. to midnight including public holidays. Persons who are regarded as close contacts and other contacts of the cases concerned should call the hotlines to seek necessary advice and help.

Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (BCPs). Since 1 February 2020, the Hong Kong International Airport (HKIA) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, health declaration arrangement has been implemented at the HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and land-based BCPs since 21 January 2020. With the increasing number of overseas countries/areas reporting community transmission of COVID-19, DH has extended the health declaration arrangement to all inbound travellers since 8 March 2020.

Prevention and Control of Institutional Outbreaks

The CHP has issued infection control guidelines targeting different stakeholders and settings for the prevention and control of COVID-19. The guidelines have provided health advice on maintaining good personal hygiene, preparation of hand hygiene facilities, maintaining good indoor ventilation, temperature checking and visiting arrangement, infection control requirements (such as quarantine, medical surveillance, cleansing and disinfection of the environment) for handling residents or staff when they are identified as contact of a confirmed case, and when there are suspected or confirmed cases in the institutions.

Risk Communications, Health Education and Promotion

Risk communication is key to managing the public anxieties during this critical period. Apart from daily briefings by senior representatives of the DH and the HA on the number of cases, relevant contact tracing, quarantine, etc., the latest situation of COVID-19 in Hong Kong and the most updated health advice could be found at the “COVID-19 Thematic Website” (<http://www.coronavirus.gov.hk/eng/index.html>). The Government has also launched an Interactive Map Dashboard and a Telegram channel named “Hong Kong Anti-epidemic Information Channel” to provide the latest information in a timely manner.

As initiatives and programmes on prevention and control of infectious diseases (including COVID-19) form an integral part of the respective services of the DH, relevant manpower and resources are subsumed under the DH’s overall provision and cannot be separately identified. The DH will continue to closely monitor the development of COVID-19 and would seek additional resources through the established procedures, if necessary.

(3)

When the COVID-19 epidemic is evolving since January 2020, there have been increasing demands for personal protective equipment (PPE) including surgical masks and gowns, for use by healthcare and front-line personnel involved in special public health operations, in addition to the usual consumption of PPE for maintaining essential clinic services and regulatory enforcement actions. The DH has been closely liaising with the Government Logistics Department to increase and speed up purchases for replenishment of PPE with a view to ensuring sufficient provision for its healthcare and front-line personnel.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)455

(Question Serial No. 3891)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of:

- (1) the respective expenditure for converting the Chun Yeung Estate and the Heritage Lodge into isolation facilities in 2019-20;
- (2) the respective operating expenditure of the 2 isolation facilities in 2019-20; and
- (3) the respective operating expenditure of the 2 isolation facilities in 2020-21?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 193)

Reply:

(1)

The setting up of quarantine centres in Chun Yeung Estate and the Heritage Lodge at the Jao Tsung-I Academy does not involve expenditure on re-construction works.

(2)

To operate the quarantine centres, relevant expenditure arises from the leasing of the Heritage Lodge at the Jao Tsung-I Academy (HL), and provision of catering, security and medical support services on these sites. The estimated operating expenditure in Chun Yeung Estate and HL in 2019-20 as well as other relevant manpower costs would be subsumed under DH's overall allocation.

(3)

For 2020-21, DH will continue the work in prevention and control of COVID-19. Relevant expenditure would be subsumed under DH's overall allocation and additional funding would be sought under established procedures where necessary.

CONTROLLING OFFICER'S REPLY**FHB(H)456****(Question Serial No. 3894)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

1. Please advise on the numbers of prosecutions initiated by the Tobacco and Alcohol Control Office (TACO) and the numbers of successful prosecutions in relation to tobacco control and alcohol control respectively in the past year.
2. Please advise on the operational expenses, staff establishment and annual payroll cost of the TACO in the past year, as well as its operational expenses, staff establishment and annual payroll cost in the coming year.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 196)Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health conducts inspections at venues concerned in response to smoking complaints. The number of fixed penalty notices (FPNs)/summonses issued by TACO in 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2019
FPNs issued (for smoking offences)		8 068
Summons issued	for smoking offences	67
	for other offences (such as wilful obstruction and failure to produce identity document)	42
	(as of 4 March 2020)	
	- Convicted	(75)
	- Pending hearing results	(31)
	- Not convicted	(3)

The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. Inspectors of TACO conduct inspections and carry out

enforcement actions upon receipt of intelligence or complaints. They also conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. From 1 January 2019 to 31 December 2019, there was one convicted case of selling or supplying intoxicating liquor to minors in the course of business.

(2)

The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and provision (including civil service emoluments) for TACO in 2019-20 (Revised Estimate) and 2020-21 are \$228.9 million and \$256.7 million respectively. The annual recurrent cost of civil service posts concerned in 2019-20 and 2020-21 are \$70.9 million and \$75.7 million respectively. The approved establishment of TACO in 2019-20 and 2020-21 is at **Annex**.

**Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2019-20	2020-21
<u>Head, TACO</u>		
Consultant	1	1
<u>Enforcement</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	121	125
Senior Executive Officer/ Executive Officer	13	13
<i>Sub-total</i>	<u>143</u>	<u>147</u>
<u>Health Education and Smoking Cessation</u>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>179</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)457

(Question Serial No. 3918)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- (1) Please set out in table form the daily numbers of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020 to Hong Kong residents who had been to Hubei in the 14 days preceding arrival at Hong Kong.
- (2) Please set out in table form the daily numbers of compulsory quarantine orders issued from 8 February 2020 to 8 March 2020 to Mainland visitors who had been to Hubei in the 14 days preceding arrival at Hong Kong.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 221)

Reply:

(1) and (2)

In view of the latest situation of the COVID-19 outbreak, the Government has taken a number of measures proactively since late January this year to further reduce the flow of people between the Mainland and Hong Kong. Having considered that the outbreak mainly took place in Hubei Province early on and was getting more severe, the Government announced on 26 January that, with effect from 27 January, except for Hong Kong residents, all residents of Hubei Province and persons who had visited Hubei Province in the past 14 days would not be permitted to enter Hong Kong until further notice.

Between 8 February and 8 March 2020, around 560 Hong Kong residents have been to Hubei in the 14 days preceding arrival at Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)458

(Question Serial No. 3993)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government provide the following information in table form:

- (1) the number of persons confined in the quarantine facility at the Heritage Lodge on each day from 1 February to 4 March 2020; and
- (2) the number of persons confined in the quarantine facility at the Chun Yeung Estate on each day from 1 February to 4 March 2020?

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.:274)

Reply:

(1)

As at 4 March 2020, the quarantine centre in the Heritage Lodge at the Jao Tsung-I Academy had cumulatively accommodated 160 confinees since its operation.

(2)

As at 4 March 2020, the quarantine centre in the Chun Yeung Estate, Fo Tan had cumulatively accommodated 699 confinees since its operation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)459

(Question Serial No. 3661)

Head: (37) Department of Health

Subhead (No. & title): (000) Operating expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco and alcohol control work over the past 3 years, will the Government inform this Committee of:

- a. the cigarette smoking prevalence rate of the population, broken down by age group;
- b. the medical expenses incurred and the number of deaths caused by smoking;
- c. the number of successful quitters of smoking;
- d. the expenditure of the Tobacco and Alcohol Control Office (TACO);
- e. the numbers of complaints received, inspections conducted and prosecutions instituted by TACO?

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 186)

Reply:

(a)

The Census and Statistics Department conducts Thematic Household Surveys (THS) from time to time to study the smoking prevalence in the population. The latest available data from the THS in 2017 showed that the prevalence of daily cigarette smokers aged 15 and above was 10.0%, compared to 10.5% in 2015. The breakdown by age group is at **Annex**.

(b)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) commissioned the School of Public Health of the University of Hong Kong to conduct a study on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 154 deaths (aged 35 and over) in Hong Kong in 2011 were related to active smoking, while 672 deaths were attributed to second-hand smoke exposure. The results showed that the total annual cost (including health care, productive years lost and residential care) of active and passive smoking in Hong Kong was \$5.5 billion (\$4.5

billion for active smoking and \$1.0 billion for passive smoking). Among these, the health care cost was \$2.6 billion (\$2.2 billion for active smoking and \$0.4 billion for passive smoking).

(c)

According to the THS, the number of daily cigarette smokers aged 15 and above in the population was 615 000 in 2017, whereas the corresponding number was 641 300 in 2015.

(d)

The expenditure of TACO in 2017-18, 2018-19 and 2019-20 (revised estimates) is \$185.9 million, \$204.0 million and \$228.9 million respectively.

(e)

The number of complaints received, inspections conducted and fixed penalty notices (FPNs)/summonses issued by TACO of the DH for the period from 2017 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2017	2018	2019
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42

The ban on the sale and supply of intoxicating liquor to minors in the course of business, under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), came into effect on 30 November 2018. In December 2018 and in 2019, TACO conducted 814 and 14 862 inspections respectively at retailers to check compliance with the new legal requirements. On the other hand, inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. The number of complaints received, inspections conducted, advisory letters and summonses issued for the period from December 2018 to 2019 are as follows:

	2018 (December)	2019
Complaints received	31	108
Inspections conducted	21*	262
Advisory letter issued	11	15
Summonses issued	0	1

* Inspections related to some complaints received in December 2018 were conducted in 2019.

Prevalence* of Daily Cigarette Smokers by Age Group

Age group	Survey period	
	May-Aug 2015	Jun-Sep 2017
15-19	1.1%	1.0%
20-29	7.9%	6.7%
30-39	13.2%	11.2%
40-49	14.0%	14.5%
50-59	11.9%	11.5%
≥60	9.0%	8.7%
Overall	10.5%	10.0%

* As a percentage of all persons in the respective age group. For example, among those aged 15 to 19, 1.1% were daily cigarette smokers based on the survey conducted during May to August 2015.

Source: Thematic Household Survey Report Nos. 59 and 64. Census and Statistics Department

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)460

(Question Serial No. 4138)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

- a. the number of days the Department of Health (DH) takes to process an application for registration of a pharmaceutical product;
- b. the number of DH's detections for the sale of unregistered drugs in shops in the past 5 years; and
- c. further to question b above, the means of detection, with a breakdown of the cases so detected.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 101)

Reply:

(a)

Under the Pharmacy and Poisons Ordinance (Cap. 138), all pharmaceutical products must satisfy the criteria of safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board (the Board), before they can be sold or distributed in Hong Kong. The Drug Office of the Department of Health is responsible for providing professional and executive support to the Board for evaluating applications for registration of pharmaceutical products. In 2019, the Drug Office processed 98% of the new applications for registration of pharmaceutical products within the performance pledge of 5 months.

(b) and (c)

In the past 5 years, the number of convicted cases related to unregistered pharmaceutical products and their sources are as follows:

Year	Number of convicted cases related to unregistered pharmaceutical products	Sources		
		Complaints or enquiries	DH surveillance system	Others
2015	69	43	10	16
2016	37	27	8	2
2017	35	22	7	6
2018	43	34	5	4
2019	44	32	6	6
Total	228	158	36	34

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)461

(Question Serial No. 4139)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- a. How many staff are deployed by the Department of Health to combat COVID-19 and what are their ranks?
- b. Regarding home confinees, what are the current rates of random telephone checks and surprise inspections each day?
- c. What is the number of cases to date where home confinees are found to have violated the quarantine order upon such random telephone checks and surprise inspections?

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 102)

Reply:

a, b and c.

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health (DH) issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality.

Persons under quarantine are not allowed to leave their dwelling places during the quarantine period. The Government has in place various measures to monitor compliance, including spot checks, telephone calls, making use of the location-sharing function of communication software and electronic wristbands to ensure that persons under quarantine are staying at their dwelling places.

Relevant Government departments will take follow up actions against those who does not comply with the quarantine order and leave the dwelling place without permission or refuse to comply with the instructions of the Government and hence posing threats to public health. Such actions include verbal warning, warning letters, and request to wear wristbands. As at 8 March 2020, DH has issued 259 warning letters.

As the tasks related to enforcing the Regulation are implemented through redeployment of resources within DH and other related bureaux/departments, the relevant manpower are subsumed under the overall allocation of DH and other bureaux/ departments and cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)462****(Question Serial No. 4346)**Head: (37) Department of HealthSubhead (No. & title): (000) Operating ExpensesProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

- a. Please provide in table form the numbers of reported cases of illegal smoking received by the Tobacco and Alcohol Control Office (TACO) under the Department of Health, the follow-up rates of the DH and the investigation results in the past 5 years.
- b. Please provide in table form the numbers of tickets for illegal smoking issued by TACO under the DH in the past 5 years.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 312)Reply:

(a) & (b)

The Tobacco and Alcohol Control Office (TACO) of the Department of Health conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2015 to 2019 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017	2018	2019
Complaints received		17 875	22 939	18 354	18 100	15 573
Inspections conducted		29 324	30 395	33 159	32 255	34 680
FPNs issued (for smoking offences)		7 693	8 650	9 711	8 684	8 068
Summonses issued	for smoking offences	163	207	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78	68	42

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)463

(Question Serial No. 4453)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work in relation to the Code on Access to Information, please advise this Committee on the following:

- 1) Concerning the requests for information under the Code on Access to Information received by the Department of Health from October 2018 to present for which only some of the required information has been provided, please state in table form: (i) the content of the requests for which only some of the required information has been provided; (ii) the reasons for providing some of the information only; (iii) whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding some of the information was made subject to a "harm or prejudice test", i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide details.

From October to December 2018

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a “harm or prejudice test”, i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) Whether the decision on withholding some of the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding some of the information was made subject to a “harm or prejudice test”, i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

- 2) Concerning the requests for information under the Code on Access to Information received by the Department of Health from October 2018 to present for which the required information has not been provided, please state in table form: (i) the content of the requests refused; (ii) the reasons for refusal; (iii) whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application); (iv) whether the decision on withholding the information was made subject to a “harm or prejudice test”,

i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application)? If yes, please provide details.

From October to December 2018

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding the information was made subject to a “harm or prejudice test”, i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

2019

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) Whether the decision on withholding the information was made at the directorate (D1 or D2) level (according to paragraph 1.8.2 of the Guidelines on Interpretation and Application)	(iv) Whether the decision on withholding the information was made subject to a “harm or prejudice test”, i.e. whether the public interest in disclosure of such information outweighs any harm or prejudice that could result from disclosure (according to paragraph 2.1.1 of the Guidelines on Interpretation and Application). If yes, please provide the details.

- 3) Any person who believes that a department has failed to comply with any provision of the Code on Access to Information may ask the department to review the situation. Please advise this Committee in each of the past 5 years, (i) the number of review cases received; (ii) the number of cases, among the review cases received in the year, in which further information was disclosed after review; (iii) whether the decisions on review were made at the directorate (D1 or D2) level.

Year in which review cases were received	(i) Number of review cases received	(ii) Number of cases, among the review cases received in the year, in which further information was disclosed after review	(iii) Whether the decisions on review were made at the directorate (D1 or D2) level
2015			
2016			
2017			
2018			
2019			

- 4) With reference to the target response times set out in paragraphs 1.16.1 to 1.19.1 of Guidelines on Interpretation and Application of the Code on Access to Information, please advise this Committee on the following information by year in table form (with text descriptions).

- (a) Within 10 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 10 to 21 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

Within 21 to 51 days from date of receipt of a written request:

	Number of requests for which the information requested was provided	Number of requests involving third party information for which the information requested could not be provided	Number of requests for which the information requested could not be provided since the requests had to be transferred to another department which held the information under request	Number of requests for information which were refused under the exemption provisions in Part 2 of the Code on Access to Information	Number of applications which the applicants indicated that they did not wish to proceed with and withdrew since they did not accept the charge
2020					
2019					
2018					
2017					
2016					

- (b) cases in which information could not be provided within 21 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

- (c) cases in which information could not be provided within 51 days from date of receipt of a request in the past 5 years:

Date	Subject of information requested	Specific reason

- 5) Please state in table form the number of those, among the cases in which requests for information were refused under the exemption provisions in Part 2 of the Code on Access to Information, on which the Privacy Commissioner for Personal Data was consulted when they were being handled in the past 5 years. For cases on which advice had been sought, was it fully accepted in the end? For cases where the advice of the Privacy Commissioner for Personal Data was not accepted or was only partially accepted, what are the reasons?

Date	Subject	Particular exemption provision in Part 2 of the Code on Access to Information under which requests for information were refused	Whether the advice of the Privacy Commissioner for Personal Data was fully accepted	Reasons for refusing to accept or only partially accepting the advice of the Privacy Commissioner for Personal Data

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 358)

Reply:

During the period from October 2018 to September 2019, the Department of Health (DH) received 3 cases for which only some of the required information was provided and there was no refusal cases under the Code on Access to Information (the Code).

Details on the above 3 cases for which only some of the required information was provided are as follows:

- (i) The DH only provided some of the required information on disciplinary cases involving dissemination of physiotherapy service information to the public handled by the Physiotherapists Board from 2008 to 2018 in accordance with paragraph 2.14 “Third Party Information” of the Code.
- (ii) The DH only provided some of the required information related to the investigation report and records about a complaint against a private hospital in accordance with paragraph 2.14 “Third Party Information” and paragraph 2.6 “Law Enforcement, Legal Proceedings and Public Safety” of the Code.

- (iii) The DH only provided some of the required information on the provision of packaged service by a private hospital in accordance with paragraph 2.6 “Law Enforcement, Legal Proceedings and Public Safety” and paragraph 2.9 “Management and Operation of the Public Service” of the Code.

The decisions of the above 3 cases were made by an officer at point 1 of the Directorate Pay Scale after conducting a “harm or prejudice test” which ascertained that the harm or prejudice that could result from disclosure of the information would outweigh the public interest in disclosure of the information in these cases.

During the period from 2015 to September 2019, 2 review cases were received by the DH. The decisions on review were made by an officer at point 2 of the Directorate Pay Scale.

During the period from 2016 to September 2019, the number of written requests for which the information requested was provided within 10 days, 11 to 21 days and 22 to 51 days from the date of receipt of a request were 36, 26 and 6 respectively. In addition, there were 8 cases involving third party information and 1 case had been transferred to another department which held the information under request. 9 requests were refused during the period under the exemption provisions in Part 2 of the Code.

During the period from 2016 to September 2019, there were 13 cases for which information could not be provided within 21 days from the date of receipt of a request. The main reason was that the requested information was in possession of the third party and the consent from the third party for releasing the requested information was awaiting.

During the period from 2016 to September 2019, there was no case where information could not be provided within 51 days from the date of receipt of a request.

During the period from 2016 to September 2019, the DH did not consult the Privacy Commissioner for Personal Data on cases where requests for information were refused.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)464

(Question Serial No. 4855)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (-) Not Specified
Controlling Officer: Director of Health (Dr. Constance CHAN)
Director of Bureau: Secretary for Food and Health

Question:

Regarding the Brief Description for the financial year 2020-21, it is shown in paragraph 4 of Head 37 – Department of Health (DH) on page 167 that the original estimate for Allowances under Personal Emoluments for 2019-20 is \$27.946 million while the revised estimate is \$197.35 million. In this connection, please inform the Committee of: 1) the reasons why the revised estimate is significantly higher than the original estimate; 2) the details of the related allowances; 3) a breakdown of the amount of allowances and the number of staff concerned; 4) the ranks of the staff receiving the allowances; 5) whether the allowances are related to the outbreak of novel coronavirus; and 6) the reasons for bringing down the related estimate for 2020-21, which is \$29.354 million, to its previous level.

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 422)

Reply:

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Government has been closely monitoring the development of the epidemic situation. The increase in the allowances under personal emoluments in 2019-20 revised estimate is mainly attributed to the provision for payment of overtime allowance to personnel engaged in the prevention and control of the COVID-19. Details of allowance are not available as the fight against the epidemic is still going on.

Relevant manpower and resources are subsumed under DH's overall provision and cannot be separately identified. The DH will continue to closely monitor the latest local and global development of the COVID-19 and would act swiftly in view of the actual circumstances through redeployment of resources and re-prioritisation of work. The DH would seek additional resources through the established procedures, if necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)465

(Question Serial No. 5274)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the masks for use by the Department of Health, please provide:

1. the amount of current stock;
2. the amounts of monthly stock in the past 5 years;
3. the amounts produced by the Correctional Services Department in the monthly stock in the past 5 years;
4. the expenditures incurred in the past 5 years;
5. the amounts of monthly consumption in the past 5 years;
6. the amounts of procurement in the past 5 years; and
7. the amounts depleted due to storage problems in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 1879)

Reply:

For infection prevention and control, the Department of Health (DH) maintains a stockpile of personal protective equipment (PPE) for use by the Government's healthcare and front-line personnel.

In the light of rapid evolvement of the Coronavirus Disease 2019, the DH will adjust the demand for PPE (including surgical masks) according to the operational requirements associated with infection prevention and control. Apart from monitoring the demand and stockpiling of PPE, the DH has been working closely with the Food and Health Bureau and the Government Logistics Department to increase the volume and expedite the purchases to replenish the PPE for use by the Government's healthcare and front-line personnel.

In face of the existing keen competition in the procurement of PPE, it is considered not appropriate to disclose detailed information such as the stock, quantity/value of purchases, consumption of PPE, etc. as such disclosure may jeopardise the bargaining power of the Government in the procurement of PPE.

CONTROLLING OFFICER'S REPLY

FHB(H)466

(Question Serial No. 5783)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise on:

1. the number of children referred to the child assessment centres (CACs) of the Department of Health (DH) for assessment in each of the past 5 years;
2. the number of children diagnosed as having developmental disabilities by the CACs of the DH, broken down by developmental problem, age (in a total of 13 age groups from 0 to 12) and rehabilitation service (provided by the Social Welfare Department or the Hospital Authority) referred in each of the past 5 years;
3. the shortest, longest and average waiting time for the first appointment at the CACs of the DH and the rate for completion of assessment of new cases at the CACs within 6 months in each of the past 5 years; the reasons if the completion time failed to reach the target rate of 90% and the plans for improvement;
4. the staff establishment and the manpower shortage of the CACs of the DH in each of the past 5 years;
5. the average per capita cost of assessment at the CACs of the DH in each of the past 5 years; and
6. the Government's plans to set up new CACs in the future?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 190)

Reply:

1. The number of newly referred cases received by the Child Assessment Service (CAS) of the Department of Health (DH) in the past 5 years are as follows:

	2015	2016	2017	2018	2019 (Provisional figure)
Number of new cases referred to CAS	9 872	10 188	10 438	10 466	9 799

2. The number of newly diagnosed cases of developmental conditions in the CAS in the past 5 years are set out in the below table. A further breakdown of the figures by age and rehabilitation service referred is not available.

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

3 & 6. In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2015, 2016, 2017, 2018 and 2019 are 71%, 61%, 55%, 49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the shortest, longest and average waiting time for assessment of new cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation

in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

4. The approved establishment of the CAS from 2015-16 to 2019-20 are as follows:

Grades	2015-16	2016-17	2017-18	2018-19	2019-20
Medical Support					
Consultant	1	1	1	1	1
Senior Medical and Health Officer / Medical and Health Officer	20	23	23	24	24
Nursing Support					
Senior Nursing Officer / Nursing Officer / Registered Nurse	27	30	30	30	40
Professional Support					
Scientific Officer (Medical)	5	5	5	5	5
Senior Clinical Psychologist / Clinical Psychologist	21	23	22*	22*	22*
Speech Therapist	12	13	13	13	16
Optometrist	2	2	2	2	2
Senior Occupational Therapist / Occupational Therapist I	7	8	8	8	9
Senior Physiotherapist / Physiotherapist I	5	6	6	6	7
Technical Support					
Electrical Technician	2	2	1	1	1
Administrative and General Support					
Hospital Administrator II	1	1	1	1	1
Senior Executive Officer / Executive Officer I / Executive Officer II	1	1	2	2	2
Clerical Officer / Assistant Clerical Officer	11	12	12	12	16
Clerical Assistant	17	19	20	20	23
Office Assistant	2	2	1	1	1
Personal Secretary I	1	1	1	1	1
Workman II	10	12	12	12	12
Total:	145	161	160	161	183

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

The CAS has been facing manpower shortage problem in respect of Senior Medical and Health Officer (SMO) and Medical and Health Officer (MO) rank officers in recent years. As at 1 February 2020, the approved establishment of SMO/ MO in the CAS is 24 while the number of vacancy is 10. DH will continue the effort to recruit suitable SMO/ MO to fill the vacancies.

5. The financial provision of the CAS in the past 5 years are set out in the table below. DH does not compile figures on the average per capita cost of assessment at the CACs.

	2015-16	2016-17	2017-18	2018-19	2019-20
Financial provision to CAS (\$ million)	110.2	129.6	131.8	138.6	162.2

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)467

(Question Serial No. 5789)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please set out in tabular form the following information for the past 5 years:

- (1) the cost per attendance for health assessment;
- (2) the cost per attendance for medical consultation;
- (3) the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;
- (4) the annual operating costs of each EHC;
- (5) the annual total enrolment quota, quota for new members, and number of members from other districts of each EHC;
- (6) the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members such members accounted for) of each EHC, as well as the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC);
- (7) the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 402)

Reply:

(1) and (2) The average cost per health assessment (including attendance for follow up of results) and the average cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2015-16	\$1,310	\$515
2016-17	\$1,360	\$535

Year	Health Assessment	Medical Consultation
2017-18	\$1,395	\$550
2018-19	\$1,455	\$570
2019-20	\$1,530	\$595

(3) The average cost per attendance for health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Year	Total expenditure of the 18 EHCs (\$ million)	Total expenditure of the 18 VHTs # (\$ million)
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Actual)	154.5	85.4
2018-19 (Actual)	170.2	88.8
2019-20 (Revised estimate)	178.5	94.2

The expenditure also includes Public Health & Administration Section of the Elderly Health Branch.

(4) The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 5 years are as follows:

Year	Average operating expenditure of each EHC (\$ million)
2015-16	7.8
2016-17	8.4
2017-18	8.6
2018-19	9.5
2019-20*	9.9

* Provisional figure

(5) The number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Number of enrolments					Number of new members				
	2015	2016	2017	2018	2019*	2015	2016	2017	2018	2019*
Sai Ying Pun	2 288	2 310	2 315	3 895	2 212	698	642	761	1 623	626
Shau Kei Wan	2 224	2 205	2 213	2 213	4 196	665	800	668	737	1 746
Wan Chai	3 614	4 546	4 651	4 709	4 494	1 878	2 251	2 118	2 148	1 915
Aberdeen	2 182	2 148	2 188	2 212	2 212	467	452	494	632	669
Nam Shan	2 225	2 218	2 223	2 214	2 211	490	795	687	723	737
Lam Tin	2 220	2 223	2 220	2 219	2 209	560	634	655	739	738
Yau Ma Tei	2 216	2 254	2 215	2 211	2 206	487	930	778	687	706
San Po Kong	2 134	2 142	2 321	2 321	2 317	550	640	535	699	721
Kowloon City	2 211	2 211	2 212	2 214	3 046	554	536	742	742	1 168
Lek Yuen	3 541	2 550	4 896	4 900	4 722	1 629	681	1 442	1 716	1 814
Shek Wu Hui	2 162	2 144	2 131	2 107	2 345	450	716	724	703	827
Tseung	2 136	3 471	2 130	2 127	4 620	537	1 406	708	731	1 726

EHC	Number of enrolments					Number of new members				
	2015	2016	2017	2018	2019*	2015	2016	2017	2018	2019*
Kwan O										
Tai Po	2 124	2 124	2 126	2 124	2 121	581	729	633	649	647
Tung Chung	2 330	2 319	2 321	2 321	2 307	461	731	500	693	666
Tsuen Wan	2 116	2 516	2 114	3 093	3 122	520	1 032	682	1 209	1 127
Tuen Mun Wu Hong	2 149	2 208	2 215	2 212	2 212	514	653	700	712	700
Kwai Shing	2 310	2 277	2 286	2 300	2 263	620	551	641	643	604
Yuen Long	2 219	2 270	2 316	2 318	2 312	420	739	626	665	619
Total	42 401	44 136	45 093	47 710	51 127	12 081	14 918	14 094	16 451	17 756

* Provisional figures

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2015	2016	2017	2018	2019 ^
Sai Ying Pun	608	559	514	816	469
Shau Kei Wan	66	60	63	73	92
Wan Chai	1 956	2 878	2 970	3 078	2 313
Aberdeen	58	51	42	56	30
Nam Shan	835	870	840	850	598
Lam Tin	196	174	137	126	99
Yau Ma Tei	853	929	948	936	750
San Po Kong	582	654	747	756	564
Kowloon City	899	867	869	866	674
Lek Yuen	76	62	94	104	72
Shek Wu Hui	119	83	114	93	90
Tseung Kwan O	238	325	164	175	284
Tai Po	246	257	213	203	145
Tung Chung	1 325	1 195	1 275	1 101	856
Tsuen Wan	734	930	754	1 163	991
Tuen Mun Wu Hong	42	38	28	27	12
Kwai Shing	564	580	622	712	509
Yuen Long	115	126	125	122	121
Total	9 512	10 638	10 519	11 257	8 669

^ Provisional figures from January to September 2019

(6) and (7) The number of members enrolled in a year who did not renew their membership by 2 years and their percentage among the total number of enrolments in 18 EHCs are as follows:

EHC	EHC members who did not return by									
	2015		2016		2017		2018		2019 ^	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	467	22%	527	24%	633	28%	613	27%	658	28%

EHC	EHC members who did not return by									
	2015		2016		2017		2018		2019 ^	
	Number	%	Number	%	Number	%	Number	%	Number	%
Shau Kei Wan	520	24%	559	25%	653	29%	760	34%	814	37%
Wan Chai	358	17%	411	19%	1 012	28%	1 377	30%	2 695	58%
Aberdeen	404	19%	404	19%	480	22%	574	27%	759	35%
Nam Shan	437	20%	495	22%	541	24%	808	36%	844	38%
Lam Tin	500	23%	543	24%	623	28%	713	32%	873	39%
Yau Ma Tei	370	18%	426	20%	611	28%	766	34%	1 088	49%
San Po Kong	467	22%	493	23%	605	28%	754	35%	693	30%
Kowloon City	482	22%	497	22%	580	26%	638	29%	974	44%
Lek Yuen	618	29%	597	28%	1 058	30%	627	25%	1 354	28%
Shek Wu Hui	492	23%	580	27%	619	29%	824	38%	1 341	63%
Tseung Kwan O	462	22%	502	24%	642	30%	1 407	41%	806	38%
Tai Po	324	15%	456	21%	525	25%	609	29%	878	41%
Tung Chung	386	17%	430	19%	485	21%	618	27%	748	32%
Tsuen Wan	569	27%	659	31%	709	34%	1 004	40%	781	37%
Tuen Mun Wu Hong	508	24%	602	28%	612	28%	726	33%	1 201	54%
Kwai Shing	473	21%	491	22%	589	25%	596	26%	704	31%
Yuen Long	420	19%	430	19%	549	25%	661	29%	764	33%
Total	8 257	21%	9 102	23%	11 526	27%	14 075	32%	17 975	40%

^ Provisional figures from January to September 2019

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as a new member and the waiting time for first-time health assessment are the same. The median waiting time for enrolment as a new member of individual EHCs are as follows:

EHC	Median waiting time (months)				
	2015	2016	2017	2018	2019*
Sai Ying Pun	30.0	6.0	7.5	10.3	8.9
Shau Kei Wan	23.5	2.4	6.9	15.0	14.1
Wan Chai	34.3	1.4	5.4	9.1	12.6
Aberdeen	14.5	4.3	7.0	12.1	13.2
Nam Shan	15.8	2.2	5.8	10.7	12.3
Lam Tin	12.0	4.0	7.5	12.4	14.6
Yau Ma Tei	34.2	7.6	6.9	13.8	16.8
San Po Kong	18.6	1.5	6.3	11.5	9.3
Kowloon City	34.4	8.5	5.7	10.9	13.9
Lek Yuen	4.5	8.7	7.7	14.7	17.4
Shek Wu Hui	16.4	7.9	6.7	12.3	15.3
Tseung Kwan O	29.0	2.8	6.8	14.5	9.2
Tai Po	16.3	3.8	6.9	14.8	20.2
Tung Chung	15.0	6.3	3.9	8.4	9.0
Tsuen Wan	17.8	12.0	5.9	13.3	7.8
Tuen Mun Wu Hong	15.8	11.3	10.2	17.3	22.8

EHC	Median waiting time (months)				
	2015	2016	2017	2018	2019*
Kwai Shing	7.0	1.5	4.8	9.3	11.3
Yuen Long	13.4	6.0	6.7	14.3	19.1
Overall	16.3	5.2	6.8	12.3	13.5

* Provisional figures

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)468****(Question Serial No. 5818)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please set out by type of developmental disorder the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders for each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 434)Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 5 years are as follows:

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental	1 443	1 323	1 311	1 566	1 493

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Delay/ Intellectual Disability					
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)469

(Question Serial No. 5819)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of:

- (1) the annual attendances of the elderly receiving the services, broken down by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project); and
- (2) the annual expenditure incurred by the Pilot Project since its launch and the estimated expenditure for in the coming year?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 435)

Reply:

- (1) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The number of attendances under ODCP was about 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 between April 2019 and January 2020. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures).
- (2) The financial provision for implementing the ODCP is listed as follow-

<u>Financial Year</u>	<u>Financial Provision</u> <u>(\$ million)</u>
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.9

2018-19	44.9
2019-20	51.7
2020-21	58.0

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)470****(Question Serial No. 5820)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

- How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by their developmental problem.
- What are the longest, average and shortest waiting time for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 438)Reply:

- The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of the Department of Health (DH) in the past 5 years are as follows:

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Attention/ Hyperactive Problems/ Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems/ Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay/ Disorders and	3 487	3 627	3 585	3 802	4 300

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (Provisional figures)
Speech Problems					
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. In the past 5 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 49% in 2018 and slightly increased to 53% in 2019. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)471

(Question Serial No. 5821)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the actual and estimated expenditure on the procurement of drugs by the Department of Health over the past 5 years and in the coming year respectively.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 441)

Reply:

The expenditure on the procurement of drugs by the Department of Health over the past 5 financial years and in the coming financial year are as follows:

Financial Year	Amount (\$ million)
2015-16	486.2
2016-17	523.2
2017-18	553.1
2018-19	628.8
2019-20 (Revised Estimate)	580.2
2020-21 (Estimate)	739.5

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)472

(Question Serial No. 6631)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Since 5 healthcare professions (namely speech therapists, audiologists, dietitians, educational psychologists and clinical psychologists) have been accredited by the Pilot Accredited Registers Scheme for Healthcare Professions thus far, please advise on whether there are plans to include them in the Elderly Health Care Voucher Scheme; if so, the timetable and if not, the reasons.

Asked by: Hon CHU Hoi-dick (LegCo internal reference no.: 2015)

Reply:

Currently, the following 10 types of healthcare professionals who are registered in Hong Kong are eligible to join the Elderly Health Care Voucher (EHV) Scheme and accept payment by vouchers from eligible elders for paying for private primary healthcare services provided by them: medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, chiropractors and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359).

The Government introduced the Pilot Accredited Registers Scheme for Healthcare Professions (“the AR Scheme”) in end-2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. Five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status. As the independent Accreditation Agent of the AR Scheme, the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

The Government will consider whether to expand the types of healthcare service providers under the EHV Scheme as and when appropriate, taking into account the needs and aspirations of voucher users, views of different stakeholders in society, and the arrangement of the relevant registration regimes, etc.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)473

(Question Serial No. 3315)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information, broken down by primary and secondary school for each school year from 2016/2017 to 2019/2020 (if applicable):

1. the number of students attending the Student Health Service (SHS) and the percentage of the total number of students it accounted for;
2. the number and type of referrals to the Special Assessment Centres (SACs), the specialist clinics of the Department of Health and the Hospital Authority for follow-up, as well as the unit cost for handling each case;
3. the numbers of schools and students joining the Adolescent Health Programme, the numbers of school visits made and activities arranged, and the expenditure involved;
4. the actual and estimated manpower of SHS (including SACs) for the past 3 years and the coming year; and
5. the manpower and expenditure involved in relation to the Health Promoting School (HPS) Programme, and the estimated numbers of schools, teachers and students joining the programme.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 88)

Reply:

1. & 2.

The number of students attending the Student Health Service (SHS) Centres, coverage rate, referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2016/2017, 2017/2018 and 2018/2019 are shown in the table below. Figures for school year 2019/2020 are not yet available.

School Year	2016/2017			2017/2018			2018/2019		
	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary	Total
Number of students attended Student Health Service Centres (Coverage rate) [#]	274 892 (78.9%)	141 021 (42.3%)	415 913 (61.0%)	286 039 (79.0%)	141 311 (43.3%)	427 350 (62.1%)	299 814 (80.3%)	147 023 (45.8%)	446 837 (64.4%)
Number of referrals to Special Assessment Centre*	52 442	19 195	71 637	53 507	20 445	73 952	54 873	21 230	76 103
Number of referrals by specialty including Department of Health and Hospital Authority*									
Ophthalmology	324	145	469	341	137	478	361	151	512
Ear, Nose, Throat	1 013	366	1 379	981	344	1 325	1 046	368	1 414
Paediatrics	3 486	2 322	5 808	3 627	2 256	5 883	3 790	2 359	6 149
Medicine	1	112	113	4	103	107	0	103	103
Surgery	1 800	550	2 350	1 944	594	2 538	2 035	626	2 661
Orthopaedics	688	506	1 194	717	507	1 224	726	474	1 200
Gynaecology	34	328	362	20	287	307	37	274	311
Psychiatry	445	186	631	483	191	674	451	194	645
Adolescent Medicine	5	1	6	9	5	14	5	5	10
Dermatology	570	425	995	500	343	843	504	354	858
Child Assessment Service	81	1	82	93	0	93	95	0	95
Family Medicine	5	10	15	22	16	38	11	19	30
Others	46	36	82	42	54	96	37	40	77
Total	8 498	4 988	13 486	8 783	4 837	13 620	9 098	4 967	14 065

Notes :

- [#] According to Student Health Service data
^{*} A student might have more than 1 referral.

The unit cost per attendance under SHS for 2016-17 to 2019-20 are as follows. Breakdown by primary and secondary school is not available:

Financial Year	Unit cost per attendance (\$)
2016-17	580
2017-18	590
2018-19	755
2019-20	765

3.

For school years 2016/2017 to 2018/2019, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	2016/2017	2017/2018	2018/2019
No. of schools	314	310	307
No. of students	66 000	66 000	64 000

Figures for school year 2019/2020 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	2016/2017	2017/2018	2018/2019
Number of school visits for programme delivery	2 400	2 400	2 300
Number of briefing/debriefing sessions with teachers/school management	5 200	5 200	5 100

The expenditure of AHP for 2016-17 to 2019-20 is as follows:

Financial Year	Amount (\$ million)
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

4.

The approved establishment of the SHS (including Special Assessment Centres and AHP) in financial years 2017-18, 2018-19 and 2019-20 are 409, 410 and 439 respectively. The approved establishment of the SHS in 2020-21 is 439.

5.

The expenditure for implementing health promotion programmes in schools in 2018-19 and 2019-20 has been merged into the overall expenditure of SHS, no breakdown is available.

The financial provision for implementing health promotion programmes in schools for 2020-21 is \$17.0 million. The manpower required for the implementation is absorbed within the existing resources.

A total of 30 schools, including 18 primary, 11 secondary and one secondary-cum-primary school participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years. The number of target teachers and students are around 1 600 and 19 600 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)474

(Question Serial No. 3318)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the numbers of schools inspected by the Department of Health, and the contents and numbers of its inspections in relation to health regulations and requirements for the past 3 school years and the coming school year, with a breakdown into primary, secondary and special schools and the manpower and expenditure involved in each school year; and
2. the content and number of non-compliance cases contravening health requirements by schools identified in each school year, as well as the follow-up action taken.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.:92)

Reply:

(1) – (2)

The Department of Health (DH) provides support to the Education Bureau (EDB) in conducting inspections in accordance with the Education Ordinance (Cap. 279) and the Education Regulations (Cap. 279A) with respect to relevant health requirements for schools such as floor space requirement for students, latrine requirements, etc. From 2017 to 2019, the DH conducted a total of 3 186 inspections to schools for the purposes of new registration of schools, and alteration or extension of school premises and checking of health requirements. The total number of inspections conducted is affected by factors such as number of applications that involve new school registration, and alteration or extension of school premises, etc. The projected number of inspections to schools to be conducted in 2020 is about 1 000.

A breakdown of inspections by school type for 2017, 2018 and 2019 is as follows:

<u>School Type</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Primary school	151	162	115
Secondary school	89	76	120
Special school	8	36	20
Others (kindergarten, tutorial school)	753	675	981
Total	1 001	949	1 236

In 2017 to 2019, there were 92 cases of irregularities identified. The DH gave health advice to the schools to rectify the irregularities and would conduct re-inspection as necessary. The DH would also refer cases to the EDB for follow-up if cases warranted. A breakdown of irregularities identified by school type for 2017, 2018 and 2019 is as follows:

<u>School Type</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Primary school	17	2	0
Secondary school	7	0	1
Special school	2	0	1
Others (kindergarten, tutorial school)	50	5	7
Total	76	7	9

For financial year 2017-2018 and 2018-2019, 3 staff and \$1.5 million were involved each year for providing support to the EDB in conducting related inspections; and for financial year 2019-20, 4 staff and \$2.2 million were involved to undertake the above work. For financial year 2020-21, 4 staff and \$2.3 million will be involved to undertake the above work.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)475****(Question Serial No. 3346)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the quantity of vaccines procured for each season from 2016/17 to 2019/20 and the expenditure involved, please provide information on the seasonal influenza vaccination for children (between the age of 6 months and less than 12 years) and the subsidy involved in the table below:

Season X/20XX				
	Government Vaccination Programme	Vaccination Subsidy Scheme	Seasonal Influenza Vaccination School Outreach (Primary Schools)	Seasonal Influenza Vaccination School Outreach - Kindergartens/ Kindergarten-cum-Child Care Centres/Child Care Centres (Pilot)
No. of recipients				
Unit cost for each child receiving vaccination				
Amount of subsidy per dose				
No. of participating schools (if applicable)				
No. of enrolled doctors (if applicable)				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 118)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through the DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

The quantities of seasonal influenza (SI) vaccines that the Government procured in the past 4 seasons and the contract amount are set out below –

Season	Number of doses	Amount (\$ million)
2016/17 (actual)	430 000	23.3
2017/18 (actual)	527 000	28.0
2018/19 (actual)	654 000	30.1
2019/20 (estimate)	837 700	42.3

The relevant statistics on the children receiving SIV under the aforesaid programmes/schemes in the past 4 seasons are detailed below –

2016/17				
	GVP	VSS	SIVSOP - Primary Schools	SIVSOP – KGs/CCCs (Pilot)
No. of recipients	1 600	110 600	The programme was launched in 2018/19 season.	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	\$190		
No. of participating schools (if applicable)		Not applicable		
No. of enrolled doctors (as at 31 March 2017)		1 579		
No. of enrolled doctors claiming the subsidy		1 303		
Total amount of subsidy granted		\$25.9 million		

2017/18				
	GVP	VSS	SIVSOP - Primary Schools	SIVSOP – KGs/CCCs (Pilot)
No. of recipients	1 900	149 500	The programme was launched in 2018/19 season.	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	\$190		
No. of participating schools (if applicable)		Not applicable		
No. of enrolled doctors (as at 31 March 2018)		1 482		
No. of enrolled doctors claiming the subsidy		1 322		
Total amount of subsidy granted		\$35.5 million		

2018/19					
	GVP	VSS	Enhanced VSS Outreach Vaccination#	SIVSOP - Primary Schools	SIVSOP – KGs/CCCs (Pilot)
No. of recipients	1 000	125 700	81 200	100 300	The programme was launched in 2019/20 season.
Amount of subsidy per dose	Not applicable	\$210	\$250	\$70	

2018/19					
	GVP	VSS	Enhanced VSS Outreach Vaccination#	SIVSOP - Primary Schools	SIVSOP – KGs/CCCs (Pilot)
No. of participating schools (if applicable)		Not applicable	355	221	
No. of enrolled doctors (as at 31 March 2019)		1 556	115	66	
No. of enrolled doctors claiming the subsidy		1 347	46	66	
Total amount of subsidy granted		\$33.9 million	\$24.6 million	\$7 million	

The Enhanced VSS Outreach Vaccination was implemented in 2018/19 season only.

2019/20				
(as at 1 March 2020)				
	GVP	VSS	SIVSOP - Primary Schools	SIVSOP – KGs/CCCs (Pilot)
No. of recipients	400	121 800	195 400	76 300
Amount of subsidy per dose	Not applicable	\$210	\$100	\$260
No. of participating schools (if applicable)		Not applicable	430	701
No. of enrolled doctors (as at 1 March 2020)		1 535	63	62
No. of enrolled doctors claiming the subsidy		1 322	63	62
Total amount of subsidy granted		\$30.4 million	\$21.4 million	\$25.9 million

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The GVP and the VSS provide SIV to other target groups, in addition to children aged between 6 months and under 12. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs are also involved in the implementation of the above programmes/schemes. Thus, the unit cost for each child for receiving free or subsidised SIV under each of the above programmes/schemes cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)476

(Question Serial No. 3347)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the respective numbers of students who have received vaccination under the three programmes/schemes below in each of the year from 2016/17 to 2019/20?
 - (1) Government Vaccination Programme
(with a breakdown of students receiving influenza vaccination by maternal and child health centre and student health service centre of the Department of Health (DH).)
 - (2) Vaccination Subsidy Scheme
(with a breakdown of students receiving vaccination by location: kindergarten, kindergarten-cum-child care centre, child care centre, primary school and private clinic, non-government organisation, ward office of district council member as well as the subsidy involved.)
 - (3) Seasonal Influenza Vaccination Outreach Programme (SIVOP)
(with a breakdown of the participating kindergartens, kindergarten-cum-child care centres, child care centres and primary schools with subsidy, broken down by the number of student receiving vaccination and the subsidy involved.)
2. Were non-local children, holders of two-way exit permits or “going-out passes”, who went to primary schools, kindergartens, kindergarten-cum-child care centres and child care centres, eligible for the three programmes/schemes mentioned above? If yes, what were their respective numbers of participation in the programmes/schemes each year? How many of them had not received subsidy for vaccination and what were the reasons?
3. What were the respective numbers of school-attending students aged 12 or above who had received subsidy for vaccination under the programmes/schemes each year? Were student planners still needed for verification for student vaccinated at school?

4. In the same season, what were the respective numbers of repeated vaccinations under the same programme/schemes, repeated vaccinations under different programmes/schemes and cancellations of remaining vaccination sessions on being found to have participated in two programmes/schemes? Are there any measures in place to avoid these situations?
5. What were the respective percentages of students vaccinated in the age groups to which they belong in each season?
6. Will the Government consider integrating the programmes/schemes so that students can receive vaccinations centrally in school?
7. How many schools and students have joined the SIVOP upon its normalisation? What is the percentage of such schools in the total number of schools? What is the unit cost per student?
8. How many schools have not taken part in the programmes/schemes? What are the reasons?
9. What are the quantity of vaccines procured and the vaccine wastage in each season? What is the unit cost per dose?
10. Has provision been earmarked in the coming year to regularise the outreach vaccination arrangements that cover kindergartens/kindergarten-cum-child care centres/child care centres?
11. What were the numbers of primary schools and kindergartens/kindergarten-cum-child care centres/child care centres visited by the inoculation teams of the DH and the number of students vaccinated in each season?
12. Will the Government consider launching e-procedures and e-record for vaccination to skip the procedures and spare the resources on printing and issuing notices, repeated data entry, keeping record cards dedicated for influenza vaccination and stamping related documents? If so, what are the details? If not, what are the reasons?
13. The DH has procured 2 000 doses of nasal influenza vaccines this year for use in kindergartens and primary schools on a trial basis. Please list the respective numbers of participating kindergartens and primary schools, with a breakdown of the number of students receiving the vaccination, the cost of the vaccines and the unit cost.
14. Will the Government consider allowing schools joining the SIVOP to choose between injection or the nasal spray vaccine in the future? If so, what are the details? If not, what are the reasons?

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 119)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme.

1(1) The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 4 seasons are as follows –

Season	Number of doses administered to children by MCHCs	Number of doses administered to children by SHSCs
2016/17	1 569	359
2017/18	2 083	525
2018/19	1 131	122
2019/20 (as at 1 March 2020)	491	24

(2) and (3)

The number of recipients and the amount of subsidy involved in SIV to children under the aforesaid SIV programmes/schemes in the past 4 seasons are as follows –

Target group	Vaccination programme / scheme	2016/17		2017/18	
		No. of recipients	Subsidy claimed (\$ million)	No. of recipients	Subsidy claimed (\$ million)
Children aged	GVP	1 600	Not applicable	1 900	Not applicable

Target group	Vaccination programme / scheme	2016/17		2017/18	
		No. of recipients	Subsidy claimed (\$ million)	No. of recipients	Subsidy claimed (\$ million)
between 6 months and under 12	VSS	110 600	25.9	149 500	35.5
	Pilot Programme / SIVSOP	Not applicable	Not applicable	Not applicable	Not applicable

Target group	Vaccination programme / scheme	2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients	Subsidy claimed (\$ million)	No. of recipients	Subsidy claimed (\$ million)
Children aged between 6 months and under 12	GVP	1 000	Not applicable	400	Not applicable
	VSS	206 900	58.5	121 800	30.4
	Pilot Programme / SIVSOP	100 300	7.0	271 700	47.3

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- All students of participating primary schools and KGs/CCCs are eligible for free SIV under the SIVSOP or subsidised SIV under the VSS School Outreach (Extra-charge-allowed) Programme, regardless of their Hong Kong resident status. Under the VSS, individual students aged between 6 months and under 12 who attend private doctors' clinics for SIV are eligible for subsidised SIV upon production of identity proof of Hong Kong resident status. The DH does not keep statistics on non-local children holding two-way exit permits or "going-out passes" who have received SIV under the SIVSOP or the VSS School Outreach (Extra Charge Allowed) Programme.
- All students of participating primary schools are eligible for free SIV under the SIVSOP or subsidised SIV under the VSS School Outreach (Extra-charge-allowed) Programme, regardless of their age. Under the VSS, those primary school students aged 12 or above who private doctors' clinics for SIV are eligible for subsidised SIV upon production of identity proof of Hong Kong resident status and primary student status. The DH does not keep statistics on the number of primary school students aged 12 or above who have received subsidy for vaccination under the abovementioned programmes/schemes.

4. The vaccination records of recipients who receive SIV through various Government programmes are stored in electronic format. However, the electronic records do not cover those who opt to receive SIV at private doctors at their own expense. Parents are required to provide the vaccination history of their children every year so that the information can be checked against the electronic records before administration of vaccines.
5. The coverage of SIV among children aged between 6 months and under 12 during the period from 2016/17 season to 2019/20 season (as at 1 March 2020) were 17.4%, 23%, 45.8% and 57.7% respectively.
6. While the majority of primary school and KG/CCC students received SIV under the SIVOP, various programmes/schemes in different settings could offer flexibility to parents and students, thus helping to enhance the uptake rate of these students.
- 7-8. As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs joined the SIVSOP. Moreover, 114 primary schools and 55 KGs/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme. Overall speaking, about 80% primary schools and 69% KGs/CCCs in Hong Kong joined the abovementioned 2 programmes in the 2019/20 season.

The reasons for schools not joining the programmes include tight school schedule, insufficient school space and manpower.

9. The quantities of SI vaccines procured by the Government, the contract amount, and the number of vaccines disposed in the past 4 seasons are set out below –

Season	Number of doses	Amount (\$ million)	Number of doses disposed
2016/17 (Actual)	430 000	23.3	10 000
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	Not available yet

10. The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.
11. Under the SIVSOP, the DH's vaccination team administered SIV to 1 842 students in 18 primary schools and 888 students in 24 KGs/CCCs.
12. The SIV records are in the electronic format. The particulars of children, once vaccinated, are already stored electronically and inputs of children's information are not required every year.

13. In 2019/2020 season, the DH provided live attenuated influenza vaccine (LAIV) to 611 students in 11 primary schools and 523 students in 10 KGs/CCCs. The number of students received LAIV in each participating school ranged from 2 to 260, depending on the size of the schools and the number of students consented for vaccination. The DH procured 2 000 doses of LAIV at a total cost of \$0.38 million.
14. The DH has conducted an evaluation of the trial use of LAIV for children. The trial results will be discussed by the Scientific Committee of Vaccine Preventable Diseases under the DH.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)477

(Question Serial No. 3348)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the inoculation teams under the Department of Health (DH), please advise on their actual and estimated establishment in 2019 and in the coming year respectively, with a breakdown of the expenditure involved.
2. Concerning the existing Childhood Immunisation Programme, please advise on the actual and estimated numbers of schools visited and students vaccinated by DH's inoculation teams in each school year, with a breakdown into Primary One, Primary Five and Primary Six students vaccinated under the programme.
3. Please advise on the number of schools where vaccination is provided, and the number of students receiving vaccination in each school year.
4. Regarding the Human Papillomavirus (HPV) vaccination for girl students in Primary Five and Primary Six, please set out the actual and estimated numbers of schools and students covered, the funding allocated and the unit cost for each participating student in each school year and in the coming year.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 120)

Reply:

(1) – (3)

Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Teams (SIT) of the DH provides “Measles, Mumps and Rubella vaccine” (MMR)/“Measles, mumps, rubella and varicella vaccine” (MMRV) and “Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine” to all Primary 1 students, and “Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine” to all Primary 6 students. The SIT also provides mop-up vaccination for MMR and hepatitis B vaccines for a small number of Primary 6 students who have not completed the vaccination. Starting from the 2019/2020 school year, the SIT also provides the first dose of human papillomavirus (HPV) vaccination to eligible Primary 5 female students, and the second dose when the girls reach Primary 6 in the following school year. In 2019-20, the

staff establishment of the SIT is 68 and the total annual recurrent cost of these posts is \$24.1 million.

The number of primary schools and students covered by the SIT in the last 3 school years is shown in the following table –

School year#	Number of schools	Number of students covered	Number of vaccine doses administered
2017/2018	640	122 227	175 623
2018/2019	650	125 861	202 893
2019/2020 (as at 1 March 2020)	584	110 939	139 961

From September of a year to August of the following year

(4)

The DH has launched the HPV vaccination programme for Primary 5 and 6 school girls as part of the HKCIP in the 2019/2020 school year, with an interim target of 70% coverage for completion of two doses of HPV vaccination among the first cohort. The programme has been ongoing so no information is available at present. In 2020-21, the provision for the HPV vaccination programme is \$86.8 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)478

(Question Serial No. 3423)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information, broken down by primary and secondary school for each school year from 2016/2017 to 2019/2020 (if applicable):

1. the number of students attending the Student Health Service (SHS) and the percentage of the total number of students it accounted for;
2. the number and type of referrals to the Special Assessment Centres (SACs), the specialist clinics of the Department of Health and the Hospital Authority for follow-up, as well as the unit cost for handling each case;
3. the numbers of schools and students joining the Adolescent Health Programme, the numbers of school visits made and activities arranged, and the expenditure involved; and
4. the actual and estimated manpower of SHS (including SACs) for the past 3 years and the coming year.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 174)

Reply:

1. & 2.

The number of students attending the Student Health Service Centres, coverage rate, referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2016/2017, 2017/2018 and 2018/2019 are shown in the table below. Figures for school year 2019/2020 are not yet available.

School Year	2016/2017			2017/2018			2018/2019		
	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary	Total
Number of students attended Student Health Service Centres (Coverage rate) [#]	274 892 (78.9%)	141 021 (42.3%)	415 913 (61.0%)	286 039 (79.0%)	141 311 (43.3%)	427 350 (62.1%)	299 814 (80.3%)	147 023 (45.8%)	446 837 (64.4%)
Number of referrals to Special Assessment Centre*	52 442	19 195	71 637	53 507	20 445	73 952	54 873	21 230	76 103
Number of referrals by specialty including Department of Health and Hospital Authority*									
Ophthalmology	324	145	469	341	137	478	361	151	512
Ear, Nose, Throat	1 013	366	1 379	981	344	1 325	1 046	368	1 414
Paediatrics	3 486	2 322	5 808	3 627	2 256	5 883	3 790	2 359	6 149
Medicine	1	112	113	4	103	107	0	103	103
Surgery	1 800	550	2 350	1 944	594	2 538	2 035	626	2 661
Orthopaedics	688	506	1 194	717	507	1 224	726	474	1 200
Gynaecology	34	328	362	20	287	307	37	274	311
Psychiatry	445	186	631	483	191	674	451	194	645
Adolescent Medicine	5	1	6	9	5	14	5	5	10
Dermatology	570	425	995	500	343	843	504	354	858
Child Assessment Service	81	1	82	93	0	93	95	0	95
Family Medicine	5	10	15	22	16	38	11	19	30
Others	46	36	82	42	54	96	37	40	77
Total	8 498	4 988	13 486	8 783	4 837	13 620	9 098	4 967	14 065

Notes :

[#] According to Student Health Service data

* A student might have more than 1 referral

The unit cost per attendance under Student Health Service for 2016-17 to 2019-20 are as follows. Breakdown by primary and secondary school is not available:

Financial Year	Unit cost per attendance (\$)
2016-17	580
2017-18	590
2018-19	755
2019-20	765

3.

For school years 2016/2017 to 2018/2019, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	2016/2017	2017/2018	2018/2019
No. of schools	314	310	307
No. of students	66 000	66 000	64 000

Figures for school year 2019/2020 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	2016/2017	2017/2018	2018/2019
Number of school visits for programme delivery	2 400	2 400	2 300
Number of briefing/debriefing sessions with teachers/school management	5 200	5 200	5 100

The expenditure of AHP for 2016-17 to 2019-20 is as follows:

Financial Year	Amount (\$ million)
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

4.

The approved establishment of the SHS (including Special Assessment Centres and AHP) in financial years 2017-18, 2018-19 and 2019-20 are 409, 410 and 439 respectively. The approved establishment of the SHS in 2020-21 is 439.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3425)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Since the provision of subsidised influenza vaccination for children between the age of 6 months and less than 12 years by the Government, please provide the following information:

1. What are the respective numbers of students who received seasonal influenza vaccination in the Maternal and Child Health Centres and the Student Health Service Centres of the Department of Health (DH) and subvented clinics in each quarter, as well as the percentages of students vaccinated among the respective age groups?
2. What are the quantity of vaccines procured in each quarter and the unit cost per dose?
3. What are the percentages of students vaccinated among the respective age groups in each quarter?
4. Under the existing Childhood Immunisation Programme, the DH sends immunisation teams to schools to provide vaccination for primary one and primary six students. What are the actual and estimated numbers of participating schools and students as well as the staff establishment and recurrent expenditure involved in each school year?
5. How many schools are provided with vaccination services and how many students have received vaccination in each school year? Since the Government has announced that the School Outreach Vaccination Pilot Programme (the Pilot Programme) of the DH will be regularised and extended to cover kindergartens and child care centres, what are the anticipated numbers of on-site service quotas to be provided for primary schools, kindergartens and child care centres upon regularisation?
6. Is it necessary to increase the manpower to meet the demand from, among other things, the additional provision of human papilloma virus (HPV) vaccination service for female students and the regularisation of the Pilot Programme of the DH in the next school year? If yes, what are the details as well as the estimated manpower and expenditure involved? If not, what are the reasons?

7. Whether the government will provide the option of nasal influenza vaccine, if it is proven to be effective, so that it is more acceptable and comfortable to both schools and parents? If yes, what are the details; if not, what are the reasons?
8. Will the Government consider engaging other qualified healthcare and allied healthcare workers, such as nurses and pharmacists to participate in the Programme? If yes, what are the details? If not, what are the reasons?
9. Will the Government study the vaccination application and record by electronic means so that parents are not required to fill in the application form and teachers do not have to repeat data entry every year? If yes, what are the details; if not, what are the reasons?

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 176)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

1. The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 3 seasons are as follows –

Season	Number of doses administered to children by MCHCs	Number of doses administered to children by SHSCs

2017/18	2 083	525
2018/19	1 131	122
2019/20 (as at 1 March 2020)	491	24

2. The following figures are the quantities of SI vaccines procured by the Government and the contract amount in the past 3 seasons -

Season	Number of doses	Amount (\$ million)
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

3. The number of children who received SIV under the GVP, the VSS and the SIVSOP and the percentage of population in the age group in the past 3 seasons are detailed at **Annex**. As some children may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.
4. Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Teams (SIT) of the DH provides "Measles, Mumps and Rubella vaccine" (MMR)/"Measles, mumps, rubella and varicella vaccine" (MMRV) and "Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine" to all Primary 1 students, and "Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine" to all Primary 6 students. The SIT also provides mop-up vaccination for MMR and hepatitis B vaccines for a small number of Primary 6 students who have not completed the vaccination. Starting from the 2019/2020 school year, the SIT also provides the first dose of human papillomavirus (HPV) vaccination to eligible Primary 5 female students and the second dose when the girls reach Primary 6 in the following school year.

The number of primary schools and students covered by the SIT in the past 3 school years is shown in the following table –

School year#	Number of schools	Number of students covered	Number of vaccine doses administered
2017/2018	640	122 227	175 623
2018/2019	650	125 861	202 893
2019/2020 (as at 1 March 2020)	584	110 939	139 961

From September of a year to August of the following year

In 2019-20, the staff establishment of the SIT is 68 and the total annual recurrent cost of these posts is \$24.1 million.

5. In 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KG/CCCs as a pilot programme. As at 1 March 2020, a total of 430 primary schools and 701

KG/CCCs joined the SIVSOP, with a total of 271 700 students receiving SIV in 2019/20 season. There is no service quota on the number of schools under the SIVSOP.

6. In 2020-21, the provision for the HPV vaccination programme is \$86.8 million. A total of 8 civil service posts will be involved in the work.
As for SIV, the additional provision for measures to improve uptake rate is \$211.1 million. A total of 73 civil service posts is involved in the work.
7. The DH has conducted an evaluation of the trial use of live attenuated influenza vaccine for children. The trial results will be discussed by the Scientific Committee of Vaccine Preventable Diseases under the DH.
8. Under the Pharmacy and Poisons Ordinance (Cap. 138), influenza vaccines are prescription drugs and must be prescribed by a registered medical practitioner before they can be vaccinated. It is the responsibility of the physician to ensure the safety and quality of the vaccination, and (a) to ensure that there are sufficient qualified and trained medical personnel to provide medical services; (b) to supervise those personnel who have been trained; and (c) to retain personal responsibility for the vaccination.
9. The vaccination records of recipients who receive SIV through various government programmes/schemes are stored in electronic format. The DH will regularly review and streamline the arrangements of different vaccination programmes/schemes.

**Number of children aged between 6 months and under 12 who
received SIV under the GVP, the VSS and the Pilot Programme/SIVSOP in the past 3 seasons**

Target groups	Vaccination programme/ scheme	2017/18		2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients#	Percentage of population in the age group	No. of recipients#	Percentage of population in the age group	No. of recipients#	Percentage of population in the age group
Children aged between 6 months and under 12	GVP	1 900	23%	1 000	45.8%	400	57.7%
	VSS	149 500		206 900		121 800	
	Pilot Programme/ SIVSOP	Not applicable		100 300		271 700	

Children aged below 9 who have never received SIV before would require two doses of vaccines.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)480

(Question Serial No. 3446)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. What is the quantity of vaccines procured for each season from 2016/17 to 2019/20 and the expenditure involved?
2. Please provide information on the seasonal influenza vaccination for children (between the age of 6 months and less than 12 years) and the subsidy involved in the table below:

	2016/17	2017/18	2018/19	2019/20
	A. Government Vaccination Programme			
No. of recipients				
Unit cost for each child receiving vaccination				
	B. Vaccination Subsidy Scheme			
Amount of subsidy per dose				
No. of recipients				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	C. Vaccination Subsidy Scheme Outreach Vaccination/Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	D1.School Outreach Vaccination Pilot Programme			
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
Unit cost for each child receiving vaccination				

	2016/17	2017/18	2018/19	2019/20
	D2.Vaccination Subsidy Scheme Outreach Vaccination/Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy				

	2016/17	2017/18	2018/19	2019/20
	D2. Vaccination Subsidy Scheme Outreach Vaccination/ Enhanced Vaccination Subsidy Scheme Outreach Vaccination			
granted				
Unit cost for each child receiving vaccination				

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 197)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through the DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through the DH or Public-Private Partnership (PPP). Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

- (1) The quantities of seasonal influenza (SI) vaccines that the Government procured in the past 4 seasons and the contract amount are set out below –

Season	Number of doses	Amount (\$ million)
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

(2) The relevant statistics on the children receiving SIV under the aforesaid programmes/schemes in the past 4 seasons are detailed below –

	2016/17	2017/18	2018/19	2019/20 (as at 1 March 2020)
I. GVP				
No. of children recipients	1 600	1 900	1 000	400
II. VSS (Excluding Enhanced VSS Outreach Vaccination)				
Subsidy per dose of SI vaccine	\$190	\$190	\$210	\$210
No. of children recipients	110 600	149 500	125 700	121 800
No. of enrolled doctors providing service to children	1 579 (as at 31 March 2017)	1 482 (as at 31 March 2018)	1 556 (as at 31 March 2019)	1 535 (as at 1 March 2020)
No. of enrolled doctors who claimed subsidy reimbursement	1 303	1 322	1 347	1 322
Total amount of subsidy reimbursement claimed	\$25.9 million	\$35.5 million	\$33.9 million	\$30.4 million
III. Enhanced VSS Outreach Vaccination				
Subsidy per dose of SIV	The Enhanced VSS Outreach Vaccination was launched in 2018/19 season.		\$250	Not applicable^
No. of children recipients			81 200	Not applicable^
No. of participating primary schools / kindergartens / child care centres			355	Not applicable^
No. of enrolled doctors providing outreach service to school children			115	Not applicable^
No. of enrolled doctors who claimed subsidy reimbursements			46	Not applicable^
Total amount of subsidy reimbursement claimed			\$24.6 million	Not applicable^

	2016/17	2017/18	2018/19	2019/20 (as at 1 March 2020)
IV. Pilot Programme / SIVSOP - Primary Schools				
Subsidy per dose of SIV *	The Pilot Programme was launched in 2018/19 season and has been regularised in 2019/20 season.		\$70	\$100
No. of children recipients			100 300	195 400
No. of participating primary schools			221	430
No. of enrolled doctors			66	63
Total amount of subsidy reimbursement claimed			\$7 million	\$21.4 million
V. SIVSOP - KG/CCCs (Pilot)				
Subsidy per dose of SIV #	The SIVSOP - KG/CCCs (Pilot) was launched in 2019/20 season.		\$260	
No. of children recipients			76 300	
No. of participating KG/CCC			701	
No. of enrolled doctors			62	
Total amount of subsidy reimbursement claimed			\$25.9 million	

^ The Enhanced VSS Outreach Vaccination was implemented in 2018/19 season only.

* All vaccines under the Pilot Programme/the SIVSOP - Primary Schools (including the DH mode and PPP mode) are provided by the Government. Doctors participating in the PPP mode will be given subsidy for doses they have administered under the programme.

Vaccines under the PPP mode of SIVSOP - KG/CCCs (Pilot) are provided by participating doctors who will be given subsidies for doses they have administered.

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The GVP and the VSS provide SIV to other target groups, in addition to children aged between 6 months and under 12. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs, are also involved in the implementation of the above programmes/schemes. Thus, the unit cost for each child for receiving free or subsidised SIV under each of the above programmes/schemes cannot be separately identified.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3451)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the school years from 2017/2018 to 2020/2021, please provide the following information:

1. the actual and estimated staff establishment and expenditure in relation to the School Dental Care Service (SDCS) in each school year;
2. the number of students attending the SDCS and their percentage in the total number of students in each school year;
3. the numbers of students suffering from tooth decay and periodontal disease and the percentages they accounted for in each school year;
4. the numbers of students receiving various types of treatments and the percentages they accounted for in each school year; and
5. whether there are plans to extend the SDCS to cover kindergartens/child care centres and secondary schools; if so, the details and if not, the reasons for that.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 203)

Reply:

1. The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong.

The annual expenditure of the SDCS in financial years 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

The financial provision of the SDCS for 2020-21 is \$ 291.9 million.

The approved establishment of SDCS in the financial years of 2017-18, 2018-19, 2019-20 and 2020-21 are 430, 430, 428 and 428 respectively.

2. The number and participation rate of school children joining the SDCS in 2017, 2018, 2019 and 2020 are as follows:

	2017	2018	2019	2020 (Estimate)
No. of school children	336 500	349 300	359 300	359 500
Participation rate (%)	97	96	96	> 90

3. School children participating in the SDCS will receive annual dental check-up at designated school dental clinics. Follow up appointments will be given to those who require further necessary dental treatments. In 2017-18 and 2018-19 service years, about 38% of the participating students attending annual check-up were found to have dental caries while periodontal disease was not common. Our aim is to improve their oral health and prevent dental disease through promotion and preventive efforts.
4. The number and percentage of relevant treatment items in different categories of dental treatment are as follows:

Categories of Dental Treatment	Service Year			
	2017-18		2018-19	
	No. of treatment items	Percentage of treatment items	No. of treatment items	Percentage of treatment items
Preventive Treatment*	1 327 960	82.2%	1 356 026	82.2%
Restorative Treatment	262 610	16.3%	268 855	16.3%
Miscellaneous (e.g. dental extraction)	24 720	1.5%	25 220	1.5%

* Preventive treatments mainly include individual oral health care instruction, scaling and prophylaxis, application of topical fluoride and fissure sealant.

Information for the current 2019-20 service year and for the next 2020-21 service year is not yet available.

5. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Division (OHED) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. At present, the OHED administers a “Brighter Smiles for the New Generation” Programme to help children in kindergartens and nurseries establish good tooth brushing and smart diet habits. “Brighter Smiles Playland” is also specifically designed for 4-year-old children to help them learn good oral care habits through interactive games and activities. Besides, to help secondary school students pay constant attention to oral health, OHED launched a school-based oral health promotion programme named “Teens Teeth” since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual “Love Teeth Campaign” has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)482

(Question Serial No. 3452)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for the past 3 school years and the coming school year, with a breakdown into primary, secondary and special schools:

1. the administration of laws and regulations on school safety and health by the Department of Health (DH);
2. the actual and estimated numbers of schools inspected and inspections conducted by DH in each school year;
3. the manpower and expenditure involved in each school year; and
4. the contents and numbers of non-compliance cases with health requirements by schools identified in each school year, as well as the follow-up action taken.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.:204)

Reply:

(1) – (4)

The Department of Health (DH) provides support to the Education Bureau (EDB) in conducting inspections in accordance with the Education Ordinance (Cap. 279) and the Education Regulations (Cap. 279A) with respect to relevant health requirements for schools such as floor space requirement for students, latrine requirements, etc. From 2017 to 2019, the DH conducted a total of 3 186 inspections to schools for the purposes of new registration of schools, and alteration or extension of school premises and checking of health requirements. The total number of inspections conducted is affected by factors such as number of applications that involve new school registration, and alteration or extension of school premises, etc. The projected number of inspections to schools to be conducted in 2020 is about 1 000.

A breakdown of inspections by school type for 2017, 2018 and 2019 is as follows:

	<u>2017</u>	<u>2018</u>	<u>2019</u>
<u>School Type</u>			
Primary school	151	162	115
Secondary school	89	76	120
Special school	8	36	20
Others (kindergarten, tutorial school)	753	675	981
Total	1 001	949	1 236

In 2017 to 2019, there were 92 cases of irregularities identified. The DH gave health advice to the schools to rectify the irregularities and would conduct re-inspection as necessary. The DH would also refer cases to the EDB for follow-up if cases warranted. A breakdown of irregularities identified by school type for 2017, 2018 and 2019 is as follows:

	<u>2017</u>	<u>2018</u>	<u>2019</u>
<u>School Type</u>			
Primary school	17	2	0
Secondary school	7	0	1
Special school	2	0	1
Others (kindergarten, tutorial school)	50	5	7
Total	76	7	9

For financial year 2017-2018 and 2018-2019, 3 staff and \$1.5 million were involved each year for providing support to the EDB in conducting related inspections; and for financial year 2019-20, 4 staff and \$2.2 million were involved to undertake the above work. For financial year 2020-21, 4 staff and \$2.3 million will be involved to undertake the above work.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)483

(Question Serial No. 3463)

Head: (37) Department of Health

Subhead (No. & title): ()

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health Promoting School Programme introduced in 2019, please provide the following information since its implementation:

1. the annual number of schools benefiting from the programme and the ratio between the participating secondary and primary schools;
2. the content of the programme; and
3. the staff establishment and expenditure involved.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 215)

Reply:

Based on the recommendations of the Working Group on Health Promoting School which was set up in May 2018, the Department of Health (DH) has devised a 3-year work plan in collaboration with key stakeholders for implementing the World Health Organization's Health Promoting School (HPS) framework in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity in schools including training for staff; (iii) enrolling 30 schools to participate in a pilot project in 2019/2020 and 2020/2021 school years under the HPS framework; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for adopting the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme.

In June 2019, the DH invited 30 schools (including 18 primary schools, 11 secondary schools and 1 secondary-cum-primary school) to participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years.

The DH developed a set of guidelines and a checklist to assist the participating schools to review and assess the health promotion measures in place in a systematic manner, and help the schools to set priorities according to their specific circumstances and students' health needs, as well as develop school-based strategies and action plans on health development. The DH has been providing professional support through school visits, workshops and information sharing to help these schools to gradually become a health promoting school.

The financial provision for implementing health promotion programmes in schools for 2020-21 is \$17.0 million. The manpower required for the implementation will be absorbed within the existing resources.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)484

(Question Serial No. 3464)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

1. the number of children who received child assessment services from 2015/16 to 2019/20 by age and type of developmental problem;
2. whether the targets in respect of the appointment time for new cases in child assessment centres (CACs) within 3 weeks and the completion time for assessment of new cases in CACs within 6 months can be achieved at present; if so, the details and if not, the reasons for that; and
3. the actual and estimated staff establishment, the salary points and the turnover rates of various staff of CACs from 2015/16 to 2019/20.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 216)

Reply:

1. The number of children assessed by the Child Assessment Service (CAS) of the Department of Health (DH) in 2015, 2016, 2017, 2018 and 2019 is set out in the table below-

	2015	2016	2017	2018	2019 (provisional figure)
Number of children assessed by CAS	15 958	15 395	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS in 2015, 2016, 2017, 2018 and 2019 are set out in the below table. The breakdown by age is not readily available.

Developmental conditions	Number of newly diagnosed cases				
	2015	2016	2017	2018	2019 (provisional figures)
Attention/Hyperactive Problems / Disorders	2 890	2 809	2 855	3 284	3 579
Autism Spectrum Disorder	2 021	1 905	1 716	1 861	1 891
Borderline Developmental Delay	2 262	2 205	2 371	2 637	2 926
Developmental Motor Coordination Problems / Disorders	1 888	1 822	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	643	506	507	534	510
Hearing Loss (Moderate to profound grade)	76	67	71	85	65
Language Delay / Disorders and Speech Problems	3 487	3 627	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48	42
Significant Developmental Delay / Intellectual Disability	1 443	1 323	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	43	29	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

2. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in the past 5 years were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

3. The approved establishment in the CAS from 2015-16 to 2019-20 and the respective monthly mid-point salary of the individual rank are as follows-

Rank	Monthly mid-point salary	2015-16	2016-17	2017-18	2018-19	2019-20
Consultant	\$190,300	1	1	1	1	1
Senior Medical and Health Officer	\$126,220	8	9	9	10	10
Medical and Health Officer	\$97,745	12	14	14	14	14
Senior Nursing Officer	\$82,105	1	1	1	1	2
Nursing Officer	\$64,270	8	9	9	9	11
Registered Nurse	\$40,515	18	20	20	20	27
Scientific Officer (Medical)	\$82,105	5	5	5	5	5
Senior Clinical Psychologist	\$126,220	1	1	2	2	2
Clinical Psychologist	\$82,105	20	22	20*	20*	20*
Speech Therapist	\$53,500	12	13	13	13	16
Optometrist	\$38,595	2	2	2	2	2
Senior Occupational Therapist	\$82,105	0	0	0	0	1
Occupational Therapist I	\$61,415	7	8	8	8	8
Senior Physiotherapist	\$82,105	0	0	0	0	1
Physiotherapist I	\$61,415	5	6	6	6	6
Hospital Administrator II	\$42,545	1	1	1	1	1
Electrical Technician	\$38,595	2	2	1	1	1
Senior Executive Officer	\$93,710	0	0	1	1	1
Executive Officer I	\$67,295	1	1	0	0	0
Executive Officer II	\$44,555	0	0	1	1	1
Clerical Officer	\$38,595	1	1	1	1	1
Assistant Clerical Officer	\$24,070	10	11	11	11	15
Clerical Assistant	\$18,795	17	19	20	20	23
Office Assistant	\$16,565	2	2	1	1	1
Personal Secretary I	\$38,595	1	1	1	1	1
Workman II	\$14,945	10	12	12	12	12
Total:		145	161	160	161	183

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

A team approach is adopted in the CAS and hence a breakdown of manpower by centre is not available. Statistics on the wastage of staff for individual offices are not separately kept.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4492)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on:

- a. the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examination during various phases of the Pilot Programme, broken down by age and gender;
- b. the provisions, manpower and expenditure involved since the implementation of the Pilot Programme;
- c. the plans and timetable for the regularisation of the Pilot Scheme in the future; the anticipated number of participants each year and the effectiveness of the Pilot Programme; and the provisions, manpower and expenditure involved; and
- d. the estimates, manpower and expenditure projected for 2020-21?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 58)

Reply:

- (a) Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has been fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 cases of colorectal cancers have been

diagnosed and referred to public or private sector for further management. Breakdown of the number of participants (as at end February 2020) since the introduction of the Pilot Programme, by year of birth and gender, is appended below -

Phase (Launch date) (A)	Year of birth of new eligible participants covered in respective phase	Number of participants since the launch date (column (A)) up to end February 2020	
		Male	Female
<i>Pilot phase</i>			
Phase 1 (28 September 2016)	1946-1948	15 200	17 200
Phase 2 (27 February 2017)	1949-1951	17 000	20 200
Phase 3 (27 November 2017)	1952-1955	19 800	26 400
<i>Regularised phase</i>			
Phase 1 (6 August 2018)	1942-1945 1956-1957	13 300	16 200
Phase 2 (1 January 2019)	1958-1963	9 700	15 800
Phase 3 (1 January 2020)	1964-1970	800	1 000

(b) - (d)

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are \$44.6 million, \$90.0 million and \$123.1 million respectively, and the revised estimates in 2019-20 is \$147.1 million. In 2020-21, the total provision of the CRCSP is \$281.8 million. The number of civil service establishment involved in the CRCSP in the Department of Health is 25.

At the time of planning regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Based on the experience in Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)486

(Question Serial No. 4506)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health has arranged to set up quarantine centres at several sites in view of COVID-19. In this connection, please advise this Committee on: (a) whether objective standards apply as far as the environment and facilities of these quarantine centres are concerned; (b) in tabular form, the respective numbers of beds/units used for confinement, the number of persons served, the government departments involved and the respective manpower, the rental charges of these sites, as well as the expenditure on compensation to the owners as of the date of this reply by quarantine centre.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 76)

Reply:

(a)

Currently, there are 4 quarantine centres namely the Chai Wan Lei Yue Mun Park and Holiday Village, the Heritage Lodge at the Jao Tsung-I Academy and Chun Yeung Estate, Fo Tan and the Junior Police Call Permanent Activity Centre in Pat Heung(JPC Centre). When searching for the sites, the Government has thoroughly considered whether the facilities meet the requirements for a quarantine centre including location, overall facilities, environment and the possible impact to the residents etc. It will also be ensured that operation of all the quarantine centres meets stringent requirements.

(b)

As at 8 April 2020, the quarantine centres have accumulatively accommodated 4 269 people. The capacity and the monthly rent of the 4 quarantine centres in use are tabulated below –

Quarantine centre	Capacity		Monthly rent
Lei Yue Mun Park and Holiday Village	145 units		N/A
Heritage Lodge at the Jao Tsung-I Academy	53 units		Around \$2.7 million

Chun Yeung Estate	1 454 units		N/A
JPC Centre	85 units		N/A

The Government provided one-off compensation of around \$0.1 million for the use of Heritage Lodge at the Jao Tsung-I Academy as a quarantine centre.

The operation of the quarantine centres involve a number of departments, including the Department of Health (DH), the Civil Aid Service, the Auxiliary Medical Service, etc. Relevant expenditures arising from operating the quarantine centres would be subsumed under DH's overall allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4511)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding those in quarantine or isolation in accordance with the Prevention and Control of Disease Regulation (Cap 599A) in view of COVID-19, please advise on:

- (1) the respective numbers of persons who have undergone a compulsory 14-day quarantine in quarantine centres or designated places from the first case in 2020 to date; and
- (2) by quarantine centre, (a) the content; (b) quantity; and (c) sum of money involved in relation to the following daily necessities provided to them by the Government upon request:
(A) food; (B) personal hygiene items; (C) clothes; (D) electronic items and electrical appliances; (E) stationery, newspapers, magazines and books; (F) others (please specify).

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 82)

Reply:

(1)

As at 8 April 2020, the quarantine centres have accumulatively accommodated 4 269 people.

(2)

The Social Welfare Department (SWD) provides personal essentials to confinees upon their requests to meet their daily needs. As at 29 February 2019, SWD has delivered around 192 600 items in total to all quarantine facilities. The expenditure arising is around \$1.3 million.

CONTROLLING OFFICER'S REPLY

FHB(H)488

(Question Serial No. 4520)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, the estimate for 2020 is 17 to 24 fewer than the actual numbers of inspections in 2018 and 2019. In this connection, what are the reasons for the decreased number of inspections?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 101)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as the number of applications for new services, and number of complaints received.

In 2020, it is estimated that a total of 150 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)489

(Question Serial No. 4549)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to public mortuaries, please advise on:

1. the utilisation rates, the numbers of cases on the waiting list and their waiting time in the past 5 years;
2. the staff establishment in the past 5 years; and
3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 130)

Reply:

1. The 3 public mortuaries operated by the Forensic Pathology Service (FPS) of the Department of Health, namely Victoria Public Mortuary (VPM), Fu Shan Public Mortuary (FSPM) and Kwai Chung Public Mortuary (KCPM), are specialised forensic pathology facilities for conducting medico-legal investigation of deaths that are reportable to the Coroner in accordance with the Coroners Ordinance (Cap. 504). The public mortuaries receive deceased bodies round-the-clock without waiting time for the service. The average utilisation rate of the regular body storage capacity of the 3 public mortuaries in the past 5 years are as follows:

Public mortuary	Average utilisation rate of the regular body storage capacity*				
	2015	2016	2017	2018	2019
VPM	79.9%	75.4%	80.9%	91.7%	100.5%
FSPM	99.4%	102.3%	110.2%	114.6%	112.6%

Public mortuary	Average utilisation rate of the regular body storage capacity*				
	2015	2016	2017	2018	2019
KCPM	88.3%	92.3%	98.1%	105.9%	112.7%

* Refers to the capacity of regular body storage racks inside the cold rooms of the public mortuaries, on which bodies are stored on separate decks. When the regular racks are about to be fully utilised, mobile racks are deployed for body storage.

2. The approved staff establishment of the FPS in the past 5 years (from 2015-16 to 2019-20) is 73.

3. To meet the increasing service demand and enhance the quality of service, the Government will reprovise FSPM and VPM. For FSPM, funding approval was obtained from the Legislative Council Finance Committee in July 2018 and construction work is in progress. The regular body storage capacity of the reprovise FSPM will be increased from currently 216 to 830. In March 2019 we consulted the Central and Western District Council on the reprovise of VPM, with regular body storage capacity proposed to be increased from 70 to 358. In December 2019, we briefed the Legislative Council Panel on Health Services on the project. We target to submit funding proposal to the Public Works Subcommittee for consideration in due course.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)490

(Question Serial No. 4552)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco control work, please advise on the following for the past 3 years:

- (a) the expenditure, staff establishment and numbers of front-line enforcement staff of the Tobacco and Alcohol Control Office (TACO);
- (b) the numbers of complaints received, proactive enforcement actions in relation to tobacco control taken, including regular inspections (including online ones), surprise inspections (including online ones) and decoy operations (including online ones) as well as prosecutions instituted and convictions;
- (c) the numbers of complaints received, proactive enforcement actions in relation to alcohol control taken, including regular inspections (including online ones), surprise inspections (including online ones) and decoy operations (including online ones) as well as prosecutions instituted and convictions;
- (d) how to ensure that the TACO, with its current establishment, will be able to handle the work on tobacco control, alcohol control and regulation of electronic cigarettes at the same time for the effective implementation of the relevant laws; whether the Government has any plans to allocate additional manpower and resources in this regard; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 133)

Reply:

(a)

The Tobacco and Alcohol Control (TACO) of the Department of Health (DH) is responsible for enforcing Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditure and approved establishment of TACO in the past 3 years are at **Annexes 1 and 2** respectively.

(b)

The number of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by the TACO for the period from 2017 to 2019 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		2017	2018	2019
Complaints received		18 354	18 100	15 573
Inspections conducted		33 159	32 255	34 680
FPNs issued (for smoking offences)		9 711	8 684	8 068
Summonses issued	for smoking offences	149	140	67
	for other offences (such as wilful obstruction and failure to produce identity document)	78	68	42
	(as of 4 March 2020)			
	- Convicted	(197)	(189)	(75)
	- Pending hearing results	(10)	(10)	(31)
	- Not convicted	(20)	(9)	(3)

(c)

The ban on the sale and supply of intoxicating liquor to minors in the course of business under Cap. 109B came into effect on 30 November 2018. In December 2018 and in 2019, TACO conducted 814 and 14 862 inspections respectively at retailers to check compliance with the new legal requirements. On the other hand, inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. The number of complaints received, inspections conducted, advisory letters and summonses issued for the period from December 2018 to 2019 are as follows:

	2018 (December)	2019
Complaints received	31	108
Inspections conducted	21*	262
Advisory letter issued	11	15
Summonses issued	0	1
Convicted case	0	1

* Inspections in relation to some complaints received in December 2018 were conducted in 2019.

(d)

The DH will continue to review the need for strengthening its manpower to cope with new enforcement tasks and seek additional resources through the established procedures as necessary.

Expenditures/Provision of
the Department of Health's Tobacco and Alcohol Control Office

	2017-18 (\$ million)	2018-19 (\$ million)	2019-20 Revised Estimate (\$ million)
<u>Enforcement</u>			
Programme 1: Statutory Functions	61.5	78.6	97.7
<u>Health Education and Smoking Cessation</u>			
Programme 3: Health Promotion	124.4	125.4	131.2
<u>(a) General health education and promotion of smoking cessation</u>			
<i>TACO</i>	49.8	50.4	55.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	23.9	24.0	27.8
<i>Sub-total</i>	<u>73.7</u>	<u>74.4</u>	<u>83.3</u>
<u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u>			
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	34.0	30.6
<i>Subvention to Pok Oi Hospital</i>	7.2	7.3	7.3
<i>Subvention to Po Leung Kuk</i>	1.5	1.7	1.6
<i>Subvention to Lok Sin Tong</i>	2.7	2.7	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4	2.4	2.6
<i>Sub-total</i>	<u>50.7</u>	<u>51.0</u>	<u>47.9</u>
Total	<u>185.9</u>	<u>204.0</u>	<u>228.9</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office

Rank	2017-18	2018-19	2019-20
<u>Head, TACO</u>			
Consultant	-	1	1
Principal Medical & Health Officer	1	-	-
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	-	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	105	121
Senior Executive Officer/ Executive Officer	9	13	13
<i>Sub-total</i>	<u>106</u>	<u>127</u>	<u>143</u>
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>
<u>Administrative and General Support</u>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	19	19
Motor Driver	1	1	1
<i>Sub-total</i>	<u>22</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>140</u>	<u>163</u>	<u>179</u>

CONTROLLING OFFICER'S REPLY

FHB(H)491

(Question Serial No. 4574)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please tabulate:

- (1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public due to cosmetic procedures in the past 5 years; and in the case such statistics are not available, the reasons why;
- (2) the numbers of prosecutions and convictions for illegal medical practice against the practitioners of the beauty industry in the past 5 years; and
- (3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 155)

Reply:

(1)

The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)

Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for its investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and

dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)492

(Question Serial No. 4575)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Department of Health (DH) please advise on:

- (1) the number of beauty parlours in Hong Kong;
- (2) the nature of traders registered with the DH under the Medical Device Administrative Control System whose medical devices are available on the market at present, as well as the types, number, classification of energy output, classes (Classes I to V) and risk levels (Classes A to D) of such devices; and
- (3) the numbers of inspections conducted by the Police and the DH for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years (if no relevant information is available, the reasons for not producing such statistics)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 156)

Reply:

- (1) The Department of Health (DH) does not maintain information on the number of beauty parlours in Hong Kong.
- (2) The current scope of the voluntary Medical Device Administrative Control System (MDACS) covers the listing of Class II, III and IV general medical devices, Class B, C and D in vitro diagnostic medical devices (IVDMD), local responsible persons, local manufacturers, importers and distributors of medical devices as well as the recognition of conformity assessment bodies.

Medical devices are classified according to the recommended classification scheme of the International Medical Device Regulators Forum (IMDRF) (previously known as Global Harmonization Task Force (GHTF)). Under the classification scheme, medical devices are grouped according to risk level, with Class IV general medical

devices and Class D IVDMDs bearing the highest risk, whereas Class I general medical devices and Class A IVDMDs bearing the lowest risk. As of 29 February 2020, 4 060 medical devices were listed under MDACS.

- (3) Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and dentistry respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)493

(Question Serial No. 4578)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please tabulate:

- (1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public due to cosmetic procedures in the past 5 years;
- (2) the numbers of prosecutions and convictions for illegal medical practice against beauticians in the past 5 years; and
- (3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 159)

Reply:

(1)

The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)

Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for its investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2015 to 2019, 43, 28 and 21 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 1 and 1 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese medicine and dentistry respectively.

CONTROLLING OFFICER'S REPLY

FHB(H)494

(Question Serial No. 4579)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres on Hong Kong Island from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 160)

Reply:

Details of the clinics/health centres on Hong Kong Island are at **Annex**. There are no Child Assessment Centres, Clinical Genetic Service Centres and Integrated Treatment Centres on Hong Kong Island.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ^{1,2}	6	6	6	124 247	115 108	110 655
(2)	Woman Health Centres ¹	1	1	1	5 659	5 604	5 744
(3)	Dental Clinics with general public sessions ^{3,4,5}	1	1	1	6 599	7 191	6 071
(4)	Elderly Health Centres ^{1,4,6}	4	4	4	44 175	48 761	48 724
(5)	Student Health Service Centres ⁷	2	2	2	71 300	71 800	73 700
(6)	School Dental Clinics ^{4,7}	1	1	1	66 769	66 175	67 387
(7)	Special Assessment Centres for students ⁷	2	2	2	26 500	26 400	23 800
(8)	Methadone Day Clinics	2	2	2	147 700	152 900	135 800
(9)	Methadone Evening Clinics	2	2	2	48 000	44 500	41 900
(10)	Female Social Hygiene Clinics	3	3	3	18 010	18 839	19 170
(11)	Male Social Hygiene Clinics						
(12)	Dermatological Clinics ^{1,5}	4	4	4	58 912	54 669	50 826
(13)	Chest Clinics ^{1,5}	4	4	4	38 978	37 944	32 515
(14)	Travel Health Centres ^{4,5}	1	1	1	3 512	4 326	3 861
(15)	Families Clinics ⁴	2	2	2	134 000	124 000	116 000

Notes

1. The waiting time for Maternal and Child Health Centres (MCHCs), Woman Health Centre, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 37 months depending on the nature of services delivered.
2. Anne Black MCHC has ceased operation temporarily since 2 July 2019 due to major renovation and the service demand during its renovation is met by the nearby MCHC.
3. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
4. The Elderly Health Centres, School Dental Clinic and Travel Health Centre are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 82% to 91% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinics is above 98%.
5. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinics are 84 and 28-92 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.

For Travel Health Centre, the daily consultation quotas and daily consultation quotas per doctor are 13.

6. The number of elders waiting for enrolment for Elderly Health Centres is 5 569, 6 052 and 4 367 for 2017, 2018 and 2019 respectively.
7. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)495

(Question Serial No. 4580)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon West from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 161)

Reply:

Details of the clinics/health centres in Kowloon West are at **Annex**. There are no Woman Health Centres, Special Assessment Centres for students and Integrated Treatment Centres in Kowloon West.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	3	3	3	121 117	113 915	105 929
(2)	Dental Clinics with general public sessions ^{2,3,4}	1	1	1	5 234	5 419	4 457
(3)	Elderly Health Centres ^{1,3,5}	3	3	3	26 232	26 257	27 110
(4)	Student Health Service Centres ^{6,7}	1	1	1	39 800	40 800	43 200
(5)	School Dental Clinics ^{3,6}	2	2	2	105 500	107 042	107 400
(6)	Methadone Day Clinics	2	2	2	415 400	427 200	370 300
(7)	Methadone Evening Clinics	2	2	2	136 900	141 900	122 100
(8)	Female Social Hygiene Clinics	1	1	1	10 913	10 214	10 209
(9)	Male Social Hygiene Clinics	1	1	1	29 204	27 848	25 920
(10)	Dermatological Clinics ^{1,4}	2	2	2	82 755	74 891	69 018
(11)	Chest Clinics ^{1,4}	3	3	3	40 157	34 134	29 157
(12)	Child Assessment Centres	1	1	1	5 489	5 632	5 492
(13)	Clinical Genetic Service Centres	4	4	4	43 310	41 358	39 934
(14)	Travel Health Centres ^{3,4}	1	1	1	2 810	3 115	3 183
(15)	Families Clinics ³	1	1	1	73 000	6 7000	64 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinics and Chest Clinics varies ranging from 1 working day to 45 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 87% to 88% from 2017-18 to 2019-20 (up to January 2020). The utilisation rates of Travel Health Centre range from 88% to 100% from 2017 to 2019. The overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinics are 42-84 and 140-171 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8. For Travel Health Centre, the daily consultation quotas and daily consultation quotas per doctor are 13.

5. The number of elders waiting for enrolment for Elderly Health Centres is 2 860, 3 122 and 2 059 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.
7. The numbers of clinics and attendances have excluded the West Kowloon Government Offices Student Health Service Centre which opened on 1 November 2019.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)496

(Question Serial No. 4581)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kowloon East from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 162)

Reply:

Details of the clinics/health centres in Kowloon East are at **Annex**. There are no Clinical Genetic Service Centres, Travel Health Centres and Families Clinics in Kowloon East.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ^{1,2}	6	6	6	123 095	118 494	115 959
(2)	Woman Health Centres ¹	1	1	1	7 301	7 366	7 399
(3)	Dental Clinics with general public sessions ^{3,4,5}	1	1	1	3 990	4 023	3 360
(4)	Elderly Health Centres ^{1,4,6}	2	2	2	16 180	16 699	17 108
(5)	Student Health Service Centres ⁷	3	3	3	115 400	118 300	122 400
(6)	School Dental Clinics ^{4,7}	1	1	1	50 131	53 255	54 235
(7)	Special Assessment Centres for students ⁷	1	1	1	27 900	26 400	25 600
(8)	Methadone Day Clinics	1	1	1	212 500	213 400	189 900
(9)	Methadone Evening Clinics	3	3	3	150 500	152 400	133 200
(10)	Female Social Hygiene Clinics	1	1	1	9 114	8 782	8 116
(11)	Male Social Hygiene Clinics						
(12)	Dermatological Clinics ^{1,5}	1	1	1	40 597	36 475	31 451
(13)	Chest Clinics ^{1,5}	2	2	2	28 445	25 959	24 087
(14)	Child Assessment Centres	1	2	2	7 187	8 997	9 090
(15)	Integrated Treatment Centres ¹	1	1	1	15 239	14 970	15 230

Notes

1. The waiting time for Maternal and Child Health Centres (MCHCs), Woman Health Centre, Elderly Health Centres, Dermatological Clinic, Chest Clinics and Integrated Treatment Centre varies ranging from 1 working day to 46 months depending on the nature of services delivered.
2. Robert Black MCHC ceased operation from 21 November 2016 to 31 December 2018 due to major renovation and the service demand during its renovation was met by the nearby MCHCs.
3. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
4. The Elderly Health Centres and School Dental Clinic are fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 95% to 98% from 2017-18 to 2019-20 (up to January 2020).
5. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinic are 84 and 201 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.

6. The number of elders waiting for enrolment for Elderly Health Centres is 1 620, 1 635 and 1 761 for 2017, 2018 and 2019 respectively.
7. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)497

(Question Serial No. 4582)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the numbers, utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in New Territories East from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 163)

Reply:

Details of the clinics/health centres in New Territories East are at **Annex**. There are no Woman Health Centres, Special Assessment Centres for students, Methadone Day Clinics, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in New Territories East.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	5	5	5	262 656	249 125	239 168
(2)	Dental Clinics with general public sessions ^{2,3,4}	3	3	3	6 171	6 096	5 146
(3)	Elderly Health Centres ^{1,3,5}	4	4	4	49 889	49 337	54 326
(4)	Student Health Service Centres ⁶	3	3	3	80 100	84 500	89 000
(5)	School Dental Clinics ^{3,6}	2	2	2	82 670	87 802	90 526
(6)	Methadone Evening Clinics	3	3	3	114 500	113 100	98 700
(7)	Female Social Hygiene Clinics	1	1	1	10 011	8 650	8 074
(8)	Male Social Hygiene Clinics						
(9)	Dermatological Clinics ^{1,4}	1	1	1	26 361	24 517	23 445
(10)	Chest Clinics ^{1,4}	4	4	4	28 810	27 798	25 943
(11)	Child Assessment Centres	2	2	2	12 154	12 675	12 410
(12)	Families Clinics ³	1	2	2	37 000	41 200	49 000

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centres, Dermatological Clinic and Chest Clinics varies ranging from 1 working day to 26 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centres and School Dental Clinics are fully utilised. The utilisation rates of the Dental Clinics with general public sessions range from 88% to 97% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinics is above 98%.
4. The daily consultation quotas for Dental Clinics with general public sessions and Dermatological Clinic are 42-50 and 81 respectively during the period from 2017 to 2019. For Chest Clinics, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centres is 6 003, 7 168 and 5 841 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

CONTROLLING OFFICER'S REPLY

FHB(H)498

(Question Serial No. 4583)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Islands District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 164)

Reply:

Details of the clinics/health centres in Islands District are at **Annex**. There are no Woman Health Centres, Student Health Service Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Islands District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	3	3	3	19 020	21 433	19 348
(2)	Dental Clinics with general public sessions ^{2,3,4}	2	2	2	289	378	318
(3)	Elderly Health Centres ^{1,3,5}	1	1	1	7 959	7 900	8 069
(4)	Methadone Day Clinics	1	1	1	5 000	4 900	5 300
(5)	Chest Clinics ^{1,4}	2	2	2	2 248	1 846	1 639

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinics varies ranging from 1 working day to 10 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre is fully utilised, the utilisation rates of the Dental Clinics with general public sessions range from 23% to 74% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quota for Dental Clinics with general public sessions is 32 from 2017-18 to 2019-20 (up to January 2020). For Chest Clinics, the number of patient per doctor per consultation hour is 7.
5. The number of elders waiting for enrolment for Elderly Health Centre is 629, 549 and 471 for 2017, 2018 and 2019 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)499

(Question Serial No. 4584)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form the utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Yuen Long District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 165)

Reply:

Details of the clinics/health centres in Yuen Long District are at **Annex**. There are no Woman Health Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Day Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Yuen Long District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	2	2	2	111 253	105 134	103 740
(2)	Dental Clinics with general public sessions ^{2,3,4}	1	1	1	3 851	3 910	3 325
(3)	Elderly Health Centres ^{1,3,5}	1	1	1	7 370	7 258	7 309
(4)	Student Health Service Centres ⁶	1	1	1	38 600	39 900	41 500
(5)	Methadone Evening Clinics	1	1	1	89 600	93 800	81 500
(6)	Chest Clinics ^{1,4}	1	1	1	6 877	6 768	5 832

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinic varies ranging from 1 working day to 21 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre is fully utilised, the utilisation rates of the Dental Clinic with general public sessions range from 93% to 96% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quota for Dental Clinic with general public sessions is 42 from 2017-18 to 2019-20 (up to January 2020). For Chest Clinic, the number of patient per doctor per consultation hour is 7.
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 527, 1 840 and 1 366 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)500

(Question Serial No. 4585)

Head: (37) Department of Health
Subhead (No. & title): (-) Not Specified
Programme: (2) Disease Prevention
Controlling Officer: Director of Health (Dr. Constance CHAN)
Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Tuen Mun District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 166)

Reply:

Details of the clinics/health centres in Tuen Mun District are at **Annex**. There are no Special Assessment Centres for students, Methadone Day Clinics, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Tuen Mun District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	2	2	2	81 261	81 097	78 059
(2)	Woman Health Centres ¹	1	1	1	6 757	6 790	5 943
(3)	Dental Clinics with general public sessions ^{2,3,4}	1	1	1	2 015	2 016	1 686
(4)	Elderly Health Centres ^{1,3,5}	1	1	1	9 494	9 315	9 379
(5)	Student Health Service Centres ⁶	1	1	1	28 100	28 800	31 100
(6)	School Dental Clinics ^{3,6}	1	1	1	70 453	71 499	70 720
(7)	Methadone Evening Clinics	1	1	1	83 400	84 600	77 600
(8)	Female Social Hygiene Clinics	1	1	1	9 411	8 627	8 299
(9)	Male Social Hygiene Clinics						
(10)	Dermatological Clinics ^{1,4}	1	1	1	27 589	26 323	24 220
(11)	Chest Clinics ^{1,4}	1	1	1	20 812	18 683	18 138
(12)	Child Assessment Centres	1	1	1	5 384	5 610	5 186

Notes

1. The waiting time for Maternal and Child Health Centres, Woman Health Centre, Elderly Health Centre, Dermatological Clinic and Chest Clinic varies ranging from 1 working day to 25 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. While the Elderly Health Centre and School Dental Clinic are fully utilised, the utilisation rates of the Dental Clinic with general public sessions range from 96% to 98% from 2017-18 to 2019-20 (up to January 2020).
4. The daily consultation quotas for Dental Clinic with general public sessions and Dermatological Clinic are 42 and 134 respectively during the period from 2017 to 2019. For Chest Clinic, the number of patient per doctor per consultation hour is 8.
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 688, 2 056 and 2 098 for 2017, 2018 and 2019 respectively.
6. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

CONTROLLING OFFICER'S REPLY

FHB(H)501

(Question Serial No. 4586)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Tsuen Wan District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 167)

Reply:

Details of the clinics/health centres in Tsuen Wan District are at **Annex**. There are no Woman Health Centres, Student Health Service Centres, School Dental Clinics, Special Assessment Centres for students, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Chest Clinics, Child Assessment Centres, Clinical Genetic Service Centres, Travel Health Centres and Integrated Treatment Centres in Tsuen Wan District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	1	1	1	67 637	59 168	56 593
(2)	Dental Clinics with general public sessions ^{2,3,4}	1	1	1	7 808	7 994	6 730
(3)	Elderly Health Centres ^{1,3,5}	1	1	1	9 163	10 802	11 263
(4)	Methadone Day Clinics	1	1	1	174 600	171 300	158 600
(5)	Families Clinics ³	1	1	1	53 000	53 000	52 000

Notes

1. The waiting time for Maternal and Child Health Centre and Elderly Health Centre varies ranging from 1 working day to 16 months depending on the nature of services delivered.
2. It refers to financial years of 2017-18, 2018-19 and 2019-20 (up to 31 January 2020).
3. The Elderly Health Centre is fully utilised. The utilisation rates of the Dental Clinic with general public sessions range from 95% to 97% from 2017-18 to 2019-20 (up to January 2020), and the overall utilisation rate of Families Clinic is above 98%.
4. The daily consultation quota for Dental Clinic with general public sessions is 84 from 2017-18 to 2019-20 (up to January 2020).
5. The number of elders waiting for enrolment for Elderly Health Centre is 1 350, 1 070 and 847 for 2017, 2018 and 2019 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)502

(Question Serial No. 4587)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide in table form utilisation rates of services, actual numbers of attendances, daily consultation quotas, daily consultation quotas per doctor; where patients have had a wait for the services, the numbers of cases waiting for appointment, the average waiting time and the longest waiting time of the following clinics/health centres in Kwai Tsing District from 2017 to 2020:

(1) Maternal and Child Health Centres; (2) Woman Health Centres; (3) Dental Clinics with general public sessions; (4) Elderly Health Centres; (5) Student Health Service Centres; (6) School Dental Clinics; (7) Special Assessment Centres for students; (8) Methadone Day Clinics; (9) Methadone Evening Clinics; (10) Female Social Hygiene Clinics; (11) Male Social Hygiene Clinics; (12) Dermatological Clinics; (13) Chest Clinics; (14) Child Assessment Centres; (15) Clinical Genetic Service Centres; (16) Travel Health Centres; (17) Families Clinics; and (18) Integrated Treatment Centres.

Asked by: Hon KWOK Ka-Ki (LegCo internal reference no.: 168)

Reply:

Details of the clinics/health centres in Kwai Tsing District are at **Annex**. There are no Woman Health Centres, Dental Clinics with general public sessions, Special Assessment Centres for students, Methadone Day Clinics, Methadone Evening Clinics, Female Social Hygiene Clinics, Male Social Hygiene Clinics, Dermatological Clinics, Clinical Genetic Service Centres, Travel Health Centres, Families Clinics and Integrated Treatment Centres in Kwai Tsing District.

Other than those set out in the **Annex**, statistics on utilisation rates of services, daily consultation quotas, daily consultation quotas per doctor, the numbers of cases waiting for appointment, the average/longest waiting time are not readily available/not applicable to individual clinics/health centres. Figures for 2020 are not yet available.

Clinics / Health Centres		No. of Clinics / Health Centres			Actual Number of Attendances		
		2017	2018	2019	2017	2018	2019
(1)	Maternal and Child Health Centres ¹	3	3	3	50 475	45 592	45 495
(2)	Elderly Health Centres ^{1,2,4}	1	1	1	7 569	7 927	8 002
(3)	Student Health Service Centres ⁵	1	1	1	42 800	43 300	46 000
(4)	School Dental Clinics ^{2,5}	1	1	1	52 126	53 077	55 926
(5)	Chest Clinics ^{1,3}	1	1	1	20 212	18 817	18 415
(6)	Child Assessment Centres	1	1	1	7 209	6 413	5 827

Notes

1. The waiting time for Maternal and Child Health Centres, Elderly Health Centre and Chest Clinic varies ranging from 1 working day to 12 months depending on the nature of services delivered.
2. The Elderly Health Centre and School Dental Clinic are fully utilised.
3. The number of patient per doctor per consultation hour is 8.
4. The number of elders waiting for enrolment for Elderly Health Centre is 569, 635 and 376 for 2017, 2018 and 2019 respectively.
5. Referring to service years of 2016/17, 2017/18 and 2018/19 respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)503

(Question Serial No. 4596)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 43 of the Budget Speech that the Department of Health (DH) will renovate its clinics in phases. In this connection, please inform this Committee of: (1) the number of clinics and facilities that the DH expects to renovate; (2) the criteria for deciding which clinics and facilities to renovate; (3) the progress of the renovation works, their completion target and the expenditures involved; (4) whether there is any impact on its services during the clinic renovation, and if so, what action the DH will take.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 177)

Reply:

In consultation with relevant departments, DH is working out the works schedule and resources required for the proposed scope of improvement works, and planning for a consultancy study to develop design guidelines with a view to upgrading existing clinic facilities and delivering quality service. The list of clinics to be renovated will be determined upon completion of the consultancy study. Factors to be considered when selecting and prioritising the clinics to be renovated include the age and physical condition of the clinics, and the availability of suitable decanting arrangements.

To minimise disruption to public services during the renovation of clinics, DH is actively preparing decanting plans.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)504

(Question Serial No. 4604)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (8) Personnel Management of Civil Servants Working in Hospital Authority

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

On Personnel Management of Civil Servants Working in Hospital Authority, please advise on: (1) the number of staff involved, the breakdown in terms of their respective departments and duties; and (2) the reasons for the decrease in number and whether additional manpower will be deployed in this regard.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 187)

Reply:

- (1) Breakdowns of the number of civil servants working in the Hospital Authority (HA) by ranks and by hospitals are at **Annexes I** and **II** respectively.
- (2) The number of civil servants working in HA would decrease from 962 as at 1 April 2019 to an estimated total of 795 as at 1 April 2020. The reduction of civil servants working in HA is due to natural wastage including retirement. The HA will cover the loss of capacity through internal redeployment or by recruitment of new staff on HA terms of service.

Civil Servants Working in the Hospital Authority by Ranks

Grade/Rank	Number of staff (as projected at 1 April 2020)
MEDICAL & HEALTH OFFICER GRADES	
Consultant D3	2
Consultant (Hospital Services)	4
Senior Medical & Health Officer	9
Associate Consultant	4
Medical & Health Officer	36
Sub-total	<u>55</u>
NURSING & ALLIED GRADES	
General Manager (Nursing)	2
Chief Nursing Officer	1
Senior Nursing Officer	11
Departmental Operations Manager	11
Ward Manager	38
Nurse Specialist	3
Nursing Officer	117
Nursing Officer (Education)	4
Registered Nurse	88
Senior Nursing Officer (Psychiatric)	1
Nursing Officer (Psychiatric)	42
Registered Nurse (Psychiatric)	36
Enrolled Nurse	18
Enrolled Nurse (Psychiatric)	30
Sub-total	<u>402</u>

Grade/Rank	Number of staff (as projected at 1 April 2020)
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	6
Chief Dispenser	7
Senior Dispenser	45
Dispenser	96
Senior Medical Technologist	2
Medical Technologist	15
Medical Technologist (Hospital Services)	1
Medical Laboratory Technician I	1
Occupational Therapy Assistant	4
Pharmacist	2
Physicist	1
Physiotherapist I	4
Prosthetist-Orthotist I	1
Senior Radiographer	11
Radiographer I	26
Scientific Officer (Medical)	2
Sub-total	<u>224</u>
HOSPITAL ADMINISTRATOR GRADE	
Cluster General Manager (Human Resources)	1
General Manager (Administrative Services)	2
Senior Hospital Administrator	3
Sub-total	<u>6</u>
OTHER DEPARTMENTAL GRADES	
Artisan	4
Cook	3
Darkroom Technician	2

Grade/Rank	Number of staff (as projected at 1 April 2020)
OTHER DEPARTMENTAL GRADES	
Chief Electrical Technician	1
Senior Electrical Technician	1
Electrical Technician	5
Foreman	2
Health Care Assistant	4
Chief Hospital Foreman	1
Senior Hospital Foreman	3
Hospital Foreman	5
Hostel Manager/Manageress	1
Laboratory Attendant	10
Laundry Worker	1
Operating Theatre Assistant	9
Operation Assistant II	2
X-Ray Mechanic	1
Sub-total	<u>55</u>
MODEL SCALE I GRADES	
Ward Attendant	11
Workman I	1
Workman II	39
Sub-total	<u>51</u>
GENERAL GRADES	
Personal Secretary II	1
Telephone Operator	1
Sub-total	<u>2</u>
Total	<u>795</u>

Civil Servants Working in the Hospital Authority by Hospitals

Hospital	Number of staff (as projected at 1 April 2020)
Alice Ho Miu Ling Nethersole Hospital	20
Bradbury Hospice	2
Cheshire Home, Shatin	1
Caritas Medical Centre	6
Castle Peak Hospital /Siu Lam Hospital	49
TWGHs Fung Yiu King Hospital	1
Grantham Hospital	5
Haven of Hope Hospital	1
Hong Kong Children's Hospital	6
Hong Kong Eye Hospital	3
Kwai Chung Hospital	43
Kowloon Hospital	43
Kwong Wah Hospital / Wong Tai Sin Hospital	11
North District Hospital	21
North Lantau Hospital	3
Our Lady of Maryknoll Hospital	10
Princess Margaret Hospital	56
Pok Oi Hospital	3
Prince of Wales Hospital	87
Pamela Youde Nethersole Eastern Hospital	51
Queen Elizabeth Hospital	131
Queen Mary Hospital / Duchess of Kent Children's Hospital	73
Ruttonjee Hospital / Tang Shiu Kin Hospital	10
Shatin Hospital	12

Hospital	Number of staff (as projected at 1 April 2020)
St John Hospital	4
Tseung Kwan O Hospital	22
Tuen Mun Hospital	55
Tai Po Hospital	5
Tin Shui Wai Hospital	1
Tung Wah Eastern Hospital	1
Tung Wah Hospital	3
United Christian Hospital	29
Yan Chai Hospital	27
Total	<u>795</u>

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)505****(Question Serial No. 4605)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Elderly Health Care Voucher Scheme, please advise on (1) the number of transactions associated with the payment of dental services in the past 5 years; and (2) the amounts thus claimed in the same period.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 188)Reply:

The table below shows the number of voucher claim transactions and the amount of vouchers claimed under the Elderly Health Care Voucher Scheme for dental services in Hong Kong in the past 5 years from 2015 to 2019:

	2015	2016	2017 ^{Note 1}	2018 ^{Note 2}	2019 ^{Note 3}
Number of voucher claim transactions on dental services	109 840	119 305	168 738	294 950	310 306
Amount of vouchers claimed on dental services (in HK\$'000)	98,563	105,455	144,331	287,044	313,111

Note 1: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 3: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000.

CONTROLLING OFFICER'S REPLY

FHB(H)506

(Question Serial No. 4606)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on the following for each of the past 5 years:

- a. number of eligible persons;
- b. the actual number and percentage of eligible persons who have used the vouchers, the number of vouchers used, as well as the total amount claimed, broken down by gender and age group (65-69, 70-74, 75-79, 80-84 and 85 or above);
- c. the actual expenditure incurred in relation to the EHV Scheme;
- d. the number of healthcare service providers enrolled in the Scheme, broken down by profession (medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists);
- e. the number of persons whose voucher account balance fell below \$200 before the issue of new vouchers on 1 January, and the percentage of such persons in the total population of elderly persons aged 65 or above;
- f. the number of complaints about the EHV Scheme received, the types of complaints, the categories of healthcare services involved and the number of substantiated complaints;
- g. the number of complaints received about shops/medical centres luring the elderly into buying products with their vouchers, with a breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved;
- h. the numbers of proactive inspections and decoy operations conducted in respect of shops/medical centres luring the elderly into buying products with their vouchers, with a

breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved; and

- i. the number of cases of differential pricing for EHV users at medical centres detected upon receipt of complaints or during proactive inspections, the number of substantiated complaints, the number of clinics or medical centres involved, as well as the progress of follow-up action taken by the Government.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 189)

Reply:

a. & b. The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme and the cumulative voucher amount claimed up to the end of 2015, 2016, 2017, 2018 and 2019, broken down by gender and age group:

	2015 ^{Note 1}			2016			2017 ^{Note 2}			2018 ^{Note 3}			2019 ^{Note 4}		
	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK\$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK\$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK\$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK\$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year (in HK\$'000)
a. Number of eligible elders (i.e. elders aged 65/70 ^{Note 2} or above)*	760 000	-	-	775 000	-	-	1 221 000	-	-	1 266 000	-	-	1 325 000	-	-
b. Cumulative number of elders who had made use of vouchers by the end of the year	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095	1 191 000	94%	6,965,163	1 294 000	98%	9,361,912
(i) By gender															
- Male	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267	552 000	93%	3,093,704	602 000	97%	4,160,777
- Female	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828	639 000	95%	3,871,459	692 000	98%	5,201,135
(ii) By age group															
- 65 - 69 ^{Note 2}	-	-	-	-	-	-	239 000	58%	278,966	394 000	92%	1,246,756	427 000	96%	1,860,557
- 70 - 74	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863	283 000	100%	1,382,413	330 000	100%	1,992,627
- 75 - 79	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283	179 000	93%	1,538,076	188 000	98%	1,922,613
- 80 - 84	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326	163 000	94%	1,425,093	165 000	95%	1,777,296
- 85 or above	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657	172 000	90%	1,372,825	184 000	92%	1,808,819

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015 and has been regularised since 26 June 2019.

The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 2: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

* Sources: Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

c. The actual/estimated voucher expenditures for 2015-16 to 2019-20 are as follows:

Financial Year	Voucher Expenditure (in \$ million)
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Actual)	1,697.5
2018-19 (Actual)	2,930.2
2019-20 (Revised Estimate)	2,565.5

d. The table below shows the number of healthcare service providers by types enrolled under the EHV Scheme in the past 5 years:

	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018	As at 31.12.2019
Medical Practitioners	1 936	2 126	2 387	2 591	2 893
Chinese Medicine Practitioners	1 826	2 047	2 424	2 720	3 159
Dentists	646	770	895	1 047	1 171
Occupational Therapists	45	51	69	74	97
Physiotherapists	312	344	396	441	520
Medical Laboratory Technologists	30	35	48	54	64
Radiographers	21	24	40	44	56
Nurses	124	148	182	182	244
Chiropractors	54	66	71	91	111
Optometrists	265	533	641	697	780
Sub-total (Hong Kong):	5 259	6 144	7 153	7 941	9 095
HKU-SZH ^{Note 5}	1	1	1	1	1
Total:	5 260	6 145	7 154	7 942	9 096

Note 5: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

- e. The number of elders with voucher balance at \$200 or less as at end of the year over the past 5 years and their percentages as compared to the eligible elderly population are as follows:

	2015 ^{Note 6}	2016	2017 ^{Note 7}	2018 ^{Note 8}	2019 ^{Note 9}
(i) Number of elders with voucher balance at \$200 or less as at end of the year	129 000	164 000	278 000	260 000	202 000
(ii) Number of eligible elders (i.e. elders aged 65/70 ^{Note 7} or above)*	760 000	775 000	1 221 000	1 266 000	1 325 000
(iii) Percentage of eligible elders with voucher balance at \$200 or less as at end of the year, i.e. (i)/(ii) x 100%	17%	21%	23%	21%	15%

Note 6: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 7: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 8: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 9: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

*Sources: Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department.

- f. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

- g. & h. The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements to participating healthcare service providers. These include

routine checking, monitoring and investigation of aberrant patterns of transactions and investigation of complaints. Using a risk-based approach, the DH's checking also targets healthcare service providers who had records of non-compliance with terms and conditions of the EHV Scheme Agreement and those who displayed unusual patterns of voucher claims. Since launch of the Scheme in 2009 until end-2019, the DH had conducted checking of some 430 000 claim transactions. The checking had identified some 4 320 anomalous claims (amounting to some \$2.07 million in claim amount). These cases included the improper use of vouchers for the purchase of products. Breakdown of the cases by nature, the amount of vouchers and the number of shops/ medical centres involved is not readily available.

- i. It is stipulated under the terms and conditions of the EHV Scheme Agreement that healthcare service providers should not charge EHV users and non-EHV users different service fees for the same healthcare services provided. Also, healthcare service providers should not charge an elder for creating a voucher account or using vouchers.

In general, if any participating healthcare service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the relevant voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the healthcare service provider concerned. In the past 5 years, the DH handled 112 complaints related to service fees charged by participating healthcare service providers. Among the 70 cases with investigation completed, 4 cases involving 4 healthcare service providers were found to be substantiated. The cases were mainly about EHV users and non-EHV users being charged different service fees. The DH had issued advisory letters to the healthcare service providers concerned and asked them to stop the improper practice and also take remedial actions as appropriate. So far, follow-up visits had been paid to 3 out of the 4 healthcare service providers and it was confirmed that remedial actions had been taken.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)507****(Question Serial No. 4607)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please provide the following information in relation to the Elderly Health Care Voucher (EHV) Scheme for the past 5 years: (1) the numbers of complaints received; (2) the types of parties complained against; (3) the categories of complaints received; (4) the progress of follow-up action; and (5) the amount of EHV's involved. Please also advise on the estimated expenditure involved in handling complaints for 2020-21.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 190)Reply:

(1) to (5)

The table below shows the number of complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme received by the Department of Health (DH) in the past 5 years:

	2015	2016	2017	2018	2019	Total
Number of complaints against participating healthcare service providers	15	33	67	120	103	338

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The amount of vouchers associated with these complaint cases is not readily available.

The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid

reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Among the 173 cases with investigation completed, 55 cases were found to be substantiated or partially substantiated.

The estimated administrative expenses for administering the EHV Scheme in 2020-21 is \$47.9 million. The estimated expenditure for handling of complaints cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)508

(Question Serial No. 4613)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Healthy Teeth Collaboration Programme, please provide the following information since its implementation:

- (1) the actual expenditure each year and the estimated expenditure in 2020-21;
- (2) the number of attendances by type of service each year; and
- (3) the manpower involved by type of post each year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 196)

Reply:

- (1) The Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

- (2) As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.
- (3) Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC.

CONTROLLING OFFICER'S REPLY

FHB(H)509

(Question Serial No. 4619)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the screening for 7 types of cancer (cervical cancer, colorectal cancer, breast cancer, prostate cancer, lung cancer, liver cancer and nasopharyngeal cancer) as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening, will the Government please advise on the measures implemented for the prevention, education and publicity in respect of these cancers in the past 3 years, and provide the details and timetable of the relevant programmes as well as the manpower and expenditure involved? Have any announcements in the public interest (APIs) been broadcast on television? If so, please provide such details as the expenditure involved, content of the APIs, broadcast schedule, etc.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 202)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, save for cervical cancer (CC) and colorectal cancer (CRC), there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers. Since 2004, the Department of Health (DH) has launched the Cervical Screening Programme (CSP) to encourage women to receive regular screening to reduce incidence and mortality from CC. In August 2018, the Colorectal Cancer Screening Programme (CRCSP) was regularised and has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests.

Medical evidence has shown that having a healthier diet, increasing physical activity, stopping smoking and drinking, and maintaining a healthy body weight and waistline are effective in preventing cancers. As such, the DH has been promoting a healthy lifestyle as the primary strategy for cancer prevention. From 2017 to 2019, the DH had strengthened

public education on cancer awareness and prevention, as well as publicity in respect of screening of CC and CRC. Various channels included websites, printed materials, published articles, audiovisual materials, social media, web-based publicity, telephone education and enquiry hotlines, press conferences, media interviews, etc. A collection of 6 Announcements in the Public Interest (API) was produced and broadcast from time to time. Community partnerships with non-governmental organisations were fostered to facilitate cancer education and prevention activities.

The financial provision of the CSP is about \$20 million each year for 2017-18 to 2019-20. The expenditure for the CRCSP in 2017-18 and 2018-19 are \$90.0 million and \$123.1 million respectively, and the revised estimates in 2019-20 is \$147.1 million.

Resources and manpower for cancer prevention and education activities are subsumed under the DH's overall provision for disease prevention. The breakdown of individual expenditure items cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)510

(Question Serial No. 4621)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the programmes/schemes to provide pneumococcal vaccination for elderly people and young children, will the Government please advise on:

(a) the numbers of elderly people who have received pneumococcal vaccination in the past 3 years, the estimated number of elderly people who will receive pneumococcal vaccination in 2020-21, the percentage of the elderly population who have received pneumococcal vaccination, as well as the expenditure involved;

(b) the numbers of young children who have received pneumococcal vaccination in the past 3 years, the estimated number of young children who will receive pneumococcal vaccination in 2020-21, the percentage of the young children population who have received pneumococcal vaccination, as well as the expenditure involved;

(c) the number of private clinics which have enrolled in the programmes/schemes to provide pneumococcal vaccination; and

(d) whether it has any measures to increase the coverage rate of pneumococcal vaccination among local residents; if so, the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 204)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal vaccination to eligible elderly and children

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination (including 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)) to eligible elderly aged 65 or above;

- Vaccination Subsidy Scheme (VSS), which provides subsidised pneumococcal vaccination (including PCV 13 and 23vPPV) to elderly aged 65 or above; and
 - Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at the DH's Maternal and Child Health Centres (MCHCs).
- (a) Relevant statistics on the number of recipients in the past 3 seasons and the expenditure are detailed at Annex. As some elderly may have received pneumococcal vaccination outside the GVP and the VSS, they are not included in these statistics.
- (b) The statistics on PCV vaccination administered by the MCHCs and the expenditure involved in the past 3 years are set out below -

Year	Number of PCV doses administered	Amount (\$ million)
2017	212 000	78.9
2018	198 000	71.0
2019	171 000	58.4

As some children may have received PCV outside MCHCs, they are not included in these statistics.

Based on the figure of 2019, the number of PCV doses administered by the MCHCs in 2020 is estimated to be about 145 000 and the vaccine cost is about \$49.5 million.

According to the latest immunisation survey conducted by the DH in 2018, the PCV vaccination coverage among surveyed preschool children in Hong Kong for the 1st, 2nd, 3rd and the booster doses were 97.8%, 96.7%, 96.5% and 95.5% respectively.

- (c) As at 1 March 2020, 1 406 doctors (involving 2 328 clinics) have enrolled under the VSS providing subsidised pneumococcal vaccination to eligible elderly.
- (d) The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and its Working Group on Pneumococcal Vaccination review the local epidemiology and scientific evidence on a regular basis and put forward recommendations on pneumococcal vaccination.

Based on the recommendation by the SCVPD, the Government provides an additional dose of free or subsidised PCV 13, on top of 23vPPV, to eligible elderly aged 65 or above with high-risk conditions through GVP and VSS starting from 2017/18 season.

The vaccination schedule is as follows –

- (i) For elderly with high-risk conditions -
- for elderly who reached 65 and have never been vaccinated before, they will be given one dose of PCV13, followed by 1 dose of 23vPPV;

- for elderly who have received vaccination before, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and
- (ii) For elderly without high-risk conditions, they are eligible for receiving 1 dose of free/subsidised 23vPPV through either the GVP or the VSS.

In 2020-21, the provision for the implementation of the above initiative is \$20.8 million. This includes expenses for purchase of vaccines and injection cost under the GVP, payment of subsidies under the VSS, employment of extra staff and other administrative costs, etc.

Pneumococcal vaccination for elderly under the GVP and the VSS in the past 3 seasons

Target group	Vaccination programme/ scheme		2017/18			2018/19			2019/20 (as at 1 March 2020)		
			No. of recipients	Subsidy claimed (\$ million)	Accumulative Percentage of population in the age group vaccinated ⁺	No. of recipients	Subsidy claimed (\$ million)	Accumulative Percentage of population in the age group vaccinated ⁺	No. of recipients	Subsidy claimed (\$ million)	Accumulative Percentage of population in the age group vaccinated ⁺
People aged 65 or above	GVP	23vPPV	3 300	Not applicable	38.2%	26 200	Not applicable	43.9%	21 200	Not applicable	45.5%
		PCV13	60 100 [^]			29 000 ^{&}			24 100 [#]		
	VSS	23vPPV	16 600	3.2		19 100	4.8		14 300	3.6	
		PCV13	7 000 [^]	5.1		6 000 ^{&}	4.4		4 300 [#]	3.1	
Total			87 000	8.3		80 300	9.2		63 900	6.7	

[^] This does not include a total of 119 400 doses administered under the one-off PCV 13 mop-up exercise (GVP: 105 800 doses; VSS: 13 600 doses at a cost of \$9.9 million).

[&] This does not include a total of 52 600 doses administered under the one-off PCV 13 mop-up exercise (GVP: 45 800 doses; VSS: 6 800 doses at a cost of \$5 million).

[#] This does not include a total of 24 600 doses administered under the one-off PCV 13 mop-up exercise (GVP: 21 000 doses; VSS: 3 600 doses at a cost of \$2.6 million).

⁺ Based on the accumulated number of recipients excluding those already deceased.

CONTROLLING OFFICER'S REPLY**FHB(H)511****(Question Serial No. 4622)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding seasonal influenza vaccination, please advise on the following:

- (a) the coverage rates of seasonal influenza vaccination among local residents in the past 3 years (please set out the information in the table below);

Target Group	Coverage Rate of Vaccination
Aged 6 months to below 6	
Aged 6 to 12	
Aged 13 to 49	
Aged 50 to 64	
Aged 65 or above	
Overall population	

- (b) the coverage rates of seasonal influenza vaccination among local residents belonging to "high risk groups" in the past 3 years (please set out the information in the table below);

Target Group	Coverage Rate of Vaccination
Pregnant women	
Persons with chronic illness	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

- (c) the numbers of people who have received influenza vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) in the past 3 years, broken down by target group of the Programme/Scheme;
- (d) the number of doses of influenza vaccine procured, the expenditure involved, as well as the quantities of vaccines used, left unused and disposed of in each of the past 3 years;
- (e) the respective costs per dose of influenza vaccine given through the GVP and the VSS;

- (f) the number of private clinics participating in the VSS;
- (g) the effectiveness of the School Outreach Vaccination Pilot Programme, the number of participating schools, the number of students receiving influenza vaccination, the number of private doctors providing assistance and the expenditure involved, as well as the timetable for expanding the programme; and
- (h) apart from the above, whether the Government has any other measures in place to increase the rate of seasonal influenza vaccination among local residents and if so, the plan and the expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 205)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot Programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KGs/CCCs) on a pilot programme.

(a) - (c)

The coverage rates and the number of recipients of specific target groups under the aforesaid programmes/schemes in the past 3 seasons are detailed at **Annex**.

For pregnant women, persons with chronic medical problems, healthcare workers, poultry workers, pig farmers or pig-slaughtering industry personnel etc., the population statistics for these groups is not available for the projection of coverage rate.

As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- (d) The quantities of seasonal influenza (SI) vaccines procured by the Government, the contract amount, and the number of vaccines disposed in the past 3 seasons are set out below –

Season	Number of doses	Amount (\$ million)	Number of doses disposed
2017/18 (Actual)	527 000	28.0	45 000
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Estimate)	837 700	42.3	Not available yet

- (e) The GVP and the VSS provide SIV to a number of target groups. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs are also absorbed by the DH and the unit cost per dose of SI vaccine under each of the above programmes/schemes cannot be separately identified.
- (f) As at 1 March 2020, about 1 700 private doctors (involving about 2 560 clinics) have enrolled under the VSS.
- (g) Given the effectiveness of the School Outreach Vaccination Pilot Programme, the DH has regularised the Pilot Programme and launched the SIVSOP in 2019/20 season to cover more primary schools and extend the coverage to KGs/CCCs as a pilot programme. All primary schools and KGs/CCCs were invited to join. As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs participated, with a total of 271 700 students receiving SIV under the SIVSOP. The number of doctors enrolled under the SIVSOP - Primary Schools and KGs/CCCs were 63 and 62 respectively. Moreover, there were 114 primary schools and 55 KGs/CCCs joined the VSS School Outreach (Extra Charge Allowed) Programme. Overall, 393 900 children aged between 6 months and under 12 received SIV in 2019/20 under various programmes/schemes. The total amount of subsidy given by the Government was \$77.7 million.

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the manpower and estimated expenditure involved, in providing outreach vaccination service in the next season. The DH will announce the details in due course.

- (h) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public and specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through various channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

Resources for different publicity and education measures are subsumed under the DH's overall provision for disease prevention. The breakdown of individual expenditure items cannot be separately identified.

**Numbers of recipients of SIV
under the GVP, the VSS and the Pilot Programme/SIVSOP in the past 3 seasons**

Target groups	Vaccination programme/ scheme	2017/18		2018/19		2019/20 (as at 1 March 2020)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Elderly aged 65 or above	GVP	386 700	43.5%	388 300	43.6%	438 300	45.1%
	VSS	144 700		166 700		163 000	
Persons aged between 50 and 64 *	GVP	7 400	^	7 100	8.8%	7 400	10.4%
	VSS	Not applicable		149 700		181 100	
Children aged between 6 months and less than 12 years old	GVP	1 900	23%	1 000	45.8%	400	57.7%
	VSS	149 500		206 900		121 800	
	Pilot Programme / SIVSOP	Not applicable		100 300		271 700	
Others #	GVP/VSS	91 700	^	102 200	^	110 100	^
Total		781 900		1 122 200		1 293 800	

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

^ No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.

CONTROLLING OFFICER'S REPLY

FHB(H)512

(Question Serial No. 4623)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding oral health services, will the Government introduce an Elderly Dental Care Service by making reference to the School Dental Care Service to provide the elderly with services including oral check-ups, scaling and polishing as well as filling so as to protect their oral health? If so, please advise on the implementation details as well as the expenditure and manpower involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 206)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Division of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties. Under the Comprehensive Social Security Assistance Scheme, recipients who are old, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. The Government announced in the 2018 and 2019 Budget that an additional one-off \$1,000 voucher amount would be made available to each eligible elder. Furthermore, the accumulation limit of vouchers has been increased from \$5,000 to \$8,000 and is made a regular measure, so as to enhance the flexibility of use and facilitate elders to plan for the use of their vouchers.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by non-governmental organisations with government subsidies. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover fillings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016, July 2017 and February 2019 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above, 70 or above and 65 or above respectively.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)513****(Question Serial No. 4624)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the School Dental Care Service, please provide the following information for the past 5 years: (1) the number of participants; (2) the number of new cases; (3) the change in the total number of participants in percentage terms; (4) the clinics providing the service; (5) the daily quotas of the clinics providing the service; (6) the actual annual expenditure; and (7) the estimated expenditure in 2020-21.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 207)Reply:

(1) - (3)

The School Dental Care Service (SDCS) of the Department of Health promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong.

In service years of 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19, the number of participants, number of new participants and the percentage changes are as follows-

Service Year ^{Note 1}	2014-15	2015-16	2016-17	2017-18	2018-19
No. of participants	315 563	325 229	336 539	349 288	359 286
No. of new participants	8 060	9 666	11 310	12 749	9 998
Change in %	+ 2.6%	+ 3.1%	+ 3.5%	+ 3.8%	+ 2.9%

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

(4) - (5)

There are 8 school dental clinics over the territory. No daily quota is set for each school dental clinic. The number of daily appointments made by each school dental clinic is mainly determined by the number of participants, the number of clinical staff available and the number of working days in the service year. In service years of 2014-15, 2015-16,

2016-17, 2017-18 and 2018-19, the average number of daily appointments made by each school dental clinic is as follows:

School Dental Clinic	Average number of daily appointments made				
	2014-15	2015-16	2016-17	2017-18	2018-19
1. Argyle Street Jockey Club School Dental Clinic 1/F	240	246	240	244	242
2. Argyle Street Jockey Club School Dental Clinic 3/F	258	252	258	263	263
3. Fanling School Dental Clinic	204	208	212	224	229
4. Ha Kwai Chung School Dental Clinic	242	231	240	244	258
5. Lam Tin School Dental Clinic	246	246	233	246	254
6. Pamela Youde School Dental Clinic	168	175	174	189	195
7. Tang Shiu Kin School Dental Clinic	310	313	318	317	322
8. Tuen Mun School Dental Clinic	294	344	334	399	334

(6) - (7)

The annual expenditure of the SDCS in financial years 2015-16, 2016-17, 2017-18, 2018-19 and the revised estimate for 2019-20 are as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Actual)	260.1
2018-19 (Actual)	269.8
2019-20 (Revised estimate)	273.9

The financial provision of the SDCS for 2020-21 is \$ 291.9 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)514

(Question Serial No. 4625)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding Elderly Health Centres (EHCs), would the Government please advise on: (a) the numbers of enrolment at each EHC in the past 3 years, broken down by age group; and (b) the numbers of elderly people waiting for health assessment and medical consultation as well as the median and longest waiting time in the past 3 years.
2. Has the Government earmarked any resources for enhancing the services of EHCs in the 2020-21 Estimates? If so, what are the details and expenditure involved? If not, what are the reasons?
3. Regarding woman health services, would the Government please advise on: (a) the numbers of enrolment at each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) in the past 3 years; and (b) the numbers of women on the waiting list for woman health services at each WHC and MCHC as well as the respective median and longest waiting time in the past 3 years.
4. Has the Government earmarked any resources for enhancing the services of WHCs and MCHCs in the 2020-21 Estimates? If so, what are the details and expenditure involved? If not, what are the reasons?
5. Regarding cervical screening service, would the Government please advise on: (a) the numbers of women on the waiting list for the said service as well as the median and longest waiting time in the past 3 years; (b) the numbers of attendances for the said service by age group in the past 3 years; and (c) the numbers of recipients of the said service found to be in need of referral for treatment by age group in the past 3 years?
6. Regarding oral health services, would the Government introduce an Elderly Dental Care Service by making reference to the School Dental Care Service to provide the elderly with services including oral check-ups, scaling and polishing as well as filling so as to protect their oral health? If so, what are the implementation details as well as the expenditure and manpower involved? If not, what are the reasons?

7. Regarding the measures to enhance protection of the elderly against invasive pneumococcal disease, would the Government please advise on the detailed proposal, staff establishment and resources involved, estimated number of service recipients and expected effectiveness?
8. Regarding the Colorectal Cancer Screening Pilot Programme, would the Government please advise on: (a) the details of the programme as well as the provision, manpower and expenditure involved? ; and (b) the items of work that have been implemented following the announcement of the launch of the programme, the working groups that have been set up, the progress of work, as well as the expected commencement time of the screening?
9. Has the Government earmarked any resources for implementing a breast cancer screening programme for women in the 2020-21 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, what are the reasons?
10. Has the Government earmarked any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-ups, counselling service etc. in the 2020-21 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, what are the reasons?
11. Regarding antenatal and postnatal services, would the Government please advise on the following: (a) the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women; (b) the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women; and (c) the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 208)

Reply:

(1)

(a)

The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years is as follows:

EHC	2017					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	672	542	408	391	302	2 315
Shau Kei Wan	634	473	380	396	330	2 213
Wan Chai	1 961	1 170	649	526	345	4 651
Aberdeen	540	515	357	446	330	2 188
Nam Shan	697	496	407	365	258	2 223
Lam Tin	647	507	337	405	324	2 220
Yau Ma Tei	498	505	389	442	381	2 215

EHC	2017					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
San Po Kong	539	475	390	536	381	2 321
Kowloon City	540	493	393	496	290	2 212
Lek Yuen	1 536	1 132	770	818	640	4 896
Shek Wu Hui	648	454	327	385	317	2 131
Tseung Kwan O	719	536	361	330	184	2 130
Tai Po	662	478	315	403	268	2 126
Tung Chung	658	682	485	359	137	2 321
Tsuen Wan	575	508	380	348	303	2 114
Tuen Mun Wu Hong	643	638	348	341	245	2 215
Kwai Shing	682	579	389	384	252	2 286
Yuen Long	678	557	408	397	276	2 316
Total	13 529	10 740	7 493	7 768	5 563	45 093

EHC	2018					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	1 376	1 031	555	509	424	3 895
Shau Kei Wan	561	611	338	366	337	2 213
Wan Chai	1 842	1 357	608	539	363	4 709
Aberdeen	590	615	328	364	315	2 212
Nam Shan	645	590	338	353	288	2 214
Lam Tin	666	567	312	345	329	2 219
Yau Ma Tei	598	576	321	379	337	2 211
San Po Kong	646	592	318	414	351	2 321
Kowloon City	558	487	362	461	346	2 214
Lek Yuen	1 680	1 454	659	603	504	4 900
Shek Wu Hui	613	512	319	326	337	2 107
Tseung Kwan O	617	526	371	371	242	2 127
Tai Po	600	527	307	412	278	2 124
Tung Chung	692	710	444	316	159	2 321
Tsuen Wan	1 002	913	463	401	314	3 093
Tuen Mun Wu Hong	671	633	334	317	257	2 212
Kwai Shing	673	619	387	357	264	2 300
Yuen Long	693	625	371	362	267	2 318
Total	14 723	12 945	7 135	7 195	5 712	47 710

EHC	2019*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	443	459	251	253	248	1 654
Shau Kei Wan	965	927	410	401	383	3 086

EHC	2019*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Wan Chai	1 233	1 210	433	309	190	3 375
Aberdeen	466	473	235	259	221	1 654
Nam Shan	491	487	263	231	184	1 656
Lam Tin	450	505	242	230	225	1 652
Yau Ma Tei	388	506	259	260	240	1 653
San Po Kong	493	436	242	286	277	1 734
Kowloon City	403	470	226	280	276	1 655
Lek Yuen	1 127	1 144	447	446	368	3 532
Shek Wu Hui	474	406	236	189	252	1 557
Tseung Kwan O	1 401	1 140	627	535	383	4 086
Tai Po	438	480	231	243	197	1 589
Tung Chung	502	530	325	235	136	1 728
Tsuen Wan	740	734	375	409	331	2 589
Tuen Mun Wu Hong	472	559	258	204	162	1 655
Kwai Shing	484	497	253	246	221	1 701
Yuen Long	465	542	279	218	226	1 730
Total	11 435	11 505	5 592	5 234	4 520	38 286

*Provisional figures from January to September 2019

(b)

For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2017	2018	2019*
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	21 815	24 127	19 186
Median waiting time for first-time health assessment (months)	6.8	12.3	13.5
Longest median waiting time for first-time health assessments among all EHCs (months)	10.2 (Tuen Mun Wu Hong EHC)	17.3 (Tuen Mun Wu Hong EHC)	22.8 (Tuen Mun Wu Hong EHC)

*Provisional figures

(2)

Since the second half of 2018, 2 new clinical teams which were approved for establishment in 2017-18 and 2018-19, have commenced operation. These 2 teams have contributed additional health assessments and medical consultations. The Department of Health (DH) will continue to flexibly deploy the new clinical teams and closely monitor the waiting time for health assessments in 2020.

(3)

Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the DH. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2017, 2018 and 2019, the number of enrolment for woman health service in individual centres are:

Centre	No. of enrolment		
	2017	2018	2019
Chai Wan WHC	3 371	3 176	3 070
Lam Tin WHC	4 603	4 772	4 550
Tuen Mun WHC	3 823	3 885	3 318
Ap Lei Chau MCHC	248	210	183
Fanling MCHC	607	603	548
Lek Yuen MCHC	634	618	563
Ma On Shan MCHC	340	343	329
Sai Ying Pun MCHC	28	34	30
South Kwai Chung MCHC	196	183	190
Tseung Kwan O Po Ning Road MCHC	124	138	146
Tsing Yi MCHC	106	120	118
Wang Tau Hom MCHC	122	116	109
West Kowloon MCHC	225	228	210
Total	14 427	14 426	13 364

Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from 1 week to 12 weeks, with a median waiting time of 2 weeks.

(4)

The Government does not have plan to increase women health services provided by WHCs and MCHCs. DH will continue to monitor the demand on women health.

(5)

MCHCs under the Family Health Service (FHS) of the DH provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual waiting time for appointment varied from 2 days to 4 weeks each year.

In 2017, 2018 and 2019, the number of attendance for cervical screening service provided at MCHCs were 103 000, 98 000 and 94 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screening belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 20.2%, 31.1%, 28.0% and 19.8% respectively. A total of 5 256, 5 008 and 4 391 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

(6)

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Division of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties. Under the Comprehensive Social Security Assistance Scheme, recipients who are old, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. The Government announced in the 2018 and 2019 Budget that an additional one-off \$1,000 voucher amount would be made available to each eligible elder. Furthermore, the accumulation limit of vouchers has been increased from \$5,000 to \$8,000 and is made a regular measure, so as to enhance the flexibility of use and facilitate elders to plan for the use of their vouchers.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by non-governmental organisations with government subsidies. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover fillings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016, July 2017 and February 2019 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above, 70 or above and 65 or above respectively.

(7)

Since the 2017/18 season, the Government has been providing free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible elderly with high-risk conditions under the Government Vaccination Programme (GVP) and Vaccination Subsidy Scheme

(VSS) respectively. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases (SCVPD). Upon implementation of the above initiative, eligible elderly will receive an additional dose of free or subsidised PCV13 on top of 1 dose of free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV).

The vaccination is administered through either the GVP or the VSS in the following ways -

(a) for previously vaccinated elderly with high-risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and

(b) for those high-risk elderly who have reached 65 and have never been vaccinated before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangements for elderly without high-risk conditions remain unchanged. They are eligible for receiving 1 dose of free or subsidised 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above initiative has been absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2020-21, the provision for the implementing the above initiative is \$20.8 million. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

The overall coverage rate so far for pneumococcal vaccination of 23vPPV or PCV13 for elderly aged 65 or above is around 45.5% of the target elderly population of 1.33 million.

(8)

Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP.

A multi-disciplinary taskforce was formed in 2014 to oversee planning, implementation, promotion and evaluation of the Pilot Programme and CRCSP. A total of 39 meetings of the task force and its working groups were held. The task force met in November 2019 to review the implementation of the CRCSP and advise on the way forward for the full extension of CRCSP (i.e. to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests).

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are \$44.6 million, \$90.0 million and \$123.1 million respectively, and the revised estimates in 2019-20 is \$147.1 million. In 2020-21, the total provision of the CRCSP is \$281.8 million. The number of civil service establishment involved in the CRCSP in the DH is 25.

(9)

The DH has not made any provision for territory-wide breast cancer screening in 2020-21. As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

(10)

The DH operates a Men's Health Programme under which a designated "Men's Health" section in the Centre for Health Protection website provides customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check or personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men at average risk.

Resources for the above activities are absorbed within DH's overall provision for disease prevention and cannot be separately identified

(11)

Maternal and Child Health Centres (MCHCs) of the DH, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2019, there were 24 400 pregnant women registered in MCHCs and a total of 118 800 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetrics department for follow up and management if necessary.

In 2019, there were 32 000 postnatal women registered in MCHCs and a total of 39 700 attendances for postnatal care in MCHCs. Early postnatal assessment and postnatal check-up are provided in the first and subsequent postnatal attendances. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)515

(Question Serial No. 4626)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dental services for persons with intellectual disabilities (PIDs), will the Government inform this Committee of:

1. the numbers of PIDs and autistic patients in Hong Kong in table form;
2. the expenditure on special care dentistry services in the past 5 years and the estimated expenditure in the coming year;
3. the clinics and hospitals in Hong Kong which provided special care dentistry services in the past 5 years and the respective figures on the numbers of doctors, nurses, anaesthetists, attendances and patients on the waiting list as well as their waiting time and the fees charged in table form;
4. the information about the current implementation details, service providers, number of attendances, effectiveness, as well as the expenditure and manpower involved in the 3-year project planned to be implemented to encourage more non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disabilities as mentioned by the Government last year; and
5. whether the Government plans to regularise special care dentistry services; if so, the estimated expenditure and details of the plan; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 209)

Reply:

1.

In accordance with a territory-wide survey conducted by the Census and Statistics Department on persons with disabilities and chronic diseases throughout the whole year of 2013, it was estimated that there were 10 200 persons with Autism in the year. Regarding the number of persons with intellectual disability (ID), a statistical assessment based on

various relevant data sources showed that the estimated total number of persons with ID was more likely to lie in the region of 71 000 to 101 000 in the same year. However, breakdown of above figures by severity of ID is not available.

2. and 3.

The Government's policy on dental care seeks to raise public awareness of oral health and encourage proper oral health habits through promotion and education. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. The following dental services are provided to patients with ID.

Dandelion Oral Care Action

The Oral Health Education Division (OHED) of the Department of Health (DH) has conducted since 2005 the Dandelion Oral Care Action (the Dandelion Programme), an oral health promotion programme for children with mild to moderate ID in special schools. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHED trains at least 1 school nurse or teacher from each school to be the Oral Health Trainers (OHTs). The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

Figures on expenditure and manpower of the Dandelion Programme are not available as they have been absorbed within the provision for dental services under its respective Programme.

School Dental Care Service (SDCS)

Since its establishment in 1980, the SDCS has been promoting oral health and providing annual dental check-up, basic and preventive dental care for primary school children in Hong Kong. Starting from 2013/14 school year, the Government has further stepped up the support measures for students with ID and/or physical disabilities studying in special schools by allowing them to continue to enjoy the SDCS until they reach the age of 18.

The number of participants from special schools in the last 5 school years is as follows –

School year	2015/16	2016/17	2017/18	2018/19	2019/20
No. of participants from special schools	5 643	5 751	5 973	6 178	6 331

Figures on the expenditure and manpower for providing services to people with ID under SDCS are not available as they have been absorbed within the provision for dental services under its respective Programme.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs)

DH provides public dental services through its OMS&DCs in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The number of attendance for patients with ID in DH's OMS&DCs in the last 5 calendar years is as follows –

Year	2015	2016	2017	2018	2019
Attendances	746	816	936	1 010	909

Figures on the expenditure and manpower for providing services to people with ID under DH's OMS&DCs are not available as they have been absorbed within the provision for dental services under its respective Programme.

Pilot Project on Dental Service for Patients with ID

The Government provided funding to implementing organisations to launch the Pilot Project on Dental Service for Patients with Intellectual Disability (the Pilot Project) (also known as the Loving Smiles Service) from August 2013 to July 2018. Patients with ID aged 18 or above were subsidized to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project.

Since the implementation of the Pilot Project in August 2013 up to July 2018, the expenditure was about \$24 million and about 3 470 eligible persons received dental service under the Pilot Project.

4.

Following the Pilot Project, the Government launched a three-year programme named "Healthy Teeth Collaboration (HTC)" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. Five non-governmental organisations have joined the HTC. They are Christian Family Service Centre Dental Services Limited; Haven of Hope Christian Service; Hong Kong Tuberculosis, Chest and Heart Diseases Association; Loving Smiles Foundation Limited; and Tung Wah Group of Hospitals. As at end of January 2020, about 2 700 adults with intellectual disability have registered under HTC. Among them, about 2 600 have received first consultation.

Two time-limited civil service posts, namely 1 Senior Dental Officer and 1 Dental Officer were created for implementing the HTC. The annual expenditure of HTC in financial years from 2018-19 to 2020-21 were as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Revised estimate)	17.2
2020-21 (Estimate)	17.7

5.

The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

CONTROLLING OFFICER'S REPLY

FHB(H)516

(Question Serial No. 4628)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, will the Government advise on the following for the past 3 years: What were the utilisation rates, numbers of attendances, daily consultation capacity for each dentist, maximum daily service capacity as well as cost per case for dental services in respect of the public dental clinics under the Department of Health? What were the numbers, lengths of service, vacancy rates, turnover rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in the dental clinics?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 211)

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Division of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DCs is by referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DCs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of attendances		
			2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 234	5 419	4 457
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990	4 023	3 360
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599	7 191	6 071
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262	2 227	1 862
Mona Fong Dental Clinic	Thursday (PM)	42	1 898	1 899	1 574
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011	1 970	1 710
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808	7 994	6 730
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015	2 016	1 686
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 910	3 325
	Friday (AM)	42			
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	90	95	95
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	199	283	223

[@] The maximum numbers of discs allocated per session at individual dental clinics remain the same in the 3 years.

The “AM” service session of GP sessions refers to 9:00 am to 1:00 pm, and “PM” service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation.

Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

The overall utilisation rate for each dental clinic in the financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	86.5	88.4	87.8
Kwun Tong Dental Clinic	95.2	97.9	97.5
Kennedy Town Community Complex Dental Clinic	82.3	85.6	91.0
Fanling Health Centre Dental Clinic	92.5	96.5	88.7
Mona Fong Dental Clinic	88.2	90.6	87.5
Tai Po Wong Siu Ching Dental Clinic	93.7	94.0	94.9
Tsuen Wan Dental Clinic	94.6	96.9	97.0
Yan Oi Dental Clinic	96.2	98.1	97.9
Yuen Long Jockey Club Dental Clinic	93.3	94.6	96.0
Tai O Dental Clinic	23.4	24.7	29.7
Cheung Chau Dental Clinic	51.8	73.7	69.7

The attendances of hospital patients and numbers of patients with special oral healthcare needs in OMS&DCs under the DH in 2018, 2019 and 2020 are as follows:

	2018 (Actual)	2019 (Actual)	2020 (Revised Estimate)
Hospital patients (attendances)	67 000	66 100	66 100
Special needs group (number of patients)	11 500	11 400	11 400

All consultation appointments in the OMS&DCs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DCs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

Regarding the number of clinical staff in the above dental clinics and OMS&DCs, there were a total of 83 Dental Officers (DOs) and 88 Dental Surgery Assistants (DSAs) as at February 2020. These staff are funded by both Programme (4) and Programme (7) which cannot be separately identified. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DCs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both

DOs and DSAs working in DH ranging from over 30 years to less than 1 year and the wastage rates for DOs and DSAs as at February 2020 were 3.2% and 3.6% respectively. Their conditioned hours of work are 44 hours gross per week.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)517

(Question Serial No. 4632)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, would the Government please advise on the following:

- (a) the service sessions, maximum numbers of discs available per session, actual numbers of discs given out and actual numbers of attendances in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;
- (b) the numbers and proportions of patients attending GP sessions by age group: (1) aged below 18; (2) aged between 18 and 65; and (3) aged 65 or above;
- (c) a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit (including underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures;
- (d) whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that; and
- (e) the average annual expenditure of the 11 dental clinics in Hong Kong, as well as the respective average treatment costs per patient for GP sessions and non-GP sessions (for civil servants, their families and retired civil servants)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 215)

Reply:

- (a) Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

The dentists also give professional advice with regard to the individual needs of patients.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated, the numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of attendances (No. of discs allocated)		
			2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 234	5 419	4 457
	Thursday (AM)	42	(5 268)	(5 449)	(4 482)
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990 (4 003)	4 023 (4 031)	3 360 (3 368)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599	7 191	6 071
	Friday (AM)	84	(6 647)	(7 243)	(6 112)
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262 (2 262)	2 227 (2 236)	1 862 (1 867)
Mona Fong Dental Clinic	Thursday (PM)	42	1 898 (1 918)	1 899 (1 907)	1 574 (1 581)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011 (2 028)	1 970 (1 974)	1 710 (1 715)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808	7 994	6 730
	Friday (AM)	84	(7 837)	(8 031)	(6 773)
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015 (2 015)	2 016 (2 017)	1 686 (1 689)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 910	3 325
	Friday (AM)	42	(3 860)	(3 929)	(3 354)
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	90 (91)	95 (96)	95 (96)
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	199 (207)	283 (286)	223 (224)

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

The “AM” service session of GP sessions refers to 9:00 am to 1:00 pm, and “PM” service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

(b) The distribution of attendances of GP sessions by age group in financial years 2017-18, 2018-19 and 2019-20 (up to 31 January 2020) are as follows:

	% Distribution of attendances of GP sessions by age group		
Age group[#]	2017-18	2018-19	2019-20 (up to 31 January 2020)
0-18	1.7	1.8	3.9
19-60	41.8	39.3	40.4
61 or above	56.5	58.9	55.7

The distribution of attendances of GP sessions by age groups of below 18, 18-65 and 65 or above are not readily available.

(c) To enhance utilisation rate of disc quotas of GP sessions, the DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 9% (in 2019-20 (up to 31 January 2020)) and KCDC from 15% (in 2015-16) to 12.2% (in 2019-20 (up to 31 January 2020)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.

(d) The Government’s policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has

allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- (e) Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, the breakdown of expenditure by clinic and the average cost of service per attendance are not available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)518

(Question Serial No. 4633)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dental services for persons with intellectual disabilities, will the Government advise on:

- (1) the numbers of persons with mild, moderate and severe intellectual disabilities and autistic patients in Hong Kong in table form;
- (2) the expenditure on special care dentistry services in the past 5 years and the estimated expenditure in 2020-21;
- (3) in table form the clinics and hospitals in Hong Kong which provided special care dentistry services, the respective numbers of doctors, nurses and anaesthetists providing such services, the attendances and the patients on the waiting list as well as their waiting time and the fees charged in the past 5 years; and
- (4) whether the Government plans to regularise special care dentistry services; if so, the estimated expenditure and details of the plan; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 217)

Reply:

(1)

In accordance with a territory-wide survey conducted by the Census and Statistics Department on persons with disabilities and chronic diseases throughout the whole year of 2013, it was estimated that there were 10 200 persons with Autism in the year. Regarding the number of persons with intellectual disability (ID), a statistical assessment based on various relevant data sources showed that the estimated total number of persons with ID was more likely to lie in the region of 71 000 to 101 000 in the same year. However, breakdown of above figures by severity of ID is not available.

(2) and (3)

The Government's policy on dental care seeks to raise public awareness of oral health and encourage proper oral health habits through promotion and education. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. The following dental services are provided to patients with ID.

Dandelion Oral Care Action

The Oral Health Education Division (OHED) of the Department of Health (DH) has conducted since 2005 the Dandelion Oral Care Action (the Dandelion Programme), an oral health promotion programme for children with mild to moderate ID in special schools. The Dandelion Programme is implemented in a train-the-trainer approach whereby the OHED trains at least 1 school nurse or teacher from each school to be the Oral Health Trainers (OHTs). The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also conduct workshops to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

Figures on expenditure and manpower of the Dandelion Programme are not available as they have been absorbed within the provision for dental services under its respective Programme.

School Dental Care Service (SDCS)

Since its establishment in 1980, the SDCS has been promoting oral health and providing annual dental check-up, basic and preventive dental care for primary school children in Hong Kong. Starting from 2013/14 school year, the Government has further stepped up the support measures for students with ID and/or physical disabilities studying in special schools by allowing them to continue to enjoy the SDCS until they reach the age of 18.

The number of participants from special schools in the last 5 school years is as follows –

School year	2015/16	2016/17	2017/18	2018/19	2019/20
No. of participants from special schools	5 643	5 751	5 973	6 178	6 331

Figures on the expenditure and manpower for providing services to people with ID under SDCS are not available as they have been absorbed within the provision for dental services under its respective Programme.

Oral Maxillofacial Surgery & Dental Clinics (OMS&DCs)

DH provides public dental services through its OMS&DCs in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners.

The number of attendance for patients with ID in DH's OMS&DCs in the last 5 calendar years is as follows –

Year	2015	2016	2017	2018	2019
Attendances	746	816	936	1 010	909

Figures on the expenditure and manpower for providing services to people with ID under DH's OMS&DCs are not available as they have been absorbed within the provision for dental services under its respective Programme.

Pilot Project on Dental Service for Patients with ID

The Government provided funding to implementing organisations to launch the Pilot Project on Dental Service for Patients with Intellectual Disability (the Pilot Project) (also known as the Loving Smiles Service) from August 2013 to July 2018. Patients with ID aged 18 or above were subsidized to receive oral check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project.

Since the implementation of the Pilot Project in August 2013 up to July 2018, the expenditure was about \$24 million and about 3 470 eligible persons received dental service under the Pilot Project.

(4)

Following the Pilot Project, the Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The financial provision for implementing the HTC was \$17.2 million in 2019-20 and is \$17.7 million in 2020-21. The Government will work out the best way forward in meeting the dental care needs of the eligible users under HTC after completion of the programme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)519

(Question Serial No. 4634)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, please provide the following information:

- 1) the attendances of the elderly for the services under the Programme in different districts over the past 5 years and their age distribution;
- 2) the establishment of each outreach dental team, the manpower involved and the costs of the services; details of the services provided to the elderly, including oral care training and onsite oral health assessment; the length of each service session and the number of elderly persons served;
- 3) the expenditures on the various services under the Programme in the past 5 years; and
- 4) the estimated expenditures on the various services under the Programme in the coming year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 218)

Reply:

1) & 2)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of residential care homes (RCHes), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant.

The number of attendances under ODCP was about 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800

between October 2016 and September 2017, about 50 500 between October 2017 and March 2019, and about 44 800 between April 2019 and January 2020. The distribution of the participating RCHEs and DEs by the administrative districts of the Social Welfare Department under ODCP from October 2014 to September 2017 and from October 2017 to January 2020 are at **Annex (1)** and **Annex (2)** respectively.

- 3) The financial provision for implementing ODCP was \$44.5 million in 2015-16, \$44.8 million in 2016-17, \$44.9 million in 2017-18 and 2018-19, and \$51.7 million in 2019-20.
- 4) For 2020-21, \$58.0 million has been earmarked for implementing ODCP.

**Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department**

	2014-15 Service Year of ODCP ^{Note 1}			2015-16 Service Year of ODCP ^{Note 1}			2016-17 Service Year of ODCP ^{Note 1}		
	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	69	110	63%	88	109	81%	88	109	81%
Eastern and Wan Chai	76	102	75%	81	103	79%	84	105	80%
Kwun Tong	44	66	67%	52	69	75%	53	71	75%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	61	72	85%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	120	134	90%
Sham Shui Po	58	88	66%	56	91	62%	60	91	66%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	96	110	87%
Tuen Mun	47	54	87%	49	54	91%	49	54	91%
Yuen Long	54	59	92%	56	60	93%	58	60	97%
Sha Tin	48	64	75%	49	64	77%	52	65	80%
Tai Po and North	74	92	80%	84	93	90%	89	93	96%
Total:	705	944	75%	773	959	81%	810	964	84%

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

**Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department**

	2017-19 Service Year of ODCP ^{Note 2}			2019-20 Service Year of ODCP ^{Note 3} (position as at 31 January 2020)		
	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	81	105	77%	79	104	76%
Eastern and Wan Chai	92	111	83%	78	111	70%
Kwun Tong	59	67	88%	56	69	81%
Wong Tai Sin and Sai Kung	60	67	90%	56	67	84%
Kowloon City and Yau Tsim Mong	124	137	91%	115	141	82%
Sham Shui Po	74	95	78%	65	97	67%
Tsuen Wan and Kwai Tsing	107	118	91%	101	116	87%
Tuen Mun	55	57	96%	50	58	86%
Yuen Long	57	62	92%	55	61	90%
Sha Tin	56	64	88%	53	63	84%
Tai Po and North	87	93	94%	84	90	93%
Total:	852	976	87%	792	977	81% ^{Note 4}

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: 2019-20 Service year refers to the period from 1 April 2019 to 31 March 2020.

Note 4: This figure represents the participation rate of the first 10 months of 2019-20 Service Year.

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

CONTROLLING OFFICER'S REPLY

FHB(H)520

(Question Serial No. 4635)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, will the Government please advise on:

- a. the information about the service sessions, maximum numbers of discs available per session, actual numbers of discs given out, actual numbers of attendances and numbers of Elderly Health Care Voucher claims in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;
- b. the numbers of cases of repeated visits in the past 3 years, broken down by number of visit (i. 2; ii. 3; iii. 4; and iv. 5 or above);
- c. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit (including underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures; and
- d. whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 219)

Reply:

- a. Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In 2017-18, 2018-19 and 2019-20 (up to 31 January 2020), the maximum numbers of disc allocated, the numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of attendances (No. of discs allocated)		
			2017-18	2018-19	2019-20 (up to 31 January 2020)
Kowloon City Dental Clinic	Monday (AM)	84	5 234 (5 268)	5 419 (5 449)	4 457 (4 482)
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	3 990 (4 003)	4 023 (4 031)	3 360 (3 368)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 599 (6 647)	7 191 (7 243)	6 071 (6 112)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 262 (2 262)	2 227 (2 236)	1 862 (1 867)
Mona Fong Dental Clinic	Thursday (PM)	42	1 898 (1 918)	1 899 (1 907)	1 574 (1 581)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 011 (2 028)	1 970 (1 974)	1 710 (1 715)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 808 (7 837)	7 994 (8 031)	6 730 (6 773)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 015 (2 015)	2 016 (2 017)	1 686 (1 689)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851 (3 860)	3 910 (3 929)	3 325 (3 354)
	Friday (AM)	42			
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	90 (91)	95 (96)	95 (96)
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	199 (207)	283 (286)	223 (224)

- @ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.
The “AM” service session of GP sessions refers to 9:00 am to 1:00 pm, and “PM” service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.
- b. DH does not maintain information on the number of cases of repeated visits in the past 3 years.
- c. To enhance utilisation rate of disc quotas of GP sessions, the DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 9% (in 2019-20 (up to 31 January 2020)) and KCDC from 15% (in 2015-16) to 12.2% (in 2019-20 (up to 31 January 2020)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.
- d. The Government’s policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfil the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low income elders with special needs with dental care support, including the Outreach Dental Care Programme for the Elderly and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)521****(Question Serial No. 4636)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding antiviral drugs against influenza, will the Government please provide the following information for the past 3 years:

- the quantities of such drugs (and that of Tamiflu) stockpiled each year by type in detail;
- the quantities of such drugs (and that of Tamiflu) procured each year by type in detail;
- the quantities of such drugs (and that of Tamiflu) used in the public healthcare system each year; and
- the quantities of such drugs (and that of Tamiflu) allocated to the private healthcare market each year by type in detail?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 220)Reply:

- The quantities of antiviral stockpile in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2017-18	14.7 million doses	0.8 million doses	0.3 million doses	0.1 million doses	1.7 million doses
2018-19	14.4 million doses	0.8 million doses	0.3 million doses	0.2 million doses	1.7 million doses

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2019-20 (up to 5 March 2020)	14.3 million doses	1.0 million doses	0.3 million doses	0.4 million doses	1.4 million doses

- b. The quantities of antiviral stockpile that the Government has replenished in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2017-18	-	-	-	0.2 million doses	-
2018-19	-	-	-	0.2 million doses	-
2019-20 (up to 5 March 2020)	-	0.5 million doses	-	0.2 million doses	-

- c. The quantities of antiviral stockpile that has been supplied to the public sector, including the Department of Health and the Hospital Authority, in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2017-18	826 780 capsules	133 020 capsules	5 200 capsules	34 833 bottles	134 boxes
2018-19	304 760 capsules	36 830 capsules	50 capsules	8 611 bottles	5 boxes
2019-20 (up to 5 March 2020)	91 390 capsules	10 080 capsules	-	2 977 bottles	129 boxes

- d. Where there is shortage of Tamiflu (in various preparations) in the private sector, the Government would follow the established procedures in accordance with the Stores and Procurement Regulations and deploy certain quantities of antiviral stockpile to the supplier in order to maintain supply continuity in the private sector. All the borrowed antiviral stocks in 2017-18 had been returned to the Government. No Relenza were on loan to the private sector on these two occasions.

The quantities of antiviral stockpile that the Government has loaned to the private sector in the past 3 years are appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle
2017-18	100 000 capsules	50 000 capsules	-	12 000 bottles
2018-19	-	-	-	-
2019-20 (up to 5 March 2020)	-	-	-	-

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)522

(Question Serial No. 4639)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding antenatal and postnatal services, please advise on:

- (a) the minimum, average and maximum numbers of antenatal check-ups undergone by each pregnant woman;
- (b) the minimum, average and maximum numbers of postnatal check-ups undergone by each pregnant woman; and
- (c) the manpower and expenditure involved for each antenatal and postnatal check-up.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 223)

Reply:

(a) to (c)

Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2019, there were 24 400 pregnant women registered in MCHCs and a total of 118 800 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetrics department for follow up and management if necessary.

In 2019, there were 32 000 postnatal women registered in MCHCs and a total of 39 700 attendances for postnatal care in MCHCs. Early postnatal assessment and postnatal check-up are provided in the first and subsequent postnatal attendances. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)523

(Question Serial No. 4640)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government earmarked any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-ups, counselling service etc. in this year's Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 224)

Reply:

The Department of Health (DH) operates a Men's Health Programme under which a designated "Men's Health" section in the Centre for Health Protection website provides customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check or personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men at average risk.

Resources for the above activities are absorbed within DH's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)524

(Question Serial No. 4641)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government earmarked any funding for implementing a breast cancer screening programme for women in the Estimates this year? If so, please advise on the details of the programme as well as the manpower and expenditure involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 225)

Reply:

The Department of Health has not made any provision for territory-wide breast cancer screening in 2020-21. As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)525

(Question Serial No. 4642)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on:

- a. the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examination during various phases of the Pilot Programme;
- b. the provisions, manpower and expenditure involved; and
- c. the plan and timetable for the regularisation of the Pilot Scheme in the future; the anticipated number of participants each year and the effectiveness of the Pilot Programme; and the provisions, manpower and expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 226)

Reply:

- (a) Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) has fully extended since January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. As at end February 2020, more than 172 400 eligible persons have participated in the CRCSP.

Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. Among those participants who underwent colonoscopy examination services, about 13 200 persons were found to have colorectal adenomas and about 1 300 cases of colorectal cancers have been diagnosed and referred to public or private sector for further management.

(b) and (c)

The expenditure for the CRCSP in 2016-17, 2017-18 and 2018-19 are \$44.6 million, \$90.0 million and \$123.1 million respectively, and the revised estimates in 2019-20 is \$147.1 million. In 2020-21, the total provision of the CRCSP is \$281.8 million. The number of civil service establishment involved in the CRCSP in the Department of Health is 25.

At the time of planning regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Based on the experience in Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)526

(Question Serial No. 4643)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cervical screening service, will the Government please advise on:

- (a) the numbers of women on the waiting list for the said service as well as their median and longest waiting time in the past 3 years;
- (b) the numbers of attendances for the said service by age group in the past 3 years; and
- (c) the numbers of recipients of the said service found to be in need of referral for treatment by age group in the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 227)

Reply:

Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual waiting time for appointment varied from 2 days to 4 weeks each year.

In 2017, 2018 and 2019, the number of attendance for cervical screening service provided at MCHCs were 103 000, 98 000 and 94 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screening belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 20.2%, 31.1%, 28.0% and 19.8% respectively. A total of 5 256, 5 008 and 4 391 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)527

(Question Serial No. 4644)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What public health education programmes targeting at infants aged between 0 and 3, children aged 3 or above, minors, women, the elderly and families respectively have been launched in the past 5 financial years? What were the expenditures involved in these programmes in the respective financial years? How many people have benefited from each of these programmes?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 228)

Reply:

The Department of Health (DH) has been promoting healthy lifestyle through a life-course and setting-based approach. These include the “StartSmart@school.hk” Campaign targeting pre-primary institutions, “EatSmart@school.hk” Campaign targeting schools, “EatSmart Restaurant Star+” Campaign enlisting support of restaurants to provide healthier dishes, “Joyful@Healthy Workplace” Programme targeting workplace settings and “I’m So Smart” Community Health Promotion Programme promoting healthy living in the community. DH is also carrying out preparatory works for a new, on-going mental health promotion and public education initiative. Moreover, DH has been carrying out activities in promoting organ donation and the prevention and control of communicable diseases.

Over the years, DH has launched a range of health promotion and disease prevention programmes aiming at different target populations. Notably, the Cervical Screening Programme is implemented since 2004 to encourage women aged 25 to 64 years to receive regular screening to reduce cervical cancer; the Colorectal Cancer Screening Programme which is regularised from the Colorectal Cancer Screening Pilot Programme launched in 2016 to provide subsidised screening to asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests for prevention of colorectal cancer; promotional campaigns in relation to alcohol-related harms, namely “Young and Alcohol Free” Campaign which targets young people and their parents and teachers, and “Alcohol Fails” Campaign which targets health care professionals and the general public are launched in 2016 and 2017 respectively; and the “Healthy Hong Kong 2025 | Move for Health”

Campaign is launched in 2018 to encourage the public to “move for health” and increase their physical activity to build an active lifestyle and prevent non-communicable diseases (NCD) as a measure to implement “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”. Manpower and expenditure for these programmes are met from DH’s overall provision for prevention and control of NCD and cannot be separately identified.

For children from birth to 5 years of age, the Maternal and Child Health Centres (MCHCs) of DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which includes immunisation services, growth and developmental surveillance, and health education for parents. DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of the Breastfeeding Friendly Workplaces Policy; promoting breastfeeding friendly premises; and strengthening the surveillance on the local breastfeeding situation.

Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or MCHCs operated by DH. At present, there are 3 WHCs and 10 MCHCs providing respectively woman health service on a full-time and a sessional basis. MCHCs also provide maternal, family planning and cervical screening services to women. Health education is provided to clients attending MCHCs and WHCs via various channels including distribution of health education resource materials, workshops and individual counselling.

Apart from the above, health messages have also been disseminated to the public through health education resources, information hotline, e-newsletters, designated websites and publicity activities.

The expenditure for health education activities cannot be separately identified as it has been subsumed under the overall expenditure for FHS.

The Student Health Service (SHS) of DH has been providing health education information to students through different platform e.g. health talks, web page and school programmes. The expenditure for health talks and web page etc. cannot be separately identified as it has been subsumed under the overall expenditure for SHS.

Among them, the outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes the Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication, aiming at increasing the resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like Internet use, healthy lifestyle, sex education, substance abuse, understanding adolescents, etc.

For school years 2014/2015 to 2018/2019, the number of schools enrolled to AHP and the number of students joined AHP are as follows:

School year [#]	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
No. of schools	317	318	314	310	307
No. of students	75 000	69 000	66 000	66 000	64 000

[#] Figures for school year 2019/2020 are not yet available.

The expenditure of AHP for 2014-15 to 2019-20 is as follows:

Financial Year	Amount (\$ million)
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Actual)	75.3
2019-20 (Revised Estimate)	80.2

The Elderly Health Service (EHS) of DH operates 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aiming to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 and over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

The total attendances of health education activities organised by EHCs and VHTs in the recent 5 years are as follows:

	2015	2016	2017	2018	2019 [^]
Total attendance of health education activities organised by EHCs and VHTs	491 000	488 000	486 000	478 000	478 000

[^] Provisional figures

The expenditure for health education cannot be separately identified as it has been subsumed under the overall expenditure of EHS.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)528****(Question Serial No. 4645)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please provide a breakdown by district of the workload of the 3 Woman Health Centres and 31 Maternal and Child Health Centres, including the respective numbers of various health assessments for women, subsequent health assessments, sessions for explaining assessment results and gynaecological tests conducted.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 229)Reply:

Women aged 64 or below can enrol for Woman Health Service (WHS) provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are 3 WHCs and 10 MCHCs providing WHS on full-time and sessional basis respectively. Women enrolled for WHS are provided with health assessment, health education and counselling. Appropriate investigations will be arranged as clinically indicated. WHS does not keep the breakdowns of attendance for investigations or explanation of assessment findings.

In 2019, the number of enrolments, attendances for WHS in individual centres of various districts are:

District	Centre	No. of enrolment	No. of attendance
Hong Kong			
Eastern	Chai Wan WHC	3 070	5 744
Central and Western	Sai Ying Pun MCHC	30	38
Southern	Ap Lei Chau MCHC	183	336
Kowloon			
Kwun Tong	Lam Tin WHC	4 550	7 399
Wong Tai Sin	Wang Tau Hom MCHC	109	142
Sham Shui Po	West Kowloon MCHC	210	383

District	Centre	No. of enrolment	No. of attendance
New Territories			
Tuen Mun	Tuen Mun WHC	3 318	5 943
North	Fanling MCHC	548	939
Shatin	Lek Yuen MCHC	563	1 386
	Ma On Shan MCHC	329	650
Sai Kung	Tseung Kwan O Po Ning Road MCHC	146	208
Kwai Tsing	South Kwai Chung MCHC	190	283
	Tsing Yi MCHC	118	275
Total		13 364	23 726

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)529****(Question Serial No. 4646)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding woman health services, please advise on:

- (a) the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) for the past 3 years;
- (b) the numbers of women on the waiting list for woman health services in each WHC and MCHC for the past 3 years as well as the respective median and longest waiting time; and
- (c) whether the Government has any plans to enhance the services of WHCs and MCHCs; if so, the details and expenditure involved; if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 230)Reply:

- (a) Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2017, 2018 and 2019, the number of enrolment for woman health service in individual centres are:

Centre	No. of enrolment		
	2017	2018	2019
Chai Wan WHC	3 371	3 176	3 070
Lam Tin WHC	4 603	4 772	4 550
Tuen Mun WHC	3 823	3 885	3 318
Ap Lei Chau MCHC	248	210	183
Fanling MCHC	607	603	548
Lek Yuen MCHC	634	618	563

Centre	No. of enrolment		
	2017	2018	2019
Ma On Shan MCHC	340	343	329
Sai Ying Pun MCHC	28	34	30
South Kwai Chung MCHC	196	183	190
Tseung Kwan O Po Ning Road MCHC	124	138	146
Tsing Yi MCHC	106	120	118
Wang Tau Hom MCHC	122	116	109
West Kowloon MCHC	225	228	210
Total	14 427	14 426	13 364

- (b) Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from 1 week to 12 weeks, with a median waiting time of 2 weeks.
- (c) The Government does not have plan to increase woman health services provided by WHCs and MCHCs. DH will continue to monitor the demand on woman health service.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)530****(Question Serial No. 4647)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Elderly Health Centres (EHCs), will the Government advise on the following?

- (a) What were the numbers of enrolment in each EHC for the past 3 years? Please provide a breakdown by age group.
- (b) Where were the numbers of elderly people waiting for health assessments and medical consultations for the past 3 years? What were the median and longest waiting times?
- (c) Does the Government have any plans to enhance the services of the EHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 231)Reply:

- (a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years is as follows:

EHC	2017					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	672	542	408	391	302	2 315
Shau Kei Wan	634	473	380	396	330	2 213
Wan Chai	1 961	1 170	649	526	345	4 651
Aberdeen	540	515	357	446	330	2 188
Nam Shan	697	496	407	365	258	2 223
Lam Tin	647	507	337	405	324	2 220
Yau Ma Tei	498	505	389	442	381	2 215
San Po Kong	539	475	390	536	381	2 321
Kowloon City	540	493	393	496	290	2 212

EHC	2017					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Lek Yuen	1 536	1 132	770	818	640	4 896
Shek Wu Hui	648	454	327	385	317	2 131
Tseung Kwan O	719	536	361	330	184	2 130
Tai Po	662	478	315	403	268	2 126
Tung Chung	658	682	485	359	137	2 321
Tsuen Wan	575	508	380	348	303	2 114
Tuen Mun Wu Hong	643	638	348	341	245	2 215
Kwai Shing	682	579	389	384	252	2 286
Yuen Long	678	557	408	397	276	2 316
Total	13 529	10 740	7 493	7 768	5 563	45 093

EHC	2018					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	1 376	1 031	555	509	424	3 895
Shau Kei Wan	561	611	338	366	337	2 213
Wan Chai	1 842	1 357	608	539	363	4 709
Aberdeen	590	615	328	364	315	2 212
Nam Shan	645	590	338	353	288	2 214
Lam Tin	666	567	312	345	329	2 219
Yau Ma Tei	598	576	321	379	337	2 211
San Po Kong	646	592	318	414	351	2 321
Kowloon City	558	487	362	461	346	2 214
Lek Yuen	1 680	1 454	659	603	504	4 900
Shek Wu Hui	613	512	319	326	337	2 107
Tseung Kwan O	617	526	371	371	242	2 127
Tai Po	600	527	307	412	278	2 124
Tung Chung	692	710	444	316	159	2 321
Tsuen Wan	1 002	913	463	401	314	3 093
Tuen Mun Wu Hong	671	633	334	317	257	2 212
Kwai Shing	673	619	387	357	264	2 300
Yuen Long	693	625	371	362	267	2 318
Total	14 723	12 945	7 135	7 195	5 712	47 710

EHC	2019*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	443	459	251	253	248	1 654
Shau Kei Wan	965	927	410	401	383	3 086
Wan Chai	1 233	1 210	433	309	190	3 375
Aberdeen	466	473	235	259	221	1 654
Nam Shan	491	487	263	231	184	1 656

EHC	2019*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Lam Tin	450	505	242	230	225	1 652
Yau Ma Tei	388	506	259	260	240	1 653
San Po Kong	493	436	242	286	277	1 734
Kowloon City	403	470	226	280	276	1 655
Lek Yuen	1 127	1 144	447	446	368	3 532
Shek Wu Hui	474	406	236	189	252	1 557
Tseung Kwan O	1 401	1 140	627	535	383	4 086
Tai Po	438	480	231	243	197	1 589
Tung Chung	502	530	325	235	136	1 728
Tsuen Wan	740	734	375	409	331	2 589
Tuen Mun Wu Hong	472	559	258	204	162	1 655
Kwai Shing	484	497	253	246	221	1 701
Yuen Long	465	542	279	218	226	1 730
Total	11 435	11 505	5 592	5 234	4 520	38 286

*Provisional figures from January to September 2019

(b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2017	2018	2019*
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	21 815	24 127	19 186
Median waiting time for first-time health assessment (months)	6.8	12.3	13.5
Longest median waiting time for first-time health assessments among all EHCs (months)	10.2 (Tuen Mun Wu Hong EHC)	17.3 (Tuen Mun Wu Hong EHC)	22.8 (Tuen Mun Wu Hong EHC)

*Provisional figures

(c) The 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in 2018. Together, they have contributed additional health assessments and medical consultations. The Department of Health will continue to flexibly deploy the new clinical teams and closely monitor the waiting time for health assessments in 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)531

(Question Serial No. 4648)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Estimate that the Department of Health (DH) will investigate reports of outbreaks of communicable diseases within 24 hours. In this regard, please advise this Committee on:

- (1) the number of DH's investigation cases, the number of hours thus spent and the communicable diseases involved in each year from 2017 to 2020 to date, broken down by month; and
- (2) the contents of the investigations and the follow-up action of the DH.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 232)

Reply:

(1) and (2)

From 2017 to 2019, the Centre for Health Protection (CHP) of the Department of Health received reports of 18 495, 16 465 and 15 281 cases of notifiable infectious diseases (NID) in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) respectively. In the first month of 2020, 1 337 cases of NID have been reported. Relevant statistics have been uploaded onto the CHP's website (<http://www.chp.gov.hk/en/static/24012.html>). During the period from January 2017 to January 2020, the majority of the diseases reported are chickenpox (24 513 cases), tuberculosis (12 865 cases) and scarlet fever (6 216 cases).

Upon receiving the notifications, the CHP would initiate epidemiological investigations within 24 hours, and would provide health advice to the patients and the contacts concerned.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)532

(Question Serial No. 4649)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Estimates that under Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong (the Plan), the Department of Health will implement such measures as enhancing health promotion and education activities and strengthening surveillance systems. In this regard, please advise this Committee on:

- (1) the content of the Plan, details of the activities, distribution of the estimates, expected target participants and their number: and
- (2) details of how to strengthen surveillance systems and the strategies, objectives, timetable and expenditure in relation to this measure.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 234)

Reply:

(1) and (2)

The Food and Health Bureau and the Department of Health (DH) launched the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” (SAP) in May 2018. The SAP lays down the strategic directions and a list of actions that Hong Kong will pursue collectively to achieve a set of 9 local non-communicable diseases (NCD) targets by 2025. It focuses on reducing 4 modifiable behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol). The goal of the SAP is to reduce NCD burden, including disability and premature death, in Hong Kong by 2025. As a measure to implement SAP, the DH launched the “Healthy Hong Kong 2025 | Move for Health” Campaign in December 2018. Under the Campaign, various activities has been held across the territory since 2019 to encourage the public to “move for health” and increase their physical activity to build an active lifestyle and prevent NCD.

In 2020-2021, the DH will continue to engage stakeholders across sectors to create supportive environments to make healthy choices easier. Moreover, the DH will strengthen NCD and risk factor surveillance by conducting household-based health behaviour surveys every 2 years, supplemented by physical and biochemical measurements every 4 to 6 years, step up health communication and education to raise public awareness and empower individuals to adopt healthy lifestyle practices. In 2020-21, the provision for the implementation of the SAP is \$50 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)533

(Question Serial No. 4650)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please explain why the target percentage of new cases in the CACs with an appointment time given within 3 weeks for 2020/2021 drops to “over 90%”. What is the estimated number of children to be affected by the reduction?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 235)

Reply:

In the past 3 years, the target percentage of new referral cases in child assessment centres with an appointment time be given in 3 weeks have all along been more than 90%. In actual practice, all new cases were seen within 3 weeks after registration.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)534

(Question Serial No. 4651)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Function

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the reasons for reducing the current rates for “processing of registration application from healthcare professionals within 10 working days” and “investigation upon receipt of complaint against healthcare professionals within 14 working days” from 100% to “above 90%”.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 236)

Reply:

While the targets for “processing of registration application from healthcare professionals within 10 working days” and “investigation upon receipt of complaint against healthcare professionals within 14 working days” were “>90%” for 2019, the actual performance for both targets in 2019 was “100%”. The targets planned for 2020 are the same as 2019 (i.e. >90%).

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)535****(Question Serial No. 4652)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Undesirable Medical Advertisements Ordinance, please advise on the following: in the past 5 years, the work of the Government in screening products claimed as health food products, medicines, etc. in the market. Please tabulate by category of product the numbers of (1) screening, (2) offences, (3) prosecutions instituted and (4) convictions.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 237)Reply:

The Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231) aims to protect public health through prohibiting or restricting advertisements, which may lead to the seeking of improper management of certain diseases and health conditions. The Department of Health has an established protocol for screening medical advertisements and the enforcement of the UMAO. Since 2017, education activities have been enhanced to facilitate the trade to familiarize themselves with the requirements under the UMAO.

The table below sets out figures regarding screening of advertisements and related enforcement actions from 2015 to 2019:

Year	No. of Advertisements screened			No. of Warning Letters issued	No. of Convicted cases
	Medicines*	Health Food	Surgical Appliances and Treatments		
2015	8 726	31 496	31 071	1 786	6
2016	6 898	28 172	22 254	1 705	7
2017	6 786	27 665	24 127	1 421	5
2018	6 419	28 788	23 706	1 111	4
2019	4 527	24 773	22 866	582	0

* Medicines refer to registered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and proprietary Chinese medicines under the Chinese Medicine Ordinance (Cap. 549).

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)536

(Question Serial No. 4654)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the completion time for assessment of new cases in child assessment centres (CACs) within 6 months, against the target rate for 2020 of more than 70%, the actual rate for 2019 was 53%. In this connection, will the Government please advise on:

- (a) the reasons why the completion rate of assessment for new cases within 6 months in 2019 was 53% only. Along with the actual rate for 2018 of 49%, the actual figures were lower than expected 2 years in a row, why was that so? Has the Department of Health looked at the reasons behind? If so, the reasons for the failure to meet the target; if not, the reasons for the absence of any review. Are there any plans to improve the situation? If yes, the details of the plans as well as the staff establishment and resources involved. If not, the reasons;
- (b) the measures the Department of Health will take to ensure the target rate for 2020 of more than 70% is reached;
- (c) the respective numbers of children waiting for assessment in the Government CACs, children who have received assessment and children assessed as having developmental disorders over the past 3 years. Please provide a breakdown by developmental problem of such children;
- (d) the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years;
- (e) the staff establishment of the CACs. What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff;
- (f) whether follow-up services will be provided accordingly by staff of the CACs for school children who have rehabilitation plans formulated after their developmental diagnosis. What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by developmental problem of such children;

(g) the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years; the percentages of the total numbers of help-seeking parents and children such parents and children accounted for; and

(h) a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 239)

Reply:

(a), (b) & (d)

In the past 3 years, all new cases of the Child Assessment Service (CAS) of the Department of Health (DH) were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2017, 2018 and 2019 are 55%, 49% and 53% respectively. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. DH does not maintain statistics on the lower quartile, average, median or longest waiting time for assessment of new cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand. The financial provision for enhancing the service in 2020-21 is \$16.9 million.

(c) The number of newly referred cases received and the number of children assessed by the CAS in the past 3 years are as follows:

	2017	2018	2019 (provisional figures)
Number of new cases referred to CAS	10 438	10 466	9 799
Number of children assessed by CAS	15 589	17 020	16 946

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	Number of newly diagnosed cases		
	2017	2018	2019 (Provisional figures)
Attention/Hyperactive Problems/Disorders	2 855	3 284	3 579
Autism Spectrum Disorder	1 716	1 861	1 891
Borderline Developmental Delay	2 371	2 637	2 926
Developmental Motor Coordination Problems/Disorders	2 124	2 338	2 367
Dyslexia & Mathematics Learning Disorder	507	534	510
Hearing Loss (Moderate to profound grade)	71	85	65
Language Delay/Disorders and Speech Problems	3 585	3 802	4 300
Physical Impairment (i.e. Cerebral Palsy)	40	48	42
Significant Developmental Delay/ Intellectual Disability	1 311	1 566	1 493
Visual Impairment (Blind to Low Vision)	38	28	20

Note: A child might have been diagnosed with more than 1 developmental condition.

(e) The approved establishment of the CAS in 2019-2020 is as follows:

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	40
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Senior Occupational Therapist / Occupational Therapist I	9
Senior Physiotherapist / Physiotherapist I	7
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	183

(f) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await assessment and rehabilitation services, the CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the provision of follow-up service is not available.

The duration for follow-up action on children depends on the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/ problems are not readily available.

(g) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as tabulated below. The children and their families may join these interim support activities before or after the assessment.

	2017	2018	2019 (provisional figures)
Number of cases participated in interim support	7 994	8 033	7 394
Number of new cases referred to CAS	10 438	10 466	9 799

(h) The number of cases referred to pre-school and school placement for training, remedial and special education in 2017, 2018 and 2019 are 14 294, 17 359 and 18 011 (provisional) respectively. Breakdown of case statistics by support services is not available.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)537****(Question Serial No. 4655)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding pharmacies and medicine stores, please provide the following information for the past 5 years: (1) the numbers of inspections conducted; (2) the numbers of inspections conducted in the form of decoy operations; (3) the numbers of prosecutions instituted; and (4) the numbers of pharmacies and medicine stores which had their licences suspended.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 240)Reply:

The Drug Office of the Department of Health (DH) conducts blitz inspections at Authorized Sellers of Poisons (ASP, commonly known as “pharmacies” or “dispensaries”) and Listed Sellers of Poisons (LSP, commonly known as “medicine stores”) to check whether sellers of pharmaceutical products comply with the statutory requirements and licencing conditions.

The table below sets out the number of the DH's enforcement actions against ASPs and LSPs in the pasts 5 years:

Year	No. of inspections conducted		No. of test purchases conducted		No. of convicted cases		No. of licences removed or suspended	
	ASP	LSP	ASP	LSP	ASP	LSP	ASP	LSP
2015	1 214	7 977	4 136	3 008	24	3	9	4
2016	1 209	7 956	3 955	4 021	15	4	8	7
2017	1 220	7 874	4 329	3 229	13	5	9	9
2018	1 212	7 814	4 194	3 350	14	5	7	4
2019	1 305	8 323	4 101	3 353	14	7	5	7

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)538

(Question Serial No. 4656)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the voluntary accredited registers scheme for healthcare professions (the scheme), will the Government advise on:

- (1) the items of expenditure, amounts of expenditure incurred and the manpower involved in the past 3 years;
- (2) the estimated expenditure and the manpower involved in 2020-21;
- (3) the current progress of work on the scheme;
- (4) the reasons for the slow progress on the scheme since its introduction. How does the Government evaluate the effectiveness of work in this area; and
- (5) whether the Government will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy; if yes, the selection criteria; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 241)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions (“the AR Scheme”) in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong has been appointed as the independent Accreditation Agent of the AR Scheme.

(1) & (2)

The Food and Health Bureau is responsible for overseeing the implementation of the AR Scheme with the Department of Health (“DH”) serving as the implementation agent. At bureau level, the additional workload arising from the AR Scheme will be absorbed by existing manpower resources.

DH’s actual expenditure on the AR Scheme in 2017-18 and 2018-19 was \$2.2 million and \$2.8 million respectively. DH’s expenditure on the AR Scheme for 2019-20, including the costs for publicity, was \$5.8 million (revised estimate). In 2020-21, \$7.6 million will be allocated for DH to take forward the AR Scheme. 3 posts, including 1 Scientific Officer (Medical), 1 Executive Officer and 1 Assistant Clerical Officer, were approved for creation in 2018-19 under the AR Scheme.

(3) & (4)

The application for the AR Scheme was closed in February 2017. The Government announced in June 2017 that the Accreditation Agent considered that five healthcare professions, namely audiologists, clinical psychologists, dietitians, educational psychologists and speech therapists, were preliminarily assessed to meet the criteria for accreditation process under the AR Scheme. These professions have subsequently passed accreditation assessments and were granted full accreditation status in 2018 and 2019 respectively. The results for speech therapists and audiologists were announced in April and November 2018, while those for dietitians, educational psychologists and clinical psychologists were announced in October 2019.

(5)

The Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)539

(Question Serial No. 4658)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the *Matters Requiring Special Attention*, the Department of Health will adopt a community approach on smoking prevention and cessation. In this connection, please inform this Committee of:

- (1) whether the work arrangements for the coming year will include action against electronic cigarettes and heat-not-burn tobacco products; if so, the details of the work; and
- (2) the estimated expenditure and manpower involved in 2020-21;

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 243)

Reply:

(1)&(2)

Over the years, the Department of Health (DH) has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention, including those targeting alternative smoking products (ASPs) including electronic cigarettes and heated tobacco products.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of ASPs. In addition, COSH has produced Announcements in the Public Interest on the topics regarding smoking cessation, as well as the harms of ASPs and the tobacco industry's false claims. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry and the adverse health effects of all forms of smoking products, and to equip them with skills to resist picking up the smoking

habit because of peer pressure through interactive teaching materials and mobile classrooms.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong, all of which provide services to smokers including those who use ASPs. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

The provision related to health promotion activities and smoking cessation services by the Tobacco and Alcohol Control Office (TACO) of DH and its subvented organisations, and the approved establishment of TACO in this respect in 2020-21 are at **Annexes 1 and 2** respectively. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

**Provision of the Health Promotion and Smoking Cessation Services by
the Department of Health's Tobacco and Alcohol Control Office**

	2020-21 Estimate (\$ million)
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	63.7
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.1
<i>Sub-total</i>	<u>89.8</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	30.6
<i>Subvention to Pok Oi Hospital</i>	7.4
<i>Subvention to Po Leung Kuk</i>	1.7
<i>Subvention to Lok Sin Tong</i>	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.7
<i>Sub-total</i>	<u>48.2</u>
Total	<u>138.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office
related to Health Promotion and Smoking Cessation Services

Rank	2020-21
<u>Head, TACO</u>	
Consultant	1
<u>Health Education and Smoking Cessation</u>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<u>Administrative and General Support¹</u>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
Total no. of staff:	<u>36</u>

- End -

¹ The staff also provide administrative and general support to the law enforcement activities.

CONTROLLING OFFICER'S REPLY

FHB(H)540

(Question Serial No. 4668)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dermatological services, would the Government please advise this Committee of:

1. the target rates set by the Department of Health and the actual rates in respect of the appointment time for the past 5 years;
2. the provisions for the Social Hygiene Service for the past 5 years and the coming year;
3. the definition of serious dermatoses;
4. the total number of attendances in the past 5 years and of these, the number of new cases of different priorities (including cases of serious dermatoses) and the percentages they accounted for; the lower quartile, median and longest waiting time for these cases; and
5. the staff establishment of dermatological clinics for the past 5 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 254)

Reply:

1. In 2015 to 2017, a target rate on “appointment time for new dermatology cases within 12 weeks” was set to be over 90%. The actual rates in respect of the relevant years are appended in the following table –

	2015	2016	2017
Actual rate	43%	31%	33%

Starting from 2018, a new target “appointment time for new cases with serious dermatoses within 8 weeks” has been set to be over 90%, and the actual rates in 2018 and 2019 were 99% and 100% respectively.

2. The financial provision of the Social Hygiene Service (SHS) of the Department of Health (DH) for providing dermatological services in the past 5 financial years and 2020-21 is appended in the following table –

Financial Year	Financial Provision (\$ million)
2015-16	136.7
2016-17	141.7
2017-18	165.3
2018-19	196.8
2019-20	207.6
2020-21	219.7

3. There is no universally accepted definition for “serious dermatoses”. The SHS has implemented a triage system of which all new case referrals will be assessed by the doctor in charge of individual clinics. As serious dermatological conditions are so diversified, in order to facilitate monitoring, 6 groupings of commonly encountered serious dermatoses in local context are identified and thus performance indicator monitoring. The 6 indicator conditions include –

- (a) cutaneous malignancies;
- (b) immunobullous diseases;
- (c) early stage herpes zoster;
- (d) severe cutaneous adverse reactions to drug;
- (e) moderate to severe psoriasis; and
- (f) hospitalized patients but with dermatoses and need continuation of care in specialist outpatient clinic on discharge.

4. The total number of attendances at specialised outpatient clinics providing dermatological services in the SHS in the past 5 years is appended in the following table –

	2015	2016	2017	2018	2019
Total	248 100	244 200	236 200	216 900	199 000

In 2019, amongst all new skin cases, 2 374 cases (11%) pertained to the above mentioned 6 indicator conditions of serious dermatoses and were given appointment within 8 weeks. The status of new skin case appointment is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH does not compile statistics regarding the lower quartile and median of individual new cases.

5. The approved establishment of staff at specialised outpatient clinics providing dermatological services in 2015-16 to 2017-18 is 147 and in 2018-19 to 2019-20 is 157.

CONTROLLING OFFICER'S REPLY**FHB(H)541****(Question Serial No. 4680)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Chinese Medicine Clinics subvented by the Department of Health, please advise on:

1. the utilisation rates of their services, the numbers of cases on the waiting list and the waiting time in the past 5 years;
2. their staff establishment in the past 5 years; and
3. whether there will be any plans of expansion in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 267)Reply:

1. The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine (CM) services at its 2 general outpatient clinics, i.e. Kwong Wah Hospital CM General Outpatient Clinic (KCGC) and Tung Wah Hospital CM General Outpatient Clinic (TCGC). KCGC and TCGC provide free bone-setting and herbalist services for the public. The attendances of these 2 CM Clinics (CMCs) for these services in the past 5 years are set out below:

		Bone-setting service*	Herbalist service	Total
2015	KCGC	271 534	10 497	282 031
	TCGC	57 703	8 133	65 836
2016	KCGC	244 419	12 807	257 226
	TCGC	51 702	7 446	59 148
2017	KCGC	220 616	13 932	234 548
	TCGC	54 756	7 324	62 080
2018	KCGC	210 599	13 035	223 634
	TCGC	51 805	7 102	58 907
2019	KCGC	199 727	11 057	210 784
	TCGC	48 319	6 962	55 281

* The attendances for bone-setting service include those patients obtaining herbal paste from the clinics without consultation.

To make an appointment for medical consultation with the CM practitioner at KCGC or TCGC, each patient needs to get a chit, either for the morning or afternoon consultation session, from the auto-machine or the counter at the 2 clinics. If all the time slots of that day have already been allocated, the patient then has to return to the clinic on another day and get an appointment following the same procedures. Most clients can be served upon walking in and there are no statistics on the number of clients waiting for appointment. There is no information on the average waiting time for consultation for these 2 CMCs.

2. Establishment for these 2 CMCs in the past 5 years is shown below:

	2015-16		2016-17		2017-18		2018-19		2019-20	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Number of Posts	13	7	13	7	13	7	13	7	13	7

3. There is no plan for expansion of the services having considered the demand/attendance figures of these 2 CMCs in recent years.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)542****(Question Serial No. 4681)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

With regard to the specialist outpatient clinics under the Department of Health (for tuberculosis, chest diseases, skin diseases, AIDS infection and dental care services, etc.), please advise on:

1. the utilisation rates, the numbers of cases on the waiting list and their waiting time in the past 5 years;
2. the staff establishment in the past 5 years; and
3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 268)Reply:

(1) and (2)

Specialised outpatient clinics of the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Information on the number of attendances and new cases, waiting time and approved establishment at the specialised outpatient clinics of the DH in the past 5 years are set out below-

(a) HIV/AIDS Clinic (i.e. Kowloon Bay Integrated Treatment Centre (ITC))

	2015	2016	2017	2018	2019
(a) Total attendances	14 600	14 900	15 239	14 970	15 230
(b) New cases	359	331	358	258	231

Medical consultation at ITC is by appointment. For new cases, appointment is made over the phone. The appointment date is based on the next available time slot that is acceptable to the patient concerned. For the past 5 years, all patients received consultation within 14 days, except those who specifically asked to receive consultation later. The approved establishment of the HIV/AIDS Clinic in 2015-16 to 2018-19 and in 2019-20 is 39 and 41 respectively.

(b) Clinics providing dermatological services

	2015	2016	2017	2018	2019
(a) Total attendances	248 100	244 200	236 200	216 900	199 000
(b) New attendances	27 366	26 027	25 219	24 884	21 890
(c) New cases booked for first consultation	47 654	50 502	52 549	56 010	61 095

The status of new skin case appointment at clinics providing dermatological services under the Social Hygiene Service (SHS) of the DH is updated on a regular basis. The information is available at the website of the DH (http://www.dh.gov.hk/english/clinictimetable/files/New_Skin_Case_Appointment_Status_en.pdf). As at end of December 2019, the average new skin case appointment time was estimated to be 123 weeks. The DH has implemented a triage system of which all new case referrals will be assessed by the doctors in charge of individual clinics and accorded appointment as appropriate based on their professional clinical judgement. In 2019, more than 90% of those new cases with severe dermatoses were accorded appointment within 8 weeks. The approved establishment of these clinics in 2015-16 to 2017-18 and in 2018-19 to 2019-20 is 147 and 157 respectively.

(c) Chest Clinics

	2015	2016	2017	2018	2019
(a) Total attendances (including new attendances and return visits)	185 175	188 939	186 539	171 949	155 726
(b) New attendances	19 075	19 585	19 635	16 247	13 196

In general, patients attending chest clinics with a diagnosis of active or suspected active tuberculosis (either by referral or by symptom on triage) will be seen by doctors within 1 to 2 days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the DH does not keep the exact figure for this category of patients. The approved establishment of these clinics in 2015-16 to 2019-20 is 332.

(d) Oral Maxillofacial Surgery and Dental Clinics

The DH provides public dental services through its Oral Maxillofacial Surgery and Dental Clinics (OMS&DCs) in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners. Public dental services provided by the DH is not part of its specialised outpatient clinics.

The number of attendances of hospital patients and number of patients with special oral healthcare needs is set out below –

	2015	2016	2017	2018	2019
Hospital patients (attendances)	55 600	58 000	61 200	67 000	66 100
Special needs group (number of patients)	10 600	11 400	11 600	11 500	11 400

All consultation appointments in the OMS&DCs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DCs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The approved establishment of the OMS&DCs in 2015-16 to 2019-20 is 105.

(3)

The DH has been continuously monitoring the demand for consultations and attendance at various clinics, and will deploy more medical staff to busy clinics as far as possible and as appropriate seek support for service enhancement.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)543****(Question Serial No. 4682)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the Family Planning Association of Hong Kong, please advise on:

1. the utilisation rates of its services, the numbers of cases on the waiting list and the waiting time in the past 5 years;
2. its staff establishment in the past 5 years; and
3. whether there will be any plans to improve its services in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 269)Reply:

1. The Department of Health provides subvention to the Family Planning Association of Hong Kong (FPA) in providing family planning services, termination of pregnancy and vasectomy (subvented services). The attendance/number of cases over the past 5 years for the subvented services are set out in the table below:

Type of subvented service	2015	2016	2017	2018	2019
Attendance for family planning services at Birth Control Clinics	110 316	105 506	102 265	104 910	102 179
Attendance for family planning services at Youth Health Care Centres	21 785	16 494	13 378	14 934	15 515
Termination of pregnancy (No. of cases performed)	3 425	3 110	2 861	2 770	2 718
Vasectomy ^{Note} (No. of cases performed)	309	327	331	386	262

^{Note} Vasectomy operations were suspended from October to December 2019 for replacement of sterilisers and improvement of Mechanical Ventilation and Air-Conditioning system.

The Birth Control Clinics serve walk-in clients. Clients will be seen by nurses, who will provide basic assessment and contraceptive services. If further non-urgent management by doctor is required, clients will be asked to make an appointment and the waiting time may vary from 1 to 3 months.

The Youth Health Care Centres provide integrated medical and counselling service in sexual and reproductive health to unmarried young people under the age of 26. They serve walk-in clients and also accept booking of appointments. Clients will be seen by doctors, nurses or counselors depending on their service needs. Most of the clients would be served upon walking-in. Under some special circumstances which the clients could not be served immediately, they would be offered an appointment within 2 days.

For termination of pregnancy procedures, the average waiting time is around 10 to 16 days.

For vasectomy, the waiting time varies from 3 to 5 months depending on the client's schedule as well as availability of the FPA's Honorary Medical Consultants who perform the procedure.

The FPA does not maintain statistics on the number of clients waiting for the subvented services.

2. The establishment for the subvented services in the past 5 years is shown below:

Financial year	2015-16	2016-17	2017-18	2018-19	2019-20
Number of posts	163	162	162	160	160

3. In 2020-21, the FPA has scheduled replacement of equipment to ensure steady and efficient provision of subvented services to the clients.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)544

(Question Serial No. 4684)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards proprietary Chinese medicines (pCm), will the Government please advise on:

- a. the number of applications for registration of pCm received by the Chinese Medicine Council of Hong Kong since the mandatory registration of pCm in Hong Kong under the Chinese Medicine Ordinance (the Ordinance) in 2010, the numbers of successful applications with the "Certificate of registration of pCm" (HKC) issued and rejected applications and the reasons for rejection, as well as the longest and average time required from receipt of an application to successful registration with the issuance of the HKC;
- b. the respective numbers of pCm issued with the "Notice of confirmation of transitional registration of pCm" and the "Notice of confirmation of (non-transitional) registration of pCm", the longest period for which the notices were held in respect of the pCm, of these, the number of re-applications for the HKC and the number of rejections as well as the reason(s) for rejection;
- c. the staff establishment as well as the number of cases in relation to the testing of pCm (by degree of urgency) processed each year since the temporary Government Chinese Medicine Testing Institute (GCMTI) commenced operation at the Hong Kong Science Park in March 2017;
- d. the timetable for setting up a permanent GCMTI;
- e. the numbers of cases concerning adverse reactions of patients after consuming pCm in the past 5 years; the number and details of such cases (if any); whether follow-up action has been taken and prosecutions have been brought accordingly, and the numbers of prosecutions instituted and convictions obtained;
- f. the respective numbers of inspections conducted for Chinese medicine practitioners and pCm, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years; and

g. whether the Government will amend the Ordinance to accelerate the process of assessment, and of approving pCm to migrate from transitional registration to formal registration, with a view to bringing all pCm containing Chinese medicines into the scope of regulation?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 271)

Reply:

a. & b. The registration regime for proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (Cap. 549) (CMO). Under the CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong might apply for transitional registration of the pCm before 30 June 2004. The Chinese Medicine Board (CMB) of the Chinese Medicine Council of Hong Kong (CMCHK) has started to accept applications for registration of pCm since 19 December 2003. In 2008, the CMB finished assessing all the applications for transitional registration. “Notice of confirmation of transitional registration of pCm” (i.e. HKP) has been issued to those applications supported by 3 acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit) and have met the requirements for transitional registration. For applications supported by the aforementioned 3 basic test reports submitted on or before 31 March 2010 but cannot meet the requirements for transitional registration, “Notice of confirmation of (non-transitional) registration of pCm” (i.e. HKNT) has been issued to them.

As of 29 February 2020, the CMB has received a total of 18 198 applications for registrations of pCm, among which 9 754 applications were rejected due to various reasons including failing to submit 3 acceptable basic test reports or the required documents/reports, withdrawal of application by the applicants or the product concerned did not fulfil the definition of pCm under the CMO. There are 5 890 and 2 357 pCm issued with HKP and “Certificate of registration of pCm” (i.e. HKC) respectively. Conversion of HKNT to HKC was all completed by end of 2019.

To protect public health, the CMB has to process each application prudently. The time taken for processing each and every application varies as it would depend on the complexity of the application, the timeliness of the applicant to submit the supporting test reports and the time given by the CMB to applicant to resubmit reports during appeal process, etc.

c. The breakdown of approved establishment of Government Chinese Medicines Testing Institute (GCMTI) from 2016-17 to 2020-21 are appended below:

Rank	No. of Post				
	2016-17	2017-18	2018-19	2019-20	2020-21
Senior Chemist	1	1	1	1	1
Chemist	1	1	2	3	3
Pharmacist	0	0	1	1	1
Scientific Officer (Medical)	9	9	13	14	14
Science Laboratory Technologist	1	1	1	1	1
Science Laboratory Technician I	1	1	1	2	2

Rank	No. of Post				
	2016-17	2017-18	2018-19	2019-20	2020-21
Science Laboratory Technician II	2	2	3	3	3
Senior Executive Officer	0	0	0	1	1
Executive Officer II	1	1	1	1	1
Assistant Clerical Officer	1	1	1	1	1
Laboratory Attendant	1	1	1	1	1
Total :	18	18	25	29	29

As endorsed by the Advisory Committee of the GCMTI, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines (CM); (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

d. The Chief Executive has announced in her Policy Address 2019 that the permanent GCMTI will be constructed in Tseung Kwan O next to the Chinese Medicine Hospital. The institute will comprise a CM testing laboratory and display CM specimens to support the research, development and education of CM. It is planned that the commissioning of GCMTI will be by 2024 at the earliest.

e. Upon receipt of notification of suspected poisoning cases from doctors, the Centre for Health Protection (CHP) of the Department of Health (DH) will conduct epidemiological investigation and take appropriate public health control measures. In the past 5 years, CHP has received a total of 14 suspected poisoning cases with consumption history of products containing Chinese medicine and there was no fatal case.

f. From 2015 to 2019, DH conducted 7 963 inspections of licensed wholesalers and manufacturers of pCm to ensure their compliance with the CMO and relevant practising guidelines. During the same period, the CMB of the CMCHK had taken disciplinary actions against 39 cases involving licensed pCm traders and 16 cases involving illegal sale and/or possession of unregistered pCm, contrary to section 119 of CMO were convicted.

The CMO empowers the Chinese Medicine Practitioners Board (CMPB) of CMCHK to handle any complaints or charges against the professional misconduct of Chinese Medicine Practitioners (CMPs). After disciplinary inquiries conducted by the CMPB, 81 cases against CMPs were substantiated from 2015 to 2019. DH did not carry out routine and regular inspection at CMP premises.

g. In order to strengthen the regulation against the imitated pCm in the market, the CMB has endorsed a proposal for the amendment of pCm definition under the CMO. The Government plans to brief the Panel on Health Services of the proposed amendments in 2020.

CONTROLLING OFFICER'S REPLY

FHB(H)545

(Question Serial No. 4685)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Chinese medicine practitioners (CMPs), will the Government please advise on:

- (a) the current number of CMPs in Hong Kong, among whom the respective numbers of listed CMPs and registered CMPs, and the ratio of CMPs to the Hong Kong population;
- (b) the numbers of training places for CMPs in the past 3 years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year;
- (c) the numbers, broken down by location of training, of applications for registration of CMPs trained in places other than Hong Kong, including those trained in the Mainland and from other channels, and successful registration in the past 3 years; and
- (d) whether the Government has five-year or ten-year plans in respect of the number of CMPs; if so, the details and if not, the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 273)

Reply:

- (a) As at 29 February 2020, there were a total of 10 170 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 613 were registered CMPs and 2 557 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2018 were 1:1 010 and 1:2 867 respectively.
- (b) At present, there are 3 local universities offering full-time Chinese medicine (CM) undergraduate programme accredited by the CMP Board (PB) of the CM Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination (CMPLE) organised by the PB. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for

practising CM in Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2017, 2018 and 2019 were 68, 64 and 66 respectively.

(c) In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2017, 2018 and 2019, the number of non-local trained graduates who passed the CMPLE and got registered were 102, 190 and 224 respectively. Except from the Mainland, there have been no other applications for registration of CMPs trained in places other than Hong Kong.

(d) According to the manpower projection conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, there will be sufficient manpower of CMPs in the short term and a slight shortage in the medium term. There is no urgent need to adjust the training places for CMPs considering that there will be sufficient manpower in the profession in the next 10 years. The Government has kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower (including CMPs), and the results are expected to be available within 2020.

- End -

Percentage												
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- d. whether there are any specific breastfeeding friendly workplace measures in place to encourage employers to provide BF and BC rooms, and allow time for expression of breastmilk and breastfeeding by their employees; if so, the details and if not, whether there are plans to introduce such measures; and
- e. whether the Government has promoted breastfeeding to the public through different channels (including the mass media) and if so, the details as well as the publicity activities and expenditure involved in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 277)

Reply:

(a)

In 2020-21, the Department of Health (DH) will continue to promote, protect and support breastfeeding through a multi-pronged approach, including strengthening publicity and education on breastfeeding; encouraging the adoption of “Breastfeeding Friendly Workplace” policy to support working mothers to continue breastfeeding after returning to work; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary “Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children”; and strengthening the surveillance on local breastfeeding situation.

A provision of \$6.0 million has been earmarked in 2020-21 for continuing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed within the existing manpower resources of the Family Health Service (FHS) of the DH, hence breakdown by items is not available.

(b)

The DH conducted regular surveys to monitor the local trend of breastfeeding. Information available in the past years as included in the table below shows the breastfeeding rates of children born in 2012, 2014, 2016 and 2018 collected through surveys conducted in 2013, 2015, 2017 and 2019. The DH does not maintain statistics on the breastfeeding rate beyond 12 months of age and exclusive breastfeeding rate beyond 6 months of age.

		Year of birth			
		2012	2014	2016	2018
Ever breastfeeding rate ^a at hospital discharge		85%	86%	87%	88%
Breastfeeding rate ^b	At 1 month of age	69%	73%	78%	77%
	At 2 months of age	56%	61%	67%	66%
	At 4 months of age	44%	50%	56%	56%

	At 6 months of age	33%	41%	47%	47%
	At 12 months of age	14%	25%	28%	26%
Exclusive breastfeeding rate ^c	At 1 month of age	22%	31%	34%	33%
	At 2 months of age	22%	30%	33%	32%
	At 4 months of age	19%	27%	31%	29%
	At 6 months of age	N/A	26%	28%	26%

Note:

- ^a “Ever breastfeeding rate” refers to the percentage of newborn babies who had ever been breastfed.
- ^b “Breastfeeding rate” refers to the percentage of children who are on any form of breastfeeding, including children exclusively breastfed as well as those breastfed children who are supplemented with formula milk and/or solid food feeding.
- ^c “Exclusive breastfeeding rate” refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk). In the survey conducted in 2015, 2017 and 2019, information on complementary food at 6 months was collected to facilitate better understanding of the infant feeding practice.

(c) - (e)

The Government has been actively promoting the provision of baby care facilities in government offices and public places. The “Advisory Guidelines on Baby care Facilities” were developed in August 2008 to encourage the provision of baby care rooms in public venues managed by the Government. Since then, a total of 330 baby care rooms (as of December 2019) are set up in premises of government departments and organisations (breakdown at the table below). To step up the efforts, starting from early 2019, communal lactation rooms for staff as well as communal baby care rooms for the public will be provided in suitable new government premises.

Government Departments/Organisations	Venue type	No. of baby care rooms
Department of Health	Maternal and child health centre	31
	Health education centre	1
Hospital Authority	Hospitals and clinics in Hospital Authority clusters	84
	General out-patient clinics	10
Home Affairs Department	Community halls/centres	9
Housing Department	Shopping centres managed by the Housing Authority	19
Immigration Department	Birth registries	2
	Immigration branch offices	2
	Smart Identity Card Replacement Centres	13
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	6
	Music Office	1
	Leisure venues (Note 1)	85
Airport Authority	Passenger Terminal Building	38

Others	Others (Note 2)	16
Total		330

Note 1 Including sports centres, swimming pools, sports grounds, stadia, tennis courts, parks, etc.

Note 2 Including the Central Government Complex, departmental headquarters buildings, Wetland Park, etc.

The Government has been promoting the “Breastfeeding Friendly Workplace” policy to the private sector and within the Government to support working mothers to continue breastfeeding after returning to work. Measures included:

- (i) the DH issued relevant guidelines including “Employers’ Guide to Establishing Breastfeeding Friendly Workplace” and “Employee’s Guide to Combining Breastfeeding with Work”. Recommended facilitation measures include allowing lactation breaks to lactating staff for expression of breastmilk for at least 1 year after childbirth; providing a private space for milk expression; and providing refrigerating facilities for safe storage of expressed breastmilk;
- (ii) the Hong Kong Committee for UNICEF, in collaboration with Food and Health Bureau and DH launched the “Say Yes to Breastfeeding” campaign in July 2015 and promoted breastfeeding support in the community;
- (iii) the Family Council launched the “Awards for Breastfeeding Support” in the Family-Friendly Employers Award Scheme since 2015-16 to commend employers that provide suitable facilities in the workplace to support employees who are breastfeeding;
- (iv) the Buildings Department promulgated the updated Practice Note on “Provision of Babycare Rooms and Lactation Rooms in Commercial Buildings” in November 2018;
- (v) the Lands Department imposed a mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
- (vi) communal lactation rooms for staff as well as communal babycare rooms for the public will be provided in suitable new government premises, starting from early 2019.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding:

- (i) providing training for maternal and child health personnel and producing training kit on breastfeeding for their reference;
- (ii) providing health information on breastfeeding for parents through group discussion and individual counselling;
- (iii) production and distribution of educational materials;
- (iv) providing guidance and skill support for breastfeeding mothers; and
- (v) conducting publicity activities to promote public awareness and acceptance of breastfeeding such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; and conducting poster campaigns.

Provisions for promotion of breastfeeding in 2015-16 and 2016-17 were \$5.0 million, and 2017-18, 2018-19 and 2019-20 were \$6.0 million. The expenditure on publicity activities for promotion of breastfeeding cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)547

(Question Serial No. 4775)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2016, the former Secretary for Food and Health, Dr KO Wing-man, attended the 69th World Health Assembly (WHA) of the World Health Organisation. At the WHA, environmental and social determinants of health were discussed and a resolution was passed to draw up a draft road map for an enhanced global response to the adverse health effects of air pollution. Air pollution, as the most important environmental determinant, has not only significantly increased the morbidity caused by non-communicable diseases, but has also led to premature deaths of more than 7 million persons around the globe. As a participant of the WHA, Hong Kong should implement the air pollution control measures of the draft road map. In this connection, will the Government please inform this Committee of whether it has allocated manpower and provision in the Estimates this year for stepping up education and publicity efforts to raise public awareness of the adverse health effects of air pollution as a major environmental determinant? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 395)

Reply:

The Government has various policies and measures to support the reduction of urban air pollution. The Department of Health (DH) has taken part in the Air Quality Objectives Review Working Group led by the Environment Bureau and the Environmental Protection Department (EPD), with a view to adopting the World Health Organization Air Quality Guidelines as a long-term goal for protection of public health. DH also worked with the EPD in developing the Air Quality Health Index (AQHI) and has maintained communication with EPD on AQHI forecast so as to offer timely and appropriate advice to the general public. DH has promoted health effects of air pollution to the public through various channels including disseminating relevant education materials through DH's website, and broadcasting a series of educational videos related to health risk and air quality in DH's service locations such as Maternal and Child Health Centres, Student Health Service Centres and Elderly Health Centres. The DH will continue to work closely with the EPD in the area of air quality and health.

Resources of the above activities are absorbed within the DH's overall provision for disease prevention and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)548

(Question Serial No. 4776)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in “Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases”, the strategic framework for non-communicable diseases (NCD) should encompass such goals as: 1) to create an environment conducive to promoting health; 2) to prevent and/or delay the onset of NCD for individuals and population groups; and 3) to reduce avoidable hospital admissions and healthcare procedures. However, the number of registered deaths related to respiratory and cardiovascular diseases increased by 8.2% from 19 168 to 20 737 during the 5 years between 2011 and 2015. Regarding the goals of the above NCD strategic framework, would the Government please advise this Committee on the following:

1) whether the Government considers that the goal of “creating an environment conducive to promoting health” has been achieved? If so, what are the details? If not, what are the reasons? ;

2) what are the causes for the increase in the number of registered deaths related to respiratory and cardiovascular diseases and whether measures and policy objectives are put in place by the Department of Health (DH) to reduce the number of such registered deaths? If so, what are the details? If not, what are the reasons? ; and

3) whether estimation can be made by the DH regarding the number of hospital admissions and healthcare procedures that will be trimmed each year due to improvement in air quality as well as the consequential cost effectiveness, given that air pollution is the most significant determinant of public health environment as revealed by the World Health Organization? If so, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 396)

Reply:

(1) The Government launched the “Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases” in 2008 and established a high-level steering committee (SC) chaired by the Secretary of Food and

Health to deliberate on and oversee the overall roadmap for implementation. Spearheaded by the SC, the Department of Health (DH) actively promotes healthy lifestyle through a life-course and setting-based approach in order to make healthy choices easier for the community. Various ongoing programmes include:

- (a) StartSmart@school.hk Campaign targeting on pre-primary institutions;
- (b) EatSmart@school.hk Campaign targeting on primary schools;
- (c) EatSmart Restaurant Star+ Campaign offering healthier dishes for the general public;
- (d) Joyful@Healthy Workplace Programme promoting workplace health; and
- (e) “I’m So Smart” Community Health Promotion Programme supporting healthy living in the community.

In May 2018, the Food and Health Bureau and the DH launched the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” (SAP). The SAP lays down the strategic directions and a list of actions that Hong Kong will pursue collectively to achieve a set of 9 local non-communicable diseases (NCD) targets by 2025. It focuses on reducing 4 modifiable behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol). The goal of the SAP is to reduce NCD burden, including disability and premature death, in Hong Kong by 2025. The DH will continue to engage stakeholders across sectors to create supportive environments to make healthy choices easier.

- (2) Factors like population growth and ageing population contribute to the increase in the number of registered deaths due to diseases of the circulatory system and respiratory system. After removing the effects of these factors by using age-standardisation methods, the overall mortality rate (per 100 000 standard population) of diseases of the circulatory system and respiratory system has decreased from 130.8 in 2012 to 116.0 in 2016. The details on age-standardised mortality rates during 2012-2016 are shown in the Table below -

Type of diseases	2012	2013	2014	2015	2016
Diseases of the circulatory system	70.8	64.8	66.6	62.0	60.1
Diseases of the respiratory system	60.0	54.9	56.5	57.3	55.9
Overall rate	130.8	119.7	123.1	119.3	116.0

Note: The age-standardised rates were compiled based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.

- (3) During the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the DH, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every 10µg/m³ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide, respectively.

The DH has taken part in the Air Quality Objectives Review Working Group led by Environment Bureau and EPD to assess, among other things, air quality improvements

and health benefits brought about by the improvements. The DH will continue to work closely with EPD on air pollution issues.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)549

(Question Serial No. 4777)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

According to *Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases* published by the Government, urban air pollution is among the top 10 risk factors for mortality, with a mortality rate similar to that of high body mass index and physical inactivity. To enhance public capability in preventing non-communicable diseases, will the Government advise this Committee on the following:

Does the Government have any data on the increase in morbidity and mortality risks of non-communicable diseases attributable to various air pollutants? If so, please set out in table form the increase in morbidity and mortality risks by type of pollutant and disease. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 397)

Reply:

According to the World Health Organization Air Quality Guidelines (Guidelines), for every $10\mu\text{g}/\text{m}^3$ increase in average level of fine suspended particulates PM_{2.5}, there will be an increase of 2 to 11%, or an average of about 6%, of annual mortality rates for long-term exposure. The Guidelines do not provide an exposure-response relationship for long term exposure to nitrogen dioxide, ozone and sulphur dioxide. Locally, during the development of Air Quality Health Index by the Environmental Protection Department with support from the Department of Health, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every $10\mu\text{g}/\text{m}^3$ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)550

(Question Serial No. 5025)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the medical expenses for each HIV patient in the 2019-20 financial year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 891)

Reply:

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of medical cost of HIV/AIDS management and care cannot be computed.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)551****(Question Serial No. 5026)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention (3) Health Promotion (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

- 1.) Please advise on the additional resources or manpower allocated over the past 10 financial years to enhance the services of the Social Hygiene Service (SHS) for preventing sexually transmitted infections and HIV infections in Hong Kong, and the resources earmarked in 2020-21 for SHS to provide additional services.
- 2.) Please set out the staff establishment of and the estimates for SHS, as well as the number of attendances at its clinics in the past 5 financial years.
- 3.) In view of the growing population in Hong Kong, will the Government provide funding in 2020-21 for educating new arrivals from Southeast Asia about AIDS and sexually transmitted diseases? If so, what is the expenditure involved?
- 4.) In view of the growing population in Hong Kong, will the Government provide funding in 2020-21 for educating new arrivals from the Mainland about AIDS and sexually transmitted diseases? If so, what is the expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 892)Reply:

1.) Social Hygiene Service (SHS) is responsible for skin diseases and sexually transmitted infection services in the public sectors in Hong Kong. The level of manpower in prevention and control of sexually transmitted infections maintained at a similar level for the past 10 years. The number of new cases of sexually transmitted infectious diseases recorded in the Social Hygiene Clinics have remained stable.

2.) The approved staff establishment and financial provision in the SHS in the past 5 years is set out below –

Financial year	Number of post	Financial provisions (\$ million)
2015-16	206	204.3
2016-17		216.1
2017-18		235.9
2018-19	216	272.1

Financial year	Number of post	Financial provisions (\$ million)
2019-20		287.5

The total number of attendances at clinics under the purview of the SHS in the past 5 years is shown below –

Year	Dermatological outpatient clinics	Social hygiene clinics
2015	248 100	86 600
2016	244 200	81 800
2017	236 200	86 700
2018	216 900	83 000
2019	199 000	79 800

3.) & 4.)

The Special Preventive Programme under the Department of Health (DH) is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Ethnic minorities (EM) are one of the key populations of HIV infection. The Red Ribbon Centre under the DH has been conducting HIV prevention activities and producing AIDS-related educational information for EM. Health education resources are produced in languages including Bangla, French, Hindi, Indonesian, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. Resources available for use include hotline, video compact discs, information leaflets, promotional cards, etc. The expenditure is subsumed within the overall provision for HIV prevention and cannot be separately identified.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, applications under the AIDS Trust Fund targeting EM, as one of the high risk groups, will be accorded higher funding priorities. From 2017-18 to 2019-20, funding of \$5.6 million has been approved for projects targeting EM.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)552

(Question Serial No. 5027)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. In October 2019, The Chinese University of Hong Kong published the findings of a research study on HIV pre-exposure prophylaxis (PrEP). Among the 71 male research participants who had sex with men and were taking PrEP every day, no one was infected with HIV even though the majority of them engaged in risky sexual behaviour constantly. Given the compelling research findings, please advise on whether the Government will allocate provision to the Council for the AIDS Trust Fund (the Fund) in 2020-21 on PrEP to give wide publicity for PrEP as an effective medication for HIV prevention and introduce PrEP into the local public healthcare system as one of the approaches to prevent HIV infection; if so, the amount of funding involved.
2. Please advise on whether the Government will conduct any research on PrEP in 2020-21, 2021-22 and 2022-23; if so, the funding involved.
3. Please provide a breakdown of the research expenditure on HIV PrEP in the past 3 years, apart from the funding granted to the research project conducted by the Fund titled Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong in 2014-15.
4. In November 2018, the Scientific Committee on AIDS and STI (the Scientific Committee) updated the recommendations on non-occupational post-exposure prophylaxis (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP under certain circumstances. In view of its latest stance, please advise on the number of patients who have been prescribed nPEP upon assessment by doctors of public hospitals since then.
5. Please set out the number of people requesting post-exposure prophylaxis (PEP), the number of PEP recipients as well as the estimated expenditure and financial provision involved in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 893)

Reply:

1 to 3.

The Scientific Committee, set up under the Centre for Health Protection (CHP) of the Department of Health (DH), is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund (the Fund) approved a sum of \$7.3 million to support the following 6 research studies related to PrEP –

- (a) Operability of a pilot incentivised PrEP programme for men who have sex with men (MSM) in Hong Kong;
- (b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
- (c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
- (d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
- (e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
- (f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. In the meantime, the Fund will keep abreast of the continuing development of PrEP locally and internationally.

4.

The Hospital Authority (HA) manages HIV patients, including in prescription of HIV PEP, based on clinical risk assessment and in accordance with the recommendations of the Scientific Committee under the DH. A risk versus benefit analysis will be conducted for patients with non-occupational exposure to HIV and the decision to prescribe PEP will be made on case-by-case basis. HA does not maintain statistics of the number of patients with non-occupational exposure to HIV who have been prescribed with HIV PEP.

5.

The number of clients prescribed with HIV PEP by the Integrated Treatment Centre of the DH, including but not limited to those with post-sexual exposure, are as follows:

Financial year	Number of clients prescribed with PEP
2015-2016	66
2016-2017	80
2017-2018	104
2018-2019	151
2019-2020*	126

* Figure updated as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)553

(Question Serial No. 5028)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the resources to be set aside in 2020-21 by the Government for human immunodeficiency virus (HIV) prevention, including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infections, thereby reducing lifelong expenses on HIV treatment and economic loss due to reduction of workforce.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 894)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

- (a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong;
- (b) setting up the AIDS Trust Fund (the Fund) since April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects for the prevention of HIV among 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and, Female sex workers and their male clients;

- (c) allocation of resources by the Department of Health (DH) to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS is not available;
- (d) regarding pre-exposure prophylaxis (PrEP), the DH currently adopts the recommendations by the Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted \$7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and
- (e) as for post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. In November 2018, the Scientific Committee also updated the recommendations on non-occupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)554

(Question Serial No. 5029)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- a) In 2017, the Hong Kong Advisory Council on AIDS published the *Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)* (the Strategies), stating that “WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies”. Before the end of the period covered by the Strategies, has the Government estimated the number of self-tests so as to achieve the “90-90-90 target” set by the Joint United Nations Programme on HIV/AIDS by 2020?
- b) Upon completion of the “HIV Self-Test Study”, which runs from September 2019 to June 2020, will the Government earmark provision in 2020-21 for a comprehensive review of the study so as to raise Hong Kong’s HIV testing rate? Will it earmark provision in 2020-21 for the provision of psychological support and counselling services to those in need upon conducting the HIV self-testing?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 895)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the overseas development of HIV self-testing, which is considered one of the useful means to improve the level of diagnosis to fill the gap in HIV care cascade. The ACA had deliberated on the issue and recommended in its “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” to keep in view the impact of HIV self-testing in local setting and to encourage AIDS health workers and non-governmental organisations (NGOs) to improve the mode of delivery for people who self-test, to provide support in

particular for those who tested positive, and to ensure proper referral for confirmatory test and treatment.

In this regard, the Department of Health (DH) has been promoting early HIV testing, with provision of relevant health educational information, to the general public. At-risk populations, including men who have sex with men (MSM), are recommended to have at least annual testing, irrespective of individually assessed risk of infection.

Moreover, the DH has been collaborating with NGOs to conduct events to promote public awareness of AIDS and the importance of early HIV testing for early diagnosis and treatment.

The DH has been using existing resources to conduct a study on the experience of using HIV self-testing kits among MSM, in which resources of counselling and support services for self-testers were provided. It is expected that its results could bring local information on the feasibility and acceptability of using HIV self-testing kits and the possible modes of delivery in Hong Kong. In the meantime, the Government will keep abreast of the continuing development of HIV self-testing locally and internationally.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)555

(Question Serial No. 5030)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- 1.) With regard to the resources allocated for HIV/AIDS prevention amongst heterosexual men in the past 3 years, please provide a detailed breakdown of the expenditure involved.
- 2.) Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 896)

Reply:

1.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of \$27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The Department of Health (DH) also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres,

interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of resources targeted at heterosexual men is not available.

2.

The Government has set up the Fund since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will accord priority to provide funding to projects targeted at 6 high risk groups, including FSW/MCFSW and EM for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)556

(Question Serial No. 5033)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

When people living with HIV (PLHIV) are receiving antiretroviral therapy continuously and properly, their level of HIV will be effectively suppressed to undetectable levels. Hence, the risk of passing on HIV will be significantly reduced and they will have a negligible chance of transmitting HIV to their partners sexually. In the light of this concept, already recognised by the Joint United Nations Programme on HIV/AIDS, will the Government allocate funding in 2020-21 to promote this message to the public and achieve the effectiveness of “treatment as prevention”?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 901)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS which includes allocation of resources to Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service of Department of Health (DH) for HIV prevention.

The SPP is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases.

As effective treatment results in viral suppression which in turn prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. In 2019, the DH launched a new set of TV and radio Announcements in the Public Interest on the benefits of early antiretroviral treatment to enhance public awareness. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Resources for the above initiatives are absorbed within the DH's overall provision and cannot be separately identified. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)557

(Question Serial No. 5040)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide the following information:

1. the number of elderly people participating in the EHV Scheme in each of the past 5 financial years and the expenditure involved;
2. the number and percentage of private healthcare service providers participating in the EHV Scheme, broken down by profession and District Council district, in each of the past 5 years; and
3. the number and percentage of elderly participants who have spent their vouchers on preventive care services and acute illness treatments in each of the past 5 financial years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 972)

Reply:

1. Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued the annual voucher amount on a calendar year basis. The amount of vouchers claimed was \$906.3 million in 2015, \$1,070.6 million in 2016, \$1,500.4 million in 2017, \$2,804.2 million in 2018 and \$2,665.9 million in 2019.

The table below shows the cumulative number of elders who had made use of vouchers under the EHV Scheme in the past 5 years:

	2015 ^{Note 1}	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000	1 191 000	1 294 000

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

Note 2: The eligibility age for the EHV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.

Note 4: On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

2. The table below shows the number and percentage of participating healthcare service providers by types under the EHV Scheme in the past 5 years:

	Number of Healthcare Service Providers (Percentage ^{Note 5})				
	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018	As at 31.12.2019
Medical Practitioners	1 936 (39%)	2 126 (42%)	2 387 (45%)	2 591 (47%)	2 893 (51%)
Chinese Medicine Practitioners	1 826 (30%)	2 047 (32%)	2 424 (38%)	2 720 (42%)	3 159 (48%)
Dentists	646 (38%)	770 (44%)	895 (49%)	1 047 (57%)	1 171 (62%)
Occupational Therapists	45 (6%)	51 (6%)	69 (7%)	74 (7%)	97 (8%)
Physiotherapists	312 (22%)	344 (22%)	396 (24%)	441 (25%)	520 (27%)
Medical Laboratory Technologists	30 (3%)	35 (3%)	48 (5%)	54 (5%)	64 (6%)
Radiographers	21 (2%)	24 (3%)	40 (5%)	44 (5%)	56 (6%)
Nurses	124 (1%)	148 (1%)	182 (1%)	182 (1%)	244 (1%)
Chiropractors	54 (32%)	66 (36%)	71 (37%)	91 (45%)	111 (49%)
Optometrists	265 (34%)	533 (67%)	641 (78%)	697 (81%)	780 (87%)
Sub-total (Hong Kong) :	5 259	6 144	7 153	7 941	9 095
HKU-SZH ^{Note 6}	1	1	1	1	1
Total :	5 260	6 145	7 154	7 942	9 096

Note 5: In calculating the percentage of participating healthcare service providers under the EHV Scheme, those healthcare professionals practising in the public sector or are economically inactive, e.g. not practising in Hong Kong, have been excluded.

Note 6: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015 and has been regularised since 26 June 2019. The HKU-SZH joined the EHV Scheme on a hospital basis.

A healthcare service provider can register more than 1 place of practice for accepting the use of vouchers. The number of places of practice under the EHV Scheme, broken down by types of healthcare service providers and 18 districts in Hong Kong in the past 5 years, is at **Annex**.

3. The table below shows the number of voucher claim transactions made by participating healthcare service providers in Hong Kong for preventive care and management of acute episodic conditions in the past 5 years, and the percentages as compared to the total number of voucher claim transactions made in the respective years:

Type of Service	2015	2016	2017	2018	2019
	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)
Preventive care	246 090 (9%)	305 610 (11%)	465 155 (13%)	825 640 (16%)	763 286 (15%)
Management of acute episodic conditions	1 647 390 (61%)	1 632 758 (58%)	1 874 310 (54%)	2 536 414 (49%)	2 595 355 (49%)

- End -

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2015)

Healthcare Service Providers											
District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	323	197	107	8	46	3	4	6	14	27	735
Eastern	189	206	77	6	32	2	1	10	3	37	563
Southern	40	66	15	0	2	0	0	0	0	1	124
Wan Chai	182	232	79	4	45	2	1	12	7	59	623
Kowloon City	142	153	51	8	32	1	0	18	1	80	486
Kwun Tong	286	285	110	20	52	9	2	37	3	15	819
Sham Shui Po	103	210	38	5	22	4	1	3	0	13	399
Wong Tai Sin	86	175	46	9	22	0	0	4	0	78	420
Yau Tsim Mong	524	436	165	11	124	21	9	28	41	120	1 479
Sha Tin	167	144	58	10	43	0	0	13	3	45	483
Tai Po	90	115	53	1	9	3	1	10	4	5	291
Sai Kung	160	92	38	8	24	3	0	2	0	16	343
North	61	99	27	0	3	1	0	1	8	2	202
Kwai Tsing	122	97	47	3	13	0	0	22	1	72	377
Tsuen Wan	148	183	40	3	32	5	8	12	10	16	457
Tuen Mun	153	180	39	1	11	0	1	2	0	11	398
Yuen Long	179	91	48	0	9	0	0	7	6	7	347
Islands	40	32	8	0	3	0	0	0	0	3	86
Total	2 995	2 993	1 046	97	524	54	28	187	101	607	8 632

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2016)

Healthcare Service Providers												
District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total	
Central & Western	385	274	144	7	48	5	4	9	21	62	959	
Eastern	229	277	95	7	34	3	3	13	3	109	773	
Southern	44	175	16	3	4	0	0	0	0	7	249	
Wan Chai	209	293	100	4	53	7	2	11	9	110	798	
Kowloon City	147	267	60	8	36	1	0	21	2	104	646	
Kwun Tong	280	453	118	20	49	12	4	51	3	65	1 055	
Sham Shui Po	111	259	49	4	34	4	1	3	0	53	518	
Wong Tai Sin	86	347	53	7	22	0	0	4	0	108	627	
Yau Tsim Mong	638	504	224	14	139	25	10	36	42	228	1 860	
Sha Tin	185	296	91	11	46	2	0	19	4	105	759	
Tai Po	98	166	52	1	10	3	2	12	4	13	361	
Sai Kung	173	158	55	7	30	3	0	2	2	71	501	
North	68	186	32	0	3	1	0	1	8	11	310	
Kwai Tsing	138	163	51	4	17	0	0	29	1	105	508	
Tsuen Wan	155	283	44	3	41	7	8	11	9	52	613	
Tuen Mun	148	385	46	1	16	0	1	2	0	43	642	
Yuen Long	194	205	66	0	10	1	0	11	5	32	524	
Islands	44	82	11	0	3	0	0	0	0	8	148	
Total	3 332	4 773	1 307	101	595	74	35	235	113	1 286	11 851	

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Service Providers											
District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	3 771	6 809	1 570	103	641	127	57	273	116	2 110	15 577

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2018)

Healthcare Service Providers											
District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	535	479	247	2	65	16	6	8	35	211	1 604
Eastern	257	612	118	12	34	3	2	13	30	206	1 287
Southern	46	302	17	4	8	0	0	0	0	46	423
Wan Chai	269	331	141	5	69	17	7	16	29	263	1 147
Kowloon City	181	414	89	11	37	0	0	16	6	177	931
Kwun Tong	287	846	146	20	52	17	5	50	14	144	1 581
Sham Shui Po	135	462	77	3	45	4	2	5	0	102	835
Wong Tai Sin	94	627	85	8	27	0	0	16	0	163	1 020
Yau Tsim Mong	995	792	376	12	175	50	21	39	59	505	3 024
Sha Tin	332	539	136	12	54	2	2	34	15	202	1 328
Tai Po	104	265	66	0	9	3	3	12	3	34	499
Sai Kung	214	361	65	12	22	2	0	4	3	120	803
North	66	299	31	2	7	3	2	3	11	41	465
Kwai Tsing	144	280	76	3	16	0	0	28	0	140	687
Tsuen Wan	202	444	77	4	54	16	7	10	23	117	954
Tuen Mun	191	637	68	3	31	0	1	6	9	105	1 051
Yuen Long	208	414	99	1	15	3	1	14	10	136	901
Islands	37	119	15	0	2	0	0	1	0	11	185
Total	4 297	8 223	1 929	114	722	136	59	275	247	2 723	18 725

Breakdown of Places of Practice by Types of Healthcare Service Providers and 18 Districts in Hong Kong
(Position as at 31 December 2019)

Healthcare Service Providers												
District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total	
Central & Western	635	511	276	5	73	17	8	15	42	388	1 970	
Eastern	288	745	127	14	37	4	2	17	43	227	1 504	
Southern	49	345	17	6	10	0	0	9	0	58	494	
Wan Chai	317	408	162	10	86	15	9	22	41	384	1 454	
Kowloon City	250	478	106	14	45	0	0	18	8	202	1 121	
Kwun Tong	311	1 074	173	25	62	15	4	49	23	157	1 893	
Sham Shui Po	151	562	95	8	58	4	2	12	1	97	990	
Wong Tai Sin	102	746	94	16	24	1	0	31	2	173	1 189	
Yau Tsim Mong	1 208	904	436	15	203	55	25	45	64	821	3 776	
Sha Tin	367	702	155	13	57	2	2	29	24	245	1 596	
Tai Po	110	327	69	1	11	5	3	13	5	55	599	
Sai Kung	222	448	76	11	25	1	0	10	3	160	956	
North	85	367	31	3	11	3	4	4	10	40	558	
Kwai Tsing	143	373	95	5	18	0	0	21	6	159	820	
Tsuen Wan	224	478	88	5	61	17	8	11	27	147	1 066	
Tuen Mun	216	736	74	3	32	1	1	8	15	114	1 200	
Yuen Long	233	562	112	1	20	4	2	16	18	160	1 128	
Islands	36	143	18	1	5	0	0	1	0	17	221	
Total	4 947	9 909	2 204	156	838	144	70	331	332	3 604	22 535	

CONTROLLING OFFICER'S REPLY

FHB(H)558

(Question Serial No. 5041)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention (3) Health Promotion (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a breakdown of the number of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the number of PEP recipients and the expenditure involved in the past 3 years.
2. Please provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 3 years.
3. Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2020-21.
4. Please advise on the estimated number of people requesting PEP, the estimated number of PEP recipients as well as the estimated expenditure and financial provision involved in 2020-21.
5. Please advise on the estimated expenditure on PEP if the stringent requirements for receiving such treatment is relaxed in 2020-21.
6. Please provide a breakdown of the medical expenses for each HIV patient in the past 3 years.
7. Please provide a breakdown of the expenditure incurred in preventing HIV infection for each person from most-at-risk populations for HIV in the past 3 years.
8. Please provide a breakdown of the expenditure on HIV prevention researches in the past 3 years.
9. Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

10. Why does the Government not consider allocating more resources to HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation, provision of sexuality education catering for present-day circumstances as well as vigorous promotion of the pathological knowledge of “U=U”, to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 973)

Reply:

1.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

Financial year	Number of clients prescribed with PEP
2017-18	104
2018-19	151
2019-20*	126

* Provisional figure as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

2.

The Council for the AIDS Trust Fund (the Fund) approved a sum of \$7.3 million from 2017-18 to 2019-20 to support the following research studies –

- (a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
- (b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
- (c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
- (d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
- (e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
- (f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

3.

The Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and STI. In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

- (a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention

effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

4.

For 2020-21, it is estimated that 200 cases will be given HIV PEP for post-sexual exposure from the DH. The estimated expenditure is not available as it has been subsumed as part of the HIV care services provided by the DH.

5.

In January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation.

In November 2018, the Scientific Committee also updated the recommendations on nonoccupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by a medical practitioner, it should be started without delay and follow up be arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

6. and 7.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of the medical cost of HIV/AIDS management and care cannot be computed.

Based on the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the Fund for projects targeted at the 6 high risk groups, namely men who have sex with men; people living with HIV; people who inject drugs; ethnic minorities; male-to-female transgender; female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects with the breakdown as follows.

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	98.4

8.

From 2017-18 to 2019-20, the Fund approved a total of \$17.5 million for conducting 23 researches with the breakdown as follow:

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	9.7
People living with HIV	6.5
More than 1 high risk group*	1.3
Total	17.5

* The Fund granted \$1.3 million for two researches which targeted more than 1 high risk groups.

9.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline), we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these 2 scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

10.

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up ACA in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV

infection and the provision of services to people with HIV/AIDS in Hong Kong;

(b) setting up the Fund since April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects for the prevention of HIV among 6 high risk groups;

(c) allocation of resources by DH to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS;

(d) regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016 (as set out in part 3 above). The Fund has granted \$7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20 with details set out in part 2 above. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and

(e) as for PEP, DH currently adopts the recommendation by the Scientific Committee in January 2014 on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV; and the recommendations in November 2018 on nPEP to sexual or injection exposure (as set out in part 5 above). The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)559

(Question Serial No. 5042)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditure on counselling and treatment provided for patients living with HIV/AIDS by the Department of Health (DH) in the past 3 years.
2. It is estimated that the number of patients attending HIV/AIDS services will increase in 2020. In this regard, will the DH allocate additional resources to provide counselling and treatment for patients living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 974)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)560

(Question Serial No. 5043)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Despite substantial funding allocated by the Government to HIV testing and venue outreach activities for the prevention of HIV/AIDS in recent years, the HIV epidemic has become more serious at a rapid pace. According to the statistics compiled by the Department of Health, the cumulative number of HIV infection cases has increased by over 45% (46%) over a period of 5 years from 2011 to 2015. The failure to contain the HIV/AIDS epidemic implies that the Government will need to cover the lifelong medical expenses of an increasing number of patients and bear heavy healthcare burden.

Given the critical situation of the HIV/AIDS epidemic mentioned above, please advise on the following issues concerning the treatment of patients with sexually transmitted infections and the control of such infections:

1. How much resource has been allocated for healthcare staff to provide HIV/AIDS treatment and care in the public healthcare system in the past 3 years? Will additional resources be allocated to prepare for a rising epidemic in the future? Please provide a detailed breakdown of the expenditure involved.
2. With regard to the resources allocated for HIV/AIDS prevention amongst heterosexual men in the past 3 years, please provide a detailed breakdown of the expenditure involved.
3. Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 975)

Reply:

1.

From 2017-18 to 2019-20, the number of healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the Department of Health (DH) is set out in the following table. The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2019-20 is \$18.9 million, which is solely used to cover the manpower cost of the posts and the breakdown of the recurrent cost by rank is set out as follows:

Rank	Number of posts			Annual Recurrent Cost in 2019-20
	2017-18	2018-19	2019-20	
Senior Medical and Health Officer	2	2	2	2,891,880
Medical and Health Officer	2	2	2	2,239,560
Senior Nursing Officer	1	1	1	940,560
Nursing Officer	9	9	10	7,327,200
Registered Nurse	11	11	12	5,542,560
Total	25	25	27	18,941,760

The Government will keep in view the service demand in the coming years for resource allocation.

2.

Based on the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of \$27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men’s Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources

on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS targeted at heterosexual men is not available.

3.

The Government has set up the Fund since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will accord priority to provide funding to projects targeted at 6 high risk groups, including FSW/MCFSW and EM for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)561

(Question Serial No. 5118)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention (3) Health Promotion (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- 1) Please advise on whether additional resources have been earmarked in the financial year 2019-20 for medical services relating to HIV/AIDS treatment.
- 2) Please provide a breakdown of the medical expenses for HIV/AIDS patients per capita in the financial year 2019-20.
- 3) Please set out the Government's expenditure on the procurement of drugs for HIV/AIDS in the financial year 2019-20 as well as such estimates for the financial year 2020-21.
- 4) Please advise on the expenditure on the prevention of HIV/AIDS and sexually transmitted diseases in the financial year 2019-20.
- 5) Currently, there are three designated HIV clinical services in the public sector: the Integrated Treatment Centre of the Department of Health, the AIDS Clinical Service of Queen Elizabeth Hospital and the Infectious Disease Special Medical Clinic of Princess Margaret Hospital. These centres serve the vast majority of HIV infected patients engaged in care. Please then advise on the staff establishment of the above healthcare institutions in the past 3 years, as well as whether their staff establishment will be expanded in 2020-21 to cope with the epidemic.
- 6) Based on the recommendations of the Recommended HIV/AIDS Strategies for Hong Kong 2017-2021, higher funding priorities will be accorded to applications targeted at the 6 high risk groups, namely men who have sex with men; people living with HIV; people who inject drugs; ethnic minorities; male-to-female transgender; and female sex worker and their male clients. Please provide the estimated amounts of funding for the above 6 groups in the past 3 years and in 2020-21.
- 7) Please advise on the number of attendances for AIDS counselling service provided by the Services under the Department of Health (DH) and other partnering organisations

in the financial year 2019-20 as well as the manpower involved in the provision of such service.

- 8) Please advise on the number of phone enquiries about AIDS/HIV received by the Services under the DH and other partnering organisations in the financial year 2019-20.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 1158)

Reply:

1 and 5.

From 2017-18 to 2018-19, there are a total of 25 healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the DH. In 2019-20, the number of healthcare staff is increased to 27. The annual recurrent expenditure to cover the manpower cost for the HIV/AIDS clinic of the DH in the past 3 years are set out in the following table –

Year	Annual recurrent cost
2017-18	\$16.5 million
2018-19	\$17 million
2019-20	\$18.9 million

The Government will keep in view the service demand in the coming years for resource allocation.

2.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are also integrated into patient care. In addition, drug costs vary with the regimen used and may be changed over patient course. Hence, breakdown of medical cost of HIV/AIDS management and care cannot be computed.

3.

The total expenses on anti-HIV drugs under the DH in 2019-20 are \$315.3 million. In 2020-21, the provision for anti-HIV drugs is \$349.0 million.

4.

The Government has been allocating resources for the prevention of HIV/AIDS and sexually transmitted infections (STIs). Their provisions under Programme (2) Disease Prevention in 2019-20 was \$17.1 million and \$78.5 million respectively.

Provisions for clinical management services for HIV/AIDS is provided under a separate Programme and is not included in the provision above.

6.

Based on the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” (the Strategies) issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the AIDS Trust Fund (the Fund) for projects targeted at the 6 high risk groups, namely Men who have sex with men; People

living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; Female sex workers and their male clients.

From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects with the breakdown as follows. The Fund will continue to make reference to recommendations of the Strategies in assessing project applications and in according resources to different key populations.

High risk groups	Amount of funding approved (\$ million)
Men who have sex with men	46.6
People living with HIV	22.6
People who inject drugs	5.7
Ethnic minorities	5.6
Male-to-female transgender	1.6
Female sex workers and their male clients	16.3
Total	98.4

7.

The number of attendances at the AIDS Counselling and Testing Services under the DH in 2019-20, as at 29 February 2020, is 2 062.

The approved establishment of the AIDS Counselling and Testing Service of the DH in 2019-20 is 7.

8.

The number of telephone enquiries handled by the AIDS Hotline Unit under the DH in 2019-20, as at 29 February 2019, is 9 898.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)562

(Question Serial No. 5119)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in Objective 1 of the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV. In this connection, please give a detailed breakdown of the resources allocated by the Government to conduct a study on legislation against discrimination on the grounds of sexual orientation in 2019-20 in response to the above recommendation for reducing the infection rate of HIV and sexually-transmitted diseases, and advise on the resources set aside by the Government for conducting such a study in 2020-21?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 1159)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during the formulation of the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)". Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV-related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health

care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included. Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV.

The Constitutional and Mainland Affairs Bureau is conducting a study on the experience of other jurisdictions in tackling discrimination against the sexual minorities through legislative and administrative measures. The resources required for relevant work are absorbed in the recurrent expenditure of the Bureau which is outside Head 37.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)563

(Question Serial No. 6806)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As far as passenger traffic is concerned, are all persons arriving at Hong Kong (including Hong Kong residents as well as visitors from the Mainland and other places but excluding those who depart on the same day) subject to a 14-day compulsory quarantine following the implementation of this arrangement since 8 February 2020? If yes, please give the total number of persons placed in a 14-day compulsory quarantine; if not, please give the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 33)

Reply:

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) (the Regulation), starting from 8 February 2020, save for persons exempted under the Regulation, the Department of Health issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong, irrespective of nationality. From 8 February to 25 March 2020, a total of 74 889 quarantine orders were served to persons arriving at Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)564

(Question Serial No. 6768)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In relation to Chun Yeung Estate temporarily on loan by the Housing Authority to the Government for use as a confinement facility, would the Government please advise on:

1. the latest number of units used for quarantine as well as the approximate time for unit vacation, thorough disinfection, repair, etc. for reallocation and intake when the outbreak is over; and
2. the fee for and the budget of temporarily using the public rental estate as a government confinement facility; whether the expenditure will be met from next year's estimates or the Anti-epidemic Fund?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 13)

Reply:

1.

As at 8 April 2020, the quarantine centre in Chun Yeung Estate, Fo Tan provides 1 454 units. The time needed to evacuate the quarantine centre in Chun Yeung Estate will be subject to a number of factors, where an estimate cannot be provided at the moment.

2.

To operate the quarantine centre in Chun Yeung Estate, relevant expenditure arises from provision of catering, security and medical support services on the site. The estimated operating expenditure in 2019-20 and 2020-21, as well as other relevant manpower costs would be subsumed under Department of Health's overall allocation and additional funding would be sought under established procedures where necessary.

CONTROLLING OFFICER'S REPLY

FHB(H)565

(Question Serial No. 6126)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding child assessment centres (CACs), please inform this Committee of the following.

(a) What were the monthly number of new cases and the monthly average appointment waiting time at the 7 CACs in the past 5 years, in view of the fact that the rates in respect of the appointment time for new cases in CACs within 3 weeks for the years 2017, 2018 and 2019, which had been estimated at “over 90%”, all hit 100%?

(b) As opposed to the target rate in respect of the completion time for assessment of new cases in CACs within 6 months at “over 90%”, the actual rates for 2017, 2018 and 2019 were 55%, 49% and 53% respectively. Since the government has attributed this to the continuous increase in the demand for services provided by the Child Assessment Service (CAS) and the high wastage rate of doctors and the difficulties in recruiting them to the CAS, please advise on:

- (i) the actual numbers of cases handled in these 3 years;
- (ii) the establishment, the number and the remuneration of doctors responsible for such services;
- (iii) the wastage and the wastage rates of doctors in the past 3 years;
- (iv) whether any measures have been formulated to bring down the wastage rate; if yes, the details; if not, the reasons;
- (v) the follow-up work carried out upon completion of the assessment; and
- (vi) the reasons for the large discrepancy in respect of the appointment time for 2017, 2018 and 2019 between the planned rates of “over 70%”, “over 60%” and “over 70%” respectively and the actual rates.

(c) What are the reasons for setting the planned rate in respect of the appointment time for 2020 at only “over 70%” and the measures to be taken by the Government in view of the situation? Please provide a detailed breakdown of the expenditure on such measures in table form.

Asked by: Hon KWOK Wing-hang Dennis (LegCo internal reference no.: 11)

Reply:

(a)

The number of new cases referred to the Child Assessment Service (CAS) of the Department of Health (DH), with breakdown by month, in the past 5 years are set out in the below table. The statistics for individual centres are not readily available. In the past 5 years, nearly all new cases of the CAS were seen within 3 weeks after registration.

Month	Number of new cases referred to CAS				
	2015	2016	2017	2018	2019 (Provisional figures)
January	777	861	799	899	978
February	706	720	874	747	693
March	824	836	981	838	921
April	787	789	824	863	922
May	784	797	906	982	893
June	960	881	987	904	793
July	811	851	845	941	830
August	808	929	909	993	803
September	753	881	849	713	701
October	806	813	834	849	735
November	841	939	864	876	690
December	1 015	891	766	861	820
Total	9 872	10 188	10 438	10 466	9 799

(b)(i)

The number of children assessed by the CAS in 2017, 2018 and 2019 are 15 589, 17 020 and 16 946 (provisional figure) respectively.

(b)(ii)-(iv)

The approved establishment of Medical and Health Officer grade in the CAS in 2019-20 and the respective monthly mid-point salary of the individual rank are as follows –

Rank	Monthly Mid-point salary	Number of posts
Consultant	\$190,300	1
Senior Medical and Health Officer	\$126,220	10
Medical and Health Officer	\$97,745	14

The number of wastage of staff in respect of Medical and Health Officer grade in the CAS in 2017-18, 2018-19 and 2019-20 are 0, 0 and 1 respectively. The CAS has been facing manpower shortage problem in respect of the Senior Medical and Health Officer (SMO) and Medical and Health Officer (MO) rank officers in recent years. As at 1 February 2020, the

approved establishment of SMO/ MO in the CAS is 24 while the number of vacancy is 10. DH will continue the effort to recruit suitable SMO/ MO to fill the vacancies.

(b)(v)

The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await assessment and rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

(b)(vi) and (c)

Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in the past 3 years were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. The financial provision for enhancing the manpower and related recurrent costs in 2020-21 is \$16.9 million. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)566

(Question Serial No. 6127)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

There are a total of 7 child assessment centres (CACs) in Hong Kong. Please advise on their service capacities, services, types and numbers of staff as well as the unit costs of the services in the past 5 years.

Asked by: Hon KWOK Wing-hang, Dennis (LegCo internal reference no.: 12)

Reply:

The Child Assessment Service (CAS) of Department of Health (DH) provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await assessment and rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

The multi-disciplinary group of healthcare and professional staff in CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower involved in the assessment is not available.

The approved establishment of the CAS in 2019-2020 is as follows:

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	40
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Senior Occupational Therapist / Occupational Therapist I	9
Senior Physiotherapist / Physiotherapist I	7
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	183

The attendance at the 7 Child Assessment Centres (CAC) under the CAS in the past 5 years is as follows:

Child Assessment Centre (CAC)	2015	2016	2017	2018	2019 (Provisional figures)
Central Kowloon CAC	6 476	5 666	5 489	5 632	5 492
Ha Kwai Chung CAC	7 033	7 373	7 209	6 413	5 827
Pamela Youde CAC (Kwun Tong)	7 243	7 120	7 187	7 315	6 577
Pamela Youde CAC (Sha Tin)	7 152	7 933	8 262	8 493	7 535
Fanling CAC	4 055	3 882	3 892	4 182	4 875
Tuen Mun CAC	5 465	5 194	5 384	5 610	5 186
Ngau Tau Kok CAC*	0	0	0	1 682	2 513
Total:	37 424	37 168	37 423	39 327	38 005

* Ngau Tau Kok CAC commenced operation in January 2018.

The financial provision of the CAS in the past 5 years are set out in the table below. DH does not compile figures on the average per capita cost of assessment at the CACs.

	2015-16	2016-17	2017-18	2018-19	2019-20
Financial provision to CAS (\$ million)	110.2	129.6	131.8	138.6	162.2

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)567

(Question Serial No. 3394)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In comparison with 2018, 2019 saw a significant increase in the number of attendances receiving maternity health service at maternal and child health centres, a trend that is expected to continue in 2020. In this regard, please advise on:

- a. the expenditures required for providing such service in the past 3 years, broken down by year;
- b. the numbers of personnel involved in providing such service in the past 3 years, broken down by grade; and
- c. whether the Department of Health has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower, resources and details involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 66)

Reply:

Maternal and Child Health Centres provide a variety of services to children and women. The manpower and expenditure for maternal health service cannot be separately identified.

The Department of Health will continue to monitor the utilisation of maternal health service and deploy resources flexibly to ensure efficient delivery of service.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)568

(Question Serial No. 3395)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, please advise on:

- a. the expenditure required for providing the said service in the past 3 years, broken down by year;
- b. the number of staff involved in providing the said service in the past 3 years, broken down by grade; and
- c. whether the Government has earmarked sufficient resources, including manpower, to meet the demand this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 67)

Reply:

- a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2017-18, 2018-19 and 2019-20 are as follows:
2017-18 (Actual): \$215.6 million
2018-19 (Actual): \$228.8 million
2019-20 (Revised Estimate): \$246.1 million
- b. Approved establishment of the SHS in financial years 2017-18, 2018-19 and 2019-20 are as follows:

	<u>2017-18</u>	<u>2018-19</u>	<u>2019-20</u>
Doctors	37	38	40
Nurses	236	236	248
Allied health staff	18	18	24
Administrative and clerical staff	82	82	87
Supporting staff	36	36	40
Total	409	410	439

- c. The DH has already earmarked sufficient resources, including manpower, to meet the service demand. The financial provision for the SHS in 2020-21 will be \$259.8 million and the approved establishment is 439.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)569

(Question Serial No. 3396)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to continuing to support the steering committee for viral hepatitis control under this programme, what was the work progress in 2019? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 68)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis. 2 working groups, namely the Public Health Working Group and the Clinical Working Group, have been formed to advise the SCVH on public health and clinical management aspects respectively.

In 2019, through 2 meetings, the SCVH recommends that to further strengthen the prevention of mother-to-child transmission (MTCT) of hepatitis B virus (HBV), pregnant women who are assessed to have chronic hepatitis B at their antenatal check up at Maternal and Child Health Centres of Department of Health or at obstetric departments of Hospital Authority (HA) will have HBV viral load testing at HA. Pregnant women having high viral load would be offered to use antiviral to further minimise the risk of MTCT of HBV. This programme will be rolled out in all birthing hospitals of the HA in 2020-21.

In 2020, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in 2020 in reducing the public health burden posed by viral hepatitis.

In 2020-21, a provision of \$11 million has been provided for Special Preventive Programme to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil service posts.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)570

(Question Serial No. 3397)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to exploring the feasibility of extending the health promoting school model in Hong Kong, please advise on the work progress in 2019 and the details of the work plan for 2020.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 69)

Reply:

Based on the recommendations of the Working Group on Health Promoting School which was set up in May 2018, the Department of Health (DH) has devised a 3-year work plan in collaboration with key stakeholders for implementing the World Health Organization's Health Promoting School (HPS) framework in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity in schools including training for staff; (iii) enrolling 30 schools to participate in a pilot project in 2019/2020 and 2020/2021 school years under the HPS framework; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for adopting the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme.

In June 2019, the DH invited 30 schools (including 18 primary schools, 11 secondary schools and 1 secondary-cum-primary school) to participate in the pilot HPS Programme in 2019/2020 and 2020/2021 school years.

The DH developed a set of guidelines and a checklist to assist the participating schools to review and assess the health promotion measures in place in a systematic manner, and help the schools to set priorities according to their specific circumstances and students' health needs, as well as develop school-based strategies and action plans on health development. The DH has been providing professional support through school visits, workshops and information sharing to help these schools to gradually become a health promoting school.

In view of the development of Coronavirus Disease-2019, schools have suspended classes since January 2020 till not earlier than 20 April 2020. The exact date of class resumption has yet to be determined. The DH will follow up with the schools after class resumption and adjust the programme where appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)571

(Question Serial No. 3405)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, the number of laboratory tests relating to public health conducted in 2019 was 297 000 higher than that in 2018, why was that so? It is estimated that such number will remain high in 2020. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 77)

Reply:

The number of laboratory tests relating to public health in 2019 was 6 840 000, which was 297 000 (or 4.5%) higher than that of 2018 (i.e. 6 543 000). The increase was mainly due to the general increase in test requests from various clinical units under the Department of Health (DH) and the Hospital Authority.

The DH has reserved sufficient resources, including manpower, to ensure the public health laboratory services are up to international standards and adequate to meet operational requirements. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)572****(Question Serial No. 3406)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

With regard to continuing to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines as mentioned in the *Matters Requiring Special Attention*, what was the work progress in 2019? What are the specific work plan, the timetable as well as the estimated manpower and resources required for 2020?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 78)Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI), GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines; (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

In 2020-21, the financial provision for the temporary GCMTI is about \$47.9 million, and the approved establishment is 29 with breakdown as follows:

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3

<u>Rank</u>	<u>Number of post</u>
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
Total :	<u>29</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)573

(Question Serial No. 3407)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 174 in 2019. Please advise on the average number of inspections for each nursing home. In addition, it is estimated that fewer inspections will be conducted in 2020, why is that so?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 79)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as the number of applications for new services, and number of complaints received.

In 2019, a total of 174 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.6. In 2020, it is estimated that a total of 150 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)574

(Question Serial No. 3408)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

There will be an increase of 60 posts under this Programme for the Department of Health in 2020-21. Please advise on the ranks, salaries and nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 80)

Reply:

Details of the net increase of 60 posts in the Department of Health are at **Annex**.

Creation of Posts in Department of Health in 2020-21

<u>Rank</u>	<u>No. of posts to be created</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<i>Programme 1 – Statutory Functions</i>		
Senior Medical and Health Officer	3	4,543,920
Medical and Health Officer	4	4,691,760
Registered Nurse	4	1,944,720
Senior Dental Officer	1	1,514,640
Dental Officer	1	1,030,440
Dental Surgery Assistant	1	325,740
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	2	2,249,040
Hospital Administrator I	6	4,845,240
Hospital Administrator II	3	1,531,620
Foreman	4	1,090,800
Clerical Officer	7	3,241,980
Assistant Clerical Officer	12	3,466,080
Clerical Assistant	9	2,029,860
Workman II	1	179,340
<i>Total (Programme 1) :</i>	60	34,655,700

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)575

(Question Serial No. 3721)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions, (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide details of 2020-21's publicity plan in relation to the Dutiable Commodities (Amendment) Bill 2017 since its enactment and the estimated expenditure involved;
2. measures to step up publicity about the hazards of alcohol in 2020-21 and the estimated expenditure involved;
3. alcohol treatment services to be provided in 2020-21 and the estimated expenditure involved;
4. measures to publicise the hazards of smoking in 2020-21 and the estimated expenditure involved; and
5. smoking cessation services to be provided in 2020-21 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 15)

Reply:

(1)

Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) came into effect on 30 November 2018. To facilitate stakeholders' compliance with the new law, the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) promulgated the new measures through various means, including advertising, briefings for stakeholders, vendors, and retailers, drawing up guidelines on statutory requirements for businesses, and the deployment of Alcohol Control Ambassadors to educate the public and to distribute publicity materials. The provision of TACO in 2020-21 is at **Annex**.

(2)

The subject of alcohol and health, including the problem of alcoholism among youths, has been a major area of work of DH. DH educates the public and publicises alcohol-related harm through a range of media, including health education materials, 24-hour education hotline, Announcement in Public Interest (API), websites, social media, electronic publications, health talks, etc.

In 2020-21, DH will continue the aforesaid education activities including 2 promotional campaigns, namely “Young and Alcohol Free” campaign which targets young people and their parents and teachers, and “Alcohol Fails” campaign which targets health care professionals and the general public.

Resources for the above activities are absorbed by DH’s overall provision for disease prevention which is not separately accounted for.

(3)

DH does not provide treatment services to people with alcohol dependence.

(4) & (5)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH collaborates with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 5 smoking cessation clinics for civil servants operated by DH and 15 full-time and 55 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes and theatre programmes, in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them

with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2020-21 is at **Annex**. For HA, the smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

Provision of the Department of Health's Tobacco and Alcohol Control Office

	2020-21 Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	118.7
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	138.0
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	<i>63.7</i>
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	<i>26.1</i>
<i>Sub-total</i>	<u>89.8</u>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	<i>30.6</i>
<i>Subvention to Pok Oi Hospital</i>	<i>7.4</i>
<i>Subvention to Po Leung Kuk</i>	<i>1.7</i>
<i>Subvention to Lok Sin Tong</i>	<i>2.9</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>2.9</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.7</i>
<i>Sub-total</i>	<u>48.2</u>
Total	<u>256.7</u>

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)576

(Question Serial No. 3729)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the year-end balance, the Government's capital injection, income from investments or other sources and total expenditure in respect of the AIDS Trust Fund in 2018-19 and other funds under its purview, if any.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 23)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

The Director of Accounting Services is responsible for keeping the accounts of the Fund which are audited annually by the Director of Audit. The balance of the Fund as at 31 March 2019 is \$205.6 million. The income and expenditure in 2018-19 are \$8.6 million and \$38.2 million respectively.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)577****(Question Serial No. 6037)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (-) Not SpecifiedControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

- a. Please set out the quantity, value and stock of surgical masks produced by the Correctional Services Department (CSI masks) that the Department of Health (DH) obtained from the Government Logistics Department (GLD) each month in the past 3 years in the following table:

Month/Year	No. of CSI masks obtained	Value of CSI masks obtained	Stock of CSI masks

- b. Please set out the quantity, value, stock and consumption of surgical masks that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of surgical masks obtained from GLD (value)	No. of surgical masks procured (value)	Stock	Consumption

- c. Please set out the quantity, value, stock and consumption of N95 masks that the DH obtained from the GLD or procured each month in the past 3 years in the following table:

Month/Year	No. of N95 masks obtained from GLD (value)	No. of N95 masks procured (value)	Stock	Consumption

- i. If the DH is to supply or sell surgical masks, N95 masks, face shields, goggles, gowns and protective coverall suits to other organisations, what are the departments and the ranks of the officers responsible for making such decisions? Please provide the ranks of the officers involved in each decision, the date they made the decision and other relevant information.

Asked by: Hon MO Claudia (LegCo internal reference no.: 126)

Reply:

For infection prevention and control, the Department of Health (DH) maintains a stockpile of personal protective equipment (PPE) for use by the Government's healthcare and front-line personnel.

In the light of rapid evolvement of the Coronavirus Disease 2019, the DH will adjust the demand for PPE (including surgical masks) according to the operational requirements associated with infection prevention and control. Apart from monitoring the demand and stockpiling of PPE, the DH has been working closely with the Food and Health Bureau and the Government Logistics Department to increase the volume and expedite the purchases to replenish the PPE for use by the Government's healthcare and front-line personnel.

In face of the existing keen competition in the procurement of PPE, it is considered not appropriate to disclose detailed information such as the stock, quantity/value of purchases, consumption of PPE, etc. as such disclosure may jeopardise the bargaining power of the Government in the procurement of PPE.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)578

(Question Serial No. 6807)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- a. Please list the Government's expenditure in support of animal experiments in each of the past 5 years and the anticipated expenditure in this regard in the 2020-21 financial year, along with a breakdown of all expenditure items.
- b. Please list the types and numbers of animals used for animal experiments in the past 5 years according to the information provided by the licensees to the Department of Health (DH).
- c. Please give a breakdown of the persons convicted of an offence under the Animals (Control of Experiments) Ordinance (the Ordinance), the clauses contravened and the penalty imposed in the past 5 years.
- d. Apart from giving a written reminder to the licensees asking them to follow the Code of Practice for Care and Use of Animals for Experimental Purposes, has the DH put in place any measures to ensure that the staff concerned comply with the Ordinance when they perform experiments on animals? If so, what are the details and the expenditure involved? If no, will the DH consider stepping up the monitoring of animal experiments, such as by conducting surprise checks, so that the Ordinance will not exist in name only?

Asked by: Hon MO Claudia (LegCo internal reference no.: 5)

Reply:

- a. The Department of Health (DH) does not have information on expenditure related to animal experiments.
- b. The Animals (Control of Experiments) Ordinance (Cap. 340) (the Ordinance) stipulates that every licensee shall render return to the Director of Health as the Licensing Authority in prescribed form and time in relation to any experiment performed by the licensee. According to information provided in the returns

submitted by licensees to the DH, the types and numbers of animals used in experiments performed from 2015 to 2018 are as below. Relevant information for 2019 is not yet available.

Types of animals	Year			
	2015	2016	2017	2018
Rat	25 686	29 423	24 143	15 062
Mouse	98 831	118 066	124 371	115 549
Guinea pig	322	236	226	173
Hamster	563	862	625	947
Shrew	97	231	497	328
Gerbil	141	0	0	0
Other rodents	240	196	172	45
Rabbit	1 155	1 101	783	1 064
Pig	497	573	752	717
Cattle	112	183	198	185
Horse	62	69	77	9
Sheep	38	0	79	85
Dog	460	554	401	414
Cat	414	348	260	365
Ferret	113	153	63	108
Bat	586	475	304	737
Chicken	3 582	7 141	8 017	5 610
Reptiles	35	0	64	128
Amphibians	31	119	195	263
Fish	54 418	28 294	46 574	110 401

- c. According to the record of DH, no persons were convicted for breaching the Ordinance in the past 5 years.
- d. The DH is responsible for enforcing the Ordinance. Apart from reminding the licensees, in writing, to comply with the guidelines as set out in the “Code of Practice for Care and Use of Animals for Experimental Purposes” published by the Agriculture, Fisheries and Conservation Department, the DH would visit registered premises of licensees and inspect their experimental records to ensure compliance with the provisions of the Ordinance.

The expenditure involved in the enforcement of the Ordinance has been absorbed within the overall provision of the Health Sciences and Technology Office of the DH. A breakdown of the expenditure is not available.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)579****(Question Serial No. 3957)**

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the *Matters Requiring Special Attention in 2019-20*, the Department of Health will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines. In this connection, please inform this Committee of the existing staff structure and expenditure on remuneration in respect of the GCMTI; the relevant work progress in the previous year and the specific work plan this year; when the permanent GCMTI is expected to be established and the details of the relevant plan.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 98)

Reply:

In 2019-20, the annual recurrent cost of 29 civil service posts for the temporary Government Chinese Medicines Testing Institute (GCMTI) is about \$23.5 million. The breakdown of the approved establishment is as follows:

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
Total :	<u>29</u>

As endorsed by the Advisory Committee of the GCMTI, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica (CMM) in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used CMM for GCMTI; (3) Building of a digitalised platform on Chinese medicines (CM); (4) Analysis of chemical markers of CMM in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of CMM - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021 and progress smoothly according to schedule.

The Chief Executive has announced in her Policy Address 2019 that the permanent GCMTI will be constructed in Tseung Kwan O next to the Chinese Medicine Hospital. The institute will comprise a CM testing laboratory and display CM specimens to support the research, development and education of CM. It is planned that the commissioning of GCMTI will be by 2024 at the earliest.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)580

(Question Serial No. 3958)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned under the Matters Requiring Special Attention in 2020-21, the Department of Health will continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups. In this connection, please advise this Committee on the following:

- the staff establishment and expenditure involved;
- the quantity of vaccines procured and the expenditure incurred in each of the past 3 years;
- the number of vaccination recipients and their age distribution in each of the past 3 years;
- the effectiveness of extending the coverage of the pilot programme concerned to kindergartens and child care centres in 2019-20, the manpower and expenditure involved as well as the number of beneficiaries; and
- given that some members of the public are skeptical about the efficacy of vaccinations, whether the government will enhance public education to allay their concerns? If yes, the details and if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 99)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible

children, elderly and other target groups through the participation of private doctors; and

- SIV School Outreach (Free of Charge) Programme (SIVSOP)^{Note}, which provides free SIV to eligible school children through DH or Public-Private Partnership.

Note:

The DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 to provide free SIV to eligible primary school students through DH or Public-Private Partnership. Given the effectiveness of the Pilot Programme, the DH has regularised the Pilot programme in 2019/20 season to cover more primary schools, and extend the coverage to kindergartens and child care centres (KG/CCCs) as a pilot programme.

1.

In 2020-21, the DH will continue to enhance the SIV arrangements for better protection of high risk groups. The additional provision for improving uptake rate of SIV is \$211.1 million. A total of 73 civil service posts is involved in the work.

2.

The following are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 3 seasons and the contract amount:

Season	Number of doses	Amount (\$ million)
2017/18	527 000	28.0
2018/19	654 000	30.1
2019/20	837 700	42.3

3.

The number of recipients in the past 3 seasons under the aforesaid SIV programmes/schemes are as follows –

Target groups	Number of recipients		
	2017/18	2018/19	2019/20 (as at 1 March 2020)
Elderly aged 65 or above	531 400	555 000	601 300
Persons aged between 50 and 64 *	7 400	156 800	188 500
Children aged between 6 months to under 12	151 400	308 200	393 900
Others #	91 700	102 200	110 100

Target groups	Number of recipients		
	2017/18	2018/19	2019/20 (as at 1 March 2020)
Total	781 900	1 122 200	1 293 800

* For 2017/18 season, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19 season, the VSS has been expanded to cover all persons aged between 50 and 64.

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, and pregnant women, etc.

As some target groups members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

4.

As at 1 March 2020, a total of 430 primary schools and 701 KGs/CCCs joined SIVSOP. Moreover, there were 114 primary schools and 55 KG/CCCs joining the VSS School Outreach (Extra Charge Allowed) Programme. The number of recipients and the amount of expenditure relating children aged between 6 months and under 12 receiving SIV under the aforesaid SIV programmes/schemes in 2019/20 season (as at 1 March 2020) are as follows –

Target group	Vaccination programme / scheme	No. of recipients	Subsidy claimed (\$ million)
Children aged between 6 months and under 12	GVP	400	Not applicable
	VSS	121 800	30.4
	SIVSOP	271 700	47.3
	Total:	393 900	77.7

As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

The DH is evaluating the arrangements for the 2019/20 season, in consultation with relevant stakeholders, so as to come up with the best mode, as well as the manpower and estimated expenditure involved, in providing outreach vaccination service in the next season.

5.

The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene,

targeting the general public and specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

We have also been providing guidelines on outreach vaccination, assistance and support to schools, community groups, elderly centres and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through various channels, including press conferences, press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2019/20 season, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through the SIVSOP and outreach vaccination under the VSS.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to school students.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)581

(Question Serial No. 3959)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2019-20 that the Department of Health will continue to implement the free human papillomavirus (HPV) vaccination programme for school girls. In this connection, please inform this Committee of:

- the staff establishment and expenditure involved;
- the quantity of nine-valent HPV vaccines procured and the expenditure involved in each of the past 3 years;
- the number of school girls receiving free HPV vaccines and their age distribution in each of the past 3 years;
- whether the Government has evaluated the implementation and effectiveness of the programme; if so, the details; if not, the reasons;
- whether the Government will consider extending the scope of the programme to include all secondary school girls of the relevant age cohort and women aged 26 or below for free HPV vaccination; if so, the details and implementation timetable; if not, the reasons; and
- whether the Government has any plans to include boys of the relevant age cohort in the programme; if so, the details and implementation timetable; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 100)

Reply:

1. The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for Primary 5 and 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) in the 2019/2020 school year. The first dose is given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year. In 2020-21, the provision for the HPV vaccination programme is \$86.8 million. A total of 8 civil service posts will be involved in the work.

2. A provision of \$41.7 million has been made for the procurement of 50 000 doses of HPV vaccines in the 2019/2020 school year.
- 3 - 4. The programme commenced in the 2019/2020 school year and has been ongoing so no information is available at present.
5. The DH closely monitors the recommendation of the World Health Organisation (WHO) and locally makes reference to the recommendation of the Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and the Scientific Committee on Vaccine Preventable Diseases (SCVDP). Taking into consideration the latest recommendation of the WHO that primary target population for HPV vaccination should be girls aged between 9 and 14 prior to their becoming sexually active and the recommendation of the SCAS and the SCVDP to incorporate HPV vaccination into the HKCIP, the DH has launched the HPV vaccination programme for Primary 5 and 6 school girls under the HKCIP in the 2019/2020 school year. The DH will closely monitor the scientific evidence and regularly review the programme.
6. The WHO recommended that HPV immunisation should remain the priority strategy in preventing cervical cancer. Achieving high HPV vaccination coverage in girls (over 80%) reduces the risk of HPV infection for boys. Currently, the majority of countries which have implemented universal HPV vaccination programme only offer HPV vaccinations for girls. Overseas experiences and scientific evidence on the cost-benefit of providing population-based HPV vaccination to males as a public health strategy to prevent other cancers associated with HPV infection (e.g. oropharyngeal and anogenital cancers) are still limited at this moment. The SCAS and the SCVDP will continue to monitor the latest scientific evidence on HPV vaccination for males and review the programme as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)582

(Question Serial No. 3960)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in the *Matters Requiring Special Attention in 2019-20*, the Department of Health will continue to support the steering committee for viral hepatitis control. In this connection, please inform this Committee of the following:

What were the work details and progress of the Steering Committee on Prevention and Control of Viral Hepatitis in the previous year? What is the specific work plan this year?

The World Health Organization has pledged to eliminate hepatitis B and C by 2030. Will the Government put in place any measures to achieve complete elimination of hepatitis B and C in this regard?

Will the Government enhance publicity and education in view of the low public awareness of hepatitis currently? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 101)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis. 2 working groups, namely the Public Health Working Group and the Clinical Working Group, have been formed to advise the SCVH on public health and clinical management aspects respectively.

In 2019, through 2 meetings, the SCVH recommends that to further strengthen the prevention of mother-to-child transmission (MTCT) of hepatitis B virus (HBV), pregnant women who are assessed to have chronic hepatitis B at their antenatal check up at Maternal and Child Health Centres of Department of Health or at obstetric departments of Hospital Authority (HA) will have HBV viral load testing at HA. Pregnant women having high viral load would be offered to use antiviral to further minimise the risk of MTCT of HBV. This programme will be rolled out in all birthing hospitals of the HA in 2020-21.

In 2020, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in 2020 in reducing the public health burden posed by viral hepatitis. Strategies include promotion of public awareness, amongst others.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)583

(Question Serial No. 3961)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The aim to prevent diseases is achieved, among other initiatives, through the provision of woman health service. Given that breast cancer has already become a leading cause of death for women in Hong Kong, will the Government consider introducing mammography screening service for women aged above 40 with priority accorded to those with a high risk? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 102)

Reply:

As set out in Policy Address 2018, the Government commissioned a study to identify risk factors associated with breast cancer for local women. The study was completed in December 2019 and a personalised risk stratification model was developed to incorporate a list of risk factors such as family history of breast cancer in first-degree relatives, age, age of menarche, age of first live birth, prior benign breast diseases, body mass index and physical inactivity. The Cancer Expert Working Group on Cancer Prevention and Screening has taken into consideration of the study findings and reviewed its recommendations for breast cancer screening that will be discussed at the Cancer Coordinating Committee chaired by the Secretary for Food and Health. The Government will consider, based on scientific evidence, what type of screening is to be adopted for women of different risks profiles.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)584****(Question Serial No. 3962)**Head: (37) Department of HealthSubhead (No. & title): (-) Not specifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please inform this Committee of the staff establishment and the estimated expenditure of child assessment centres (CACs); the specific reasons for CACs' failure for 2 consecutive years to achieve the target rate in respect of the completion time for assessment of new cases within 6 months.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 103)Reply:

The approved establishment of the Child Assessment Service (CAS) in 2019-2020 is as follows:

Grade	Approved establishment
Medical and Health Officer	25
Registered Nurse	40
Scientific Officer (Medical)	5
Clinical Psychologist	22
Speech Therapist	16
Optometrist	2
Occupational Therapist	9
Physiotherapist	7
Hospital Administrator	1
Electrical Technician	1
Executive Officer	2
Clerical Officer	16
Clerical Assistant	23
Office Assistant	1
Personal Secretary	1

Grade	Approved establishment
Workman II	12
Total:	183

The financial provision of the CAS in 2020-21 is \$170.5 million.

Due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months in 2018 and 2019 were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment.

Noting the increasing demands for the services provided by the CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to handle the rising number of referred cases. As an interim measure, a temporary CAC commenced operation in January 2018. Besides, 22 civil service posts were approved for creation in the CAS in 2019-20. DH will continue to closely monitor the capacity of the CAS in managing the service demand.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)585

(Question Serial No. 6186)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What were the number of attendances for AIDS counselling provided by the divisions under the Department of Health and its partnering organisations, as well as the manpower for providing the service in the financial year of 2019-20?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 54)

Reply:

The number of attendances at the AIDS Counselling and Testing Services under the Department of Health (DH) in 2019-20, as at 29 February 2020, is 2 062.

The approved establishment of the AIDS Counselling and Testing Service of the DH in 2019-20 is 7.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)586

(Question Serial No. 6187)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

What is the utilisation of the AIDS telephone enquiry service provided by the divisions under the DH and its partnering organisations and the manpower for providing such service in the 2019-20 financial year?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 55)

Reply:

The number of telephone enquiries handled by the AIDS Hotline Unit under Department of Health in 2019-20, as at 29 February 2020, is 9 898.

The approved establishment of the AIDS Hotline Unit of the DH in 2019-20 is 7.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)587

(Question Serial No. 6191)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the additional resources or manpower allocated to strengthen the Social Hygiene Service (SHS) for preventing sexually transmitted infections and HIV infections in Hong Kong in the past 10 years, and the resources earmarked for enhancing the services of the SHS in 2020-21?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 59)

Reply:

Social Hygiene Service (SHS) is responsible for skin diseases and sexually transmitted infection services in the public sectors in Hong Kong. The level of manpower of SHS in prevention and control of sexually transmitted infections maintained at a similar level for the past 10 years. The number of new cases of sexually transmitted infectious diseases recorded in the Social Hygiene Clinics have remained stable.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)588****(Question Serial No. 6192)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (2) Disease Prevention
(4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Will the Government please set out the staff establishment of and estimates for the Social Hygiene Service as well as the number of attendances at clinics under its purview in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 60)Reply:

The Social Hygiene Service (SHS) mainly provides dermatological and sexually transmitted infections services. The approved staff establishment and financial provision in the SHS in the past 5 years is set out below –

Financial year	Number of post	Financial provision (\$ million)
2015-16	206	204.3
2016-17		216.1
2017-18		235.9
2018-19	216	272.1
2019-20		287.5

The total number of attendances at clinics under the purview of the SHS in the past 5 years is shown below –

Year	Specialised outpatient clinics providing dermatological services	Social Hygiene Clinics
2015	248 100	86 600
2016	244 200	81 800
2017	236 200	86 700
2018	216 900	83 000
2019	199 000	79 800

CONTROLLING OFFICER'S REPLY

FHB(H)589

(Question Serial No. 6193)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In view of the growing population in Hong Kong, please advise on:

- (a) whether the Government will allocate funding to provide education on AIDS and sexually transmitted diseases for new arrivals from Southeast Asia in 2020-21; if so, the expenditure involved; and
- (b) whether the Government will allocate funding to provide education on AIDS and sexually transmitted diseases for new arrivals from the Mainland in 2020-21; if so, the expenditure involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 61)

Reply:

The Special Preventive Programme under the Department of Health (DH) is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Ethnic minorities (EM) are one of the key populations of HIV infection. The Red Ribbon Centre under the DH has been conducting HIV prevention activities and producing AIDS-related educational information for EM. Health education resources are produced in languages including Bangla, French, Hindi, Indonesian, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. Resources available for use include hotline, video compact discs, information leaflets, promotional cards, etc. The expenditure is subsumed within the overall provision for HIV prevention and cannot be separately identified.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, applications under the AIDS Trust Fund targeting

EM, as one of the high risk groups, will be accorded higher funding priorities. From 2017-18 to 2019-20, funding of \$5.6 million has been approved for projects targeting EM.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)590

(Question Serial No. 6194)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- a) In October 2019, The Chinese University of Hong Kong published the findings of a research study on HIV pre-exposure prophylaxis (PrEP). Among the 71 male research participants who had sex with men and were taking PrEP every day, no one was infected with HIV even though the majority of them engaged in risky sexual behaviour constantly. Given the compelling research findings, please advise on whether the Government will allocate provision to the Council for the AIDS Trust Fund in 2020-21 on PrEP to give wide publicity for PrEP as an effective medication for HIV prevention and introduce PrEP into the local public healthcare system as one of the approaches to prevent HIV infection; if so, the amount of funding involved.
- b) Please advise on whether the Government will conduct any research on PrEP in 2020-21, 2021-22 and 2022-23; if so, the funding involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 62)

Reply:

The Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and STI. In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be

collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund (the Fund) approved a sum of \$7.3 million to support 6 research studies related to PrEP. It is expected that results of the PrEP related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. In the meantime, the AIDS Trust Fund will keep abreast of the continuing development of PrEP locally and internationally.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)591

(Question Serial No. 6206)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 3 years, apart from the funding granted to the research project titled "Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong" by the Council for the AIDS Trust Fund in 2014-15.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 74)

Reply:

The Council for the AIDS Trust Fund (the Fund) approved a sum of \$7.3 million from 2017-18 to 2019-20 to support the following research studies –

- (a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
- (b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong (PrEP tourists);
- (c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP;
- (d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study;
- (e) PrEP use and its monitoring mechanism in MSM - a qualitative study; and
- (f) A simplified approach to PrEP service delivery in real-world setting in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)592****(Question Serial No. 6208)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (3) Health Promotion, (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Please advise on the numbers of people requesting post-exposure prophylaxis (PEP), the numbers of PEP recipients, as well as the expenditure and financial provisions involved in the past 5 years.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 76)Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

Financial year	Number of clients prescribed with PEP
2015-16	66
2016-17	80
2017-18	104
2018-19	151
2019-20*	126

* Figure updated as of 29 February 2020

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)593

(Question Serial No. 6209)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the resources earmarked in 2020-21 for HIV prevention, including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infected people and thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 77)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

- (a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong;
- (b) setting up the AIDS Trust Fund (the Fund) since April 1993 with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2017-18 to 2019-20, the Fund approved a total of \$98.4 million for 53 projects for the prevention of HIV among 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and, Female sex workers and their male clients;

- (c) allocation of resources by the Department of Health (DH) to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of the resources allocated for the prevention of HIV/AIDS is not available;
- (d) regarding pre-exposure prophylaxis (PrEP), the DH currently adopts the recommendations by the Scientific Committee on AIDS and Sexually Transmitted Infections (STI) (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted \$7.3 million to support 6 PrEP-related projects from 2017-18 to 2019-20. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery; and
- (e) as for post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. In November 2018, the Scientific Committee also updated the recommendations on non-occupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)594

(Question Serial No. 6210)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 78)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex worker / male clients of female sex workers (FSW/MCFSW) and ethnic minorities for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners to prevent HIV via heterosexual contacts.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of \$27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown

of resources targeted at heterosexual men is not available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)595

(Question Serial No. 6211)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, the Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 79)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 63% in 2000 to 23% in 2019. On the other hand, HIV infection through homosexual/bisexual contact has increased from 16% to 59% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will continue to accord priority to provide funding to projects targeted at 6 high risk groups based on the "Recommended HIV/AIDS Strategies for Hong Kong 2017-2021", including female sex workers / male clients of female sex workers and ethnic minorities for the prevention of HIV transmission through heterosexual contacts. Other than the 6 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

For the 3 years from 2017-18 to 2019-20, the Fund approved a total of \$27.5 million to 14 projects for the prevention of HIV infection, including via heterosexual contacts.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)596

(Question Serial No. 6212)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided to HIV patients by the Department of Health (DH) in the past 3 years.
2. Will the DH allocate additional resources to provide counselling and treatment for HIV patients in 2020-21? Please provide a detailed breakdown in this regard.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 80)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)597

(Question Serial No. 6264)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As stated in Objective 1 of the UNAIDS Action Framework: “Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV.” Please provide a detailed breakdown of the resources allocated in 2019-20 for studies on legislation against discrimination on the grounds of sexual orientation in response to the aforesaid recommendations for reducing the infection rate of HIV and sexually transmitted diseases, and advise on the resources earmarked for studies on legislation against discrimination on the grounds of sexual orientation in 2020-21?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 143)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during the formulation of the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)”. Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV-related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health

care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included. Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV.

The Constitutional and Mainland Affairs Bureau is conducting a study on the experience of other jurisdictions in tackling discrimination against the sexual minorities through legislative and administrative measures. The resources required for relevant work are absorbed in the recurrent expenditure of the Bureau which is outside Head 37.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)598

(Question Serial No. 6269)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Has the Government provided any form of support for partners of people living with HIV (PLHIV) over the past 3 years? What were the types of and expenditure on the support services? Will the Government provide additional support for partners of the PLHIV in 2020-21, including allowing them to use pre-exposure prophylaxis (PrEP) to reduce the chance of HIV transmission?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 148)

Reply:

The HIV Clinic of the Department of Health (DH) provides integrated HIV clinical care through a multidisciplinary health care team approach to HIV patients.

Counselling service is provided by nurse counsellors to assess the care needs of patients and planning appropriate interventions. Counselling provides knowledge of HIV and treatment and empowers the patients to make the best informed choice in management of the disease. On-going counselling is offered to meet the needs of individual patient and to provide physical and psychosocial interventions.

Medical Social Service is provided by medical social workers to render support to HIV/AIDS patients, their partners and their families with social and emotional problems arising from illness or disabilities. It enables patients and their families to make the best use of medical and rehabilitative service in medical institutions and in the community. It contributes to the total rehabilitation of individuals and their reintegration into the society as well as strives for the promotion of health for patients, their families and the community.

Expenditure for services supporting partners of HIV patients are subsumed within the DH's overall provision and cannot be separately identified.

Regarding pre-exposure prophylaxis (PrEP), DH currently adopts the recommendations of the Scientific Committee on AIDS and STI (the Scientific Committee) in its interim

statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model.

From 2017-18 to 2019-20, the Council for the AIDS Trust Fund approved a sum of \$7.3 million to support 6 research studies related to PrEP. It is expected that results of the PrEP related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)599

(Question Serial No. 6270)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

When people living with HIV (PLHIV) are receiving antiretroviral therapy continuously and properly, their level of HIV will be effectively suppressed to undetectable levels. Hence, the risk of passing on HIV will be significantly reduced and they will have a negligible chance of transmitting HIV to their partners sexually. In the light of this concept, already recognised by the Joint United Nations Programme on HIV/AIDS, will the Government allocate funding in 2020-21 to promote this message to the public and achieve the effectiveness of “treatment as prevention”?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 149)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS which includes allocation of resources to Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service of Department of Health (DH) for HIV prevention.

The SPP is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases.

As effective treatment results in viral suppression which in turn prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. In 2019, the DH launched a new set of TV and radio Announcements in the Public Interest on the benefits of early antiretroviral treatment to enhance public awareness. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

Resources for the above initiatives are absorbed within the DH's overall provision and cannot be separately identified. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)600

(Question Serial No. 6271)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on whether the Government has allocated additional resources to healthcare services for HIV/AIDS treatment in the financial year of 2019-20.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 150)

Reply:

The Government is committed to providing quality care for HIV infected persons. Resources have been allocated over past 3 years to allow antiretroviral treatment for all patients in line with international recommendations. The annual recurrent expenditure to cover the manpower cost for the HIV/AIDS clinic of the DH in the past 3 years is set out in the following table -

Year	Annual recurrent cost
2017-18	\$16.5 million
2018-19	\$17 million
2019-20	\$18.9 million

The Government will keep in view the service demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)601

(Question Serial No. 6273)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

- a) In 2017, the Hong Kong Advisory Council on AIDS published the *Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)* (the Strategies), stating that “WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies”. Before the end of the period covered by the Strategies, has the Government estimated the number of self-tests so as to achieve the “90-90-90 target” set by the Joint United Nations Programme on HIV/AIDS by 2020?
- b) Upon completion of the “HIV Self-Test Study”, which runs from September 2019 to June 2020, will the Government earmark provision in 2020-21 for a comprehensive review of the study so as to raise Hong Kong’s HIV testing rate? Will it earmark provision in 2020-21 for the provision of psychological support and counselling services to those in need upon conducting the HIV self-testing?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 152)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the overseas development of HIV self-testing, which is considered one of the useful means to improve the level of diagnosis to fill the gap in HIV care cascade. The ACA had deliberated on the issue and recommended in its “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” to keep in view the impact of HIV self-testing in local setting and to encourage AIDS health workers and non-governmental organisations (NGOs) to improve the mode of delivery for people who self-test, to provide support in

particular for those who tested positive, and to ensure proper referral for confirmatory test and treatment.

In this regard, the Department of Health (DH) has been promoting early HIV testing, with provision of relevant health educational information, to the general public. At-risk populations, including men who have sex with men (MSM), are recommended to have at least annual testing, irrespective of individually assessed risk of infection.

Moreover, the DH has been collaborating with NGOs to conduct events to promote public awareness of AIDS and the importance of early HIV testing for early diagnosis and treatment. The DH has been using existing resources to conduct a study on the experience of using HIV self-testing kits among MSM, in which resources of counselling and support services for self-testers were provided. It is expected that its results could bring local information on the feasibility and acceptability of using HIV self-testing kits and the possible modes of delivery in Hong Kong. In the meantime, the Government will keep abreast of the continuing development of HIV self-testing locally and internationally.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)602

(Question Serial No. 6321)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the services of maternal and child health centres (MCHCs), what were the respective numbers of cases in the past 3 years in which pregnant women and parents were suspected of drug abuse?
2. Further to the question above, what were the respective numbers of cases in which pregnant women and families suspected of drug abuse were referred to integrated family service centres, family and child protective services units, Society for the Aid and Rehabilitation of Drug Abusers and counselling centres for psychotropic substance abusers (CCPSAs)?
3. What were the respective numbers of cases in which MCHCs collaborated with organisations offering drug treatment and rehabilitation services (including CCPSAs, methadone clinics, non-medical voluntary drug treatment and rehabilitation centres, half-way houses etc.) in the past 3 years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 204)

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services for children from birth to 5 years of age. Under the Comprehensive Child Development Service, jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the DH, the Hospital Authority (HA) and the Social Welfare Department, MCHCs act as one of the platforms to identify various health and social needs of children and their families, including at-risk pregnant women and families (e.g. mothers with substance misuse), and children with health, developmental and behavioural problems so as to provide the necessary health and social services to foster the healthy development of children.

Families and children whose parent(s) is/are suspected to have substance abuse and not known to appropriate Service(s) will be referred to the Integrated Family Service Centres

(IFSCs) for necessary social support with a view to strengthening family's capability in taking care of the children, and paediatric service of HA for management if necessary.

The number of children with mother having history of substance abuse identified in MCHCs in 2017, 2018 and 2019 were 497, 519 and 513 respectively. In the same years, 56, 64, and 64 new referrals to the IFSCs were made respectively.

For mothers already receiving service from Drug Treatment and Rehabilitation Services, MCHCs would communicate with the relevant service providers to strengthen the support to these families on child care as indicated. DH does not have readily available information on the number of these cases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)603

(Question Serial No. 6770)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

When Chun Yeung Estate ceases to be a quarantine centre, what specific measures will the Government take to cleanse and disinfect its buildings, facilities, etc. and what is the estimated expenditure incurred?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 260)

Reply:

Chun Yeung Estate is currently in operation as a quarantine centre. The time to evacuate the quarantine centre in Chun Yeung Estate depends on the development of the COVID-19 epidemic, where an estimate cannot be made at the moment.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)604

(Question Serial No. 6766)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the fight against COVID-19, please give a breakdown of:

the respective numbers of persons placed in quarantine at designated government venues and in hotels as well as those in home quarantine upon screening at various points of entry each day between December 2019 and 29 February 2020 following the implementation of the quarantine measures; and the number of confirmed cases among them, broken down by point of entry.

Asked by: Hon TO Kun-sun, James (LegCo internal reference no.: 20)

Reply:

Starting from 8 February 2020, save for persons exempted under the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), the Department of Health issues quarantine orders to all persons entering Hong Kong from the Mainland or have been to the Mainland in the past 14 days preceding arrival in Hong Kong. As at 29 February 2020, 28 606 quarantine orders were served to such persons arriving at Hong Kong. Among them, 27 345 conducted quarantine at home, 858 at hotels and 403 at quarantine camps arranged by the Government.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)605****(Question Serial No. 6501)**

Head: (37) Department of Health
Subhead (No. & title): (511) Subvented Institutions
Programme: (-) Not Specified
Controlling Officer: Director of Health (Dr. Constance CHAN)
Director of Bureau: Secretary for Food and Health

Question:

In respect of the expenditures of the SAR Government, please provide the following information regarding grants approved under Subhead 511:

- (1) (i) Institutions receiving grants under Subhead 511 from the SAR Government in the financial year of 2019-20, as well as (ii) the use of grants and (iii) the amount of grants they received; and

(i) Institutions receiving grants	(ii) Use of grants	(iii) Amount
Total		

- (2) As at 15 March 2020, (i) institutions to which the SAR Government plans to release grants under Subhead 511 in the financial year of 2020-21, as well as (ii) the use of grants and (iii) the amount of grants they are going to receive.

(i) Institution receiving grants	(ii) Use of grants	(iii) Amount
Total		

Asked by: Hon YEUNG Alvin (LegCo internal reference no.: 46)

Reply:

(1) and (2)

The Department of Health (DH) subvents the following organisations / programmes with their respective uses and amounts of subvention under Subhead 511 Subvented Institutions in 2019-20 and 2020-21 as listed below:

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) (\$ million)	2020-21 (Provision) (\$ million)
Programme (2) : Disease Prevention			
The Family Planning Association of Hong Kong	Provision of comprehensive family planning services; projects promotion; resources development and publications; operation services; legal and safe abortion; youth health care service; and administration and general services.	65.4	64.2
Outreach Dental Care Programme for the Elderly ^{Note 1}	Provision of free on-site oral check-ups and dental treatments to elders; and provision of oral health education to them and their caregivers.	46.5	52.5
Programme (3) : Health Promotion			
Hong Kong St. John Ambulance	Provision of first aid and ambulance services in emergency; and organisation of first aid and home nursing training courses for the general public.	17.4	17.5
Hong Kong Red Cross	Organisation of first aid training courses for the general public.	1.6	1.6
Hong Kong Council on Smoking and Health	Provision of a focal point for promotional initiatives in support of tobacco control, including education, publicity, community involvement and research programmes.	27.8	25.9
Tung Wah Group of Hospitals – Smoking Cessation Programme	Provision of pharmacotherapy and counselling services to smokers, educational and publicity programmes to the public and research projects.	30.6	30.6

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) (\$ million)	2020-21 (Provision) (\$ million)
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	Provision of acupuncture and counselling services to smokers, as well as educational and publicity programmes to the public.	7.3	7.4
Po Leung Kuk – School-based Kindergarten Smoking Prevention Programme	Promotion of smoke-free messages in kindergartens using interactive drama performance; and provision of support to the implementation of smoking prevention programme by local kindergartens.	1.6	1.7
Lok Sin Tong – Smoking Cessation Programme in Workplace	Provision of outreach smoking cessation programme targeting at workplace; and development of internal policy for companies to assist employees to quit smoking.	2.9	2.9
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	Provision of smoking cessation services to ethnic minorities and new immigrants, including counselling services and pharmacological treatment.	2.9	2.9
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	Production of teaching materials for prevention of smoking, provision of health promotion activities to deliver smoke-free messages to primary and secondary school students; and carrying out of evaluation on the effectiveness of the Programme.	2.6	2.7
Programme (4) : Curative Care			
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	Provision of free bone-setting and herbalist services.	3.6	3.7

Organisations / Programmes subvented by the DH	Use of Subvention	2019-20 (Revised estimate) (\$ million)	2020-21 (Provision) (\$ million)
Project on Dental Services for Persons with Intellectual Disability, also known as Healthy Teeth Collaboration ^{Note 2}	Provision of free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability.	13.1	13.2
Programme (6) : Treatment of Drug Abusers			
The Society for the Aid and Rehabilitation of Drug Abusers	Provision of residential treatment and rehabilitation services and aftercare service to drug abusers; and counselling service to patients under Methadone Treatment Programme.	111.9	113.8
Caritas Hong Kong	Provision of residential treatment and rehabilitation services and aftercare service to male drug abusers.	7.9	8.2
Hong Kong Christian Service	Provision of residential treatment and rehabilitation services and aftercare service to male drug abusers; and provision of out-patient service to male and female drug abusers.	10.3	10.9

Note 1: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited; (ii) Chi Lin Nunnery; (iii) Christian Family Service Centre Dental Services Limited; (iv) Haven of Hope Christian Service; (v) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (vi) Pok Oi Hospital; (vii) Project Concern Hong Kong; (viii) Tung Wah Group of Hospitals; (ix) Yan Chai Hospital; and (x) Yan Oi Tong.

Note 2: The organisations subvented under the Healthy Teeth Collaboration are: (i) Christian Family Service Centre Dental Services Limited; (ii) Haven of Hope Christian Service; (iii) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (iv) Loving Smiles Foundation Limited; and (v) Tung Wah Group of Hospitals.

- End -

CONTROLLING OFFICER'S REPLY

CSB066

(Question Serial No. 3009)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the utilisation rate of medical and dental services for civil servants in 2017-18, 2018-19 and 2019-20 and the staffing concerned, please provide information on:

- (a) the attendances at various families clinics and the expenditure involved;
- (b) the actual attendances of dental procedures, the average waiting time of such cases and the percentage of cases failing to receive dental procedures within 1 year from the date of making the appointment; and
- (c) the grades, establishment and actual number of staff (including those employed on civil service or agreement terms) of various service units (including but not limited to families clinics, dental clinics and Chinese medicine clinics) which provide medical and dental services to civil servants.

Asked by: Hon POON Siu-ping (LegCo internal reference no.: 39)

Reply:

- (a) The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 3 years were as follows –

Year	2017	2018	2019
Number of attendances ^{Note 1}			
Chai Wan Families Clinic	66 000	63 000	58 000
Hong Kong Families Clinic	68 000	61 000	58 000
Kowloon Families Clinic	73 000	67 000	64 000
New Territories Families Clinic	53 000	53 000	52 000
Fanling Families Clinic	37 000	41 000	40 000
Sai Kung Families Clinic	N/A	200 ^{Note 2 & 3}	9 000

Note 1: The number of attendances is rounded to the nearest thousand.

Note 2: The number of attendances is rounded to the nearest hundred.

Note 3: Sai Kung Families Clinic commenced service on 20 December 2018.

The actual expenditures of the families clinics for 2017-18 and 2018-19 were \$162.8 million and \$166.1 million respectively, and the revised estimate for 2019-20 is \$191.5 million. The Department of Health (DH) does not keep statistics on the expenditures of individual families clinics.

- (b) Dental procedures vary in type and complexity, which include general and specialised dental treatment. CSEPs can receive general dental follow-up treatment by appointment or specialised dental services by referral from general dental clinics under DH. Appointments are arranged according to the urgency and nature of the medical conditions of patients, and patients with urgent conditions will be arranged to receive treatment as early as possible.

The overall waiting times of CSEPs for appointment for dental follow-up treatment and elective consultation for specialised dental services in the past 3 years are as follows –

As at	Dental Follow-up Treatment	Elective Consultation for Specialised Dental Services
31 December 2017	1 to 16 months	4 to 33 months
31 December 2018	1 to 17 months	6 to 42 months
31 December 2019	1 to 15 months	6 to 38 months

The attendances of CSEPs at dental clinics (including Oral & Maxillofacial Surgery and Dental Clinics in hospitals) in the past 3 years are as follows –

Year	Attendance at Dental Clinics
2017	766 400
2018	769 600
2019	756 500

DH does not keep statistics on the attendances and number of patients waiting for dental procedures/treatment by type.

- (c) The grade, establishment and strength of staff working in various services responsible for the provision of medical and dental services for civil servants in the past 3 years are at **Annex**.

As for contract staff, including full-time and part-time staff, there were 1 Contract Doctor and 6 Contract Nurses working in the families clinics as well as 13 Contract Dentists and 1 Contract Project Assistant working in the dental clinics as at 1 February 2020.

Grade	Families Clinics						Dental Clinics						Reimbursement of Medical Expenses					
	2017-18 ^{Note 1}		2018-19 ^{Note 2}		2019-20 ^{Note 3}		2017-18 ^{Note 1}		2018-19 ^{Note 2}		2019-20 ^{Note 3}		2017-18 ^{Note 1}		2018-19 ^{Note 2}		2019-20 ^{Note 3}	
	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength
Medical and Health Officer	37	36	39	32	39	36	-	-	-	-	-	-	1#	1#	1#	1#	1#	1#
Registered Nurse	60	53	68	68	73	68	-	-	-	-	-	-	-	-	-	-	-	-
Dental Officer	-	-	-	-	-	-	259	256	270	263	275	270	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	13	13	14	13	14	14	-	-	-	-	-	-
Dental Surgery Assistant	-	-	-	-	-	-	271	271	276	276	287	288*	-	-	-	-	-	-
Dental Technician	-	-	-	-	-	-	40	39	40	40	40	40	-	-	-	-	-	-
Pharmacist	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Dispenser	21	21	25	24	27	27	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Psychologist	3	3	3	3	3	2	-	-	-	-	-	-	-	-	-	-	-	-
Physiotherapist	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Optometrist	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Dietitian	1	1	1	1	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Accounting Officer	-	-	-	-	-	-	-	-	-	-	-	-	4	4	4	4	5	5
Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Assistant Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Hospital Administrator	-	-	2	2	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Clerical Officer	7	5	10	9	10	10	42	39	42	36	45	39	11	11	11	11	13	12
Clerical Assistant	27	26	30	29	33	33	81	76	83	77	87	82	3	3	3	3	3	3
Office Assistant	1	1	1	1	1	1	3	1	2	1	2	1	-	-	-	-	-	-
Personal Secretary	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Laboratory Attendant	-	-	-	-	-	-	14	14	16	16	16	16	-	-	-	-	-	-
Workman II	19	19	23	23	24	24	65	58	68	58	70	63	-	-	-	-	-	-
Total:	176	165	203	193	219	210	790	769	813	782	838	815	19	19	19	19	22	21

Note 1: Figures as at 31 March 2018

Note 2: Figures as at 31 March 2019

Note 3: Figures as at 1 February 2020

Also supports the administrative work in relation to medical services for civil servants

* Includes 3 staff members on pre-retirement leave

CONTROLLING OFFICER'S REPLY

CSB108

(Question Serial No. 4630)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the existing government dental clinics, please provide the following information, broken down by clinic:

- (1) the estimated and actual annual expenditure for each clinic;
- (2) the respective numbers of dentists, dental nurses, dental chairs and dental chairs suitable for wheelchair users at each clinic; and
- (3) the operating costs per dental chair per day and the respective costs of scaling and polishing, extractions as well as fillings.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 213)

Reply:

- (1) With regard to the provision of dental services for civil service eligible persons (CSEPs) by government dental clinics, the overall actual expenditure for 2018-19 was \$708.5 million, and the revised estimate for 2019-20 and the estimated expenditure for 2020-21 are \$766.5 million and \$862.8 million respectively. The Department of Health (DH) does not keep statistics on the expenditure of individual dental clinics.
- (2) The numbers of Dental Officer (DO) and Dental Surgery Assistant (DSA) posts as well as dental chairs at various dental clinics are at Annex.

Wheelchair users attending government dental clinics will be transferred, if their physical condition permits, to a dental chair for treatment with the assistance of clinic staff. Those unfit to leave their wheelchairs will receive dental examination and treatment in their wheelchairs or in wheelchair recliners provided by the clinic (where applicable) as the DO sees fit.

- (3) Dental procedures, which include general and specialised dental treatment, vary in type and complexity. DH does not keep statistics on the operating costs of dental chairs or the costs of dental services by type.

Dental Clinic	As at 1 February 2020		
	DO(s)	DSA(s)	Dental Chair(s)
Aberdeen Jockey Club Dental Clinic	3	3	3
Castle Peak Hospital Dental Clinic	4	3	4
Chai Wan Government Dental Clinic	6	6	7
Cheung Chau Dental Clinic	1	1	1
Cheung Sha Wan Government Offices Dental Clinic	29	32	30
Fanling Health Centre Dental Clinic	7	7	8
Ha Kwai Chung Government Dental Clinic	4	4	4
Harbour Building Dental Clinic	10	11	10
Harbour Building Orthodontic Clinic	7	7	7
Hong Kong Police College Dental Clinic	1	1	1
Kennedy Town Community Complex Dental Clinic	9	10	9
Kowloon City Dental Clinic	13	16	14
Kwai Chung Hospital Dental Clinic	1	1	1
Kwun Tong Dental Clinic	6	6	6
Kwun Tong Yung Fung Shee Dental Clinic	5	5	5
Li Po Chun Dental Clinic	6	6	6
Ma On Shan Dental Clinic	4	4	4
MacLehose Dental Centre 2/F	5	5	5
MacLehose Dental Centre 6/F	12	12	11
Madam Yung Fung Shee Dental Clinic	4	4	5
Mona Fong Dental Clinic	2	2	2
Pamela Youde Government Dental Clinic	7	7	7
Queensway Government Offices Dental Clinic	11	11	11
Sai Ying Pun Dental Clinic 3/F	2	2	2
Sai Ying Pun Dental Clinic 8/F	8	8	8
Sheung Kwai Chung Government Dental Clinic	10	11	10
Sheung Kwai Chung Prosthodontic Clinic	5	6	4
Tai O Dental Clinic*	-	-	1
Tai Po Wong Siu Ching Dental Clinic	4	4	4
Tang Shiu Kin Dental Clinic	12	13	12
Tseung Kwan O Dental Clinic	7	7	7
Tsuen Wan Dental Clinic	3	3	4
Tsuen Wan Government Offices Dental Clinic	6	7	6

Dental Clinic	As at 1 February 2020		
	DO(s)	DSA(s)	Dental Chair(s)
Tung Chung Dental Clinic	3	3	3
Victoria Road Dental Clinic	3	2	2
Wan Chai Dental Clinic	12	12	12
Western Dental Clinic	3	3	3
West Kowloon Government Offices Dental Clinic	4	3	4
Yan Oi Dental Clinic	3	3	3
Yau Ma Tei Dental Clinic	9	8	10
Yau Ma Tei Orthodontic Clinic	10	11	10
Yuen Long Government Offices Dental Clinic	7	7	7
Yuen Long Jockey Club Dental Clinic	3	4	3

* The DO and DSA posts at Tai O Dental Clinic are already included in the establishment of Cheung Chau Dental Clinic.

Oral Maxillofacial Surgery & Dental Clinic (OMS&DC) with surgeries for the exclusive use of CSEPs	As at 1 February 2020		
	DO(s)	DSA(s)	Dental Chair(s)
North District Hospital OMS&DC	1	1	1
Prince of Wales Hospital OMS&DC	1	1	1
Queen Elizabeth Hospital OMS&DC	1	1	1
Queen Mary Hospital OMS&DC	1	1	1

- End -

CONTROLLING OFFICER'S REPLY

CSB109

(Question Serial No. 4657)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding medical services for civil servants, will the Government please advise on the numbers of cases of various groups of eligible persons (including monthly paid civil servants and their dependants; daily rated staff who are injured in the course of their duty; retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their dependants living in Hong Kong; dependants of civil servants killed on duty and living in Hong Kong; and dependants of civil servants who died while in service or after retirement and living in Hong Kong) receiving the services and the resources involved for the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 242)

Reply:

The Department of Health does not keep statistics on the number of cases of individual categories of eligible persons receiving services at the families clinics. The attendances of civil service eligible persons at these clinics in the past 3 years were as follows –

Year	Attendance^{Note}
2017	297 000
2018	285 000
2019	280 000

Note: Figures for attendances have been rounded to the nearest 1 000.

The actual expenditures of the families clinics for 2017-18 and 2018-19 were \$162.8 million and \$166.1 million respectively, and the revised estimate for 2019-20 is \$191.5 million.

CONTROLLING OFFICER'S REPLY

CSB110

(Question Serial No. 6782)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

Question:

Regarding public dental services, will the Government please advise on:

- a. the maximum daily service capacity, actual numbers of appointments and attendances as well as utilisation rates in respect of services provided to eligible persons by public dental clinic in the past 3 years;
- b. the types of dental examination and treatment provided by public dental clinics and the costs per case for such services in the past 3 years;
- c. the numbers, length of service, vacancy rates, wastage rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in dental clinics in the past 3 years; and
- d. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit, including long waiting time, delay in operation of dental surgeries, etc.; as well as the manpower and resources required for implementing the improvement measures.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 219)

Reply:

- a. The utilisation rates of all service sessions available at government dental clinics providing dental services to civil service eligible persons (CSEPs) are close to 100%.

The attendances of CSEPs at the dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in the past 3 years are as follows -

Year	Attendance
2017	766 400
2018	769 600
2019	756 500

- b. Given the wide variety of services in respect of dental examination and treatment, the Department of Health (DH) does not keep statistics on the costs of such services by type.
- c. The establishment and vacancy rates of Dental Officers (DOs) and Dental Surgery Assistants (DSAs) at the dental clinics under DH in the past 3 years are as follows –

	2017-18 (as at 31 March 2018)		2018-19 (as at 31 March 2019)		2019-20 (as at 1 February 2020)	
Grade	Establishment	Vacancy Rate	Establishment	Vacancy Rate	Establishment	Vacancy Rate
DO	259	1.2%	270	2.6%	275	1.8%
DSA	271	0.0%	276	0.0%	287	0.0%

The wastage rates¹ of the DO grade in the DH for 2017-18, 2018-19 and 2019-20 (as at 1 February 2020) were 3.4%, 6.0% and 3.2% respectively, and those of the DSA grade were 4.0%, 2.8% and 3.6% respectively. The length of service for both DOs and DSAs working in the DH ranges from over 30 years to less than 1 year, and their conditioned hours of work are 44 hours gross per week.

- d. DH has completed its follow-up work on the recommendations concerning the provision of dental services to CSEPs made in Report No. 68 of the Director of Audit, including the redeployment of resources for specialised and general dental services in the light of the service demand in individual dental clinics, with a view to shortening the waiting time of CSEPs at clinics with higher service demands. As regards the 7 new dental surgeries, they have already commenced full operation.

As the above work involves only internal redeployment of resources and implementation of earlier plans, no additional manpower and resources are required.

- End -

¹ Wastage rate refers to the overall wastage rate covering all situations resulting in departure from the service, including retirement, resignation, etc.

CONTROLLING OFFICER'S REPLY

SB882

(Question Serial No. 4679)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Security

Question:

Regarding the methadone clinics, please advise on:

1. the numbers of enrolment, the utilisation rates, the numbers of cases on the waiting list and the waiting time in the past 5 years;
2. the staff establishment in the past 5 years; and
3. whether there will be any enhancement plans in the coming year; if yes, the details; if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 266)

Reply:

1. The number of patients registered with methadone clinics and the average attendance rate of registered patients in the past 5 years were as follows:

	2015	2016	2017	2018	2019
No. of patients registered	6 700	6 200	5 800	5 800	5 200
Average attendance rate of registered patients (%)	75	74	74	76	74

As no service quotas had been set for methadone clinics, there were no waiting cases in the past 5 years.

2. Methadone clinics had an approved establishment of 13 posts in each of the past 5 years, including 3 Senior Medical and Health Officers, 1 Executive Officer I and 9 supporting staff. The Department of Health (DH) has also employed part-time doctors, subvented the Society for the Aid and Rehabilitation of Drug Abusers and engaged the Auxiliary Medical Service to provide services for patients of the methadone clinics.

3. DH will continue to improve the environment and facilities of methadone clinics, as well as the efficiency of the Methadone Treatment Information System in the coming year.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)006

(Question Serial No. S0064)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide details, if any, of the respective numbers of elderly people eligible for using elderly health care vouchers who attended general outpatient clinics, accident and emergency departments and specialist outpatient clinics in public hospitals in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan

Reply:

The Government launched the Elderly Health Care Voucher (EHV) Scheme in 2009. The EHV Scheme aims at providing financial incentives for eligible elders to choose private primary healthcare services in their local communities that best suit their health needs. It also aims at offering additional healthcare choices outside the public system. Vouchers are normally not allowed to be used for subsidised services. The Department of Health does not maintain statistics on the number of elders eligible under the EHV Scheme who attended general outpatient clinics, accident and emergency departments and specialist outpatient clinics in public hospitals.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)007

(Question Serial No. S0065)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The Government has set out in the *Report on the Review of the Elderly Health Care Voucher Scheme (2019)* the percentage of voucher claim transactions under the Elderly Health Care Voucher Scheme by principal reason for visit (namely preventive care, management of acute episodic conditions, follow-up/monitoring of long-term conditions and rehabilitation) from 2009 to 2017. In this connection, please advise on the relevant figures in 2018 and 2019.

Asked by: Hon CHAN Hoi-yan

Reply:

The table below shows the percentage of voucher claim transactions in Hong Kong under the Elderly Health Care Voucher Scheme by principal reason for visit in 2018 and 2019:

Year	Percentage of voucher claim transactions by principal reason for visit			
	Preventive care	Management of acute episodic conditions	Follow-up / monitoring of long-term conditions	Rehabilitation
2018	16%	49%	29%	6%
2019	15%	49%	30%	6%

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)008

(Question Serial No. S0068)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (4) Curative

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

1. the estimated number of patients receiving biologic therapy specialised outpatient service at Pamela Youde Nethersole Eastern Hospital in 2020-21;
2. a breakdown of staff by grade in providing the service in 2018-19, 2019-20 and 2020-21 respectively; and
3. the total expenditure incurred in the past in respect of the service, broken down by manpower, administrative and drug cost, as well as the estimated expenditure for 2020-21.

Asked by: Hon CHAN Pierre

Reply:

1. The Social Hygiene Service of the Department of Health has introduced the biologic service for people with severe psoriasis in Chai Wan Social Hygiene Clinic (CWSHC) located in the Pamela Youde Nethersole Eastern Hospital since June 2018. Based on the number of patients receiving biologic service since service commencement and depending on the clinical conditions of the patients concerned, it is estimated that there will be about 80-100 cases, including new and revisiting cases, in 2020-21.
2. Since June 2018, 1 Consultant Dermatologist, assisted by 1 Nursing Officer and 2 Registered Nurses with training in biologic treatment, have been delivering the service in the CWSHC.
3. In 2020-21, the estimated provision for providing the biologic service is \$4 million, including staff costs, administrative costs and costs on other drugs. The DH does not have information about the costs of the biologic drugs involved as they are self-financing items.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)009

(Question Serial No. S0079)

Head: (37) Department of Health

Subhead (No. & title): (-) Not Specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work in controlling Coronavirus disease 2019 (COVID-19), will the Government please advise on:

- (1) the current preventive measures (including denial of entry, a mandatory visit to the Temporary Specimen Collection Centre, random or comprehensive collection of samples with specimen collection containers, and compulsory home quarantine), in table form, adopted at the airport and other land boundary control points for Hong Kong residents/non-residents entering the territory from overseas, the Mainland, Taiwan and Macao;
- (2) whether more stringent preventive arrangements are in place for visitors with a visit endorsement from Hubei Province/Wuhan and visitors entering Hong Kong via the said places; if so, the details; if not, the reasons; and
- (3) whether action will be taken to identify visitors who are residents from/holders of a visit endorsement from other Mainland regions but have been stranded in Wuhan due to COVID-19, and whether more stringent arrangements are in place for them; if so, the details; if not, the reasons?.

Asked by: Hon MOK Charles Peter

Reply:

(1), (2) and (3)

To further prevent imported cases and cut the global and local virus transmission chain as far as possible, the Government has implemented the following measures targeting travellers arriving at or departing from Hong Kong –

Strengthening Port Health Measures

As an on-going measure, the Government has imposed body temperature checks for all incoming travellers at all boundary control points (“BCPs”). Since 1 February 2020, the Hong Kong International Airport (“HKIA”) has implemented body temperature checks for both departing and transit passengers. To strengthen surveillance and contact tracing, a health declaration arrangement has been implemented at HKIA (for Wuhan flights, subsequently all Mainland flights and then Korea flights) and other land-based BCPs since 21 January 2020. With the increasing number of countries/areas reporting community transmission of COVID-19, the Department of Health (“DH”) has extended the health declaration arrangement to all inbound travellers at HKIA since 8 March 2020. DH also started the use of an electronic health declaration system at HKIA on the same day. The system has been used by other land-based BCPs since 21 March 2020.

Strengthening Immigration Control and Suspending Transit Services at HKIA

The Government has implemented the following measures to restrict entry and suspend all transit services at HKIA, initially until 7 April 2020. Taking into account the current outbreak situation in Hong Kong and around the globe, the Government announced on 6 April 2020 to extend the relevant measures until further notice.

- (a) All non-Hong Kong residents coming from overseas countries and regions by plane will be denied entry to Hong Kong;
- (b) Non-Hong Kong residents coming from the Mainland, Macao and Taiwan will be denied entry to Hong Kong if they have been to any overseas countries or regions in the past 14 days;
- (c) All transit services at HKIA will be suspended; and
- (d) All travellers coming from Macao and Taiwan, including Hong Kong and non-Hong Kong residents, will be subject to a 14-day compulsory quarantine, which is the same as the arrangements for people entering Hong Kong from the Mainland.

Also, since 27 January 2020, except for Hong Kong residents, residents from Hubei and persons who have visited the Hubei Province in the past 14 days will not be permitted to enter Hong Kong until further notice.

Compulsory quarantine requirement

The Government published in the Gazette on 7 February 2020 the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), which mandates all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong, regardless of nationality and travel documents used, except for exempted persons, to be subject to compulsory quarantine for 14 days.

Furthermore, following the Government’s Red Outbound Travel Alert issued on all overseas countries/territories on 17 March 2020, the Government gazetted on 18 March 2020 the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), which mandates arrivals from all specified places outside China to undergo quarantine. This Regulation took effect on 19 March 2020 at 0:00am and remains in force for three months till 18 June 2020. The Secretary for Food and Health (“SFH”) specified on the

same day under Cap. 599E that all persons having stayed in places outside China for any period during the 14 days preceding arrival in Hong Kong, regardless of nationality and travel documents used, except for exempted persons, will be subject to compulsory quarantine for 14 days.

Together with Cap. 599E effected on 19 March 2020, the Government published in the Gazette on 24 March 2020 the Compulsory Quarantine of Certain Persons Arriving at Hong Kong (Amendment) Regulation 2020 (“Amendment Regulation”). With effect from 25 March 2020 at 0:00am, the Amendment Regulation extends the compulsory 14-day quarantine arrangement to all persons, except for exempted persons, arriving from or having stayed in Macao and Taiwan in the past 14 days prior to arrival in Hong Kong, in addition to those arriving from the Mainland.

The implementation of the aforementioned border control measures, the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation and the Amendment Regulation mean that currently all non-Hong Kong residents arriving from overseas countries or regions are denied entry or transit, and all persons arriving in Hong Kong are required to undergo compulsory quarantine (except for a small number of exempted persons). These measures can further help prevent the spread of COVID-19 in Hong Kong.

Enhanced Surveillance

The Centre for Health Protection (“CHP”) under DH has been progressively extending its Enhanced Laboratory Surveillance Programme (“the Programme”) all along, providing free testing for COVID-19 to asymptomatic inbound air travellers since 19 March 2020, with an aim to identifying the patients early and reducing the risk of community transmission. Starting from 29 March 2020, the scope of the Programme has been extended to cover all asymptomatic inbound air travellers arriving from places under Cap. 599E.

DH further set up a Temporary Specimen Collection Centre (“TSCC”) at AsiaWorld-Expo (“AWE”) since 26 March 2020. The persons concerned can visit the TSCC for collecting and submitting their deep throat saliva specimens immediately upon their arrival, or they can choose to collect their deep throat saliva specimen at their place of accommodation, and ask their family members or friends to deliver it to one of the specified collection clinics. If a specimen tests positive, DH will immediately arrange the person concerned to be admitted to a hospital for isolation and treatment; if the test result is negative, the person concerned is still required to continue the 14-day quarantine at the place of accommodation. Starting from 3 April 2020, persons who collect specimens by themselves at home can make use of a door-to-door specimen collection service provided by member companies of the Cyberport Startup Alumni Association to submit their deep throat saliva specimens to DH for COVID-19 testing.

From 8 April 2020 onwards, the Programme has been further extended to inbound travellers who have been to Hubei Province in the past 14 days arriving via land boundary control points (Shenzhen Bay Port and the Hong Kong-Zhuhai-Macao Bridge Hong Kong Port). Specimen collection containers will be provided by DH staff to these travellers for collection of their deep throat saliva samples for testing when they are undergoing compulsory home quarantine. With effect from the same date, all asymptomatic inbound travellers arriving at HKIA have been mandated under the Prevention and Control of Disease Regulation (Cap. 599A) to collect

their deep throat saliva samples at TSCC at AWE for conducting testing for COVID-19. Starting from 9 April 2020, travellers on flights from the United Kingdom (“UK”) have been required to wait for the test results at TSCC given that the majority of imported cases recorded between 25 March 2020 and 7 April 2020 involved people who had been to the UK. The arrangement was extended to flights from other European countries and the United States on 13 April 2020, and further extend to all inbound travellers on 22 April 2020. Depending on the arrival time of flights, asymptomatic inbound travelers who need to wait for the test results overnight will be arranged to be temporarily accommodated in the DH Holding Centre for Test Result (HCTR) set up in a hotel. In view of some recent cases involving persons under home quarantine who have been tested positive for COVID-19 around the completion date of the quarantine, starting from 20 April 2020, all asymptomatic inbound travellers arriving at the airport will be provided with an extra specimen collection container for their collection of deep throat saline samples during home quarantine for another round of virus testing.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)010

(Question Serial No. S0066)

Head: (37) Department of Health

Subhead (No. & title): (-) Not specified

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In response to the fight against COVID-19 in Hong Kong, experts said that the daily number of tests should be increased to identify silent spreaders. The Secretary for Food and Health stated in the meeting that the Department of Health (DH) had extended the testing programme to include private medical practitioners. Since January, the number of tests performed has exceeded 110 000. The DH also stated that the testing capacity of its laboratories had been increasing – to its current level of 3 000 tests per day. In this connection, please advise on:

1. (a) the testing capacity and (b) the actual number of tests performed per week since January in respect of the DH's laboratories;
2. whether the testing capacity of the DH's laboratories can be further increased and whether there are plans to do so; if yes, the details;
3. whether the DH has plans to increase the number of tests in response to expert advice; if yes, the details; and
4. in view that places such as the United States and South Korea have stepped up community testing by means of rapid tests, whether the Government has conducted any studies on introducing the relevant technologies or other latest technologies to increase the number of tests in the community; if so, the details about the study such as the average cost and the procurement plan.

Asked by: Hon WU Chi-wai

Reply:

1. Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Department of Health (DH) and the Hospital Authority have been working closely on the test methodology, strategy and workflow arrangement in order to achieve synergy in test capacity and to optimise patient management in hospitals. The normal maximum capacity of the DH's testing respiratory specimens for virus detection is around 1 000 specimens per working day on weekdays. The DH tested 2 576, 5 661 and

35 855 specimens for COVID-19 in January, February and March 2020 respectively. During the period from 23 March 2020 to 5 April 2020, over 15 000 specimens were tested weekly.

2. To shorten the turnaround time and meet the ever increasing demands for COVID-19 testing, staff of the DH have been working overtime since January 2020. To further boost up the maximum capacity, the DH has been actively stockpiling reagent stocks and specimen containers, deploying manpower, and optimising test methods, procedures and workflow.
3. The DH is closely monitoring the situation of COVID-19 in determining the scope of laboratory surveillance. To boost up the testing capacity in Hong Kong, engagement of university laboratories and private laboratories is being explored.
4. The DH has always kept abreast of any potential and possible diagnostic tests available since the report of COVID-19 cases in December 2019. Apart from constantly upgrading and improving the self-developed in-house molecular testing, the DH will also evaluate commercial tests available in the market or under development by local or overseas researchers. The DH will determine how to make the best use of the test kits and their application after careful assessment of the evaluation results.

- End -