

**Replies in written questions raised by Finance Committee Members
in examining the Estimates of Expenditure 2021-22**

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

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FHB(H)155	0897	Hon CHAN Han-pan	Disease Prevention
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<u>FHB(H)186</u>	2282	Hon LAU Ip-keung, Kenneth	Disease Prevention
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<u>FHB(H)210</u>	1194	Hon MAK Mei-kuen, Alice	Disease Prevention
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<u>FHB(H)233</u>	0932	Hon SHIU Ka-fai	Disease Prevention
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<u>SB189</u>	0772	Hon CHENG Chung-tai	Treatment of Drug Abusers
<u>SB190</u>	2409	Hon OR Chong-shing, Wilson	Treatment of Drug Abusers
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CONTROLLING OFFICER'S REPLY

FHB(H)153

(Question Serial No. 1399)

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:

The estimate for this year has increased substantially by 78.7% over that for last year with a view to, among others, meeting funding requirement for the Elderly Health Care Voucher (EHCV) Scheme. In this connection, please provide information on:

1. the estimated expenditure on the EHCV Scheme and on the prevention and control of Coronavirus Disease 2019 respectively; and
2. the numbers of voucher claim transactions and the total amounts of claims by type of healthcare service provider in the past 3 financial years.

Asked by: Hon CHAN Chun-ying (LegCo internal reference no.: 35)

Reply:

1.
The financial provision in 2021-22 for the Elderly Health Care Voucher Scheme is \$4,047.7 million.

Additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

2.
The tables below show the number of voucher claim transactions and the amount of vouchers claimed by type of healthcare service provider enrolled in the Elderly Health Care Voucher Scheme in the past 3 years:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903
Chiropractors	10 743	10 820	8 826
Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

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

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

- Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 Elderly Health Care Voucher Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)154

(Question Serial No. 1928)

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 (ODCP) for the Elderly, please advise on the following:

1. with regard to the new service period from 1 April 2021 to 31 March 2024, the respective numbers of proposals for service provision received and approved, the progress and the details of the services proposed;
2. given that 22 outreach dental teams have been set up under the ODCP over the past 3 years, the establishment, details of the services provided, number of elderly people served and number of hours for such purposes in respect of each outreach team; and
3. in view that Coronavirus Disease 2019 (COVID-19) has kept many from going to the dentist for fear of infection, whether there will be any assessment of the impact of COVID-19 on the ODCP, and plans of enhancing elderly dental care when the situation improves to make up for its impact on their dental health; if yes, the details and if not, the reasons.

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 27)

Reply:

Proposals from 10 non-governmental organisations (NGOs) for operating the Outreach Dental Care Programme for the Elderly (ODCP) for the period from 1 April 2021 to 31 March 2024 were received and accepted. The NGOs will 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 NGOs. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at a dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities.

Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Since the launch of the ODCP in October 2014 up to end-January 2021, the

number of attendances was about 256 000.

Apart from providing dental care services to elders at RCHEs and DEs, the NGOs also provide oral care training to caregivers in RCHEs and DEs to enhance their abilities and knowledge in providing daily oral care services to the elders. The Department of Health (DH) has been closely monitoring the provision of outreach dental services under the ODCP. The 10 NGOs have been advised to comply with the latest infection control guidelines in providing the necessary dental services. The DH will continue to maintain close liaison with the NGOs, RCHEs and DEs with a view to minimising the impact to the oral health of the elders as far as practicable amidst the COVID-19 epidemic.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)155

(Question Serial No. 0897)

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 the indicators suggest, 2020 saw a substantial decrease over 2019 in the numbers of attendances at the Maternal and Child Health Centres, for health assessment and medical consultation at the Elderly Health Centres, for health education activities and for woman health service etc., with some of which representing only one tenth of the attendances in 2019. Apart from the impact of Coronavirus Disease 2019, are there any other reasons for such decline in attendances?

Should the epidemic continue to persist in 2021, has the Department set aside any provisions for the study and test run of alternative service delivery modes such as online health counselling? If so, please advise on the details.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 56)

Reply:

The Department of Health (DH) is the lead government department in the combat against the COVID-19 epidemic in Hong Kong. Since early 2020, a number of services provided by DH had been scaled down or suspended to enhance social distancing and to facilitate the internal redeployment of staff for implementation of prevention and control measures against COVID-19. As a result, performance indicators including the number of attendances at Maternal and Child Health Centres and Woman Health Service, the number of health assessments and consultations at Elderly Health Centres (EHCs), and the number of attendances at health education activities organised by EHCs and Visiting Health Teams had all decreased.

To reduce the impact on clients, some Services have introduced measures such as providing prescription refill service for patients with stable chronic health conditions, telephone counselling and consultation by healthcare professionals, and arranging on-line health talks. Resources for these initiatives are absorbed within the overall provisions for the respective Services.

DH will continue to monitor the situation closely, with a view to gradually resuming normal services when the COVID-19 situation eases.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)156

(Question Serial No. 0898)

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 the Department of Health (DH) will continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19). In view of the progressive completion of vaccination for 5 priority groups, please advise on when and how the DH plans to commence vaccination for the remainder in the territory, as well as the expenditure and staff establishment involved in each phase.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 57)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and

the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

The Government's goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;
6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;

9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

The Government will, having regard to the actual situation, extend vaccination to the remaining of the eligible population.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)157

(Question Serial No. 1506)

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 will continue to operate the Government Chinese Medicines Testing Institute on the temporary site. In this connection, please advise on the total amount of Chinese herbal medicines (Chm) tested, the amount of Chm found to have exceeded the permitted limits, and the exceeded levels in each of the past 3 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 66)

Reply:

To monitor the quality and safety of Chinese herbal medicines (Chm) regulated under the Chinese Medicine Ordinance (Cap. 549), the Department of Health (DH) has put in place a market surveillance system under which samples of Chm are collected from the market for testing on a regular basis.

In the past 3 years (2018-2020), the number of Chm samples tested and the results are summarised in the following table:

Year	Total number of samples tested ^a	Number of samples failing the relevant test(s)		
		Heavy metals and toxic element	Pesticide residues	Morphological identification
2018	540	1 ^b	1 ^c	1 ^d
2019	540	0	0	1 ^e
2020	670	0	0	0
Total	1 750	1	1	2

Notes:

- a. Excluding single Chinese medicine granules for prescriptions.
- b. Test result from the Government Laboratory revealed that the decoction prepared from a sample of *Herba Pteridis Multifidae* (鳳尾草) contained about 2.6 times the maximum limit of arsenic set by the Chinese Medicine Council of Hong Kong (CMCHK).
- c. Test result from the Government Laboratory revealed that triazophos, an organophosphate pesticide, was detected in the decoction prepared from a sample of *Fructus Corni* (山茱萸). Each kilogram of the Chm was found to contain 0.09 milligram of triazophos which was not allowed to be detected as per the standard set by CMCHK.
- d. One sample of *Flos Eriocauli* (穀精草) was found to be *Eriocaulon sexangulare* L. (穀精珠).
- e. One sample of *Indigo Naturalis* (青黛) was found to be fake.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)158

(Question Serial No. 3188)

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 the number of default in payment of fixed penalty notices issued by the Tobacco and Alcohol Control Office over the past 3 years, and the proportion of such cases by gender and age group.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 64)

Reply:

As of 8 March 2021, there were a total of 196, 223 and 142 unsettled fixed penalty notices (FPNs) issued in 2018, 2019 and 2020 respectively. Court warrants for non-payment have been issued for the recovery of unsettled payment of penalty.

Among these unsettled FPNs, males constituted around 87% of the cases. Less than 1% and about 16% of the cases were aged below 18 and aged 60 and above respectively.

- End -

CONTROLLING OFFICER'S REPLY**FHB(H)159****(Question Serial No. 3189)**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:

Currently, eligible elderly people in Hong Kong can use health care vouchers for outpatient services provided by designated clinics/departments of the University of Hong Kong-Shenzhen Hospital (HKU-SZH). In this connection, please advise on the number of attendances of elderly people in Hong Kong using health care vouchers at the HKU-SZH, their gender, as well as clinics/departments and the total amount involved in each of the past 3 years.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 67)Reply:

From 2018 to 2020, eligible elderly persons had used vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) for healthcare services provided by the following designated Outpatient Medical Centres and Medical Service Departments: Accident and Emergency Department, Chinese Medicine Clinic, Dental Clinic, Department of Medical Imaging, Family Medicine Clinic, Gynaecology Clinic, Health Assessment and Management Centre, Medicine Clinic, Ophthalmology Clinic, Orthopaedic Clinic, Physiotherapy Department, Rehabilitation Clinic and Surgery Clinic. The table below shows the number of voucher claim transactions made and the amount of vouchers claimed by the HKU-SZH in the past 3 years:

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Number of voucher claim transactions made by HKU-SZH ^{Note 3}	11 418	13 562	18 962
Amount of vouchers claimed by HKU-SZH (in HK\$'000) ^{Note 3}	3,492	3,997	5,507

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

The table below shows the number of elderly persons who had used vouchers at HKU-SZH as at end-December in the past 3 years, broken down by gender:

	2018	2019	2020
Male	2 000	2 700	4 100
Female	1 400	1 900	2 500

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)160

(Question Serial No. 2643)

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 (EHCV) Scheme, please advise this Committee on:

1. the amount of EHCVs claimed and the number of claim transactions as well as the average amount, the median amount and the range of maximum amount claimed per transaction by type of healthcare professional in table form over the past 3 years;
2. the number of complaints related to EHCVs 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 EHCV Scheme in the past 3 years and in the coming year;
4. the number of inspections conducted (broken down by routine inspection, investigation into aberrant patterns of transaction and inspection upon complaint); the number of EHCV claims checked and their percentage 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 EHCV claims exceeding \$4,000 per claim by type of healthcare service.

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, average and median amount of vouchers claimed per transaction, and the range of maximum voucher amount claimed per transaction by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

Amount of vouchers claimed and number of voucher claim transactions in 2018 ^{Note 1}					
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,154,745	2 917 895	396	300	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	355	245	4,751 – 5,000
Dentists	287,044	294 950	973	640	4,751 – 5,000
Occupational Therapists	5,681	3 515	1,616	600	4,751 – 5,000
Physiotherapists	16,452	40 874	403	323	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	954	780	4,751 – 5,000
Radiographers	13,400	16 785	798	460	4,751 – 5,000
Nurses	7,447	6 523	1,142	700	4,751 – 5,000
Chiropractors	5,225	10 743	486	400	4,751 – 5,000
Optometrists	759,750	359 343	2,114	1,951	4,751 – 5,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	3,492	11 418	306	124	4,501 – 4,750

**Amount of vouchers claimed
and number of voucher claim transactions in 2019** ^{Note 3}

	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,246,024	2 952 153	422	330	5,751 – 6,000
Chinese Medicine Practitioners	599,170	1 633 532	367	250	5,751 – 6,000
Dentists	313,111	310 306	1,009	680	5,751 – 6,000
Occupational Therapists	4,432	3 233	1,371	500	5,751 – 6,000
Physiotherapists	17,210	43 946	392	310	5,751 – 6,000
Medical Laboratory Technologists	18,654	20 770	898	680	5,751 – 6,000
Radiographers	15,749	16 779	939	540	5,751 – 6,000
Nurses	10,214	9 936	1,028	500	5,751 – 6,000
Chiropractors	5,675	10 820	524	500	4,751 – 5,000
Optometrists	431,680	242 424	1,781	1,750	4,751 – 5,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	3,997	13 562	295	117	5,501 – 5,750

**Amount of vouchers claimed
and number of voucher claim transactions in 2020**

	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Average amount of vouchers claimed per transaction (HK\$)	Median amount of vouchers claimed per transaction (HK\$)	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	947,488	1 957 092	484	350	7,751 – 8,000
Chinese Medicine Practitioners	634,851	1 376 436	461	280	7,751 – 8,000
Dentists	276,556	246 844	1,120	750	7,751 – 8,000
Occupational Therapists	5,383	4 640	1,160	440	7,751 – 8,000
Physiotherapists	15,191	39 669	383	300	7,751 – 8,000
Medical Laboratory Technologists	13,706	15 324	894	650	7,751 – 8,000
Radiographers	14,700	14 386	1,022	560	7,751 – 8,000
Nurses	8,753	6 903	1,268	782	7,751 – 8,000
Chiropractors	5,127	8 826	581	560	7,751 – 8,000
Optometrists	225,903	158 127	1,429	1,600	1,751 – 2,000
University of Hong Kong-Shenzhen Hospital (HKU-SZH) ^{Note 2}	5,507	18 962	290	116	7,251 – 7,500

Note 1: On 8 June 2018, each eligible elderly person 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: 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 EHCV Scheme on a hospital basis.

Note 3: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

2.

From 2018 to 2020, the Department of Health (DH) received a total of 292 complaints (including media reports and relevant reports) against participating healthcare service providers under the EHCV Scheme. The DH would conduct investigation for every complaint received. Appropriate actions/ measures would be taken when violation of the terms and conditions of the EHCV Scheme Agreement was found during the investigation. The relevant statistics of complaints received from 2018 to 2020 are provided in the table below:

	2018	2019	2020	Total
Number of complaints (including media reports and relevant reports) received by DH against participating healthcare service providers under the EHCV Scheme	120	103	69	292
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers (HK\$) involved ^{Note 4}	14 \$130,450	15 \$254,659	3 \$4,270	32 \$389,379
Number of complaint cases referred to the Police by DH ^{Notes 4 and 5}	10	2	0	12
Number of cases successfully prosecuted by the Police ^{Note 4}	0	0	0	0

Note 4: Provisional figures as at end-December 2020. Some of the cases are still under investigation.

Note 5: Among the 12 complaint cases received from 2018 to 2020 and referred to the Police for follow-up action, investigation of 9 cases by the Police was completed with no prosecution made, and 3 cases were still under investigation as at end-December 2020.

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 EHCV 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 EHCV 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 EHCV 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 EHCV Scheme. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking

voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHCV Scheme and voucher usage on its website and the website of the EHCV Scheme to help both elderly persons and the general public better understand the EHCV Scheme.

The EHCV 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 EHCV Scheme in 2018-19, 2019-20 and 2020-21 was 48, 52 and 55 respectively, while that in 2021-22 will be 55.

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

2018-19 (Actual) \$ million	2019-20 (Actual) \$ million	2020-21 (Revised estimate) (\$ million)	2021-22 (Estimate) (\$ million)
26.3	37.0	39.4	47.8

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

4.

Details of inspections conducted under the EHCV Scheme as at end 2018, 2019 and 2020 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints ^N _{ote 6}	Total	Coverage of total number of voucher claims made under the EHCV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
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		
31.12.2020	Number of inspections conducted	19 939	5 007	374	25 320	1.6%	95.7%
	Number of claims checked	354 477	89 492	26 930	470 899		

Note 6: Including complaints/ media reports and other reports about the EHCV Scheme.

5.

The table below shows the number of voucher claims with amount more than \$4,000 per transaction in 2020, broken down by types of healthcare service providers:

	Number of voucher claims in 2020 with amount more than \$4,000 per transaction
Medical Practitioners	5 066
Chinese Medicine Practitioners	8 131
Dentists	7 842
Occupational Therapists	72
Physiotherapists	48
Medical Laboratory Technologists	67
Radiographers	498
Nurses	412
Chiropractors	12
Optometrists ^{Note 7}	0
HKU-SZH	11

Note 7: A cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elderly person was introduced on 26 June 2019.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)161

(Question Serial No. 2644)

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 76 non-directorate posts in 2021-22. 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 2021-22

<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>		
* Medical Technologist (new pay scale)	3	2,210,940
* Medical Technologist (existing pay scale)	-3	-2,422,620
* Associate Medical Technologist	3	1,389,420
* Medical Laboratory Technician I	-1	-613,140
* Medical Laboratory Technician II	-2	-762,000
Radiographer I	1	736,980
<i>Total (Programme 1) :</i>	<i>1</i>	<i>539,580</i>
<i>Programme 2 – Disease Prevention</i>		
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
<i>Total (Programme 2) :</i>	<i>73</i>	<i>42,029,700</i>

<u>Rank</u>	No. of posts to be <u>created/deleted</u>	Annual recurrent cost of civil service post (\$) #
<i>Programme 4 – Curative Care</i>		
Radiographer I	1	736,980
Radiographer II	2	926,280
Radiographic Technician	-2	-613,080
Senior Dental Officer	-1	-1,514,640
Dental Officer	-1	-1,030,440
<i>Total (Programme 4) :</i>	<i>-1</i>	<i>-1,494,900</i>
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>		
Dental Surgery Assistant	3	977,220
<i>Total (Programme 7) :</i>	<i>3</i>	<i>977,220</i>
<i>Total (Overall):</i>	<i>76</i>	<i>42,051,600</i>

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)162

(Question Serial No. 2645)

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 2019-20, 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 2020-21 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 2021, more than 217 000 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, about 17 000 persons were found to have colorectal adenomas and about 1 600 persons colorectal cancers. Breakdown of the number of participants (as at end February 2021) 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 2021	
		Male	Female
<i>Pilot phase</i>			
Phase 1 (28 September 2016)	1946-1948	16 200	18 000
Phase 2 (27 February 2017)	1949-1951	18 400	21 600
Phase 3 (27 November 2017)	1952-1955	22 500	29 400
<i>Regularised phase</i>			
Phase 1 (6 August 2018)	1942-1945 1956-1957	15 100	18 400
Phase 2 (1 January 2019)	1958-1963	15 400	23 000
Phase 3 (1 January 2020)	1964-1971	7 800	11 300

2. The revised estimate for the CRCSP in 2020-21 is \$105.2 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 enrol in the CRCSP. The DH will keep in view the participation rate of the CRCSP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)163

(Question Serial No. 2647)

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 2016-17 to 2020-21, 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 numbers of wastage, wastage rates and lengths 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 2016-17 to 2020-21:

- (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

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

2020-21

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	73	8	5	2	7	147
Medical and Health Officer	14	5	16	85	57	9	143	7	25	2	23	386
Total	25	9	19	99	78	17	243	20	32	5	32	579

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

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

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	10	22	-	1	33
Tuberculosis and Chest	1	1	1	-	3
Total	15	32	2	4	53

2020-21 (as at 1 February 2021)

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	1	10	-	-	11
Family Medicine	4	9	1	-	14
Health	9	23	2	2	36
Tuberculosis and Chest	1	1	-	1	3
Total	18	43	3	6	70

**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 %
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
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

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 %
2019-20													
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
2020-21 (as at 1 February 2021)													
Directorate	-	-	-	-	-	-	-	-	-	-	-	-	-
Senior Medical and Health Officer	-	-	-	1	-	1	1	-	-	-	-	3	2.9
Medical and Health Officer	-	1	-	4	1	-	4	1	3	-	1	15	4.5
Total	-	1	-	5	1	1	5	1	3	-	1	18	3.7

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

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
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					
Directorate	-	-	-	2	2
Senior Medical and Health Officer	-	-	1	-	1
Medical and Health Officer	9	4	3	-	16
Total	9	4	4	2	19
2020-21 (as at 1 February 2021)					
Directorate	-	-	-	-	-
Senior Medical and Health Officer	-	1	1	1	3
Medical and Health Officer	8	6	1	-	15
Total	8	7	2	1	18

Number of Doctors Recruited

Year / Rank	Senior Medical and Health Officer	Medical and Health Officer	Total
2016-17	-	23	23
2017-18	-	29	29
2018-19	-	18	18
2019-20	-	32	32
2020-21 (as at 1 February 2021)	-	28	28
Total	-	130	130

Stream / Year	2016-17	2017-18	2018-19	2019-20	2020-21 (as at 1 February 2021)	Total
Child Assessment	1	1	-	1	-	3
Clinical Genetics	1	-	-	2	-	3
Correctional Institutions	-	-	-	-	-	-
Family Health	2	6	5	1	3	17
Family Medicine	5	4	1	5	1	16
Forensic Pathology	-	-	1	-	2	3
Health	11	14	7	14	16	62
Pathology	-	2	1	1	1	5
Social Hygiene	-	-	-	8	5	13
Special Preventive Programme	1	1	2	-	-	4
Tuberculosis and Chest	2	1	1	-	-	4
Total	23	29	18	32	28	130

CONTROLLING OFFICER'S REPLY

FHB(H)164

(Question Serial No. 2648)

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, one of the Matters Requiring Special Attention in 2021-22 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 registration and enforcement work?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 9)

Reply:

The new regulatory regime for private healthcare facilities under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases. In 2021-22, 177 posts and \$211 million are earmarked to undertake the relevant registration and enforcement work under the Ordinance. These include the resources previously allocated for regulation of private healthcare institutions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) which was replaced by the Ordinance on 1 January 2021.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)165

(Question Serial No. 2659)

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 (EHCV) Scheme, please provide details of the following in 2018, 2019 and 2020:

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

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 24)

Reply:

(a)

The table below shows the amount of vouchers claimed by types of healthcare service providers enrolled in the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years from 2018 to 2020:

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

	2018 <small>Note 1</small>	2019 <small>Note 2</small>	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <small>Note 3</small>	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

(b) & (c)

The table below shows the number of eligible elderly persons and the number of elderly persons who had made use of vouchers up to end of 2018, 2019 and 2020, broken down by gender and age group:

	2018		2019		2020	
	Number of elderly persons	% of eligible elderly persons	Number of elderly persons	% of eligible elderly persons	Number of elderly persons	% of eligible elderly persons
(1) Number of eligible elderly persons (i.e. elderly persons aged 65 or above)*	1 266 000	-	1 325 000	-	1 377 000	-
(2) Cumulative number of elderly persons who had made use of vouchers up to end of the year	1 191 000	94%	1 294 000	98%	1 350 000	98%
(i) By gender						
- Male	552 000	93%	602 000	97%	629 000	98%
- Female	639 000	95%	692 000	98%	721 000	98%
(ii) By age group						
- 65 - 69	394 000	92%	427 000	96%	425 000	93%
- 70 - 75	323 000	100%	375 000	100%	416 000	100%
- 76 - 80	176 000	91%	178 000	95%	184 000	100%
- Above 80	298 000	92%	314 000	93%	325 000	91%

*Source: Hong Kong Population Projections 2017-2066 and Hong Kong Population Projections 2020-2069, Census and Statistics Department

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

(d)

The table below shows the average cumulative amount of vouchers in monetary value used per person up to end of 2018, 2019 and 2020 since the EHCV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers (HK\$) used per person since the EHCV Scheme was launched in 2009		
	Up to 31.12.2018 ^{Note 4}	Up to 31.12.2019 ^{Note 5}	Up to 31.12.2020
(i) By gender			
- Male	5,605	6,912	7,914
- Female	6,059	7,516	8,567
(ii) By age group			
- 65 - 69	3,164	4,357	4,878
- 70 - 75	5,283	6,466	7,430
- 76 - 80	8,752	10,506	11,810
- Above 80	8,294	10,212	11,746

Note 4: On 8 June 2018, each eligible elderly person 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 5: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

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

(e)

The table below shows the number of healthcare service providers by types enrolled in the EHCV Scheme as at end of 2018, 2019 and 2020:

	As at 31.12.2018	As at 31.12.2019	As at 31.12.2020
Medical Practitioners	2 591	2 893	3 060
Chinese Medicine Practitioners	2 720	3 159	3 496
Dentists	1 047	1 171	1 219
Occupational Therapists	74	97	118
Physiotherapists	441	520	556
Medical Laboratory Technologists	54	64	61
Radiographers	44	56	50
Nurses	182	244	239
Chiropractors	91	111	116
Optometrists	697	780	797
Sub-total (Hong Kong):	7 941	9 095	9 712
HKU-SZH ^{Note 6}	1	1	1
Total :	7 942	9 096	9 713

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 EHCV Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)166

(Question Serial No. 2666)

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 (HTC), the Project on Dental Services for Persons with Intellectual Disability, will the Government inform this Committee of:

1. the staff establishment and expenditure since its implementation, as well as its estimated expenditure and staff establishment for 2021-22; and
2. the annual number of persons with intellectual disability who have received consultation, treatment and have been registered with the HTC since its implementation?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 32)

Reply:

1. The Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. 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 the financial years from 2018-19 to 2021-22 is as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

2. As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their first consultation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)167

(Question Serial No. 2667)

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 2021-22;
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.: 32)

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)			
	2018-19	2019-20	2020-21	2021-22
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	46.5	52.5	55.1

(b) Administrative costs	5.0	5.2	5.5	5.6
Total:	44.9	51.7	58.0	60.7

Six civil service posts have been provided for implementing the ODCP. Since the launch of the ODCP in October 2014 up to end-January 2021, the number of attendances under ODCP was about 256 000.

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 SWD**

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 SWD**

	2020-21 Service Year of ODCP^{Note 1} (position as at 31 January 2021)		
	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	60	107	56%
Eastern and Wan Chai	12	114	11%
Kwun Tong	34	71	48%
Wong Tai Sin and Sai Kung	28	68	41%
Kowloon City and Yau Tsim Mong	65	145	45%
Sham Shui Po	37	98	38%
Tsuen Wan and Kwai Tsing	71	126	56%
Tuen Mun	27	58	47%
Yuen Long	54	64	84%
Sha Tin	31	63	49%
Tai Po and North	55	94	59%
Total:	474	1 008	47%^{Note 2 & 3}

Note 1: 2020-21 Service Year refers to the period from 1 April 2020 to 31 March 2021.

Note 2: This figure represents the participation rate of the first 10 months of 2020-21 Service Year.

Note 3: In response to the COVID-19 outbreak, the Centre for Health Protection has updated the visiting arrangement set out in the "Guidelines for Residential Care Homes for the Elderly or Persons with Disability for the Prevention of Coronavirus disease" since 8 July 2020 that visiting is not allowed unless under compassionate ground (except official visits). As the COVID-19 situation developed, given the above, NGOs have encountered difficulty in scheduling the visits to RCHEs for on-site oral check-ups in 2020-21 service year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)168

(Question Serial No. 2668)

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 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.: 33)

Reply:

1. The service sessions and the regular maximum numbers of discs allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are set out below. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocations have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
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

2. The numbers of attendances in GP sessions for each dental clinic in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	0-18	99	194	43
	19-42	825	1 011	522
	43-60	1 303	992	865
	61 or above	3 192	2 756	1 669
Kwun Tong Dental Clinic	0-18	73	145	30
	19-42	612	754	359
	43-60	968	740	596
	61 or above	2 370	2 055	1 150
Kennedy Town Community Complex Dental Clinic	0-18	131	262	54
	19-42	1 095	1 367	649
	43-60	1 729	1 340	1 075
	61 or above	4 236	3 723	2 075
Fanling Health Centre Dental Clinic	0-18	41	81	18
	19-42	339	421	216
	43-60	535	413	358
	61 or above	1 312	1 147	691
Mona Fong Dental Clinic	0-18	34	68	15
	19-42	289	355	175
	43-60	457	348	290
	61 or above	1 119	966	560
Tai Po Wong Siu Ching Dental Clinic	0-18	36	73	15
	19-42	300	382	173
	43-60	474	374	287
	61 or above	1 160	1 041	554
Tsuen Wan Dental Clinic	0-18	145	291	58
	19-42	1 217	1 518	702
	43-60	1 923	1 488	1 164
	61 or above	4 709	4 135	2 245

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Yan Oi Dental Clinic	0-18	37	73	15
	19-42	307	379	181
	43-60	485	371	301
	61 or above	1 187	1 031	580
Yuen Long Jockey Club Dental Clinic	0-18	71	144	29
	19-42	595	750	348
	43-60	940	735	576
	61 or above	2 304	2 043	1 112
Tai O Dental Clinic	0-18	2	4	2
	19-42	14	22	17
	43-60	23	21	28
	61 or above	56	58	54
Cheung Chau Dental Clinic	0-18	5	10	3
	19-42	43	49	29
	43-60	68	48	48
	61 or above	167	135	93

The overall utilisation rates for the dental clinics in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	88.4	88.5	99.2
Kwun Tong Dental Clinic	97.9	98.0	99.7
Kennedy Town Community Complex Dental Clinic	85.6	91.2	97.7
Fanling Health Centre Dental Clinic	96.5	88.9	99.9
Mona Fong Dental Clinic	90.6	88.4	99.5
Tai Po Wong Siu Ching Dental Clinic	94.0	95.4	99.8
Tsuen Wan Dental Clinic	96.9	97.8	99.2
Yan Oi Dental Clinic	98.1	98.3	99.8
Yuen Long Jockey Club Dental Clinic	94.6	96.9	99.3
Tai O Dental Clinic	24.7	30.1	50.5
Cheung Chau Dental Clinic	73.7	69.0	88.0

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)169

(Question Serial No. 2676)

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 promotion of breastfeeding, will the Government inform this Committee of the amounts 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 2021-22?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 43)

Reply:

In 2018-19, 2019-20 and 2020-21, a provision of \$6.0 million was allocated to Family Health Service of the Department of Health (DH) each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2018-19, 2019-20 and 2020-21 are as follows:

Items	Expenditure (\$ million)		
	2018-19	2019-20	2020-21
Publicity campaigns (e.g. publicity events, exhibitions)	2.0	2.0	1.2
Production of promotional videos	1.4	1.0	1.6
Production and dissemination of health education resources and guidelines	0.9	1.2	1.4
Research, studies and service improvement on breastfeeding and child nutrition	0.4	0.4	0.2
Implementation of peer support programme for lactating mothers	1.3	1.4	1.6

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

babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare 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 2021-22, \$6.0 million has been earmarked to implement the above.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)170

(Question Serial No. 2682)

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 will set side an additional provision of \$95 million in 2021-22 for improving the uptake rate of seasonal influenza vaccination and implementing various vaccination schemes. Please provide a detailed breakdown of the additional provision by expenditure item.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 49)

Reply:

The Department of Health has been administering amongst others vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons and the Hong Kong Childhood Immunisation Programme (HKCIP) to provide free immunisations to children.

Breakdown of the additional provision of \$95 million for 2021-22 is as follows –

- (a) the increase in the cost of seasonal influenza (SI) vaccine for the 2021/22 season due to an unexpected upsurge in demand for SI vaccines after the outbreak of Coronavirus Disease 2019, involving an amount of around \$40.9 million;
- (b) the extension of the coverage of schools under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) for the 2021/22 season to improve the uptake rate of SIV among primary schools and kindergartens and child care centres students, involving an amount of around \$22.1 million;
- (c) the increase in vaccination subsidy arising from the expected improvement in the uptake rate of SIV in the 2021/22 season under the Vaccination Subsidy Scheme and under the SIVSOP, involving an amount of around \$21.6 million; and
- (d) the increase in vaccine cost due to the addition of varicella in the measles, mumps, rubella and varicella vaccination under the HKCIP, involving an amount of around \$10.2 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)171

(Question Serial No. 2931)

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 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 2018-19, 2019-20 and 2020-21 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 2018-19, 2019-20 and 2020-21 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.: 7)

Reply:

- I. The number of new attendances of psoriasis patients* in 2018, 2019 and 2020 are appended in the following table –

Year	2018	2019	2020
New attendances	401	285	354

*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 the Chai Wan Social Hygiene Clinic (CWSHC) located in the Pamela Youde Nethersole Eastern Hospital of the Hospital Authority (HA) since

June 2018. As at 31 December 2020, all clinics under the SHS have identified a total of 95 severe psoriasis patients who may be suitable for biologic therapy. All of them were referred to the biologic service in the CWSHC.

- II. The cumulative number of referrals made by the SHS, the number of patients waiting for first appointment, the cumulative number of patients attended one or more appointments and the median appointment time in the past 3 years are shown in the table below –

	Year (as at 31 December)		
	2018*	2019	2020
Cumulative number of referrals made by SHS (Cumulative number of patients declined to make appointment)	36 (8)	67 (12)	95 (18)
Number of patients waiting for first appointment	1	8	4
Cumulative number of patients attended one or more appointments	27	47	73
Median waiting time (months)	3.5	3.8	2.3

* CWSHC started to receive appointment booking in December 2017 and the service commenced operation in June 2018.

The expenditure on biologic therapy specialised outpatient service is absorbed within the provisions for the SHS of the DH and the HA and cannot be separately quantified.

- III. In November 2020, the SHS of the DH and the HA conducted a service review and concluded that the operation of the prevailing biologic service had been smooth and the service was to be continued. Both parties agreed that they would closely monitor the service demands and, if necessary, provide additional sessions in the CWSHC.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)172

(Question Serial No. 2935)

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 2019, 2020 and 2021.
- (c) Please provide in detail the amount of subsidies provided/to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2019, 2020 and 2021.
- (d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2019, 2020 and the first 2 months of 2021.
- (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 2019, 2020 and 2021 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.
- (g) The estimated total expenditure for procuring influenza vaccines in 2020-21 was HK\$83,000,000, more than doubling the amount of HK\$40,800,000 in 2019-20, why was that so?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 20)

Reply:

- (a) The quantities and contract amount of seasonal influenza vaccines (SIV), 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, mainly for the Government Vaccination Programme (GVP), the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and the Hong Kong Childhood Immunisation Programme, for 2020/21 are as follows –

Vaccine	Number of Doses	Amount (\$ million)
SIV	947 000 ^{&}	93.0 ^{&}
PCV13	190 833	77.8
23vPPV	25 000	5.3

[&]Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

- (b) There have been about 1 700 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination 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 –

	2018/19	2019/20	2020/21 (as at 28 February 2021)
Number of elderly receiving SIV	166 700	166 300	189 700
Number of elderly receiving 23vPPV	19 100	17 500	13 300

- (c) The subsidies of SIV and 23vPPV under the VSS in the past 3 seasons are appended below -

Vaccine	2018/19 (\$ per dose)	2019/20 (\$ per dose)	2020/21 (\$ per dose)
SIV	210	210	240
23vPPV	250	250	300

- (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 2019, 2020 and the first 2 months of 2021 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)*
2019	12 416 [@]	86 946 [@]

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)*
2020	3 078	69 021
2021 (for the first 2 months)	2	10 564

@ Figures updated as of 9 March 2021

* Provisional figures

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

Number of hospital admissions for influenza in public hospitals*

Year	Age group			
	0-4	5-64	≥65	Total
2019	2 988@	5 291	4 137	12 416@
2020	526	1 395	1 157	3 078
2021 (for the first 2 months)	0	1	1	2

@ Figures updated as of 9 March 2021

* Provisional figures

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

Year	Age group			
	0-4	5-64	≥65	Total
2019	4 144@	16 442@	66 360@	86 946@
2020	944	10 754	57 323	69 021
2021 (for the first 2 months)	41	1 234	9 289	10 564

@ Figures updated as of 9 March 2021

* Provisional figures

According to the data provided by private hospitals, there were 5 510 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2019. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 6 372 in 2019. Breakdown of the figures in 2019 by age groups is set out in the table below –

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4	2 306	1 884
5-64	2 913	3 264
≥65	291	1 224
Total	5 510	6 372

Relevant figures for 2020 and 2021 are not yet available.

- (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. As at 28 February 2021, there has been a total of 368 600 recipients so far. The estimated expenditure in 2020/21 (as at 28 February 2021) is about \$18 million.
- (f) The quantities of SIV procured by the Government, the contract amount, and the number of vaccines unused but expired and/or damaged in the past 3 seasons are set out below

Season	Number of doses	Amount (\$ million)	Number of unused but expired and/or damaged doses
2018/19 (Actual)	654 000	30.1	41 000
2019/20 (Actual)	815 000 [~]	40.8 [~]	38 000
2020/21 (Estimate)	947 000 ^{&}	93.0 ^{&}	No available information yet

[~] Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

[&] Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

As the Government's vaccination programmes/schemes launched in the 2020/21 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 of depends on the relevant contract price for the vaccines for that vaccination season.

- (g) Due to the outbreak of Coronavirus Disease 2019 in early 2020, the worldwide demand for SIV has far exceeded the production volume. The stiff competition for the timely supply of SIV has led to a significant increase in the cost of SIV, resulting in an increase in the estimated expenditure of SIV in the 2020/21 season, when compared with that in the 2019/20 season.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)173

(Question Serial No. 2936)

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 of the Department of Health, will the Government please inform this Committee of:

1. the number, 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.: 35)

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, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2018 to 2020 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:

	2018	2019	2020
Complaints received	18 100	15 573	11 484
Inspections conducted	32 255	34 680	36 100
Warning letters issued	3	10	16
FPNs issued (for smoking offences)	8 684	8 068	6 587

Summonses issued	for smoking offences	140	67	58
	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57

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 expenditure/provision and approved establishment of TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(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 collaborates with the Hong Kong Council on Smoking and Health, 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 the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of five 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, as well as in the workplace. For young smokers, DH collaborates with a local university to operate a hotline to provide counselling service tailored for young smokers over the phone.

The expenditure/provision related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2018-19 to 2021-22 are at **Annex 1**. For HA, smoking cessation services form an integral part of HA's overall services provision and such expenditure is therefore not separately accounted for.

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

	2018-19 (\$ million)	2019-20 (\$ million)	2020-21 Revised Estimate (\$ million)	2021-22 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	<i>50.4</i>	<i>55.9</i>	<i>63.6</i>	<i>63.5</i>
<i>Subvention to Hong Kong Council on Smoking and Health</i>	<i>24.0</i>	<i>28.3</i>	<i>25.8</i>	<i>26.3</i>
<i>Sub-total</i>	<u>74.4</u>	<u>84.2</u>	<u>89.4</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>	<i>34.0</i>	<i>30.6</i>	<i>30.6</i>	<i>30.6</i>
<i>Subvention to Pok Oi Hospital</i>	<i>7.3</i>	<i>7.3</i>	<i>7.4</i>	<i>7.4</i>
<i>Subvention to Po Leung Kuk</i>	<i>1.7</i>	<i>1.6</i>	<i>1.7</i>	<i>0.7</i>
<i>Subvention to Lok Sin Tong</i>	<i>2.7</i>	<i>2.9</i>	<i>2.9</i>	<i>3.2</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>2.9</i>	<i>2.9</i>	<i>4.4</i>	<i>5.3</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.4</i>	<i>2.6</i>	<i>2.7</i>	<i>2.7</i>
<i>Subvention to The University of Hong Kong</i>	<i>-</i>	<i>-</i>	<i>0.9</i>	<i>0.3</i>
<i>Sub-total</i>	<u>51.0</u>	<u>47.9</u>	<u>50.6</u>	<u>50.2</u>
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

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

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	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	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</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	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)174

(Question Serial No. 2843)

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:

Please advise on the estimated expenditure, manpower and utilisation as at 1 March 2021 in respect of each Coronavirus Disease 2019 (COVID-19) vaccination centre.

Asked by: Hon CHENG Chung-tai (LegCo internal reference no.: 112)

Reply:

With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme

which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)175

(Question Serial No. 1051)

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 earmarked over \$8.4 billion for the procurement and administration of COVID-19 vaccines. In this connection, please inform this Committee of how the provision will be allocated, how much of it will be used for the procurement of vaccines, the total expenditure involved in staffing and publicity; and whether the Government will set aside any funding to provide more incentive for the public to get vaccinated.

Asked by: Hon CHEUNG Yu-yan, Tommy (LegCo internal reference no.: 3)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally

expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

To step up publicity, the Government has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. The Government has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, the Government has also been maintaining close liaison with various stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

CONTROLLING OFFICER'S REPLY

FHB(H)176

(Question Serial No. 1660)

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 Programme (2), the Department of Health will continue to promote and implement the Elderly Health Care Voucher (EHCV) Scheme. In this connection, please advise this Committee on:

1. the numbers of voucher claims, the numbers of approved claims and the amounts claimed under the EHCV Scheme by type of service in the past 3 years.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 42)

Reply:

1.

The tables below show the number of voucher claim transactions and the amount of vouchers claimed by type of service provider enrolled in the Elderly Health Care Voucher Scheme in the past 3 years:

Number of Voucher Claim Transactions

	2018 <small>Note 1</small>	2019 <small>Note 2</small>	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903
Chiropractors	10 743	10 820	8 826

Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

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

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 Elderly Health Care Voucher Scheme on a hospital basis.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)177

(Question Serial No. 3168)

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) that the Department of Health will enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance. In this regard, please inform this Committee of:

1. the respective numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued by the Tobacco and Alcohol Control Office (TACO) in the past 3 years;
2. further to the question above, the staff establishment and expenditure involved; and
3. the staff establishment and estimated expenditure of TACO in the coming financial year.

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 41)

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 numbers of complaints received, inspections conducted, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2018 to 2020 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:

	2018	2019	2020
Complaints received	18 100	15 573	11 484
Inspections conducted	32 255	34 680	36 100
Warning letters issued	3	10	16
FPNs issued (for smoking offences)	8 684	8 068	6 587

Summonses issued	for smoking offences	140	67	58
	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57

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) & (3)

The expenditure/provision and approved establishment of TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

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

	2018-19 (\$ million)	2019-20 (\$ million)	2020-21 Revised Estimate (\$ million)	2021-22 Estimate (\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	<i>50.4</i>	<i>55.9</i>	<i>63.6</i>	<i>63.5</i>
<i>Subvention to Hong Kong Council on Smoking and Health</i>	<i>24.0</i>	<i>28.3</i>	<i>25.8</i>	<i>26.3</i>
<i>Sub-total</i>	<u>74.4</u>	<u>84.2</u>	<u>89.4</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>	<i>34.0</i>	<i>30.6</i>	<i>30.6</i>	<i>30.6</i>
<i>Subvention to Pok Oi Hospital</i>	<i>7.3</i>	<i>7.3</i>	<i>7.4</i>	<i>7.4</i>
<i>Subvention to Po Leung Kuk</i>	<i>1.7</i>	<i>1.6</i>	<i>1.7</i>	<i>0.7</i>
<i>Subvention to Lok Sin Tong</i>	<i>2.7</i>	<i>2.9</i>	<i>2.9</i>	<i>3.2</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>2.9</i>	<i>2.9</i>	<i>4.4</i>	<i>5.3</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.4</i>	<i>2.6</i>	<i>2.7</i>	<i>2.7</i>
<i>Subvention to The University of Hong Kong</i>	<i>-</i>	<i>-</i>	<i>0.9</i>	<i>0.3</i>
<i>Sub-total</i>	<u>51.0</u>	<u>47.9</u>	<u>50.6</u>	<u>50.2</u>
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

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

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	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	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</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	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)178

(Question Serial No. 3280)

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 population of ethnic minorities in Hong Kong has grown in recent years, hence the growing number of non-Chinese speaking students and the need for support to ethnic minorities. In this connection, please inform this Committee of whether the Government has any measures in place to help ethnic minorities combat Coronavirus Disease 2019 (COVID-19), given their relatively frequent family gatherings for cultural and religious reasons.

Asked by: Hon HO Kwan-yiu, Junius (LegCo internal reference no.: 4)

Reply:

The Centre for Health Protection (CHP) of the Department of Health has been raising awareness of the public (including ethnic minorities (EM)) on personal and environmental hygiene through various channels, including thematic websites, Announcements in the Public Interest on television and radio, and issuing of guidelines, leaflets and posters. The CHP also issues health messages on personal and environmental hygiene through various publicity and health education channels such as websites, Facebook page, YouTube channel, television, radio, health education infoline, publications and media interviews, etc. For the EM in Hong Kong, the Government has always attached great importance to disseminating health information to them.

To provide the public with information on the latest situations of the epidemic, the Government has set up the "COVID-19 Thematic Website" (<https://www.coronavirus.gov.hk>). To enhance the publicity on combating COVID-19, the CHP has produced various health educational materials, including pamphlets, posters, infographics and booklets, which are widely disseminated at the community level.

To facilitate the EM to receive the Government's latest information, the main content of the thematic website has been translated into 9 different languages, including Hindi, Nepali, Pakistani (Urdu), Thai, Bahasa Indonesia, Tagalog, Sinhala, Bengali and Vietnamese. Moreover, the CHP has maintained close liaisons with various stakeholders, including the relevant Consulates-General, organisations and religious groups providing support to EM,

with a view to updating them the latest situation and preventive measures promptly, and securing their collaboration and support to promote the relevant health information among the EM groups.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)179

(Question Serial No. 0225)

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 viral hepatitis control,

1. the Department of Health will continue to support the steering committee for viral hepatitis control in 2021-22. In this connection, will the Government inform this Committee of the work plan of the steering committee and its implementation in the past year, and the estimated expenditure and manpower earmarked for this task?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 46)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and the Chief Executive of Hospital Authority (HA), has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis.

In October 2020, the SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2020 - 2024 (the Action Plan), which adopts the 4 strategic axes in the action framework of the World Health Organization (WHO), namely awareness, surveillance, prevention and treatment. The Action Plan sets out the actions and timeline of implementation by the Department of Health, the HA and other stakeholders, so as to achieve the WHO's goal in eliminating the public health threat posed by viral hepatitis. Actions that have been implemented include -

- (a) a new initiative on offering antivirals to indicated pregnant women having high viral load was rolled out in all birthing hospitals of the HA in 2020, to further strengthen the prevention of mother-to-child transmission of hepatitis B virus;
- (b) the indication in the HA Drug Formulary for direct-acting antivirals was widened to cover all hepatitis C patients starting from October 2020; and
- (c) the SCVH established an implementation plan for post-vaccination serologic testing (PVST) to babies born to mothers with chronic hepatitis B infection for commencement in early 2022.

In 2021, the SCVH will continue to 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.

In 2021-22, a provision of \$9.9 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)180

(Question Serial No. 0226)

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 enforcement of tobacco control legislation, please advise on:

1. the respective numbers of complaints received, inspections conducted, summonses and fixed penalty notices issued related to smoking by the Tobacco and Alcohol Control Office (TACO) in the past 3 years;
2. the respective numbers of fixed penalty notices issued in restaurants, shops, indoor workplaces, public transport facilities, bus interchanges and on public transport carriers in the past 3 years;
3. the respective numbers of cases resulting from enforcement action which were related to the illegal sale of cigarettes to minors in the past 3 years; and
4. the respective numbers of enforcement actions taken, proactive inspections conducted, and complaints received relating to electronic cigarettes and heat-not-burn tobacco products in the past 3 years and, among them, the numbers of vendors found to have sold electronic cigarettes or heat-not-burn tobacco products to minors along with a description of the situation.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 48)

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 numbers of complaints received, inspections conducted, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2018 to 2020 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:

		2018	2019	2020
Complaints received		18 100	15 573	11 484
Inspections conducted		32 255	34 680	361 00
Warning letters issued		3	10	16
FPNs issued (for smoking offences)		8 684	8 068	6 587
Summonses issued	for smoking offences	140	67	58
	for other offences (such as wilful obstruction and failure to produce identity document)	68	42	57

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 numbers of FPNs issued by the TACO for the period from 2018 to 2020 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in food premises, shops and shopping malls, public transport facilities, public transport carriers, bus interchanges and other statutory no-smoking areas (NSAs) are as follows:

	2018	2019	2020
FPNs issued (for smoking offences)			
- Food premises	537	342	236
- Shops and shopping malls	2 013	1 821	1 790
- Public transport facilities	1 181	1 229	961
- Public transport carriers	98	66	87
- Bus interchanges	495	903	534
- Other statutory no-smoking areas	4 360	3 707	2 979
Total	8 684	8 068	6 587

TACO does not have separate figures on enforcement at indoor workplace.

(3)

During the period from 2018 to 2020, there were 2 summonses issued against sales of tobacco products to minors, one each in 2019 and 2020.

(4)

Cap. 371 stipulates that any person who smokes in an NSA commits an offence and is subject to a fixed penalty of \$1,500. The numbers of FPNs/summonses issued by TACO for the period from 2018 to 2020 for smoking of electronic cigarette (e-cigarettes) and heated tobacco products (HTPs) in NSAs are as follows:

	2018		2019		2020	
	Summons	FPN	Summons	FPN	Summons	FPN
e-cigarettes	0	15	0	59	1	106
HTPs	1	70	0	72	0	37

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 2018 to 2020, there were 4 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)181

(Question Serial No. 0227)

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 implementation of tobacco control, please advise on:

1. in table form, the staff establishments, estimated expenditures, and the respective numbers of front-line enforcement staff and full-time/part-time staff of the Tobacco and Alcohol Control Office (TACO) in the past 3 years and in the coming year;
2. whether there has been any review of the sufficiency of the existing establishment of the TACO in terms of handling complaints and enforcement action to ensure the attainment of the tobacco control objectives, and on the plans, if any, to scale up the manpower and resources concerned;
3. whether any resources will be set aside for reviewing the current tobacco control strategies and for studying new and feasible measures, including extending no smoke areas and imposing a prohibition on smoking while walking.

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 49)

Reply:

(1)

The expenditure/provision and approved establishment of the Tobacco and Alcohol Control Office of the Department of Health (DH) from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(2)

The DH will keep in view the need for strengthening its manpower to cope with new enforcement tasks and seek additional resources through the established procedures as necessary.

(3)

Over the years, the Government has adopted a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation to contain the proliferation of tobacco use and to protect the public from exposure to second-hand smoke as far as possible.

Since the amendment of the Smoking (Public Health) Ordinance (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 250 public transport facilities have been designated as no-smoking areas (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. 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. Besides, 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 make reference to international experience in exploring the way forward in achieving our goal.

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

	2018-19	2019-20	2020-21 Revised Estimate	2021-22 Estimate
	(\$ million)	(\$ million)	(\$ million)	(\$ million)
<u>Enforcement</u>				
Programme 1: Statutory Functions	78.6	93.4	104.0	118.7
<u>Health Education and Smoking Cessation</u>				
Programme 3: Health Promotion	125.4	132.1	140.0	140.0
<u>(a) General health education and promotion of smoking cessation</u>				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	74.4	84.2	89.4	89.8
<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	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	51.0	47.9	50.6	50.2
Total	<u>204.0</u>	<u>225.5</u>	<u>244.0</u>	<u>258.7</u>

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

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	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	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	105	121	125	125
Senior Executive Officer/ Executive Officer	13	13	13	13
<i>Sub-total</i>	<u>127</u>	<u>143</u>	<u>147</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	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>163</u>	<u>179</u>	<u>183</u>	<u>183</u>

CONTROLLING OFFICER'S REPLY

FHB(H)182

(Question Serial No. 0228)

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:

Regarding the work on smoking prevention and cessation, will the Government please advise on the following:

1. the staff establishments and expenditures involved for the publicity and education by the Tobacco and Alcohol Control Office (by physical and online publicity) in the past 3 years and in the coming year;
2. given that the Department of Health will subvent the Hong Kong Council on Smoking and Health (COSH) in providing promotional initiatives in support of tobacco control, the amount of subvention and the manpower involved; and
3. whether assessment has been made of the effectiveness of the promotion on tobacco control by the COSH; if yes, the results and if not, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 50)

Reply:

(1)

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.

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. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the

programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

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 the TACO from 2018-19 to 2021-22 are at **Annexes 1 and 2** respectively.

(2)

The provision to COSH for 2021-22 is \$26.3 million. The approved staff establishment of COSH with effect from 1 April 2021 will be 13.

(3)

Over the years, the Government has adopted a multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation to contain the proliferation of tobacco use and to protect the public from exposure to second-hand smoke as far as possible. To leverage community effort, DH subvents COSH to carry out a series of smoke-free programmes targeting different sectors and stakeholders, which include education programmes (e.g. school education theatre programme, tailor-made programme to equip teenagers with knowledge on smoking hazards), and publicity and community involvement programmes (e.g. production of TV and radio Announcements in the Public Interest, district-based community involvement activities) and research programmes on tobacco control. The daily cigarette smoking prevalence in the population, as revealed by the Thematic Household Surveys conducted by the Census and Statistics Department from time to time, has been decreasing progressively from 23.3% in 1982 to 10.2% in 2019. The smoking prevalence in persons aged 15-19 decreased from 3.5% in 2005 to 1.0% in 2017, and the corresponding number of smokers in 2019 survey was too small to provide an accurate estimate of prevalence. The declining use of tobacco in the population and the inculcation of smoke-free culture are the result of the multi-pronged strategies as well as the concerted effort of the community. It is impossible to evaluate the effectiveness of individual organisations or programmes in reducing tobacco use in isolation from other programmes or efforts.

**Provision of the Health Promotion and Smoking Cessation Services by
the Department of Health's Tobacco and Alcohol Control Office**

	2018-19	2019-20	2020-21 Revised Estimate	2021-22 Estimate
	(\$ million)	(\$ million)	(\$ million)	(\$ million)
(a) General health education and promotion of smoking cessation				
<i>TACO</i>	50.4	55.9	63.6	63.5
<i>Subvention to Hong Kong Council on Smoking and Health</i>	24.0	28.3	25.8	26.3
<i>Sub-total</i>	74.4	84.2	89.4	89.8
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0	30.6	30.6	30.6
<i>Subvention to Pok Oi Hospital</i>	7.3	7.3	7.4	7.4
<i>Subvention to Po Leung Kuk</i>	1.7	1.6	1.7	0.7
<i>Subvention to Lok Sin Tong</i>	2.7	2.9	2.9	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9	2.9	4.4	5.3
<i>Subvention to Life Education Activity Programme</i>	2.4	2.6	2.7	2.7
<i>Subvention to The University of Hong Kong</i>	-	-	0.9	0.3
<i>Sub-total</i>	51.0	47.9	50.6	50.2
Total	<u>125.4</u>	<u>132.1</u>	<u>140.0</u>	<u>140.0</u>

Approved Establishment of
the Department of Health's Tobacco and Alcohol Control Office
related to Health Promotion and Smoking Cessation Services

Rank	2018-19	2019-20	2020-21	2021-22
<u>Head, TACO</u>				
Consultant	1	1	1	1
<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> (Note)				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	19	19	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Total no. of staff:	<u>36</u>	<u>36</u>	<u>36</u>	<u>36</u>

Note: The staff also provide administrative and general support to the law enforcement activities.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)183

(Question Serial No. 1350)

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:

A) Please set out, in the table below, details of the establishment, vacancies, salary points and staff changes in respect of the Department of Health in 2020-21:

Grade	Rank	Establishment	Salary point	Vacancy	Number of new recruits in 2020-21	Number of departed staff in 2020-21
(e.g.)						
Medical and Health Officer	Principal Medical and Health Officer					
	Senior Medical and Health Officer					
	Medical and Health Officer					
Nurse	Principal Nursing Officer					
	Chief Nursing Officer					
	Registered Nurse					
Chemist						

Grade	Rank	Establishment	Salary point	Vacancy	Number of new recruits in 2020-21	Number of departed staff in 2020-21
Executive Officer Grade						
Clerical Officer Grade						

B) Please set out the details, such as the ranks and number, of staff newly recruited by the Government last year in light of the pandemic (including part-time and contract staff).

C) Regarding the significant increase in provision for job-related allowances under the sub-head, please set out the details and total expenditure in respect of each allowance scheme (such as overtime work, hardship allowance, etc.) for staff engaged in the fight against the pandemic.

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 45)

Reply:

A)

As at 1 February 2021, the staffing position of the Department of Health (DH) is set out below.

Grade	Establishment	Vacancy	No. in 2020-21	
			New Appointees [^]	Wastage [#]
Medical and Health Officer Grade	555	74	28	18
Nursing and Allied Grades	1 534	57	138	111
Dental Officer Grade	372	16	21	8
Para-dental Grades	724	35	27	29
Supplementary Medical Grades	821	6	27	17
Other Departmental Grades	313	39	45	16
Common Grades	593	46	36	37
General Grades	1 987	58	N/A *	105
Total:	6 899	331	322	341

[^] new recruits to DH

[#] officers leave DH by retirement, resignation, death etc.

* general grades staff are not recruited by DH

B)

Up to 1 February 2021, DH had recruited 1 064 (including part-time) contract staff for combating COVID-19 pandemic, comprising 22 doctors, 146 nurses, 240 executive officers, 251 clericals, 238 port health assistants and 167 other staff.

C)

The significant increase in provision for job-related allowances is mainly due to the granting of hardship allowance/payment to eligible civil servants and contract staff of DH in

recognition of their concerted efforts in fighting against the COVID-19 pandemic. In 2020-21, the expenditure for the hardship allowance/payment is \$81.1 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)184

(Question Serial No. 1351)

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:

- A) Please give a breakdown by rank and stream of the current establishment and the number of vacancies of various grades in the Department of Health (DH) including Medical and Health Officer, Dental Officer, Nurse, Pharmacist and Scientific Officer.
- B) Please give a breakdown of the number of staff currently on acting appointment broken down by type of acting appointment and rank, and the expenditure on acting allowance. Please advise on the impact of such acting appointments on the delivery of public services by the DH in the light of its combat against Coronavirus Disease 2019 (COVID-19) and the work-from-home arrangements. If the manpower shortage persists, will the Government expedite the recruitment process to maintain daily operation?
- C) How many of the short-term or temporary posts created by the Government over the last year in response to the epidemic were deployed to the prevention and control of COVID-19?
- D) Please provide information on the leave balance and leave taken by directorate officers in the DH in 2020-21.

	No. of directorate officers
Leave balance of over 180 days	
Leave balance between 120 and 180 days	
Leave balance between 60 and 119 days	
Leave balance between 26 and 59 days	
Leave balance between 14 and 25 days	
Leave balance of less than 14 days	

	No. of directorate officers
Over 60 days of leave taken	
30 to 59 days of leave taken	
21 to 29 days of leave taken	
14 to 20 days of leave taken	
7 to 13 days of leave taken	
Less than 7 days of leave taken	

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 46)

Reply:

A)

As at 1 February 2021, the establishment and vacancy position of various grades in the Department of Health (DH) is set out below.

Grade	Establishment	Vacancy
Medical and Health Officer Grade	555	74
Nursing and Allied Grades	1 534	57
Dental Officer Grade	372	16
Para-dental Grades	724	35
Supplementary Medical Grades	821	6
Other Departmental Grades	313	39
Common Grades	593	46
General Grades	1 987	58
Total:	6 899	331

B)

As at 1 February 2021, about 500 officers of various grades in DH are on acting appointment (including acting-up, doubling-up and doubling-sideways) with pay. The expenditure on acting allowance from April 2020 to January 2021 is \$25.5 million.

DH is one of the major departments combating COVID-19 and has been redeploying its manpower upon activation of the Emergency Response Level in January 2020 to support the frontline operations in relation to COVID-19. To strengthen the workforce, DH has engaged contract staff, agency staff, volunteers from serving officers and retired civil servants to assist in the combat. DH will continue to closely monitor the situation and react suitably for manpower deployments.

C)

DH has created 65 supernumerary posts in 2020 in relation to the COVID-19 epidemic.

D)

Vacation leave balance as at 1 February 2021 and number of days of vacation leave taken in 2020-21 (up to 1 February 2021) for directorate officers (including acting officers) in DH are shown in Tables A and B below –

Table A – vacation leave balance of directorate officers

Vacation leave balance (days)	No. of Directorate Officers
More than 180	15
120 – 180	38
60 – 119	7
26 – 59	6
14 – 25	0
Below 14	0
Total:	66

Table B – vacation leave taken by directorate officers

Vacation leave taken in 2020-21 (days)	No. of Directorate Officers
More than 59	0
30 – 59	5
21 – 29	20
14 – 20	11
7 – 13	14
Below 7	16
Total:	66

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)185

(Question Serial No. 1891)

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 Budget speech that the Government has earmarked over \$8.4 billion for the procurement and administration of Coronavirus Disease 2019 (COVID-19) vaccines. The target is to have the majority of the population vaccinated for free within 2021. In this connection, please advise this Committee on:

- the respective costs of procurement and injection per dose of COVID-19 vaccine;
- the details of the age groups of vaccine recipients, the vaccines received, the number of vaccine recipients and the uptake rate since the implementation of the COVID-19 Vaccination Programme, in a table:

Age group	Sinovac vaccine received	Number of vaccine recipients	Percentage of the age population	Comirnaty vaccine received	Number of vaccine recipients	Percentage of the age population
Under 18						
Between 18 and under 50						
Between 50 and under 65						
Aged 65 or above						

- the number of cases where vaccine recipients experienced side effects such as headache, palpitation and fever, as well as the number of fatalities, in a table;
- how the Government will enhance publicity to encourage vaccination uptake, the details of the relevant publicity programmes and the expenditure involved.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 61)

Reply:

(1)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

(2)

The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;
6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;
9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

More details on the breakdown of the vaccine recipients will be made available on the COVID-19 vaccination thematic website shortly.

(3)

Pursuant to the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) (the Regulation), the Secretary for Food and Health is required to put in place a mechanism

for monitoring of any adverse event that occurred to the recipients associated with the administration of the COVID-19 vaccines authorised under the Regulation.

The Department of Health (DH) has put in place a pharmacovigilance system for COVID-19 immunization, including receiving reports of Adverse Events Following Immunization (AEFIs) related to the COVID-19 vaccines used in Hong Kong from healthcare professionals and pharmaceutical industries. There is an Expert Committee on Clinical Events Assessment Following COVID-19 Immunization (Expert Committee) established under DH to provide independent assessment of potential causal links between the clinical events and the COVID-19 vaccines used in Hong Kong, review all serious clinical events for expert opinion and advise on immunization safety-related matters of COVID-19 vaccines.

The COVID-19 Vaccination Programme commenced on 26 February 2021. As at 7 March 2021, DH has received a total of 71 AEFI reports including 22 non-serious AEFI reports (such as dizziness, headache) and 47 reports involving hospitalization and 2 death reports related to the vaccination of CoronaVac. The serious cases including hospitalization and death would be provided to the Expert Committee for causality assessment and timely reports would be provided as appropriate.

(4)

The Government has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. The Government has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, the Government has also been maintaining close liaison with various stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)186

(Question Serial No. 2282)

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 estimate for Programme (2): Disease Prevention is 78.7% higher than that for 2020-21. According to the Department of Health, this is partly due to the operating expenses for prevention and control of Coronavirus Disease 2019 (COVID-19) including procurement and administration of vaccines, and an increase of 73 posts. In this connection, please advise this Committee on:

1. details of the 73 additional posts, with a breakdown of Programmes, ranks, nature of work and salaries;
2. the number of doses of COVID-19 vaccines procured by the Government, the expenditure on procurement, the staff establishment involved and the details of administrative costs;
3. the staff establishment involved and the details of administrative costs in respect of the Government's effort on planning and launching the COVID-19 Vaccination Programme.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 59)

Reply:

(1)

Details of the net increase of 73 posts in 2021-22 are in the **Annex**.

(2) & (3)

The Government has been adopting a "two-pronged" strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below -

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

The manpower requirements arising from the COVID-19 Vaccination Programme will be absorbed by the existing manpower in the relevant Government bureaux/departments and supported by time-limited non-civil service contract/post-retirement service contract staff as necessary. The manpower and expenditure concerned are subsumed under the overall estimated establishment and expenditure of the relevant Government bureaux/departments and cannot be separately quantified.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	No. of posts to be <u>created/deleted</u>	Annual recurrent cost of civil service post (\$) #
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
*Medical Technologist (new pay scale)	95	70,013,100
*Medical Technologist (existing pay scale)	-92	-74,293,680
*Associate Medical Technologist	150	69,471,000
*Medical Laboratory Technician I	-43	-26,365,020
*Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
Total :	73	42,029,700

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned.

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020.

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)187

(Question Serial No. 1858)

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:

To strengthen contact tracing amid the Coronavirus Disease 2019 (COVID-19) pandemic, the Centre for Health Protection (CHP) has established a command post at Kai Tak Community Hall where officers from disciplined services have been seconded to help with contact tracing. In this connection, will the Government inform this Committee of:

1. the number of staff seconded, the departments involved, the number and posts of the seconded staff of each department, the nature of their duties, as well as the expenditure involved, since the establishment of the command post;
2. the estimated number of staff seconded, the departments involved, the number and posts of the seconded staff of each department, the nature of their duties, as well as the expenditure involved, for 2021-22?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 48)

Reply:

1. Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

The duties of staff members seconded from disciplinary forces are to assist in investigations into the movements of the COVID-19 cases, tracing their contacts and identifying their close contacts for quarantine.

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

2. Given that the COVID-19 epidemic situation in Hong Kong remains volatile, there is a continued operational need for the CTO in 2021-22. The CHP will review the manpower requirements for contact tracing from time to time.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)188

(Question Serial No. 1861)

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 quotas, the actual numbers of attendances, the average time per consultation, the main services provided and the average cost per attendance 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, increasing the service quotas and increasing the number of clinics? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 52)

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. Professional advice with regard to the individual needs of patients is also given at the GP sessions.

In 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), 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		
			2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	Monday (AM)	84	5 419	4 953	3 099
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 023	3 694	2 135
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	7 191	6 692	3 853
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 227	2 062	1 283
Mona Fong Dental Clinic	Thursday (PM)	42	1 899	1 737	1 040
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 970	1 870	1 029
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 994	7 432	4 169
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 016	1 854	1 077
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 910	3 672	2 065
	Friday (AM)	42			
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	95	105	101
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	283	242	173

[@] The regular maximum numbers of disc allocated per session at individual dental clinics in the past 3 years have remained the same. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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 expenditures on GP sessions have been absorbed within the provisions for dental services 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.

- (2) The Government's policy on dental care 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. Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services.

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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. The Government has also 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.

The dental clinics under DH are primarily 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 under the purview of the Civil Service Bureau. The dental services of these clinics are essentially provided for the above clients as employment benefits. These dental clinics are not intended for provision of comprehensive dental services for the general public, though we have utilised some capacity of these clinics to provide emergency services. 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)189

(Question Serial No. 1881)

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 earmarked over \$8.4 billion for the procurement and administration of COVID-19 vaccines. The target is to have the majority of the population vaccinated for free within 2021. The vaccination programme in which members of the public falling under 5 specific groups would be vaccination priority groups was launched yesterday. In this connection, will the Government inform this Committee of:

- (1) the number of vaccine recipients in each community vaccination centre, as well as the number of staff and details of expenditure involved;
- (2) whether the Government will consider discussing with the Mainland authorities if people from Hong Kong who have been vaccinated can be granted quarantine exemption or undergo a shorter quarantine period, or exempt from the group gathering prohibition on entering premises, in order to encourage vaccination uptake; if yes, the details and if not, the reasons ?

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 74)

Reply:

(1)

With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the vaccination programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

To mobilise sufficient medical manpower to support the smooth operations of the Community Vaccination Centres (CVCs), the Government has partnered with the Hospital Authority (HA) and a number of healthcare professional bodies, medical organisations and private hospitals (collectively as “partner healthcare organisations”) to take charge of the medical-related tasks at the CVCs. The partner healthcare organisations participating in the operation of the CVCs are of a certain scale with medical network, ability to mobilise staff as well as resources. To support the above arrangement, the Government will provide the partner healthcare organisation a subsidy of \$72 per dose of vaccine (not including public medical organisations viz. HA and the Department of Health (DH)). The relevant subsidy amount has made reference to DH’s current Vaccination Subsidy Scheme and took into account the fact that the venue and related ancillary facilities, etc. are provided by the Government.

As at 24 March, a cumulative total of about 403 000 persons have received their first vaccination dose (at CVCs, private clinics and HA’s general out-patient clinics), with about 252 800 persons receiving Sinovac vaccine and about 150 200 persons receiving BioNTech vaccine. The number of vaccinations made at CVCs, by type of vaccine, is announced via press release on a daily basis.

(2)

The COVID-19 epidemic is still rampant across the world. With vaccination programmes being implemented in different places, and gradual publishing of clinical user statistics as well as immunisation responses, the Government can obtain more information on the efficacy and quality of various COVID-19 vaccines. The Government will continue to closely monitor the latest development of the epidemic situation as well as the progress of the vaccination programme and its effect on disease prevention and control. If the overall uptake rate of the COVID-19 vaccine is satisfactory, together with the general public working together to strictly observe other anti-epidemic measures (such as wearing of masks, using the “LeaveHomeSafe” mobile application, etc.), the restrictions on restaurants and other commercial premises can be considered to be further relaxed and the currently closed premises can be considered to resume business. On the other hand, in view of the current global trend, the overall vaccine uptake rate in Hong Kong and whether individuals have been vaccinated will be important factors when considering the future resumption of cross-

boundary travel and relaxation of quarantine measures for cross-boundary travellers. If the overall vaccine uptake rate in Hong Kong is not satisfactory, it can be imagined that other places may not be very enthusiastic to resume cross-boundary travel with Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)190

(Question Serial No. 1598)

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 (EHCV) Scheme, please advise on:

- (1) the number of elderly people who have claimed EHCVs in the past 3 years from 2018 to 2020;
- (2) the number of elderly people who used EHCVs, the total amount claimed and the total balance in 2020 as compared to 2019; and
- (3) whether the Government, in view that the epidemic has prevented many elderly people from using the EHCVs, plans to extend their period of validity; if not, the reasons.

Asked by: Hon LEUNG Che-cheung (LegCo internal reference no.: 56)

Reply:

(1)

The table below shows the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme in the past 3 years:

	2018	2019	2020
Cumulative number of elderly persons who had made use of vouchers by the end of the year	1 191 000	1 294 000	1 350 000

(2)

The table below shows the total amount of vouchers claimed by healthcare service providers enrolled in the EHCV Scheme for healthcare services rendered to eligible elderly persons, and the total voucher balance of elderly persons who had made use of vouchers by the end of 2019 and 2020:

	2019	2020
Total amount of vouchers claimed by healthcare service providers enrolled in the EHCV Scheme in the year (in \$'000)	2,665,916	2,153,165
Total voucher balance of elderly persons who had made use of vouchers as at end of the year (in \$'000) ^{Note}	3,214,935	3,816,335

Note : The accumulation limit of vouchers was \$5,000 between 8 June 2018 and 25 June 2019, and increased to \$8,000 since 26 June 2019.

(3)

Currently, there is no restriction on the number of years that an elderly person may carry forward unspent vouchers, but the unspent vouchers cannot exceed the accumulation limit of \$8,000. To help elderly persons better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elderly persons 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. Since January 2021, elderly persons can also check their voucher balance and voucher transaction records in the past two years with their mobile phones by using the eHealth App.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)191

(Question Serial No. 2465)

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 Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), please provide the following information since their implementation:

1. the number of notifications of medical surveillance issued to exempted persons at boundary control points in service per month; and
2. the number of passenger trips arriving Hong Kong per month of persons exempted by the Chief Secretary for Administration, broken down by category.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 64)

Reply:

Pursuant to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), all persons having stayed in places outside Hong Kong for any period prior to their arrival in Hong Kong, with the exception of persons exempted by the Chief Secretary for Administration in accordance with the relevant regulations, must be subject to compulsory quarantine, regardless of nationality and travel documents used.

To maintain the necessary operation of society and the economy of Hong Kong, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration has, in accordance with the relevant regulations, exempted various categories of persons and individuals from the compulsory quarantine requirement upon arrival in Hong Kong.

Exempted persons are subject to different sets of conditions which impose requirements for testing, self-isolation and restricted movement on exempted persons which is adjusted from time to time in accordance with the risk assessment of respective exemption categories and the global and local epidemic situation. Apart from the exemption conditions, the

Department of Health (DH) would arrange 21/14-day medical surveillance for the abovementioned exempted persons during their stay in Hong Kong. Persons under medical surveillance are required to wear masks and check their body temperature twice daily and report to the DH if feeling unwell. In addition, exempted persons are also subject to body temperature check and health declaration procedures performed by the DH at boundary control points during arrival clearance.

The number of Notifications of Medical Surveillance issued to exempted persons under Cap. 599C and Cap. 599E as at end February 2021 at various boundary control points are tabulated below –

(Note: the number of Notifications of Medical Surveillance issued does not represent the number of exempted persons as the same person may be issued a separate notification upon each entry.)

February 2020	93 602
March 2020	39 211
April 2020	36 039
May 2020	40 220
June 2020	45 943
July 2020	53 405
August 2020	41 155
September 2020	45 689
October 2020	43 885
November 2020	45 440
December 2020	46 145
January 2021	42 584
February 2021	34 438
Total	607 756

Note 1: Boundary control points in service include Hong Kong International Airport, Hong Kong-Zhuhai-Macao Bridge Hong Kong Port, Shenzhen Bay, Man Kam To, Lok Ma Chau, Sha Tau Kok and Heung Yuen Wai (commenced service on 26 August 2020).

Note 2: Exempted persons are issued with new Notification of Medical Surveillance every time when they enter Hong Kong (except in cases set out in Note 3 below).

Note 3: Currently, “cross-boundary goods vehicle drivers and necessary accompanying personnel” with valid Notification of Medical Surveillance issued in the past 14 days are not issued with new Notification of Medical Surveillance afresh every time they enter Hong Kong.

The DH does not maintain the breakdown figures of exempted persons arriving at boundary control points by category.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)192

(Question Serial No. 2467)

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. 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?
2. 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 government dental clinics with general public sessions?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 82)

Reply:

1. Operators of dental clinics, including those which operate in vehicles, are required to obtain either a licence or letter of exemption under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance), the regulatory regime of which is being implemented in phases. Hospital licences and the first batch of day procedure centre licences under the Ordinance have taken effect from 1 January 2021. For clinics, including mobile dental clinics, details on application for licences and letters of exemption will be announced in due course.
2. 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 very limited. Therefore, for the elders residing in residential care homes (RCHes) or receiving services in day care centres (DEs) who may be too weak and therefore less mobile, we considered it more cost effective to provide dental care service through the Outreach Dental Care Programme for the Elderly, which provides free on-site oral check-up for elders and oral care training to

caregivers of RCHEs, DEs and similar facilities through outreach dental teams set up by non-governmental organisations.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)193

(Question Serial No. 2470)

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:

Regarding the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C) and the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), please provide the following information since their implementation:

1. the number of people subject to compulsory quarantine in each month and the cumulative number of people prosecuted and convicted for violating the said regulations, as well as the penalty imposed for each convicted case;
2. the manpower and resources deployed by the Department of Health (DH) in the last 2 financial years and the coming financial year respectively to ensure compliance of people subject to compulsory quarantine with compulsory quarantine requirements under the said regulations, and the number of violations detected by the DH by way of field inspections, telephone calls and electronic wristbands respectively.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 88)

Reply:

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all 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.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and places of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by place of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below. The breakdown by place of quarantine is not readily available.

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078
May 2020	19 127
June 2020	24 150
July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health has issued press releases to inform the public outcome of the breach of each case.

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)194

(Question Serial No. 2472)

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 this Committee on the following:

1. the capacity of each quarantine centre at the end of each month since January 2019;
2. the monthly number of confinees at quarantine centres since January 2019, with a breakdown into close contacts and non-close contacts of confirmed cases; and
3. the expenditure on quarantine facilities in 2019-20, 2020-21 and 2021-22.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 90)

Reply:

The capacity of all quarantine centres at the end of each month from January 2020 to February 2021 is as follows –

Date (as at 0900)	Capacity (quarantine units)												
	LMHV	LYMP	SK	PTCC	JTIA	CYE	JPC	PB	STW	DKT	SSV	RG	Total
31/01/2020	45	27	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	72
29/02/2020	45	27	N.A.	25	53	500	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	650
31/03/2020	N.A.	145	N.A.	N.A.	53	1398	85	N.A.	N.A.	N.A.	N.A.	N.A.	1681
30/04/2020	N.A.	145	N.A.	N.A.	53	1398	85	N.A.	N.A.	N.A.	N.A.	N.A.	1681
31/05/2020	N.A.	145	N.A.	N.A.	N.A.	1739	198	N.A.	N.A.	N.A.	N.A.	N.A.	2082
30/06/2020	N.A.	379	N.A.	N.A.	N.A.	1739	198	N.A.	N.A.	N.A.	N.A.	N.A.	2316
31/07/2020	N.A.	N.A.	99	N.A.	N.A.	1739	198	800	N.A.	N.A.	N.A.	N.A.	2836
31/08/2020	N.A.	N.A.	99	N.A.	N.A.	1739	198	800	N.A.	N.A.	N.A.	N.A.	2836
30/09/2020	N.A.	N.A.	99	N.A.	N.A.	N.A.	198	800	N.A.	N.A.	N.A.	N.A.	1097
31/10/2020	N.A.	N.A.	99	N.A.	N.A.	N.A.	198	1500	N.A.	N.A.	N.A.	N.A.	1797
30/11/2020	N.A.	379	99	N.A.	N.A.	N.A.	198	1800	N.A.	N.A.	N.A.	N.A.	2476

Date (as at 0900)	Capacity (quarantine units)												
	LMHV	LYMP	SK	PTCC	JTIA	CYE	JPC	PB	STW	DKT	SSV	RG	Total
31/12/2020	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	268	700	5914
31/01/2021	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	268	700	5914
28/02/2021	N.A.	379	99	N.A.	N.A.	N.A.	198	3500	409	361	N.A.	N.A.	4946

Legend

N.A.	Not Applicable
LMHV:	Lady MacLehose Holiday Village
LYMP:	Chai Wan Lei Yue Mun Park and Holiday Village
SK:	Sai Kung Outdoor Recreation Centre
PTCC:	Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp
JTIA:	Jao Tsung I Academy Heritage Lodge
CYE:	Chun Yeung Estate
JPC:	Junior Police Call Permanent Activity Centre
PB:	Penny's Bay Quarantine Centre
STW:	Silka Tsuen Wan
DKT:	Dorsett Kwun Tong
SSV:	Silka Seaview
RG:	Rambler Garden Hotel

The number of persons who were placed under quarantine in quarantine centres each month from January 2020 to February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338
January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)195

(Question Serial No. 2489)

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 COVID-19 Vaccination Programme (the Programme), please inform this Committee of:

1. the measures put in place by the Government to monitor and enhance the operation of the online booking system so that members of the public can make a vaccination appointment more swiftly and smoothly;
2. the sum of money involved in the procurement of the 3 types of vaccine and the expected timetable for full delivery of each type of vaccine to Hong Kong;
3. whether the Government will keep under constant review the efficacy of the 3 types of vaccine subsequent to their administration around the world and in the territory, and consider procuring vaccines from other drug manufacturers, such as the Sinopharm vaccine; and
4. the staff establishment, expenditure on remuneration (broken down by job duty) and total expenditure in respect of the Programme.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 140)

Reply:

(1)

After consolidating previous experience, the Government has revisited and increased the overall capacity of the booking system for the COVID-19 Vaccination Programme so as to improve its computing performance in meeting the high demand of booking. Moreover, we have introduced a new web page (<https://booking.covidvaccine.gov.hk/centre/>) showing the latest quota status of each vaccination centre, so that the public can keep abreast of the latest quota situation before booking. We have also enhanced the user interface of the booking system so that a citizen can easily identify and select the available time slot of a centre, thus speeding up the completion of the booking process.

(2)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

(3)

The Government will ensure that COVID-19 vaccines satisfy the criteria of safety, efficacy and quality, and obtain emergency use approval in accordance with the relevant requirements as well as stringent approval procedures under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K), before arranging for members of the public to receive the

vaccines. For the two vaccines authorised for emergency use under Cap. 599K (i.e. CoronaVac and Comirnaty), the Secretary for Food and Health has attached conditions to the authorisations, including requiring the drug manufacturer concerned to continue to provide the latest clinical data on the vaccine, submit safety update reports, quality certification documents/ laboratory analysis certificates for each batch of vaccines and timely updates of quality reports, etc.

The Government's procurement decisions are made based on the prevailing clinical data and scientific evidence. We will keep in view the latest pandemic situation and development of vaccines.

(4)

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)196

(Question Serial No. 2552)

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.: 67)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$44.9 million in 2018-19, \$51.7 million in 2019-20 and \$58.0 million in 2020-21. Six civil service posts have been provided for implementing the ODCP.

Since the launch of the ODCP in October 2014 up to end-January 2021, the number of attendances was about 256 000. 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 and dentures).

The number of participating residential care homes for the elderly (RCHEs)/day care centres (DEs) under the ODCP was 852 in 2017-19 service year ^{Note 1}, 792 in 2019-20 service year ^{Note 2}, and 474 in 2020-21 service year ^{Note 3} (up to 31 January 2021). In response to the COVID-19 outbreak, the Centre for Health Protection has updated the visiting arrangement set out in the “Guidelines for Residential Care Homes for the Elderly or Persons with Disability for the Prevention of Coronavirus disease” since 8 July 2020 that visiting is not allowed unless under compassionate ground (except official visits). As the COVID-19 situation developed, given the above, non-governmental organisations have encountered difficulty in scheduling the visits to RCHEs for on-site oral check-ups in 2020-21 service year.

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

Note 2: 2019-20 service year refers to the period from 1 April 2019 to 31 March 2020.

Note 3: 2020-21 service year refers to the period from 1 April 2020 to 31 March 2021.

2. We do not have plan to extend the ODCP to cover elders other than those in RCHEs/DEs 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) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. 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 2021-22 were as follows -

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their first consultation.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)197

(Question Serial No. 2558)

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?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 74)

Reply:

1. The service sessions and the regular maximum numbers of discs allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and in the coming year are set out below. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of disc allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
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 persons 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 persons aged 65 or over)		
		2017	2018	2019
Kowloon City Dental Clinic	Kowloon City	411 900 (62 500)	414 100 (65 700)	419 900 (69 400)
Kwun Tong Dental Clinic	Kwun Tong	664 100 (113 300)	677 300 (118 600)	688 500 (124 400)
Kennedy Town Community Complex Dental Clinic	Central & Western	241 500 (38 500)	242 400 (40 300)	240 500 (42 000)
Fanling Health Centre Dental Clinic	North	312 700 (47 900)	314 800 (49 800)	314 100 (51 200)
Mona Fong Dental Clinic	Sai Kung	463 700 (71 900)	469 200 (73 900)	472 500 (77 000)
Tai Po Wong Siu Ching Dental Clinic	Tai Po	303 700 (44 400)	307 700 (47 400)	306 800 (50 000)
Tsuen Wan Dental Clinic	Tsuen Wan	313 600 (46 100)	311 100 (48 300)	311 800 (50 500)
Yan Oi Dental Clinic	Tuen Mun	480 500 (71 500)	494 500 (77 100)	495 100 (82 300)
Yuen Long Jockey Club Dental Clinic	Yuen Long	625 000 (94 500)	635 600 (97 700)	645 000 (102 000)

Dental clinics with GP sessions	District Council Districts	*Total population by District Council Districts (population of persons aged 65 or over)		
		2017	2018	2019
Tai O Dental Clinic	Islands	160 300 (24 100)	170 900 (25 600)	186 500 (29 400)
Cheung Chau Dental Clinic	Islands	160 300 (24 100)	170 900 (25 600)	186 500 (29 400)

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

The numbers of attendances in GP sessions for each dental clinic in the financial years 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	0-18	99	194	43
	19-42	825	1 011	522
	43-60	1 303	992	865
	61 or above	3 192	2 756	1 669
Kwun Tong Dental Clinic	0-18	73	145	30
	19-42	612	754	359
	43-60	968	740	596
	61 or above	2 370	2 055	1 150
Kennedy Town Community Complex Dental Clinic	0-18	131	262	54
	19-42	1 095	1 367	649
	43-60	1 729	1 340	1 075
	61 or above	4 236	3 723	2 075
Fanling Health Centre Dental Clinic	0-18	41	81	18
	19-42	339	421	216
	43-60	535	413	358
	61 or above	1 312	1 147	691
Mona Fong Dental Clinic	0-18	34	68	15
	19-42	289	355	175
	43-60	457	348	290
	61 or above	1 119	966	560
Tai Po Wong Siu Ching Dental Clinic	0-18	36	73	15
	19-42	300	382	173
	43-60	474	374	287
	61 or above	1 160	1 041	554
Tsuen Wan Dental Clinic	0-18	145	291	58
	19-42	1 217	1 518	702
	43-60	1 923	1 488	1 164
	61 or above	4 709	4 135	2 245

Dental clinic with GP sessions	Age group	Attendance in 2018-19	Attendance in 2019-20	Attendance in 2020-21 (up to 31 January 2021)
Yan Oi Dental Clinic	0-18	37	73	15
	19-42	307	379	181
	43-60	485	371	301
	61 or above	1 187	1 031	580
Yuen Long Jockey Club Dental Clinic	0-18	71	144	29
	19-42	595	750	348
	43-60	940	735	576
	61 or above	2 304	2 043	1 112
Tai O Dental Clinic	0-18	2	4	2
	19-42	14	22	17
	43-60	23	21	28
	61 or above	56	58	54
Cheung Chau Dental Clinic	0-18	5	10	3
	19-42	43	49	29
	43-60	68	48	48
	61 or above	167	135	93

2. The Government's policy on dental care 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. Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services.

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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. The Government has also 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.

The dental clinics under DH are primarily 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 under the purview of the Civil Service Bureau. The dental services of these clinics are essentially provided

for the above clients as employment benefits. These dental clinics are not intended for provision of comprehensive dental services for the general public, though we have utilised some capacity of these clinics to provide emergency services. 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.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)198

(Question Serial No. 2559)

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 Elderly Health Care Voucher Scheme, please advise on:

1. the number of claim transactions, the amount of vouchers claimed and the average amount per claim transaction, broken down by type of healthcare service provider in the past 3 calendar years;
2. the maximum voucher amount claimed in a transaction, broken down by type of healthcare service provider in the past 3 calendar years;
3. 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 the past 3 calendar years; and
4. the number of eligible elderly people who did not use any vouchers in each of the past 3 calendar years, and those who have never used any vouchers since the implementation of the Scheme.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 75)

Reply:

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

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

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	1,154,745	1,246,024	947,488
Chinese Medicine Practitioners	533,136	599,170	634,851
Dentists	287,044	313,111	276,556
Occupational Therapists	5,681	4,432	5,383
Physiotherapists	16,452	17,210	15,191
Medical Laboratory Technologists	17,808	18,654	13,706
Radiographers	13,400	15,749	14,700
Nurses	7,447	10,214	8,753
Chiropractors	5,225	5,675	5,127
Optometrists	759,750	431,680	225,903
Sub-total (Hong Kong):	2,800,688	2,661,919	2,147,658
University of Hong Kong - Shenzhen Hospital (HKU-SZH) ^{Note 3}	3,492	3,997	5,507
Total :	2,804,180	2,665,916	2,153,165

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	2 917 895	2 952 153	1 957 092
Chinese Medicine Practitioners	1 502 140	1 633 532	1 376 436
Dentists	294 950	310 306	246 844
Occupational Therapists	3 515	3 233	4 640
Physiotherapists	40 874	43 946	39 669
Medical Laboratory Technologists	18 662	20 770	15 324
Radiographers	16 785	16 779	14 386
Nurses	6 523	9 936	6 903
Chiropractors	10 743	10 820	8 826
Optometrists	359 343	242 424	158 127
Sub-total (Hong Kong):	5 171 430	5 243 899	3 828 247
HKU-SZH ^{Note 3}	11 418	13 562	18 962
Total :	5 182 848	5 257 461	3 847 209

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

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Medical Practitioners	396	422	484
Chinese Medicine Practitioners	355	367	461
Dentists	973	1,009	1,120
Occupational Therapists	1,616	1,371	1,160
Physiotherapists	403	392	383
Medical Laboratory Technologists	954	898	894
Radiographers	798	939	1,022
Nurses	1,142	1,028	1,268
Chiropractors	486	524	581
Optometrists	2,114	1,781	1,429
HKU-SZH ^{Note 3}	306	295	290

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person 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 EHCV Scheme on a hospital basis.

2.

In each of the past 3 years from 2018 to 2020, the range of the maximum voucher amount claimed per transaction by types of healthcare service providers enrolled in the EHCV Scheme are provided below:

	Range of Maximum Voucher Amount Claimed Per Transaction (HK\$)		
	2018 ^{Note 4}	2019 ^{Note 5}	2020
Medical Practitioners	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Chinese Medicine Practitioners	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Dentists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Occupational Therapists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Physiotherapists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Medical Laboratory Technologists	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Radiographers	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000

Nurses	4,751 – 5,000	5,751 – 6,000	7,751 – 8,000
Chiropractors	4,751 – 5,000	4,751 – 5,000	7,751 – 8,000
Optometrists	4,751 – 5,000	4,751 – 5,000	1,751 – 2,000
HKU-SZH ^{Note 6}	4,501 – 4,750	5,501 – 5,750	7,251 – 7,500

Note 4: On 8 June 2018, each eligible elderly person 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 5: On 26 June 2019, each eligible elderly person 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 elderly person was introduced on the same day.

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 EHCV Scheme on a hospital basis.

3.

The table below shows the number of voucher claim transactions with amount of “\$500 or below” made by healthcare service providers in Hong Kong enrolled in the EHCV Scheme in the past 3 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)		
	2018	2019	2020
\$500 or below	4 001 849 (77%)	4 066 170 (78%)	2 771 139 (72%)

4.

Based on the estimated number of eligible elderly persons provided in the Hong Kong Population Projections 2020-2069 by the Census and Statistics Department, about 27 000 (2%) eligible elderly persons had never made use of vouchers as at end-2020. The Department of Health does not maintain statistics on the number of elderly persons who had not made use of vouchers in a year.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)199

(Question Serial No. 2560)

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:

1. the number of elderly people whose balances of the Elderly Health Care Voucher (EHCV) accounts fell to \$100 or below at the end of the past 3 years;
2. the number of EHCV claims exceeding \$2,000 in the past 3 calendar years; and
3. the number of complaints against the healthcare service providers participating in the EHCV Scheme as received by the Department of Health; the respective numbers of cases found to be substantiated, partially substantiated; as well as the numbers of persons thus arrested, prosecuted and convicted in the past 3 calendar years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 76)

Reply:

1.

The table below shows the number of elderly persons with voucher balance of \$100 or less as at end of 2018, 2019 and 2020:

	2018 <small>Note 1</small>	2019 <small>Note 2</small>	2020
Number of elderly persons with voucher balance of \$100 or less as at end of the year	230 000	178 000	255 000

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person was introduced on the same day.

2.

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 254 107, 154 469 and 116 470 in 2018, 2019 and 2020 respectively.

3.

The Department of Health (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 Elderly Health Care Voucher (EHCV) 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 EHCV 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 EHCV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

From 2018 to 2020, the DH received a total of 292 complaints against participating healthcare service providers under the EHCV Scheme. Among the 187 cases with investigation completed, 51 cases were found to be substantiated or partially substantiated. Besides, 12 complaint cases received from 2018 to 2020 were referred to the Police for follow-up action, among which investigation of 9 cases by the Police was completed with no prosecution made, and 3 cases were still under investigation as at end-December 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)200

(Question Serial No. 2561)

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 the staff establishment and expenditure in respect of the Healthy Teeth Collaboration (HTC) since its implementation and in the coming year respectively, as well as the number of persons who have registered and the number of persons who have received their first consultation under the scheme. Please also advise on the name of each subvented organisation, their respective amounts of subvention received and estimated to be received for the coming year under the HTC.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 77)

Reply:

The Government launched a three-year programme named "Healthy Teeth Collaboration" (HTC) in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability (ID). The Government will continue the programme for another 3 years. As at end of January 2021, about 3 000 adults with ID have registered under HTC. Among them, about 2 800 have received their 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 2021-22 is as follows -

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	3.2
2019-20 (Actual)	12.8
2020-21 (Revised estimate)	17.7
2021-22 (Estimate)	27.2

The financial provision in 2021-22 is increased to ensure sufficient funding is available to meet the rising demand and costs of dental treatment for HTC service users.

The 5 non-governmental organisations (NGOs) subvented under the HTC 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. Subsidy would be given to the NGOs subject to the type and number of dental treatment performed to eligible service users.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)201

(Question Serial No. 2563)

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 Dental Care Service under the Department of Health, please advise on the staff establishments, expenditures on remuneration and total expenditures of various grades in the past 3 years and in the coming year, and the number of school students and the participation rate in each of the past 3 years.

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 79)

Reply:

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. Starting from the 2013/2014 school year, the SDCS is extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18.

The annual expenditure of the SDCS in the financial years 2018-19, 2019-20 and the revised estimates for 2020-21 are as follows –

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2018-19 (Actual)	269.8
2019-20 (Actual)	270.1
2020-21 (Revised estimate)	281.3

The financial provision of the SDCS for 2021-22 is \$ 283.4 million.

In the service years of 2018-19, 2019-20 and 2020-21, the number of personnel in establishment involved (dentists, dental therapists and dental surgery assistants) in providing the service, with breakdown by grade, are as follows –

Number of personnel involved	Service Year ^{Note 1}		
	2018-19 (As at 1 February 2019)	2019-20 (As at 1 February 2020)	2020-21 (As at 1 February 2021)
Dentists	31	32	32
Dental Therapists	271	269	269
Dental Surgery Assistants	42	42	42

The approved establishment of SDCS in the coming year remains the same as this year.

The numbers of school students and participation rates of school students joining the SDCS in the service years 2018-19, 2019-20 and 2020-21 are as follows –

Service Year ^{Note 1}	2018-19	2019-20	2020-21
No. of school students	372 600	371 800	359 800
Participation rate	96%	96%	97%

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

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)202

(Question Serial No. 2564)

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:

1. the quantity of vaccines procured each year and the resources involved;
2. the number of vaccine recipients and their age distribution;
3. whether there were any vaccines left unused each year; if so, the quantity and expenditure involved, as well as the way of disposal;
4. how the Government assessed the quantity of vaccines required each year;
5. the measures taken by the Government to encourage those in need to receive vaccination;
6. 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
7. 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) 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 LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 80)

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 the DH and the Hospital Authority;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. The following figures 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)
2018/19 (Actual)	654 000	30.1
2019/20 (Actual)	815 000~	40.8~
2020/21 (Estimate)	947 000 ^{&}	93.0 ^{&}

~ Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

& Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

2. The number of recipients for the past 3 seasons under the aforesaid SIV programmes/schemes are as follows –

Target groups	Number of SIV recipients		
	2018/19	2019/20	2020/21 (as at 28 February 2021)
Elderly aged 65 or above	555 000	610 600	611 100
Persons aged between 50 and 64	156 800	194 500	220 500
Children aged between 6 months and under 12	308 200	400 700	335 200
Others #	102 200	112 700	120 200
Total	1 122 200	1 318 500	1 287 000

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, Comprehensive Social Security Assistance recipients who are in receipt of standard rate of 100% disabled or requiring constant attendance aged between 12 and 49 living in the community, 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.

3. 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 SI vaccines that would be required in the coming winter influenza season. Among the SI vaccines procured by the DH in 2018/19 and 2019/20 seasons, about 41 000 doses and 38 000 doses expired respectively. As the Government's vaccination programmes/schemes launched in the 2020/21 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 of depends on the relevant contract price for the vaccines for that vaccination season.
4. The Government will assess and make an estimate on the quantity of SI vaccines required under the GVP and the 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.

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 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, non-governmental organisations and healthcare professionals through briefing sessions and/or online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press releases, TV/radio, expert interviews/videos, videos by key opinion leaders, health talks, advertisements, social media, online information, Health Education Infoline, posters and leaflets.

In order to increase the coverage of SIV among school children in the 2020/21 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 young school students.

6. The breakdown of the number of fatal influenza cases by age group and the number of cases known to have received respective SIV in the 2018/19 and 2019/20 winter seasons is shown in the following table –

Age group	2018/19 season	2019/20 season
0-17 (known to have received SIV)	1 (0)	0 (-)
18-49 (known to have received SIV)	6 (0)	3 (1)
50-64 (known to have received SIV)	42 (9)	17 (1)
≥65 (known to have received SIV)	308 (120)	83 (29)
Total (known to have received SIV)	357 (129)	103 (31)

No winter influenza season has occurred in Hong Kong in 2020/21 so far.

7. In the 2019/20 season, the DH has regularised the Pilot Programme and launched the SIVSOP to cover more primary schools and extend the coverage to KGs/CCCs as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the

2020/21 season. Under the SIVSOP, there is no service quota on the number of schools.

In the 2019/20 season, 430 primary schools and 701 KGs/CCCs joined the SIVSOP, with 278 000 students vaccinated. In the 2020/21 season (as at 28 February 2021), 438 primary schools and 697 KGs/CCCs conducted outreach activities, with 234 600 students vaccinated. The number of schools joining the SIVSOP and the number of students vaccinated in the 2020/21 season has been affected by the suspension of face-to-face classes during the Coronavirus Disease 2019 epidemic in 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)203

(Question Serial No. 0586)

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 in the Matters Requiring Special Attention in 2021-22, the Department of Health will continue, among other work, to promote and implement the Elderly Health Care Voucher (EHCV) Scheme. According to the Analysis of Financial and Staffing Provision, the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 under Programme (2) due to reasons including meeting funding requirement for the EHCV Scheme. In this connection, please inform this Committee of the following:

1. of the increased provision for 2021-22 over that for 2020-21, the amount allocated for meeting the funding requirement for the EHCV Scheme and the details;
2. the number of attendances of Hong Kong elderly people using EHCVs in Hong Kong and in the Mainland (at the University of Hong Kong-Shenzhen Hospital (HKU-SZH)) in each of the past 3 years and the expenditure involved; and
3. the expected number of attendances of Hong Kong elderly people using EHCVs in Hong Kong and in the Mainland (at the HKU-SZH) and the estimated expenditure for 2021-22.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 36)

Reply:

1. In 2021-22, the additional provision for the Elderly Health Care Voucher (EHCV) Scheme is \$344.8 million. The additional provision is to cater for several enhancement measures of the EHCV Scheme since 2017, which include lowering the eligibility age for the EHCV Scheme from 70 to 65 with effect from 1 July 2017; providing each eligible elderly person with an additional voucher amount of \$1,000 on a one-off basis and increasing the accumulation limit of the vouchers from \$4,000 to \$5,000 on 8 June 2018; as well as providing each eligible elderly person with an additional one-off voucher amount of \$1,000 on 26 June 2019 and further increasing the accumulation limit of the vouchers to \$8,000 with effect from the same date.

2.

The tables below show the number of voucher claim transactions made and amounts claimed by healthcare service providers in Hong Kong enrolled in the EHCV Scheme and the University of Hong Kong - Shenzhen Hospital (HKU-SZH) for healthcare services rendered to eligible elderly persons in the past 3 years:

Number of Voucher Claim Transactions

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Number of voucher claim transactions made by healthcare service providers in Hong Kong enrolled in the EHCV Scheme	5 171 430	5 243 899	3 828 247
Number of voucher claim transactions made by HKU-SZH ^{Note 3}	11 418	13 562	18 962
Total	5 182 848	5 257 461	3 847 209

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

	2018 ^{Note 1}	2019 ^{Note 2}	2020
Amount of vouchers claimed by healthcare service providers in Hong Kong enrolled in the EHCV Scheme	2,800,688	2,661,919	2,147,658
Amount of vouchers claimed by HKU-SZH ^{Note 3}	3,492	3,997	5,507
Total	2,804,180	2,665,916	2,153,165

Note 1: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly 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 EHCV Scheme on a hospital basis.

3.

According to the Hong Kong Population Projections 2020-2069 of the Census and Statistics Department, the number of eligible elderly persons (i.e. aged 65 or above) under the EHCV Scheme is about 1 450 000 in 2021. The Scheme subsidises eligible elderly people to choose private primary healthcare services in Hong Kong and those provided by designated clinics/departments of the HKU-SZH that best suit their health needs. The estimated voucher expenditure for 2021-22 is about \$4,047.7 million.

CONTROLLING OFFICER'S REPLY

FHB(H)204

(Question Serial No. 0588)

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:

One of the Matters Requiring Special Attention in 2021-22 under Programme (2): Disease Prevention is to “continue the work in prevention and control of Coronavirus Disease 2019 (COVID-19), including planning and implementation of COVID-19 vaccination”. It is further shown in the Analysis of Financial and Staffing Provision that under Programme (2), the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 due to, among other reasons, an increased requirement for operating expenses for prevention and control of COVID-19 including procurement and administration of vaccines, and a net increase of 73 posts in 2021-22 to meet operational needs. In this connection, please advise this Committee on:

1. the amount and percentage of the increased provision for 2021-22 to be used for tackling the COVID-19 pandemic and details of the uses of such provision;
2. details of the net increase of 73 posts in 2021-22, of which the number of posts created for tackling the COVID-19 pandemic, as well as the manpower and expenditure involved;
3. the total expenditure for the implementation of COVID-19 vaccination in 2021-22, broken down by expenditure item and amount.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 37)

Reply:

1. Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

2. Details of the net increase of 73 civil service posts under Programme (2) are at **Annex**, all of which are created for combatting the COVID-19 epidemic.
3. The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. As of now, we have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below -

- (a) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong;
- (b) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived Hong Kong in end February/ early March; and
- (c) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme (2) – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	<u>2</u>	<u>358,680</u>
Total (Programme (2)) :	<u>73</u>	<u>42,029,700</u>

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)205

(Question Serial No. 0590)

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:

Continuing to combat the Coronavirus Disease 2019 (COVID-19) pandemic is among the Matters Requiring Special Attention in 2021-22 under Programme (2): Disease Prevention. In this connection, please advise this Committee on:

1. the increase in manpower deployed by the Department of Health in 2020-21 to strengthen the tracing of close contacts of confirmed COVID-19 cases, including the number of staff seconded from disciplined services, the disciplined services involved, the number and posts of the seconded staff of each service, their duties in detail, as well as the expenditure involved;
2. details of the seconded or increased manpower expected to be deployed for increased efforts of tracing in 2021-22, including the number of staff to be seconded or increased, the disciplined services to be involved, the number and posts of the seconded staff of each service, the duties of the seconded or increased staff in detail, as well as the expenditure involved.

Asked by: Hon LIAO Cheung-kong, Martin (LegCo internal reference no.: 39)

Reply:

1. Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the

enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

The duties of staff members seconded from disciplinary forces are to assist in investigations into the movements of the COVID-19 cases, tracing their contacts and identifying their close contacts for quarantine.

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

2. Given that the COVID-19 epidemic situation in Hong Kong remains volatile, there is a continued operational need for the CTO in 2021-22. The CHP will review the manpower requirements for contact tracing from time to time.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)206

(Question Serial No. 1132)

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 elderly dental services, will the Government please advise this Committee on the following:

1. given that 23 outreach dental teams have been set up by 10 non-governmental organisations under the Outreach Dental Care Programme for the Elderly to provide outreach dental services for eligible elderly people, (i) the establishment of each outreach dental team; (ii) the details of the dental services (e.g. oral care training and oral health assessment); and (iii) the average length of each service session and the number of elderly people served at present;
2. whether it will consider increasing the number of mobile dental clinics so as to make them available in the 18 districts and accessible by elderly people and residents living in remote areas; if not, the reasons for not doing so; and
3. whether it will review the operation and location of existing dental clinics with general public sessions, and conduct studies on offering more service sessions and widening their service scope?

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 26)

Reply:

1. 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 (NGOs). 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. Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant. Since the implementation of

the ODCP in October 2014 up to end-January 2021, the number of attendances was about 256 000.

2. 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 very limited. Therefore, for the elders residing in RCHEs or receiving services in DEs who may be too weak and therefore less mobile, we considered it more cost effective to provide dental care service through the ODCP.
3. The Government's policy on dental care 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 the operation of the GP session service from time to time.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)207

(Question Serial No. 2352)

Head: (37) Department of Health

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

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 the Tobacco and Alcohol Control Office (TACO) in 2021-22;
2. the measures to step up publicity about the hazards of alcohol in 2021-22 and the estimated expenditure involved;
3. the measures to publicise the hazards of smoking in 2021-22 and the estimated expenditure involved;
4. the subsidised smoking cessation services to be provided in 2021-22 and the estimated expenditure involved; and
5. in the absence of subsidised alcohol treatment services since the establishment of the TACO, whether the Government will provide subsidised services in this regard in 2021-22; if the answer continues to be no, 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.: 61)

Reply:

(1)

The provision for the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2021-22 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, websites, social media, electronic publications, health talks, etc.

In 2021-22, DH will continue the aforesaid education activities including two promotional campaigns, namely the “Young and Alcohol Free” campaign which targets young people and their parents and teachers, and the “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 the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of five 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 a local university 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 in schools, such as health talks, training programmes and theatre programmes, to raise awareness on smoking hazards, including the use of alternative smoking products. In order to prevent youngsters from picking up smoking, DH collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market tobacco products, and equip them with the skills to resist picking up the smoking habit from peer pressure.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2021-22 is at **Annex**. For HA, smoking cessation services form an integral part of HA’s overall services provision and such expenditure is therefore 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

	2021-22 Estimate (\$ million)
<u>Enforcement</u>	
Programme 1: Statutory Functions	118.7
<u>Health Education and Smoking Cessation</u>	
Programme 3: Health Promotion	140.0
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	63.5
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	26.3
<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>	0.7
<i>Subvention to Lok Sin Tong</i>	3.2
<i>Subvention to United Christian Nethersole Community Health Service</i>	5.3
<i>Subvention to Life Education Activity Programme</i>	2.7
<i>Subvention to The University of Hong Kong</i>	0.3
<i>Sub-total</i>	<u>50.2</u>
Total	<u>258.7</u>

CONTROLLING OFFICER'S REPLY

FHB(H)208

(Question Serial No. 2354)

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:

1. Please advise on the measures to be taken by the Government to promote breastfeeding in 2021-22 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 64)

Reply:

In 2021-22, 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 babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of babycare 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 2021-22 for enhancing the effort for promotion of breastfeeding.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)209

(Question Serial No. 3141)

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 2019-20 and other funds under its purview, if any.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 74)

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 2020 is \$165.0 million. The income and expenditure in 2019-20 are \$9.1 million and \$49.7 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)210

(Question Serial No. 1194)

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 provision of woman health service, will the Government inform this Committee of the following:

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 numbers of deaths from breast cancer, cervical cancer, ovarian cancer, corpus uteri cancer and osteoporosis in the past 3 years;
3. as stated by the Government last year that it would adopt a risk-based approach for breast cancer screening and provide breast cancer screening service for eligible women having regard to their risk of developing breast cancer, when the Government will announce the details and specific measures of this initiative, as well as the expenditure on the breast cancer screening programme?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 23)

Reply:

1. The numbers of new cases, with breakdown by age groups, of (female) breast cancer, cervical cancer, ovarian cancer and corpus cancer in 2018* are shown below -

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
29 or below	24	9	36	7
30 - 39	283	74	61	67
40 - 49	1 023	142	138	220
50 - 59	1 354	152	188	480
60 - 69	1 113	103	106	245

Age group	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer
70 or above	821	102	74	146
Total	4 618	582	603	1 165

*Figures for 2019 and 2020 are not yet available.

The Department of Health (DH) does not keep statistics on new cases of osteoporosis.

- The numbers of registered deaths from (female) breast cancer, cervical cancer, ovarian cancer, corpus cancer and (female) osteoporosis from 2018 to 2019* are shown below

-

	Registered deaths				
Year	(Female) Breast cancer	Cervical cancer	Ovarian cancer	Corpus cancer	(Female) Osteoporosis
2018	753	163	229	115	5
2019	852	162	235	134	1

*Figures for 2020 are not yet available.

- Based on the latest recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening of the Cancer Coordinating Committee on breast cancer screening, the Government will adopt a risk-based approach for breast cancer screening. The DH has been making preparation for the roll-out of breast cancer screening by using a risk assessment tool and further details will be announced in due course. In 2021-22, the additional provision for this initiative is \$22.8 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)212

(Question Serial No. 1198)

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 human papillomavirus (HPV) vaccination, will the Government advise this Committee on:

1. the annual overall expenditures and numbers of recipients since 2019/20 school year as well as the estimated overall expenditure and number of recipients in 2021/22 in respect of the free HPV vaccination programme for eligible primary school girls under the Hong Kong Childhood Immunisation Programme; and
2. whether the coverage of the HPV vaccination programme will be extended to cover full-time students of tertiary institutions for free or subsidised vaccination and whether the eligibility criteria of the programme will be relaxed?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 25)

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) since the 2019/2020 school year. The first dose is given to Primary 5 female students at their schools, and the second dose of the recommended vaccination schedule will be given to them when they reach Primary 6 in the following school year.

In 2020-21, the provision for the HPV vaccination programme was \$86.8 million. As at 31 December 2020, the DH has provided the first dose of HPV vaccine to about 22 000 Primary 5 female students under the HKCIP. The DH will continue to provide the first and second doses of HPV vaccine for around 50 000 Primary 5 and 6 students in 2021, with a provision of \$91.3 million in 2021-22.

2. The DH closely monitors the recommendation of the World Health Organization (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 since the 2019/2020 school year. The DH will closely monitor the scientific evidence and regularly review the programme.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)213

(Question Serial No. 1201)

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, the cost per dose and the incurred expenditures of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV 13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government in the past 3 years;
2. the numbers of recipients and the vaccination coverage rates of eligible persons under various vaccination programmes/schemes in the past 3 years (broken into the following age groups: children between 6 months and less than 6, children between 6 and less than 12, persons between 50 and 64, and elderly above 65);
3. the numbers of recipients and the vaccination coverage rates of persons who received vaccination by means other than the government-subsidised programmes in the past 3 years;
4. the numbers of recipients and the vaccination coverage rates of seasonal influenza vaccine across the territory in the past 3 years; and
5. the numbers of persons admitted for residential treatment due to influenza in the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 26)

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 the DH and the Hospital Authority

(HA);

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. The quantities and contract amount of SIV, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured by the Government, mainly for the GVP, the SIVSOP and the Hong Kong Childhood Immunisation Programme, in the past 3 seasons are as follows –

Vaccine	2018/19 (Actual)		2019/20 (Actual)		2020/21 (Estimate)	
	Quantities of doses	Amount (\$ million)	Quantities of doses	Amount (\$ million)	Quantities of doses	Amount (\$ million)
SIV	654 000	30.1	815 000~	40.8~	947 000&	93.0&
PCV13	283 000	109.8	256 500	99.8	190 833	77.8
23vPPV	19 000	3.0	32 360	5.1	25 000	5.3

~ Including a total of 1 700 doses of nasal influenza vaccine procured in the 2019/20 season, involving an expenditure of \$0.34 million.

& Including a total of 69 000 doses of nasal influenza vaccine procured under the special arrangement for the SIVSOP and the VSS in the 2020/21 season, involving an expenditure of \$10 million.

2. The number of recipients and coverage rate of specific target groups under the aforesaid programmes/schemes in the past 3 seasons are as follows –

Target groups	Vaccination programme/scheme	2018/19		2019/20		2020/21 (as at 28 Feb 2021)	
		Number of SIV recipients	Percentage of population in the age group	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%	444 300	45.8%	421 400	44.4%
	VSS	166 700		166 300		189 700	

Target groups	Vaccination programme/scheme	2018/19		2019/20		2020/21 (as at 28 Feb 2021)	
		Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group	Number of SIV recipients	Percentage of population in the age group
Persons aged between 50 and 64	GVP	7 100	8.8%	7 500	10.7%	7 300	12.2%
	VSS	149 700		187 000		213 200	
Children aged between 6 months and under 12	GVP	1 000	45.8%	400	58.7%	400	50.2%
	VSS	206 900		122 300		100 200	
	Pilot Programme/SIVSOP	100 300		278 000		234 600	
Others ^	GVP / VSS	102 200	#	112 700	#	120 200	#
Total		1 122 200		1 318 500		1 287 000	

^ Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities, Disability Allowance recipients, Comprehensive Social Security Assistance recipients who are in receipt of standard rate of 100% disabled or requiring constant attendance aged between 12 and 49 living in the community, 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.

- 3-4. 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 programme/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.
5. According to the data provided by the HA, the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) in 2019, 2020 and the first 2 months of 2021 are as follows –

Year	Number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487)*
2019	12 416 [@]
2020	3 078
2021 (for the first 2 months)*	2

[@] Figures updated as of 9 March 2021

* Provisional figures

According to the data provided by private hospitals, there were 5 510 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2019. Relevant figures for 2020 and 2021 are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)214

(Question Serial No. 1202)

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 planning and implementation of Coronavirus Disease 2019 (COVID-19) vaccination, please advise on the following:

1. the cost per dose and total expenditure in respect of each of the 3 types of COVID-19 vaccines procured by the Government;
2. the anticipated uptake rate and total number of recipients of such vaccines, and whether the Government has set any vaccination target to achieve herd immunity;
3. the expenditure and manpower involved for venues providing vaccination service to the public, including Community Vaccination Centres, designated general outpatient clinics of the Hospital Authority, residential care homes and nursing homes, and designated clinics of the Department of Health;
4. the overall expenditure and manpower involved in the publicity and education for the vaccination programme, as well as the assessed effectiveness of such work;
5. the budget earmarked by the Government under the vaccination indemnity fund for its administrative costs;
6. the incentives introduced by the Government to encourage the public to get vaccinated, such as the issuance of an entry permit or passport for the vaccinated, relaxation of prohibition on group gathering when a certain percentage of the population have been vaccinated, quarantine exemption for cross-border travel to the Mainland or Macao, and so on, so that economic activities and travel may resume.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 28)

Reply:

(1) to (4)

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

To mobilise sufficient medical manpower to support the smooth operations of the Community Vaccination Centres (CVCs), the Government has partnered with the Hospital Authority (HA) and a number of healthcare professional bodies, medical organisations and private hospitals (collectively as “partner healthcare organisations”) to take charge of the medical-related tasks at the CVCs. The partner healthcare organisations participating in the operation of the CVCs are of a certain scale with medical network, ability to mobilise staff as well as resources. To support the above arrangement, the Government will provide the partner healthcare organisation a subsidy of \$72 per dose of vaccine (not including public medical organisations viz. HA and the Department of Health (DH)). The relevant subsidy amount has made reference to DH’s current Vaccination Subsidy Scheme and took into account the fact that the venue and related ancillary facilities, etc. are provided by the Government.

The Government’s goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. The priority groups for receiving COVID-19 vaccines are as follows. The priority groups cover more than 5.5 million people, accounting for more than 80% of the population aged 16 (the current minimum age for vaccination) or above.

1. Persons aged 30 years or above (a maximum of two carers who accompany elderly people aged 70 or above can also receive vaccination);
2. Personnel in healthcare settings and those participating in anti-epidemic related work;
3. Residents and staff of residential care homes for the elderly/residential care homes for persons with disabilities and staff of community care services units for the elderly/persons with disabilities;
4. Personnel maintaining critical public services;
5. Personnel providing cross-boundary transportation or working at control points and ports;
6. Staff of food and beverages premises, markets, supermarkets, convenience stores and couriers (including takeaway food delivery);
7. Staff of local public transport service operators;
8. Registered construction workers and other resident site personnel;
9. Staff of property management (including security and cleaning staff);
10. Teachers and school staff;
11. Staff of the tourism industry;
12. Staff of scheduled premises under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F);
13. Students studying outside Hong Kong (aged 16 or above); and
14. Domestic helpers.

The Government will, having regard to the actual situation, extend vaccination to the remaining of the eligible population.

(5)

A \$1 billion Indemnity Fund for Adverse Events Following Immunization with COVID-19 Vaccines (AEFI Fund) has been set up to provide support to eligible individuals who have proof of suffering unexpected serious adverse events associated with a COVID-19 vaccine.

The administration fee of setting up and operating the AEFI Fund will be charged to the Fund. We are in the process of engaging a third-party administrator for the Fund and the expenditure to be incurred is not yet available.

(6)

The COVID-19 epidemic is still rampant across the world. With vaccination programmes being implemented in different places, and gradual publishing of clinical user statistics as well as immunisation responses, the Government can obtain more information on the efficacy and quality of various COVID-19 vaccines. The Government will continue to closely monitor the latest development of the epidemic situation as well as the progress of the vaccination programme and its effect on disease prevention and control. If the overall uptake rate of the COVID-19 vaccine is satisfactory, together with the general public working together to strictly observe other anti-epidemic measures (such as wearing of masks, using the “LeaveHomeSafe” mobile application, etc.), the restrictions on restaurants and other commercial premises can be considered to be further relaxed and the currently closed premises can be considered to resume business. On the other hand, in view of the current global trend, the overall vaccine uptake rate in Hong Kong and whether individuals have been vaccinated will be important factors when considering the future resumption of cross-boundary travel and relaxation of quarantine measures for cross-boundary travellers. If the overall vaccine uptake rate in Hong Kong is not satisfactory, it can be imagined that other places may not be very enthusiastic to resume cross-boundary travel with Hong Kong.

Meanwhile, to step up publicity, the DH has launched a territory-wide publicity and education programme to promote the COVID-19 Vaccination Programme since late December 2020. Health education messages and publicity materials have been disseminated via various channels, including special television programmes, electronic and social media posts, Announcements in the Public Interest, newspaper columns, and promotion efforts through print, electronic media and digital marketing in form of interviews and programmes, banners, billboards and advertisements.

The main messages include objectives of the vaccination programme, formulation/ usefulness/ side effects of the vaccines, details of the vaccination programme including the priority groups, booking and inoculation arrangements. DH has also stepped up monitoring of false information about vaccines and made timely clarifications and debunked rumours. In addition, DH has also been maintaining close liaison with various stakeholders and through their collaboration efforts and networks to disseminate the messages to members of the public.

On 29 January 2021, the Government launched the COVID-19 Vaccination Programme website (www.covidvaccine.gov.hk) which provides official and up-to-date information about COVID-19 vaccines. The website also offers detailed information about the programme and reservation of vaccination slot. Statistics related to the vaccination programme are also uploaded onto the website.

To facilitate and encourage ethnic minorities (EM) to understand and participate in the vaccination programme, health education materials are continuously translated into 9 EM languages (Hindi, Bahasa Indonesia, Tagalog, Nepali, Urdu, Thai, Bengali, Sinhala, Vietnamese) and made available online.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)215

(Question Serial No. 1208)

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 the work in prevention and control of Coronavirus Disease 2019 (COVID-19), please advise on:

1. the estimated staff establishment, operational expenses and expenditure on remuneration in respect of the prevention and control of COVID-19, in view that the provision for 2021-22 is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21; and
2. the overall expenditures on combating COVID-19 since its outbreak and for the coming year, as well as the expenditures on operating quarantine centres (with a breakdown into Chai Wan Lei Yue Mun Park and Holiday Village, Penny's Bay Quarantine Centre and hotels), COVID-19 testing (with a breakdown into testing at control points and at community testing centres, urgent cluster testing, targeted group testing and compulsory testing) and mask distribution.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 29)

Reply:

1. Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

Details of the net increase of 73 posts under Programme (2) are at **Annex**, all of which are created for combatting the COVID-19 epidemic.

2. The overall expenditures on combatting COVID-19 are not available as the fight against the epidemic is still going on.

The expenditures relating to quarantine centres are absorbed under the overall provision of relevant bureaux/departments and cannot be separately identified.

Expenses on COVID-19 testing are absorbed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates on the General Revenue Account. Notwithstanding, as the relevant testing operations are still going on, expenditures on testing, including testing services at community testing centres, urgent cluster testing, etc. are yet to be finalised.

The Department of Health does not maintain the details of mask distribution for public use as the work is not performed by the DH.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$) #</u>
Senior Medical and Health Officer	2	3,029,280
Medical and Health Officer	11	12,902,340
Senior Nursing Officer	1	985,260
Nursing Officer	5	3,856,200
Registered Nurse	16	7,778,880
* Medical Technologist (new pay scale)	95	70,013,100
* Medical Technologist (existing pay scale)	-92	-74,293,680
* Associate Medical Technologist	150	69,471,000
* Medical Laboratory Technician I	-43	-26,365,020
* Medical Laboratory Technician II	-101	-38,481,000
Scientific Officer (Medical)	2	1,970,520
Senior Hospital Administrator	1	1,124,520
Hospital Administrator I	2	1,615,080
Hospital Administrator II	3	1,531,620
Radiographer I ^{Note}	-2	-1,473,960
Senior Foreman	2	690,720
Foreman	10	2,727,000
Executive Officer I	2	1,615,080
Executive Officer II	2	1,069,320
Health Inspector I/II	2	1,135,080
Supplies Supervisor II	1	288,840
Laboratory Attendant	2	480,840
Workman II	2	358,680
Total (Programme 2) :	73	42,029,700

based on the Notional Annual Mid-point Salary (NAMS) value of each rank concerned

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)216

(Question Serial No. 1209)

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 prevention and control of Coronavirus Disease 2019 (COVID-19), please provide:

1. the following information to date -
 - (a) the total number of persons who have been or are currently under compulsory quarantine and isolation, broken down by quarantine centre, home quarantine, quarantine in designated hotel or other residence respectively;
 - (b) the manpower and expenditure involved in the daily operation and provision of healthcare services for each quarantine centre;
 - (c) the total expenditure and per capita expenditure incurred for the Government by the provision of supplies for persons under compulsory quarantine and isolation;

2. the following information to date -
 - (a) the expenditure and manpower involved in transporting confinees;
 - (b) the longest and average times from receipt of the quarantine notification to transfer for quarantine;
 - (c) whether public complaints have been received for the long waiting time and, if yes, the number of such cases;
 - (d) whether an increase in relevant manpower in the coming year has been considered;

3. information on the methods used and the number of investigations conducted by the Department of Health (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.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 30)

Reply:

1. to 3.

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all 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.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and place of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by places of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below –

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078
May 2020	19 127
June 2020	24 150

July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

The breakdown by place of quarantine is not readily available.

Since December 2020, all persons arriving in Hong Kong (either via the airport or land boundary control points) who have stayed in places outside China on the day of arrival in Hong Kong or during the 21 days before that day have to undergo compulsory quarantine for 21 days in designated quarantine hotels. The number of persons who have stayed in designated quarantine hotels are as follows –

Number of Persons Stayed in Designated Quarantine Hotels

December 2020 (from 21 December 2020)	3 387
January 2021	13 020
February 2021	9 361
Total	25 768

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health has issued press releases to inform the public outcome of the breach of each case.

The number of persons who were placed under quarantine in quarantine centres as at end February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338
January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The average interval time of admission of close contacts to the quarantine centres was 15.2 hours. The longest interval time between the identification of a close contact and the related admission to a quarantine centre was 12 days. In that case, a longer time was required to arrange the transfer because the close contact was hospitalised before admission to the quarantine centre.

The expenditure and manpower relating to quarantine and the related enforcement actions are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)217

(Question Serial No. 1781)

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 (EHCVs), please advise on:

1. the number of complaints about EHCVs, the amount of money and the types of services involved in each of the past 3 years;
2. the most common reasons for complaints, the numbers of substantiated cases and the services involved in these cases in the past 3 years;
3. in the past 3 years, the numbers of routine inspections, investigations into the aberrant patterns of transactions inspected, and investigations upon receipt of complaints and information by the Department of Health; the numbers of anomalous claims, their percentages in the numbers of checked claim transactions and the total amounts involved; the manpower and expenditure involved in the above inspections; and
4. the measures against improper voucher claims in the coming year and the estimated expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 32)

Reply:

1.

The Department of Health (DH) received 120, 103 and 69 complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHCV) Scheme in 2018, 2019 and 2020 respectively. These complaint cases were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The amount of vouchers associated with these complaint cases is not readily available.

2.

The complaint cases received in the past 3 years involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. Among the 187 cases

with investigation completed, 51 cases were found to be substantiated or partially substantiated. These 51 substantiated or partially substantiated cases were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists.

3.& 4.

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 terms and conditions of the EHCV Scheme Agreement and those who displayed unusual patterns of voucher claims.

Details of inspections conducted under the EHCV Scheme as at end of 2018, 2019 and 2020 are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints Note 1	Total
31.12.2018	Number of inspections conducted	15 327	3 571	230	19 128
	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
	Number of claims checked	329 840	76 040	23 926	429 806
31.12.2020	Number of inspections conducted	19 939	5 007	374	25 320
	Number of claims checked	354 477	89 492	26 930	470 899

Note 1: Including complaints/ media reports and other reports about the EHCV Scheme.

Since launch of the Scheme in 2009 until end-2020, some 5 290 anomalous claims (amounting to some \$2.47 million in claim amount) had been identified, which represents approximately 1% of the total number of claims checked.

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 EHCV Scheme. Besides, the DH has strengthened its efforts in empowering elderly persons to make informed choices and use vouchers wisely through more proactively reaching out to elderly persons and enhancing the mechanism for checking voucher balance and voucher transaction records. The DH will also continue to provide updated key statistics on the EHCV Scheme and voucher usage on its website and the website

of the EHCV Scheme to help both elderly persons and the general public better understand the EHCV Scheme.

The EHCV 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 EHCV Scheme in 2018-19, 2019-20 and 2020-21 was 48, 52 and 55 respectively.

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

2018-19 (Actual) \$ million	2019-20 (Actual) \$ million	2020-21 (Revised Estimate) (\$ million)	2021-22 (Estimate) (\$ million)
26.3	37.0	39.4	47.8

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

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)218

(Question Serial No. 1782)

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 (EHCV) balances, will the Government please advise on:

1. the distribution of the EHCV 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) in each of the past 3 years;
2. the numbers of enquiries about the EHCV account balances (broken down by enquiry via the eHealth System (Subsidies) and over the telephone) as well as the numbers of elderly people who have ever enquired about their EHCV account balances in the past 3 years; and
3. how to encourage and promote the management of EHCV accounts by elderly people in the coming year and the estimated expenditure involved?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 33)

Reply:

1.

The table below shows the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme as at end of 2018, 2019 and 2020, broken down by the amount of their voucher balances:

Amount of voucher balance as at end of the year (\$)	Number of elderly persons who had made use of vouchers as at end of the year		
	2018	2019	2020
2,000 or below	706 000	593 000	610 000
2,001 - 4,000	346 000	391 000	316 000
4,001 - 6,000	139 000	310 000	250 000

6,001 - 8,000 ^{Note}	N/A	N/A	174 000
Total :	1 191 000	1 294 000	1 350 000

Note: The accumulation limit of vouchers was \$5,000 between 8 June 2018 and 25 June 2019, and increased to \$8,000 since 26 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 elderly person's voucher account was generally \$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 EHCV Scheme's website and the voucher balance enquiry hotline in the past 3 years:

Year	Number of voucher balance enquiries made through		Total
	EHCV Scheme's website	Voucher balance enquiry hotline	
2018	913 000	56 000	969 000
2019	1 019 000	69 000	1 088 000
2020	1 116 000	62 000	1 178 000

The Department of Health (DH) does not maintain statistics on the number of elderly persons who had made enquiries on their voucher balances through the above means.

3.

To promote the EHCV 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 and posters to the Elderly Health Centres, Home Affairs Enquiry Centres, community elderly centres, etc. The DH has also strengthened its effort in empowering elderly persons to make informed choices and use vouchers wisely by mobilising its Visiting Health Teams to conduct health talks to elderly persons. Also, to help elderly persons better manage their voucher balances and plan ahead, the function for checking voucher balance has been enhanced so that elderly persons 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. Since January 2021, elderly persons can also check their voucher balance and voucher transaction records in the past two years with their mobile phones by using the eHealth App. The DH will continue the above publicity and public education efforts in this year.

The EHCV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH. The estimated administrative expenses of HCVD for administering the EHCV Scheme is \$47.8 million in 2021-22. The expenditure on publicity and public education efforts cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)219

(Question Serial No. 1901)

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 epidemic surveillance, will the Government inform this Committee of the following:

1. in respect of the tracing of close contacts, the expenditure on the internal information portal, the number of tracing cases, the number of confirmed cases identified by way of tracing, and whether there has been any assessment of the effectiveness of this measure; if yes, the details;
2. the manpower and expenditure involved for the contact tracing command post at Kai Tak Community Hall?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 48)

Reply:

Contact tracing is fundamental to the efforts in preventing further spread of Coronavirus Disease 2019 (COVID-19). Officers from disciplinary forces have been deployed to the Centre for Health Protection (CHP) under the Department of Health (DH) to provide support to the CHP's work on contact tracing for COVID-19 cases in 2020-21. Dependent on the epidemic situation, the number of officers deployed varies at different periods of time.

1. Since the establishment of the Contact Tracing Office (CTO) on 11 January 2021, the CHP has used an internal electronic portal specifically designed for case investigation, contact tracing and issuance of quarantine orders to close contacts to streamline the procedures for information collection, input and sharing and to enhance efficiency. The data on close contacts identified through contact tracing are entered into the electronic portal. Between 11 January and 28 February 2021, a total of 8 293 close contacts were identified, with quarantine orders issued.

During the aforesaid period, among the 1 623 locally-acquired cases, 1 044 cases were found to have epidemiological linkage with other local cases. Of these 1 044 cases, 641 (61%) were detected through contact tracing or medical surveillance by the CHP.

In 2021-22, a provision of \$8.1 million has been earmarked for the maintenance of the electronic portal and equipment for contact tracing of COVID-19 cases.

2. Since the establishment of the CTO, about 100 staff members have been seconded from 4 disciplinary forces, namely the Hong Kong Police Force (HKPF), the Immigration Department (ImmD), the Customs and Excise Department (C&ED) and the Fire Services Department (FSD), to support the work on contact tracing. Due to the surge in cases in late January 2021 and the enhancements in the strategy on contact tracing, the number of seconded staff members has increased to about 200. As at 4 March 2021, the breakdown is as follows –

HKPF	ImmD	C&ED	FSD
43	63	74	26

In addition, a Command Team comprising of 17 Post-retirement Service Contract staff members from the HKPF have also been set up to oversee the operation of the CTO. The Command Team coordinates the work within the CTO and liaise with other units in the DH and other departments for operations such as evacuation of close contacts in buildings.

The expenses relating to the work on contact tracing, including staff costs, are absorbed or will be absorbed within the overall provision of related government departments, therefore the actual expenditure in 2020-21 or relevant financial provision in 2021-22 cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)220

(Question Serial No. 3179)

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 assessment of seasonal influenza vaccination (SIV), please advise on:

1. whether assessment has been made by the Government of the effectiveness of SIV in 2020-21; if so, the findings;
2. the measures seeking to stabilise the market price of influenza vaccines in view of their volatility amid influenza surges besides providing subsidised and free vaccination; and
3. whether the Government will consider setting up an online influenza vaccine booking system for more effective allocation of vaccines.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 27)

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, which provides free SIV to eligible children, elderly and other target groups at clinics of the DH and the Hospital Authority;
- Vaccination Subsidy Scheme, which provides subsidised SIV to eligible children, elderly, persons aged between 50 and 64 and other target groups through the participation of private doctors; and
- SIV School Outreach (Free of Charge) Programme^{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 regularised the Pilot Programme in the 2019/20 season to cover more primary schools, and extended the coverage to kindergartens and child care centres (KGs/CCCs) as a pilot programme. The DH has also regularised the KGs/CCCs pilot programme in the 2020/21 season.

1. Since the 2017/18 winter influenza season, the Centre for Health Protection of the DH has collaborated with the private medical practitioners (PMPs) participating in its sentinel surveillance system to collect data (including vaccination history of seasonal influenza vaccine) and respiratory specimens from patients with influenza-like illness for laboratory testing to estimate the vaccine effectiveness (VE) of seasonal influenza vaccine. The overall VE of seasonal influenza vaccine in preventing laboratory-confirmed influenza infection in primary care setting in the 2017/18, 2018/19 and 2019/20 winter influenza season was 59%, 51% and 34% respectively. The corresponding VE among children aged between 6 months and under 12 was 39%, 36% and 24% respectively. Since February 2020, laboratory detection of influenza had been at very low level. From December 2020 to January 2021, out of the 267 respiratory specimens collected by the participating PMPs, there was 1 positive specimen for influenza (0.4%). The estimation of VE of seasonal influenza vaccine was not feasible due to low number of influenza detection.

- 2 - 3. As vaccine manufacturers produce a limited volume of seasonal influenza vaccines each year, the PMPs in the private healthcare sector need to order them as early as possible in order to secure the vaccine supply in time. The Government encourages the PMPs to estimate the demand in the coming season and order vaccines in advance. In addition, the Government closely monitors the supply of seasonal influenza vaccines for various vaccination programmes/schemes, as well as for the private healthcare sector, and maintains close liaison with vaccine suppliers to make adjustments to supply more vaccines to the private healthcare sector when necessary.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)221

(Question Serial No. 3180)

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 (EHCV) Scheme, will the Government please advise on:

1. the number of elderly people eligible for EHCVs in each of the past 5 years as well as the cumulative total since the implementation of the Scheme;
2. the number of eligible elderly people using EHCVs in the past 5 years, broken down by district, age (60-64, 65-69 and above 70) and gender;
3. the number of voucher claims, the total claim amount and the average amount claimed for each category of service as well as their respective percentages in the past 5 years;
4. the number of elderly people using vouchers at the University of Hong Kong-Shenzhen Hospital in the past 3 years, and whether resources will be earmarked for the study to expand the scope of the Scheme to include hospitals of Tier 3 Class A in the Greater Bay Area;
5. given that the estimate for 2021-22 under Programme 2 (Disease Prevention) is \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 due in part to an additional provision for funding the EHCV Scheme, the estimated expenditure on and manpower for the Scheme; and
6. in view of the substantial cost per visit to a private dentist which the EHCVs may not be able to cover, whether the Government will consider providing a yearly additional \$2,000 worth (if not more) of EHCVs to relieve the elderly's burden?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 31)

Reply:

1. & 2.

The table below shows the number of eligible elderly persons and the number of elderly persons who had made use of vouchers under the Elderly Health Care Voucher (EHCV) Scheme, broken down by age group and gender, over the past 5 years:

	2016	2017	2018	2019	2020
Number of eligible elderly persons (i.e. elderly persons aged 65/70 ^{Note 1} or above)*	775 000	1 221 000	1 266 000	1 325 000	1 377 000
Cumulative number of elderly persons who had made use of vouchers by the end of the year	649 000	953 000	1 191 000	1 294 000	1 350 000
By age group ^{Note 1} :					
65-69	-	239 000	394 000	427 000	425 000
70 or above	649 000	714 000	797 000	867 000	925 000
By gender					
Male	290 000	430 000	552 000	602 000	629 000
Female	359 000	523 000	639 000	692 000	721 000

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

*Source: Hong Kong Population Projections 2015-2064, Hong Kong Population Projections 2017-2066 and Hong Kong Population Projections 2020-2069, Census and Statistics Department.

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

3.

The tables below show the number of voucher claim transactions, the amount of vouchers claimed, average amount of vouchers claimed per transaction and the percentage under EHCV Scheme by types of healthcare service providers in the past 5 years:

Number of Voucher Claim Transactions

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	1 955 048 (69.8%)	2 218 938 (63.8%)	2 917 895 (56.4%)	2 952 153 (56.3%)	1 957 092 (51.1%)
Chinese Medicine Practitioners	607 531 (21.7%)	860 927 (24.7%)	1 502 140 (29.0%)	1 633 532 (31.2%)	1 376 436 (36.0%)
Dentists	119 305 (4.3%)	168 738 (4.8%)	294 950 (5.7%)	310 306 (5.9%)	246 844 (6.5%)
Occupational Therapists	620 (0.02%)	2 217 (0.1%)	3 515 (0.1%)	3 233 (0.1%)	4 640 (0.1%)
Physiotherapists	21 835 (0.8%)	25 076 (0.7%)	40 874 (0.8%)	43 946 (0.8%)	39 669 (1.0%)
Medical Laboratory Technologists	9 748 (0.3%)	12 044 (0.3%)	18 662 (0.4%)	20 770 (0.4%)	15 324 (0.4%)
Radiographers	5 886 (0.2%)	8 935 (0.3%)	16 785 (0.3%)	16 779 (0.3%)	14 386 (0.4%)
Nurses	3 079 (0.1%)	5 079 (0.1%)	6 523 (0.1%)	9 936 (0.2%)	6 903 (0.2%)
Chiropractors	5 003 (0.2%)	5 346 (0.2%)	10 743 (0.2%)	10 820 (0.2%)	8 826 (0.2%)
Optometrists	72 572 (2.6%)	173 279 (5.0%)	359 343 (7.0%)	242 424 (4.6%)	158 127 (4.1%)
Total	2 800 627 (100.0%)	3 480 579 (100.0%)	5 171 430 (100.0%)	5 243 899 (100.0%)	3 828 247 (100.0%)
University of Hong Kong -Shenzhen Hospital (HKU-SZH) ^{Note 5}	5 667	6 755	11 418	13 562	18 962

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

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	638,006 (59.7%)	774,088 (51.7%)	1,154,745 (41.2%)	1,246,024 (46.8%)	947,488 (44.1%)
Chinese Medicine Practitioners	171,599 (16.0%)	256,563 (17.1%)	533,136 (19.0%)	599,170 (22.5%)	634,851 (29.6%)
Dentists	105,455 (9.9%)	144,331 (9.6%)	287,044 (10.3%)	313,111 (11.8%)	276,556 (12.9%)
Occupational Therapists	271 (0.03%)	2,506 (0.2%)	5,681 (0.2%)	4,432 (0.2%)	5,383 (0.3%)
Physiotherapists	7,007 (0.7%)	8,344 (0.6%)	16,452 (0.6%)	17,210 (0.6%)	15,191 (0.7%)
Medical Laboratory Technologists	9,905 (0.9%)	11,256 (0.7%)	17,808 (0.6%)	18,654 (0.7%)	13,706 (0.6%)
Radiographers	3,197 (0.3%)	5,447 (0.4%)	13,400 (0.5%)	15,749 (0.6%)	14,700 (0.7%)
Nurses	3,335 (0.3%)	5,122 (0.3%)	7,447 (0.3%)	10,214 (0.4%)	8,753 (0.4%)
Chiropractors	1,913 (0.2%)	2,303 (0.1%)	5,225 (0.2%)	5,675 (0.2%)	5,127 (0.2%)
Optometrists	128,399 (12.0%)	288,582 (19.3%)	759,750 (27.1%)	431,680 (16.2%)	225,903 (10.5%)
Total:	1,069,087 (100.0%)	1,498,542 (100.0%)	2,800,688 (100.0%)	2,661,919 (100.0%)	2,147,658 (100.0%)
HKU-SZH ^{Note 5}	1,471	1,855	3,492	3,997	5,507

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

	2016	2017 ^{Note 2}	2018 ^{Note 3}	2019 ^{Note 4}	2020
Medical Practitioners	326	349	396	422	484
Chinese Medicine Practitioners	282	298	355	367	461
Dentists	884	855	973	1,009	1,120
Occupational Therapists	437	1,130	1,616	1,371	1,160
Physiotherapists	321	333	403	392	383
Medical Laboratory Technologists	1,016	935	954	898	894
Radiographers	543	610	798	939	1,022
Nurses	1,083	1,008	1,142	1,028	1,268
Chiropractors	382	431	486	524	581
Optometrists	1,769	1,665	2,114	1,781	1,429
HKU-SZH ^{Note 5}	260	275	306	295	290

Note 2: The eligibility age for the EHCV Scheme was lowered from 70 to 65 on 1 July 2017.

Note 3: On 8 June 2018, each eligible elderly person 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 elderly person 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 elderly person was introduced on the same day.

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 EHCV Scheme on a hospital basis.

4.

About 3 400, 4 600 and 6 600 elderly persons had ever made use of vouchers at the HKU-SZH as at end-December 2018, 2019 and 2020 respectively.

The Government launched the Pilot Scheme at the HKU-SZH in 2015 to enable Hong Kong elderly persons, whether they are residing in Shenzhen or living nearby in Hong Kong, 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 elderly persons 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 elderly persons 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 elderly persons 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), and 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 DH to follow up and assist the elderly persons on cases of non-compliance with the requirements of the EHCV Scheme. At this stage, the Government has no plan to further extend the use of vouchers outside of Hong Kong.

5.

The estimated voucher expenditure on the EHCV Scheme for 2021-22 is about \$4,047.7 million. The EHCV Scheme is administered by the Health Care Voucher Division (HCVD) of the DH, and the approved establishment of the HCVD for the administration and monitoring of the EHCV Scheme in 2021-22 is 55.

6.

The review on the EHCV Scheme completed by DH in 2019 concluded that with respect to strengthening primary healthcare, the Scheme still had room to improve in some areas, including not yet being able to more effectively facilitate healthcare service providers to provide and elderly persons to use services which are in line with the Primary Healthcare Reference Framework, and enhance elderly persons' awareness of prevention of various diseases and promote healthy living, etc. We will continue to keep in view the operation of the Scheme and make appropriate adjustments and take suitable measures as necessary, in order to ensure that the Scheme continues to align with the Government's policy objectives.

We currently have no plan to increase the annual voucher amount. With the lowering of the eligibility age of the EHCV Scheme from 70 to 65 in 2017 and an ageing population, we anticipate that both the number of elderly persons using vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount, we will give full regard to the situation of Hong Kong's public and private healthcare services especially the effectiveness of the Scheme in achieving our health policy objectives, and the long-term implications on public finance including the Government's affordability.

Currently, eligible elderly persons can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have enrolled under the EHCV Scheme, including dental services. The present arrangement provides elderly persons 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 EHCV Scheme from \$5,000 to \$8,000 which should provide more flexibility for elderly persons to use the suitable services.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)222

(Question Serial No. 3181)

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 (CAC), the statistics show that the completion time for assessment of new cases within 6 months fell short of the target of 90%. In this connection, will the Government please advise on:

1. the number of new referred cases received by the CACs and their average waiting time in the past 5 years;
2. the staff establishment, number of staff recruited and number of outgoing staff in each CAC in the past 5 years; and
3. whether the Government has looked into the reasons why the target was not met, and come up with any measures for expediting the process to raise the completion rate of assessment for new cases within 6 months to over 70%?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 35)

Reply:

1. & 3.

The number of newly referred cases received by the Child Assessment Service (CAS) of Department of Health (DH) in the past 5 years are as follows –

	2016	2017	2018	2019	2020 (provisional figure)
Number of new cases referred to CAS	10 188	10 438	10 466	9 799	7 526

In the past 5 years, all new cases of CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by CAS and difficulties in

recruiting doctors to CAS, the rate for completion of assessment for new cases within 6 months in 2020 was 65%. 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.

Noting the increasing demand for services provided by CAS, DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening manpower support and enhancing service capacity to handle the large 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 CAS in 2019-20. DH will continue to monitor closely the capacity of CAS in managing the service demand.

2.

The approved establishment in CAS from 2016-17 to 2020-21 is as follows –

Grade	2016-17	2017-18	2018-19	2019-20	2020-21
Medical and Health Officer	24	24	25	25	25
Registered Nurse	30	30	30	40	40
Scientific Officer (Medical)	5	5	5	5	5
Clinical Psychologist	23	22*	22*	22*	22*
Speech Therapist	13	13	13	16	16
Optometrist	2	2	2	2	2
Occupational Therapist	8	8	8	9	9
Physiotherapist	6	6	6	7	7
Hospital Administrator	1	1	1	1	1
Electrical Technician	2	1	1	1	1
Executive Officer	1	2	2	2	2
Clerical Officer	12	12	12	16	16
Clerical Assistant	19	20	20	23	23
Office Assistant	2	1	1	1	1
Personal Secretary	1	1	1	1	1
Workman II	12	12	12	12	12
Total:	161	160	161	183	183

* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

A team approach is adopted in CAS and hence a breakdown of manpower by centre is not available. Statistics on newly recruited staff and wastage of staff for individual offices are not separately kept.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)223

(Question Serial No. 3182)

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 government dental clinics, will the Government please advise on:

1. the total number of attendances of the GP sessions broken down by age group and its percentage, and the number and percentage of elderly people aged 60 or above who have consulted the dental clinics with GP sessions in the past 5 years;
2. the respective numbers of discs allocated, quotas, utilisation rates and waiting times of each government dental clinic with GP sessions in the past 5 years; and
3. whether the Government will consider expanding the range of service in GP sessions to include crowning and filling etc. in view of the substantial fees charged by private dentists?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 36)

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. Professional advice with regard to the individual needs of patients is also given at the GP sessions.

The numbers of attendances in GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021), with breakdown by age group, are set out below –

Year	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
No. of attendance	36 783	35 957	37 027	34 313	20 024

	% Distribution of attendances by age group				
Age group	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
0-18	1.80%	1.76%	1.82%	3.92%	1.41%
19-42	14.45%	15.39%	15.22%	20.42%	16.83%
43-60	27.66%	26.38%	24.05%	20.02%	27.91%
61 or above	56.09%	56.47%	58.91%	55.64%	53.85%

The number of attendances in GP sessions by age group of 61 years old or above[#] in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Year	2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
No. of attendance	20 632	20 305	21 812	19 090	10 783
% distribution	56.09%	56.47%	58.91%	55.64%	53.85%

[#] Breakdown of the numbers of attendances in GP sessions by age group of 60 or above is not maintained.

2. The total numbers of discs allocated and discs available for the dental clinics with GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of discs allocated (No. of discs available)				
			2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kowloon City Dental Clinic	Monday (AM)	84	5 341	5 268	5 449	4 981	3 123
	Thursday (AM)	42	(6 006)	(6 006)	(6 132)	(5 628)	(3 148)
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 310 (4 368)	4 003 (4 200)	4 031 (4 116)	3 704 (3 780)	2 135 (2 142)

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session [@]	No. of discs allocated (No. of discs available)				
			2016-17	2017-18	2018-19	2019-20	2020-21 (up to 31 January 2021)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 951 (8 064)	6 647 (7 980)	7 243 (8 400)	6 738 (7 392)	3 897 (3 990)
	Friday (AM)	84					
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 371 (2 450)	2 262 (2 450)	2 236 (2 300)	2 067 (2 325)	1 283 (1 284)
Mona Fong Dental Clinic	Thursday (PM)	42	1 930 (2 142)	1 918 (2 142)	1 907 (2 100)	1 746 (1 974)	1 043 (1 048)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 035 (2 142)	2 028 (2 142)	1 974 (2 100)	1 883 (1 974)	1 046 (1 048)
Tsuen Wan Dental Clinic	Tuesday (AM)	84	7 621 (8 316)	7 837 (8 232)	8 031 (8 232)	7 475 (7 644)	4 184 (4 216)
	Friday (AM)	84					
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152 (2 184)	2 015 (2 100)	2 017 (2 058)	1 857 (1 890)	1 078 (1 080)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	4 007 (4 158)	3 860 (4 116)	3 929 (4 116)	3 705 (3 822)	2 082 (2 097)
	Friday (AM)	42					
Tai O Dental Clinic	² nd Thursday (AM) of each month	32	96 (384)	91 (384)	96 (384)	106 (352)	101 (200)
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	152 (384)	207 (384)	286 (384)	243 (352)	176 (200)

[@] The regular maximum numbers of discs allocated per session at individual dental clinics in the past 3 years have remained the same. It should be noted that in response to the COVID-19 outbreak, the maximum numbers of discs allocation have been reduced by 25% or 50% so as to mitigate the risk of cross infection and to maintain social distancing.

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 details on the waiting

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

The average utilisation rates of service sessions for the dental clinics with GP sessions in the financial years 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21 (up to 31 January 2021) are as follows –

Dental clinic with GP sessions	Average utilisation rate in %				
	2016-17	2017-18	2018-19	2019-20	2020-21(up to 31 January 2021)
Kowloon City Dental Clinic	88.8	86.5	88.4	88.5	99.2
Kwun Tong Dental Clinic	98.2	95.2	97.9	98.0	99.7
Kennedy Town Community Complex Dental Clinic	85.6	82.3	85.6	91.2	97.7
Fanling Health Centre Dental Clinic	96.3	92.5	96.5	88.9	99.9
Mona Fong Dental Clinic	89.4	88.2	90.6	88.4	99.5
Tai Po Wong Siu Ching Dental Clinic	94.6	93.7	94.0	95.4	99.8
Tsuen Wan Dental Clinic	90.5	94.6	96.9	97.8	99.2
Yan Oi Dental Clinic	98.4	96.2	98.1	98.3	99.8
Yuen Long Jockey Club Dental Clinic	96.1	93.3	94.6	96.9	99.3
Tai O Dental Clinic	24.7	23.4	24.7	30.1	50.5
Cheung Chau Dental Clinic	39.6	51.8	73.7	69.0	88.0

3. The Government's policy on dental care 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. The Government has no plan to expand the service scope of general public sessions.

Comprehensive dental services for the community at large involves substantial amount of financial resources. In accordance with the prevailing policy, the Government mainly undertakes publicity, education (including the School Dental Care Service), promotion on oral health, provision of emergency dental services to the public and takes forward initiatives targeting at persons with special dental care needs, in particular elderly persons with financial difficulties and persons with difficulties accessing usual dental services. 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 launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability, and will extend the programme for another 3 years. 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)224

(Question Serial No. 0206)

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), the Department of Health (DH) will continue the work on the implementation of COVID-19 vaccination. Given the huge public demand under the COVID-19 Vaccination Programme (the Programme), the public had to wait in its early stage of implementation for over an hour before making an appointment online. In this connection, please advise this Committee on whether the DH will enhance the online booking system for reduction of the waiting times of the public; if yes, the details and if not, the reasons; the number and types of enquiries received by the DH regarding the Programme; whether assessment has been made of the capabilities of its staff to respond to the enquiries; whether telephone appointments will be made available to the public under the Programme; if yes, the details and if not, the reasons; and the manpower and expenditure involved in the Programme.

Asked by: Hon NG Wing-ka, Jimmy (LegCo internal reference no.: 64)

Reply:

After consolidating previous experience, the Government has revisited and increased the overall capacity of the booking system for the COVID-19 Vaccination Programme so as to improve its computing performance in meeting the high demand of booking. Moreover, we have introduced a new web page (<https://booking.covidvaccine.gov.hk/centre/>) showing the latest quota status of each vaccination centre, so that the public can keep abreast of the latest quota situation before booking. We have also enhanced the user interface of the booking system so that a citizen can easily identify and select the available time slot of a centre, thus speeding up the completion of the booking process.

Members of the public may call the Centre for Health Protection hotline (2125 1111 / 2125 1122) or the hotline for the COVID-19 Vaccination Programme (3142 2366) for enquiries. Information on the number and types of enquiries received by the Department of Health regarding the COVID-19 Vaccination Programme is not readily available. The manpower and expenditure concerned for manning the above enquiry hotlines cannot be separately quantified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)225

(Question Serial No. 1193)

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 (TACO) of the Department of Health (DH), will the Government please, in the context of enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, advise this Committee on:

- (a) the number of inspections against smoking offences in 2020 (broken down by District Council district);
- (b) the reasons for the year-on-year decline in the number of fixed penalty notices (for smoking offences) and summonses (for smoking and other offences) issued by the TACO from 2017 to 2019; and
- (c) whether enforcement targets will be set and included as a key performance measure in respect of the statutory functions of the DH?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 65)

Reply:

(a)

The number of inspections conducted by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in 2020 is 36 100. TACO does not maintain the numbers of inspections by administrative districts of Hong Kong.

(b)

While both the number of smoking-related complaints and number of fixed penalty notices / summonses issued by TACO under Cap.371 and Cap. 600 decreased from 18 354 and 9 860 in 2017 to 11 484 and 6 645 in 2020 respectively, the number of inspections for smoking and related offences had in fact increased from 33 159 to 36 100 during the same period. The

decrease in the number of complaints and offences may imply an improvement in law compliance during this period.

(c)

Since 2019, the number of inspections conducted for enforcement of the Smoking (Public Health) Ordinance (Cap. 371), the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B) has been included as a performance indicator for TACO in the Controlling Officer's Report of the DH. We would review the performance indicator from time to time as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)226

(Question Serial No. 2403)

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:

According to the Controlling Officer's Report, the Department of Health (DH) set the target for inspection of licensed retail drug premises at an average of twice a year per premises at 100%. However, only 14% was achieved in 2020, which was far lower than the 100% achieved in 2019. As such, the target for 2021 is correspondingly adjusted to 60%. Please advise this Committee on the reasons behind; whether it was related to combatting Coronavirus Disease 2019; and would the reduction in the number of inspections affect the protection for the public in respect of the purchase of drugs?

In addition, what is the percentage of inspection of licensed retail drug premises at an average of once a year per premises by the DH in 2020?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 33)

Reply:

The Drug Office of the Department of Health is responsible for the inspection of licensed retail drug premises. In 2020, the inspection of licensed retail drug premises was affected by the COVID-19 pandemic as the Drug Office had enhanced social distancing and scaled down inspections, as well as redeployed its staff to support the COVID-19 related duties in the Centre for Health Protection. During the period, the Drug Office had adopted a risk-based approach in conducting the inspections.

In 2020, there were 4 797 licensed retail drug premises, including Authorized Sellers of Poisons (commonly known as pharmacies) and Listed Sellers of Poisons (commonly known as medicine stores). All pharmacies and about 80% of medicine stores were inspected at least once in 2020.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)227

(Question Serial No. 2414)

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 is responsible for the work in prevention and control of Coronavirus Disease 2019 (COVID-19). In this connection, please give a monthly breakdown of the respective numbers of persons placed in home quarantine and those in quarantine in hotels, designated hotels and quarantine centres, as well as the respective numbers of persons exempted from quarantine no matter the reason, those dealt with by way of warning or prosecution for violating the quarantine requirement, and those classified as close contacts and placed under surveillance since the outbreak of COVID-19.

Please also advise on the longest waiting time of the close contacts of a person tested positive for COVID-19 for admission to quarantine centres from the time the person was confirmed, and whether there have been cases in which the close contacts were not admitted to the hospital or designated quarantine centres within the 14-day quarantine period.

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 46)

Reply:

According to the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), starting from 8 February 2020, except for exempted persons, all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong would be subject to compulsory quarantine for 14 days, regardless of nationality and travel documents used. Since 25 March 2020, the compulsory 14-day quarantine arrangement has been extended to all 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.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from Mainland, Taiwan and Macao with breakdown by month and place of quarantine are tabulated below –

Quarantine Orders issued under Cap. 599C (by place of quarantine)

	Home	Hotel	Quarantine Centre	Total
February 2020 (from 8 February 2020)	27 345	565	216	28 126
March 2020	49 520	2 225	711	52 456
April 2020	18 490	1 107	112	19 709
May 2020	39 721	2 470	109	42 300
June 2020	31 609	5 572	163	37 344
July 2020	18 824	5 853	138	24 815
August 2020	16 599	4 441	80	21 120
September 2020	47 126	3 465	45	50 636
October 2020	30 337	3 448	79	33 864
November 2020	18 549	1 955	51	20 555
December 2020	9 692	1 116	30	10 838
January 2021	11 376	1 227	16	12 619
February 2021	14 733	1 184	12	15 929
Total	333 921	34 628	1 762	370 311

According to the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation (Cap. 599E), starting from 19 March 2020, except for exempted persons, all persons arriving in Hong Kong from places outside China would be subject to compulsory quarantine.

As at end February 2021, the number of compulsory quarantine orders issued to persons arriving in Hong Kong from places outside China with breakdown by month are tabulated below –

Quarantine Orders issued under Cap. 599E

March 2020 (from 19 March 2020)	51 211
April 2020	16 078
May 2020	19 127
June 2020	24 150
July 2020	23 187
August 2020	17 313
September 2020	24 253
October 2020	19 532
November 2020	21 446
December 2020	18 982
January 2021	13 090
February 2021	9 470
Total	257 839

The breakdown by place of quarantine is not readily available.

Since December 2020, all persons arriving in Hong Kong (either via the airport or land boundary control points) who have stayed in places outside China on the day of arrival in Hong Kong or during the 21 days before that day have to undergo compulsory quarantine for

21 days in designated quarantine hotels. The number of persons who have stayed in designated quarantine hotels are as follows –

Number of Persons Stayed in Designated Quarantine Hotels

December 2020 (from 21 December 2020)	3 387
January 2021	13 020
February 2021	9 361
Total	25 768

Breaching a quarantine order is a criminal offence and offenders are subject to a maximum fine of \$25,000 and imprisonment for 6 months. As at end February 2021, 113 persons have been convicted by courts for breaching the quarantine orders and have received sentences for up to 14 weeks or a fine of up to \$15,000. The Department of Health (DH) has issued press releases to inform the public outcome of the breach of each case.

To maintain the necessary operation of society and the economy of Hong Kong, and to ensure an uninterrupted supply of all daily necessities to the public, the Chief Secretary for Administration has, pursuant to Cap. 599C and Cap. 599E, exempted persons (for example, consular and diplomatic officers, crew members of aircraft and cross-boundary goods vehicle drivers, etc.) from the compulsory quarantine requirement upon arrival in Hong Kong.

The DH would arrange 21-day/14-day medical surveillance for the exempted persons during their stay in Hong Kong. Persons under medical surveillance are required to wear masks and check their body temperature twice daily, and they should report to the DH if feeling unwell. In addition, exempted persons are also subject to body temperature check and health declaration procedures performed by DH at the boundary control points during arrival clearance.

The number of Notification of Medical Surveillance issued to exempted persons (including those exempted under Cap. 599C and Cap. 599E) as at end February 2021 at various boundary control points are tabulated below –

Number of Notification of Medical Surveillance Issued to Exempted Persons

(does not represent number of exempted persons as the same person may be issued a separate medical surveillance notice upon each entry)

February 2020	93 602
March 2020	39 211
April 2020	36 039
May 2020	40 220
June 2020	45 943
July 2020	53 405
August 2020	41 155
September 2020	45 689
October 2020	43 885
November 2020	45 440
December 2020	46 145
January 2021	42 584
February 2021	34 438

Total	607 756
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Note 1: Boundary control points in service include the Hong Kong International Airport, Hong Kong-Zhuhai-Macao Bridge Hong Kong Port, Shenzhen Bay, Man Kam To, Lok Ma Chau, Sha Tau Kok and Heung Yuen Wai (commenced service on August 26, 2020).

Note 2: Exempted persons are issued with new Notification of Medical Surveillance every time when they enter Hong Kong (except in cases set out in Note 3 below).

Note 3: Currently, “cross-boundary goods vehicle drivers and necessary accompanying personnel” with valid Notification of Medical Surveillance issued in the past 14 days are not issued with new Notification of Medical Surveillance afresh every time they enter Hong Kong.

The number of persons who were placed under quarantine in quarantine centres as at end February 2021 are as follows –

	Close Contact	Non-Close Contact	Total
January 2020	51	0	51
February 2020	422	455	877
March 2020	1 456	1 185	2 641
April 2020	909	203	1 112
May 2020	46	1 382	1 428
June 2020	110	3 365	3 475
July 2020	3 348	2 467	5 815
August 2020	3 629	9	3 638
September 2020	764	20	784
October 2020	911	16	927
November 2020	2 516	12	2 528
December 2020	7 332	6	7 338
January 2021	5 652	36	5 688
February 2021	3 591	27	3 618
Total	30 737	9 183	39 920

The average interval time of admission of close contacts to the quarantine centres was 15.2 hours. The longest interval time between the identification of a close contact and the related admission to a quarantine centre was 12 days. In that case, a longer time was required to arrange the transfer because the close contact was hospitalised before admission to the quarantine centre.

The expenditure and manpower relating to quarantine are absorbed under the overall provision for relevant bureaux/departments and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)228

(Question Serial No. 2441)

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:

Regarding the establishment of the civil servants working in the Hospital Authority within the ambit of the Department of Health, will the Government please advise this Committee on the permanent establishments and staffing expenditures in respect of these personnel by rank/structure in the past 2 years?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 80)

Reply:

Breakdowns of the staff establishment of civil servants working in the Hospital Authority (HA) by ranks and by hospitals as at 1 April 2019 and 1 April 2020 are at **Annexes I and II** respectively. The actual expenditures of \$730 million and \$641 million in 2018-19 and 2019-20 (under Subhead 003 Recoverable salaries and allowances) in respect of salaries and allowances for civil servants working in HA were fully reimbursed by HA respectively. The reduction of civil servants working in HA is due to natural wastage including retirement. The HA will cover the loss of capacity through prevailing recruitment mechanism, e.g. recruitment of new staff on HA terms of service.

Civil Servants Working in the Hospital Authority by Ranks

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
MEDICAL & HEALTH OFFICER GRADES		
Consultant D3	2	2
Consultant (Hospital Services)	4	4
Senior Medical & Health Officer	10	9
Associate Consultant	4	4
Medical & Health Officer	40	36
Sub-total	<u>60</u>	<u>55</u>
NURSING & ALLIED GRADES		
General Manager (Nursing)	2	2
Chief Nursing Officer	1	1
Senior Nursing Officer	12	11
Departmental Operations Manager	13	11
Ward Manager	46	39
Nurse Specialist	5	3
Nursing Officer	137	116
Nursing Officer (Education)	4	4
Registered Nurse	95	87
Senior Nursing Officer (Psychiatric)	2	1
Nursing Officer (Psychiatric)	52	42
Registered Nurse (Psychiatric)	44	37
Enrolled Nurse	26	18
Enrolled Nurse (Psychiatric)	37	30
Sub-total	<u>476</u>	<u>402</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
SUPPLEMENTARY MEDICAL GRADES		
Department Manager	8	6
Chief Dispenser	10	7
Senior Dispenser	57	46
Dispenser	109	92
Senior Medical Technologist	4	2
Medical Technologist	20	15
Medical Technologist (Hospital Services)	1	1
Medical Laboratory Technician I	2	1
Mould Laboratory Technologist	1	0
Senior Mould Laboratory Technician	1	0
Occupational Therapy Assistant	6	4
Pharmacist	2	2
Physicist	2	1
Senior Physiotherapist	1	0
Physiotherapist I	5	4
Prosthetist-Orthotist I	1	1
Senior Radiographer	13	11
Radiographer I	28	26
Scientific Officer (Medical)	3	2
Sub-total	<u>274</u>	<u>221</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
HOSPITAL ADMINISTRATOR GRADE		
Cluster General Manager (Human Resources)	1	1
General Manager (Administrative Services)	2	2
Senior Hospital Administrator	3	3
Sub-total	<u>6</u>	<u>6</u>
OTHER DEPARTMENTAL GRADES		
Artisan	6	4
Cook	4	3
Darkroom Technician	3	2
Chief Electrical Technician	2	1
Senior Electrical Technician	1	1
Electrical Technician	5	5
Foreman	3	2
Health Care Assistant	10	4
Chief Hospital Foreman	1	1
Senior Hospital Foreman	4	3
Hospital Foreman	7	5
Hostel Manager/Manageress	1	1
Laboratory Attendant	12	10
Laundry Worker	2	1
Operating Theatre Assistant	12	8
Operation Assistant II	2	2
X-Ray Mechanic	2	1
Sub-total	<u>77</u>	<u>54</u>

Grade/Rank	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
MODEL SCALE I GRADES		
Ward Attendant	14	10
Workman I	1	1
Workman II	52	40
Sub-total	<u>67</u>	<u>51</u>
GENERAL GRADES		
Personal Secretary II	1	1
Telephone Operator	1	1
Sub-total	<u>2</u>	<u>2</u>
Total	<u>962</u>	<u>791</u>

Civil Servants Working in the Hospital Authority by Hospitals

Hospital	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
Alice Ho Miu Ling Nethersole Hospital	23	19
Bradbury Hospice	2	2
Cheshire Home, Shatin	1	1
Caritas Medical Centre	7	6
Castle Peak Hospital /Siu Lam Hospital	61	49
TWGHs Fung Yiu King Hospital	1	1
Grantham Hospital	5	5
Hospital Authority Head Office	4	0
Haven of Hope Hospital	1	1
Hong Kong Children's Hospital	3	6
Hong Kong Eye Hospital	5	3
Kwai Chung Hospital	58	44
Kowloon Hospital	50	43
Kwong Wah Hospital / Wong Tai Sin Hospital	12	11
North District Hospital	28	21
North Lantau Hospital	4	4
Our Lady of Maryknoll Hospital	11	10
Princess Margaret Hospital	70	56
Pok Oi Hospital	3	3
Prince of Wales Hospital	107	86
Pamela Youde Nethersole Eastern Hospital	60	51
Queen Elizabeth Hospital	157	130
Queen Mary Hospital / Duchess of Kent Children's Hospital	85	71

Hospital	Number of staff establishment (as at 1 April 2019)	Number of staff establishment (as at 1 April 2020)
Ruttonjee Hospital / Tang Shiu Kin Hospital	14	10
Shatin Hospital	15	12
St John Hospital	4	4
Tseung Kwan O Hospital	27	22
Tuen Mun Hospital	68	54
Tai Po Hospital	5	5
Tin Shui Wai Hospital	1	1
Tung Wah Eastern Hospital	1	1
Tung Wah Hospital	3	3
United Christian Hospital	36	29
Yan Chai Hospital	30	27
Total	<u>962</u>	<u>791</u>

-End-

CONTROLLING OFFICER'S REPLY

FHB(H)229

(Question Serial No. 0685)

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 2021-22 that the Department of Health will implement the free human papillomavirus (HPV) vaccination programme for school girls. In this connection, please inform this Committee of:

1. the staff establishment and expenditure involved;
2. whether the Government will, in view of the recent approval of the United States Food and Drug Administration for the use of nine-valent HPV vaccines for the prevention of oropharyngeal and other head and neck cancers caused by HPV, expand the HPV vaccination programme to include school boys as well as other school girls of the relevant age cohort under the age of 18 with a view to lowering the incidence rates of these cancers as soon as possible; if so, the plans and if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 23)

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) since the 2019/2020 school year. The first dose is given to Primary 5 female students at their schools, and the second dose of the recommended vaccination schedule will be given to them when they reach Primary 6 in the following school year. In 2021-22, the provision for the HPV vaccination programme is \$91.3 million. A total of 8 civil service posts will be involved in the work.
2. In general, incorporation of a new vaccine into the HKCIP is based on scientific evidence taking into account a number of public health factors, including the overall disease burden on society, the efficacy and safety of the vaccine, the availability of other effective preventive measures, and the cost-effectiveness and public acceptance of the vaccine.

After reviewing the scientific evidence, recommendations from the World Health Organization and overseas experiences in relation to the efficacy and safety of HPV vaccines, as well as local studies on acceptability and cost-benefit analyses, the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections (the Scientific Committees) under the Centre for Health Protection (CHP) of the DH made a joint recommendation in September 2018 that HPV vaccination be included in the HKCIP for girls of suitable ages before sexual debut as one of the public health strategies for prevention of cervical cancer.

The Scientific Committees under the CHP will continue to keep abreast of local and overseas scientific developments and cost-benefit analyses in respect of HPV vaccines, and make recommendations regarding the HKCIP from the public health perspective for the CHP's reference in reviewing and updating the HKCIP.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)230

(Question Serial No. 0686)

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 implementation of Coronavirus Disease 2019 (COVID-19) vaccination as mentioned under the Matters Requiring Special Attention in 2021-22, what are the staff establishment and expenditure involved?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 24)

Reply:

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organization and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.
- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter

of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

Apart from expenditure for existing manpower or time-limited non-civil service contract/post-retirement service contract staff provided/engaged by relevant Government bureaux/departments as necessary in support of the COVID-19 Vaccination Programme which is absorbed by the relevant bureaux/departments concerned under their respective expenditure heads, details of other expenditure arising from manpower and other requirements of the COVID-19 Vaccination Programme are not yet available.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)231

(Question Serial No. 0928)

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:

In 2021-22, the Department of Health will continue to undertake statutory enforcement work of the Private Healthcare Facilities Ordinance. In this connection, please advise on the progress, timetable (including the dates for licence applications for relevant types of private healthcare facilities) and breakdown of the estimated expenditure.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 18)

Reply:

The new regulatory regime for private healthcare facilities under the Private Healthcare Facilities Ordinance (Cap. 633) (the Ordinance) is being implemented in phases. Applications for private hospital and day procedure centre licences have commenced since July 2019 and January 2020 respectively. Hospital licences and the first batch of day procedure centre licences have taken effect from 1 January 2021. For clinics, details on applications for licences and letters of exemption will be announced in due course.

In 2021-22, \$211 million has been earmarked to undertake the relevant registration and enforcement work under the Ordinance. This financial provision includes the resources previously allocated for regulation of private healthcare institutions under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) which was replaced by the Ordinance on 1 January 2021.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)232

(Question Serial No. 0929)

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 is responsible for enforcing the law prohibiting commercial sale and supply of alcohol to minors. In this connection, will the Government advise on the specific work involved and the number of offences (broken down by their nature in table form) in each of the past 3 years since the enactment of the relevant legislation?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 19)

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.

To facilitate stakeholders' compliance with the law, the Tobacco and Alcohol Control Office of the Department of Health promulgated a host of measures through various means, including advertising, briefings for stakeholders, vendors, and retailers, drawing up guidelines on statutory requirements for businesses and distributing publicity materials.

The number of summonses issued for the period from December 2018 to 2020 are as follows:

	2018 (December)	2019	2020
Sale of intoxicating liquor to minors	0	1	0
Sale of intoxicating liquor via vending machines	0	0	8

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)233

(Question Serial No. 0932)

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 that the provision for 2021-22 will be \$7,465.4 million (78.7%) higher than the revised estimate for 2020-21 under Programme (2) Disease Prevention mainly due to additional provision for meeting funding requirement for the Elderly Health Care Voucher (EHCV) Scheme, increased requirement for operating expenses for prevention and control of Coronavirus Disease 2019 (COVID-19) including procurement and administration of vaccines, and a net increase of 73 posts in 2021-22 to meet operational needs. In this connection, will the Government please advise on:

1. the details and amount of funding for the EHCV Scheme;
2. the breakdown of operating expenses for the prevention and control of COVID-19; and
3. the job duties of the net increased 73 posts (in table form)?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 20)

Reply:

1.
The financial provision in 2021-22 for the Elderly Health Care Voucher (EHCV) Scheme is \$4,047.7 million. As compared with revised estimate for 2020-21, additional provision for the EHCV Scheme is \$1,975.8 million.

2.
Under Programme (2) : Disease Prevention, an additional provision of \$7,465.4 million for 2021-22 includes provision of \$5,396.1 million (or 72.3% of the increased provision) for prevention and control of COVID-19, including but not limited to implementing various anti-epidemic measures, procurement of COVID-19 vaccines and launching of the COVID-19 vaccination programme.

3.
Details of the net increase of 73 posts in 2021-22 are in the **Annex**.

Creation and Deletion of Posts in Department of Health in 2021-22

Programme 2 – Disease Prevention

<u>Rank</u>	<u>No. of posts to be created/ deleted</u>
Senior Medical and Health Officer	2
Medical and Health Officer	11
Senior Nursing Officer	1
Nursing Officer	5
Registered Nurse	16
*Medical Technologist (new pay scale)	95
*Medical Technologist (existing pay scale)	-92
*Associate Medical Technologist	150
*Medical Laboratory Technician I	-43
*Medical Laboratory Technician II	-101
Scientific Officer (Medical)	2
Senior Hospital Administrator	1
Hospital Administrator I	2
Hospital Administrator II	3
Radiographer I ^{Note}	-2
Senior Foreman	2
Foreman	10
Executive Officer I	2
Executive Officer II	2
Health Inspector I/II	2
Supplies Supervisor II	1
Laboratory Attendant	2
Workman II	2
	<hr/>
Total :	73
	<hr/>

* changes are mainly caused by implementation of the recommendations under the grade structure review of the Medical Laboratory Technician grade as approved by the Finance Committee on 16 December 2020

^{Note} 2 Radiographer I posts are re-deployed from Student Health Service (Programme (2) – Disease Prevention) to Radiation Health Division (Programme (1) – Statutory Functions) and Tuberculosis and Chest Service (Programme (4) – Curative Care)

CONTROLLING OFFICER'S REPLY

FHB(H)234

(Question Serial No. 0504)

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 implemented the Designated Quarantine Hotel Scheme since December last year to facilitate quarantine of returnees from overseas. In this connection, please inform this Committee of the names of the participating hotels, room rates offered by each hotel, occupancy rates by room type, and amount of subsidies from the Government in table form.

Asked by: Hon TIEN Puk-sun, Michael (LegCo internal reference no.: 38)

Reply:

To further prevent imported COVID-19 cases and to reduce contact between returnees to Hong Kong from overseas and the local community, the Government fully implemented the Designated Quarantine Hotel Scheme (the Scheme) on 22 December 2020. Starting from 21 December 2020, all travellers arriving from countries outside China are required to undergo compulsory quarantine for 21 days at designated quarantine hotels. With the implementation of the tightened measures on the testing and isolation arrangements for exempted persons with effect from 20 February 2021, some exempted persons (e.g. air crew) under specific conditions are also required to undergo self-isolation at designated quarantine hotels.

The first cycle of the Scheme, comprising 36 hotels with around 12 000 rooms, already ended on 19 February 2021 with an overall average occupancy rate of around 50%. The second cycle of the Scheme running between 21 February and 20 April 2021 comprises 36 hotels with around 10 000 rooms. As at 9 March, 2021, the overall average occupancy rate for the second cycle is around 60%. The lists of designated quarantine hotels of the first and second cycles are respectively set out at Tables 1 and 2. Details on the room types and room rates available at the Designated Quarantine Hotels can be found on the Government's COVID-19 Thematic Website (<https://www.coronavirus.gov.hk/eng/designated-hotel.html>).

As set out in the contracts for the Scheme, by the end of the contract period, designated quarantine hotels meeting specified occupancy conditions are qualified to apply for government subsidy under the established mechanism of the Scheme within 30 days after the

close of the contract period. The Government is now receiving applications from hotels of the first cycle. The amount of subsidy is still being processed and is not available at the moment.

The financial impacts of the related measures will be absorbed by the Anti-epidemic Fund, which does not form part of the Appropriation Bill or the estimates of the General Revenue Account.

Table 1

List of Designated Quarantine Hotels of the First Cycle

(sorted by district and name of hotel in alphabetical order)

Central and Western District

1. Best Western Plus Hotel Hong Kong
2. CM+ Hotels & Serviced Apartments
3. Eco Tree Hotel
4. Grand City Hotel
5. Lan Kwai Fong Hotel @ Kau U Fong
6. One-Eight-One Hotel & Serviced Residences
7. Ramada Hong Kong Harbour View
8. The Landmark Mandarin Oriental Hong Kong

Eastern District

1. Ramada Hong Kong Grand View

Islands District

1. Four Points by Sheraton Hong Kong Tung Chung
2. Regal Airport Hotel

Kowloon City District

1. Bridal Tea House Hotel Hung Hom Gillies Avenue South
2. iclub Ma Tau Wai Hotel
3. Kerry Hotel, Hong Kong
4. Metropark Hotel Kowloon Hong Kong
5. O' Hotel
6. Regal Oriental Hotel

Kwai Tsing District

1. Dorsett Tsuen Wan, Hong Kong

Southern District

1. Le Meridien Hong Kong, Cyberport
2. L'hotel Island South
3. Mojo Nomad Aberdeen Harbour

Wan Chai District

1. Best Western Hotel Causeway Bay
2. Crowne Plaza Hong Kong Causeway Bay

3. Dorsett Wanchai, Hong Kong
4. Eco Tree Hotel Causeway Bay
5. Hotel Indigo Hong Kong Island
6. Mira Moon Hotel
7. Vela Boutique Hotel

Wong Tai Sin District

1. Pentahotel Hong Kong, Kowloon

Yau Tsim Mong District

1. Bridal Tea House Hotel Yau Ma Tei Wing Sin Lane
2. Dorsett Mongkok, Hong Kong
3. Ramada Hong Kong Grand
4. Sheraton Hong Kong Hotel and Towers
5. The Kimberley Hotel
6. The Kowloon Hotel
7. The Luxe Manor

Table 2

List of Designated Quarantine Hotels of the Second Cycle

(sorted by district and name of hotel in alphabetical order)

Central and Western District

1. Best Western Plus Hotel Hong Kong
2. CM+ Hotels & Serviced Apartments
3. Grand City Hotel
4. Lan Kwai Fong Hotel @ Kau U Fong
5. One-Eight-One Hotel & Serviced Residences
6. Ramada Hong Kong Harbour View
7. The Landmark Mandarin Oriental Hong Kong

Eastern District

1. Ramada Hong Kong Grand View

Islands District

1. Four Points by Sheraton Hong Kong, Tung Chung
2. Regal Airport Hotel

Kowloon City District

1. Bridal Tea House Hotel Hung Hom Gillies Avenue South
2. iclub Ma Tau Wai Hotel
3. Kerry Hotel, Hong Kong
4. Metropark Hotel Kowloon Hong Kong
5. Regal Oriental Hotel

Kwai Tsing District

1. Dorsett Tsuen Wan, Hong Kong

Kwun Tong District

1. IW Hotel

Southern District

1. Le Meridien Hong Kong, Cyberport
2. L'hotel Island South
3. Ovolo Southside

Tsuen Wan District

1. Silka Far East Hotel Hong Kong

Wan Chai District

1. Best Western Hotel Causeway Bay
2. Crowne Plaza Hong Kong Causeway Bay
3. Dorsett Wanchai, Hong Kong
4. Eco Tree Hotel Causeway Bay
5. Hotel Indigo Hong Kong Island
6. Mira Moon Hotel
7. Vela Boutique Hotel

Wong Tai Sin District

1. Pentahotel Hong Kong, Kowloon

Yau Tsim Mong District

1. Bridal Tea House Hotel Yau Ma Tei Wing Sing Lane
2. Dorsett Mongkok Hong Kong
3. Ramada Hong Kong Grand
4. Sheraton Hong Kong Hotel and Towers
5. Silka Seaview Hotel Hong Kong
6. The Kimberley Hotel
7. The Kowloon Hotel

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)235

(Question Serial No. 1486)

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 planning and implementation of Coronavirus Disease 2019 (COVID-19) vaccination under the Matters Requiring Special Attention in Programme (2), in view of the strong public demand for the Sinovac vaccine, please advise on whether the Government has any plans to substantially increase the number of vaccination centres and clinics (especially in Kwun Tong and Wong Tai Sin, two districts with a relatively large elderly population) and to allot more vaccine doses to each private clinic to facilitate elderly vaccination in a timely manner; if yes, the details and the additional manpower and expenditure involved; if not, the reasons.

Asked by: Hon TSE Wai-chun, Paul (LegCo internal reference no.: 47)

Reply:

The Government's goal is to provide COVID-19 vaccines for the majority of the Hong Kong population within 2021 for free and on a voluntary basis. There are four channels for receiving the COVID-19 vaccine, namely at (i) 27 Community Vaccination Centres (CVCs) in the 18 districts across the territory, (ii) private doctors participating in the COVID-19 Vaccination Programme, (iii) 18 general out-patient clinics (GOPCs) of the Hospital Authority (HA), and (iv) outreach to residential care homes for the elderly and for persons with disabilities.

The Sinovac vaccine is available at eight CVCs as well as all 18 HA GOPCs and over 2 200 private clinics operated by around 1 580 private doctors ⁽¹⁾. The BioNTech/Fosun vaccine is provided at 15 CVCs ⁽²⁾. The Department of Health continues to recruit more private doctors to join the COVID-19 Vaccination Programme so as to increase outlets for members of the public to get vaccinated.

Note

(1): Statistics as at 23 March 2021.

(2): Two other CVCs providing the BioNTech/ Fosun vaccine will commence operations in April.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)236

(Question Serial No. 1790)

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 in detail on the estimated expenditure in respect of the three types of COVID-19 vaccine coming to Hong Kong, including the purchase price per dose of vaccine as well as the expenses of vaccine storage, transportation and distribution.

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 51)

Reply

The Government has been adopting a “two-pronged” strategy to procure vaccines for protecting members of the public against COVID-19, including joining the COVAX Facility (COVAX) led by the World Health Organisation and directly making advance purchases of vaccines from individual vaccine developers. With the endorsement by the Legislative Council Finance Committee in September 2020, a one-off non-recurrent provision of \$8,441.3 million was allocated for the procurement and administration of COVID-19 vaccines.

Out of the \$8,441.3 million, \$5,509 million was budgeted for procurement of vaccines. We have reached bilateral purchase agreements with three vaccine developers. Under a two-dose regime, the quantity of the three vaccines procured is in aggregate sufficient to cover 1.5 times of the entire Hong Kong population. Details are set out below –

- (i) A maximum of 7.5 million doses of CoronaVac by Sinovac Biotech (Hong Kong) Limited. CoronaVac is developed from the inactivated virus technology platform. The first 2 million doses have been delivered to Hong Kong in February.
- (ii) A maximum of 7.5 million doses of Comirnaty (BNT162b2) jointly developed by German manufacturer BioNTech and Fosun Pharma. Comirnaty is developed from the mRNA technology platform. The first batch of around 1.34 million doses have arrived in Hong Kong in end February/ early March.

- (iii) A maximum of 7.5 million doses of AZD1222 jointly developed by AstraZeneca and the University of Oxford from the viral vector technology platform were originally expected to start arriving in Hong Kong by batches from the end of the second quarter of 2021 the earliest. In view that the Comirnaty and CoronaVac procured and authorised for emergency use by the Government are already sufficient for vaccination by the entire population of Hong Kong, there is no need for the AZD1222 procured earlier to be supplied to Hong Kong this year.

Out of the \$8,441.3 million, \$2,932 million was budgeted for injection cost and other implementation costs including storage and transport, supplies and consumables, an information technology (IT) platform for registration and keeping of inventory and vaccination records, publicity and contingency funds. An estimated breakdown is set out below. It is subject to change depending on the actual requirements of the COVID-19 Vaccination Programme.

	Estimated Cost (\$ million)
(a) Injection cost	2,235
(b) Storage and transport	32
(c) Supplies and consumables	29
(d) IT platform	76
(e) Publicity	10
(f) Contingency funds	550
Total	2,932

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)237

(Question Serial No. 2252)

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 progress of developing the Health Code system to facilitate cross-boundary travel of Hong Kong people to Guangdong Province and Macao and the expected timetable for its implementation for use by the public.

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 21)

Reply:

The development work of the "Hong Kong Health Code" computer system is basically complete.

Concerning the implementation of the "Hong Kong Health Code" which aims to facilitate cross-boundary travel, the HKSAR Government has been liaising closely with the Guangdong Provincial and Macao Special Administrative Region Governments to explore, when the epidemic situation in Guangdong, Hong Kong and Macao is under control and without increasing public health risks, to resume the normal cross-boundary activities among residents of the three places in a gradual and orderly manner.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)239

(Question Serial No. 3086)

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:

The Department of Health will implement an ongoing mental health promotion and public education initiative. In this connection, please advise on the specific activities in this respect, the manpower and expenses involved in each activity, the timetable for these activities and whether targets have been set for the implementation of the initiative; if yes, the specific targets and if not, the reasons; and the ways to plan promotion strategies and specific activities effectively in the absence of targets.

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

Reply:

The Government attaches great importance to the mental well-being of the public. For the promotion of mental health, the Department of Health (DH) has earmarked annual funding of \$50 million to undertake an on-going mental health promotion and public education initiative. The "Shall We Talk" initiative was launched in July 2020 to promote positive messages on mental health, with a view to enhancing public awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from professionals in a timely and prompt manner. A thematic website was launched, providing extensive information on mental well-being, common mental health problems and help seeking etc. Various online and offline channels were used to disseminate messages on mental well-being such as Key Opinion Leader social media campaigns, RTHK documentary and interactive art experience.

The Mental Health Workplace Charter was also launched jointly by DH, the Labour Department and the Occupational Safety and Health Council in November 2019 to promote mental well-being at workplace. As at February 2021, 579 organisations signed the Charter, benefiting more than 450 000 employees.

Surveys and focus groups to monitor changes in public knowledge, attitude and behaviour related to mental well-being and common mental health problems, as well as to evaluate the effectiveness of the initiative have been put in place. DH will continue to strengthen public

education and promotion with a view to building a mental-health friendly society in the long run.

- End -

CONTROLLING OFFICER'S REPLY

CSB098

(Question Serial No. 1322)

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 the utilisation rates in respect of services provided to eligible persons by public dental clinics in the past 3 years;
- b. whether the Government will collect data on the unit costs of various types of dental examination and treatment services provided by public dental clinics for assessment of cost effectiveness; if not, the reasons;
- c. whether the Government has set aside resources for handling the backlog of appointments arising from the epidemic-induced suspension of services at public dental clinics in 2020; if not, the reasons; and
- d. whether the Government, in view that the utilisation rate of service sessions available at public dental clinics was close to 100%, has considered seeking assistance from private dental clinics in coping with the backlog of appointments?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 80)

Reply:

- a. The attendances of civil service eligible persons (CSEPs) at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals) in the past 3 years are as follows –

The attendances:

Year	Attendance*
2018	769 600
2019	756 500
2020	321 700

* Rounded to the nearest hundred.

The utilisation rates of all service sessions available at government dental clinics providing dental services to CSEPs were close to 100% in the past 3 years.

As the lead department to combat Coronavirus Disease 2019, the Department of Health (DH) has deployed a large number of staff (including those from the Dental Services) for frontline quarantine duties. To free up manpower capacity for deployment to control points, the Temporary Specimen Collection Centre, the Holding Centre for Test Result, the Emergency Hotline Centre, etc. in support of the anti-epidemic efforts, DH made adjustments to the services provided by its dental clinics in 2020 to, including reducing the service sessions and the remainder of which were mainly used to provide emergency dental services and follow-up treatment.

- b. Given the wide variety of services in respect of dental examination and treatment, DH does not keep statistics on the costs of such services by type.
- c. With a view to expediting clearance of the accumulated appointments for soonest possible dental treatment for CSEPs, the dental clinics have enhanced their service capacity by increasing the number of dental clinics with extended service hours and extending the services to Saturdays.
- d. Resorting to private dental clinics to help handle the accumulated dental appointments is a major policy change, where due consideration should be given to factors such as cost effectiveness, technical issues, financial arrangements and the monitoring mechanism. We will not consider such suggestion at this stage.

- End -

CONTROLLING OFFICER'S REPLY

CSB099

(Question Serial No. 3228)

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:

The estimated expenditure for Programme (7) is \$807.5 million (41.9%) higher in 2021-22. In this connection, please advise on:

1. the reasons for the significant increase in the 2021-22 estimate for the payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons (CSEPs), and the amount of such increase;
2. the additional expenditure on enhancing the medical and dental treatment for CSEPs;
3. the additional estimated expenditure arising from the increased cash flow requirement for procurement of equipment; and
4. the estimated expenditure on the net increase of 3 posts to meet operational needs.

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 81)

Reply:

1. The Department of Health (DH) will make an additional provision of \$752.9 million for 2021-22 to meet the increasing demand for the payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons (CSEPs). Such expenditure is demand-driven. In view of the growing number of CSEPs, their longer average life expectancy, and more medications, treatments and equipment made available through research and development as technology advances, the number of reimbursement applications and actual expenditure will see continued growth. It is therefore necessary for DH to earmark additional resources for 2021-22 to cope with the demand which cannot be fully anticipated so that applications from eligible persons with medical needs can be processed in a timely manner. In the meantime, DH will keep a close watch on the situation for adjustments as and when necessary.
- 2.&4. In 2021-22, DH will make an additional provision of \$14.8 million to enhance CSEPs' medical service, and an additional provision of \$36 million for enhancing their dental service. One of the expenditure items covered in the provision is an estimated expenditure of around \$980,000 on the net increase of 3 posts to meet operational needs.

3. In 2021-22, DH will make an additional provision of \$3.8 million to meet the increased cash flow requirement for procurement of equipment.

- End -

CONTROLLING OFFICER'S REPLY

CSB100

(Question Serial No. 0659)

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 dental services for civil servants, will the Government please advise on:

- (1) the respective numbers of patients, the numbers of attendances, the average waiting times of civil service eligible persons (CSEPs) for appointments at each dental clinic and dental surgery for consultation and treatment, and the utilisation rates of the relevant appointment slots by CSEPs in the past 3 years, broken down by type of examination or treatment;
- (2) the respective numbers of all ranks of dental healthcare staff broken down by type of post, length of service, their wastage rate and vacancy rate; and
- (3) whether the Government plans to increase the number of dental healthcare staff by recruitment in 2021-22 to shorten the waiting time and to provide better dental services for civil servants; if so, the details and if not, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 65)

Reply:

- (1) Given the wide variety of services in respect of dental examination and treatment, the Department of Health (DH) does not keep relevant statistics by the various dental services.

The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery and Dental Clinics in hospitals), as well as the waiting times for appointment for dental follow-up treatment and elective consultation for specialised dental services in the past 3 years are as follows –

The attendances:

Year	Attendance ¹
2018	769 600
2019	756 500
2020	321 700

Waiting time:

As at	Dental Follow-up Treatment	Elective Consultation for Specialised Dental Services
31 December 2018	1 to 17 months	6 to 42 months
31 December 2019	1 to 15 months	6 to 38 months
31 December 2020	6 to 15 months	5 to 36 months

The utilisation rates of all service sessions available at government dental clinics providing dental services to CSEPs are close to 100% in the past 3 years. DH does not keep statistics on the number of patients for consultation and treatment at each dental clinic and dental surgery.

As the lead department to combat Coronavirus Disease 2019, DH has deployed a large number of staff (including those from the Dental Services) for frontline quarantine duties. To free up manpower capacity for deployment to control points, the Temporary Specimen Collection Centre, the Holding Centre for Test Result, the Emergency Hotline Centre, etc. in support of the anti-epidemic efforts, DH made adjustments to the services provided by its dental clinics in 2020, including reducing the service sessions and the remainder of which were mainly used to provide emergency dental services and follow-up treatment. Consequently, there was a drop in the number of attendances in 2020.

- (2) 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 –

Grade	2018-19 (as at 31 March 2019)		2019-20 (as at 31 March 2020)		2020-21 (as at 1 February 2021)	
	Establishment	Vacancy Rate	Establishment	Vacancy Rate	Establishment	Vacancy Rate
DO	270	2.6%	275	2.5%	291	4.5%
DSA	276	0.0%	287	0.0%	287	0.0%

The wastage rates² of the DO grade in DH for 2018-19, 2019-20 and 2020-21 (as at 1 February 2021) were 6.0%, 3.5% and 2.2% respectively, and those of the DSA grade

¹ The attendance is rounded to the nearest hundred.

² Wastage rate refers to the overall wastage rate covering all situations resulting in departure from the service, including retirement, resignation, etc.

were 2.8%, 3.8% and 4.7% respectively. The length of service for both DOs and DSAs working in DH ranges from over 30 years to less than 1 year.

- (3) In 2021-22, DH will make continuous effort to recruit DOs and DSAs for filling of existing vacancies or implementation of new initiatives which include setting up additional dental surgeries and stepping up infection control measures at the dental clinics with a view to enhancing the dental services for CSEPs.

- End -

CONTROLLING OFFICER'S REPLY

CSB101

(Question Serial No. 0662)

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 provision of medical services for civil servants and other eligible persons, will the Government please advise this Committee on:

- (1) the numbers of patients, the numbers of attendances of civil service eligible persons (CSEPs) at various families clinics and the utilisation rates of such clinics in the past 3 years;
- (2) the numbers of patients, the numbers of attendances, the average waiting times of CSEPs at various specialist outpatient clinics and the utilisation rates of such clinics in the past 3 years by specialty; and
- (3) whether any new measures have been formulated for 2021-22 to enhance the service quality and reduce the waiting times for appointments at families clinics and specialist outpatient clinics; if yes, the details as well as the additional expenditure and manpower involved; if not, the reasons?

Asked by: Hon KWOK Wai-keung (LegCo internal reference no.: 64)

Reply:

- (1) The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 3 years are as follows –

Year	2018	2019	2020
Number of attendances^{Note 1}			
Chai Wan Families Clinic	63 000	58 000	45 000
Hong Kong Families Clinic	61 000	58 000	47 000
Kowloon Families Clinic	67 000	64 000	56 000
New Territories Families Clinic	53 000	52 000	41 000
Fanling Families Clinic	41 000	40 000	29 000
Sai Kung Families Clinic	200 ^{Notes 2 & 3}	9 000	9 000

Note 1: The number of attendances is rounded to the nearest thousand (except for Sai Kung Families Clinic).

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 overall utilisation rates^{Note 4} of families clinics in the past 3 years are as follows:

2018	2019	2020
98%	98%	93%

Note 4: The utilisation rates are rounded to the nearest whole percent.

Families clinics do not keep statistics on the numbers of patients at individual clinics.

- (2) Families clinics provide general out-patient services for CSEPs. Subsequent to treatment in these clinics, blood tests, other examinations or referrals to the Hospital Authority (HA) for follow-up and further treatment appropriate to the needs of individual patients will be arranged.

Dedicated specialised outpatient (SOP) treatments are provided by 9H Specialist Clinic in Prince of Wales Hospital, L Block of Queen Elizabeth Hospital and Saturday SOP Clinic in Queen Mary Hospital under HA for CSEPs. The numbers of attendances and the median waiting times of SOP new cases for major specialties in the past 3 years were listed as follows –

9H Specialist Clinic in Prince of Wales Hospital

Specialty	Number of Attendances		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Ear, Nose & Throat	2 508	2 126	1 356
Gynaecology	481	403	268
Medicine	7 327	7 222	5 358
Orthopaedics & Traumatology	1 759	1 674	1 326
Paediatrics	181	126	58
Surgery	2 368	2 265	1 587

Specialty	Median Waiting Time (week)		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Ear, Nose & Throat	2	2	1
Gynaecology	6	6	2
Medicine	44	64	54
Orthopaedics & Traumatology	32	28	11
Paediatrics	1	1	1
Surgery	4	6	2

L Block of Queen Elizabeth Hospital

Specialty	Number of Attendances		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Gynaecology	2 414	2 182	1 651
Medicine	10 638	10 557	7 765
Orthopaedics & Traumatology	4 568	4 489	3 491
Paediatrics	1 619	1 299	723
Surgery	7 741	7 542	5 492

Specialty	Median Waiting Time (week)		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Gynaecology	37	30	20
Medicine	105	111	108
Orthopaedics & Traumatology	43	26	12
Paediatrics	2	1	<1
Surgery	39	38	30

Saturday SOP Clinic in Queen Mary Hospital

Specialty	Number of Attendances		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Medicine	617	427	302
Surgery	341	306	244

Specialty	Median Waiting Time (week)		
	2018-19	2019-20	2020-21 (as at 31 Dec 2020) (Provisional figures)
Medicine	7	15	38
Surgery	6	6	2

The HA does not keep statistics on the number of patients, the number of attendances, the utilisation rates and the average waiting time concerning CSEPs at its specialist outpatient clinics.

- (3) To enhance its services, the Department of Health launched the Integrated Care Programme and Stable Drug Use Pilot Programme at families clinics in 2019-20. The Integrated Care Programme aims at improving the quality of care for patients with diabetes mellitus, and identifying early complications so that the extra consultation time arising from complications can be reduced. The Stable Drug Use Pilot Programme seeks to enhance drug use safety for patients with chronic diseases and stable conditions who are required to take multiple types of drugs, and to minimise their needs for follow-up consultations with doctors. It is expected that the implementation of these two programmes will release doctor consultation quota for allocation to other CSEPs in need. The programmes will continue in 2021-22.

CONTROLLING OFFICER'S REPLY

CSB102

(Question Serial No. 3231)

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 2018-19, 2019-20 and 2020-21 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 for civil servants.

Asked by: Hon POON Siu-ping (LegCo internal reference no.: 40)

Reply:

- (a) The attendances of civil service eligible persons (CSEPs) at each families clinic in the past 3 years were as follows –

Year Number of attendances ^{Note 1}	2018	2019	2020*
Chai Wan Families Clinic	63 000	58 000	45 000
Hong Kong Families Clinic	61 000	58 000	47 000
Kowloon Families Clinic	67 000	64 000	56 000
New Territories Families Clinic	53 000	52 000	41 000
Fanling Families Clinic	41 000	40 000	29 000
Sai Kung Families Clinic	200 ^{Notes 2 & 3}	9 000	9 000

Note 1: The number of attendances is rounded to the nearest thousand, except for the Sai Kung Families Clinic.

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 2018-19 and 2019-20 were \$166.1 million and \$196.6 million respectively, and the revised estimate for 2020-21 is \$190.8 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. DH does not keep statistics on the attendances and waiting times for various dental procedures.

The attendances of CSEPs at dental clinics (including Oral & Maxillofacial Surgery and Dental Clinics in hospitals) and their overall waiting times for appointment for dental follow-up treatment and elective consultation for specialised dental services in the past 3 years are as follows –

The attendances:

Year	Attendance
2018	769 600
2019	756 500
2020	321 700*

Waiting times:

As at	Dental Follow-up Treatment	Elective Consultation for Specialised Dental Services
31 December 2018	1 to 17 months	6 to 42 months
31 December 2019	1 to 15 months	6 to 38 months
31 December 2020	6 to 15 months	5 to 36 months

- (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), as at 1 February 2021, there were 1 Contract Doctor and 4 Contract Nurses working in families clinics, and 12 Contract Dentists and 1 Contract Project Assistant working in dental clinics.

* As the lead department to combat Coronavirus Disease 2019, DH has deployed a large number of its staff (including those working in both families clinics and dental clinics) for frontline anti-epidemic duties. Services provided by families clinics and dental clinics were adjusted in 2020. Coupled with fewer visits paid by CSEPs to these clinics due to the epidemic, there was a drop in the number of attendances in 2020 comparing with the past years.

Grade	Families Clinics						Dental Clinics						Reimbursement of Medical Expenses					
	2018-19 ^{Note 1}		2019-20 ^{Note 2}		2020-21 ^{Note 3}		2018-19 ^{Note 1}		2019-20 ^{Note 2}		2020-21 ^{Note 3}		2018-19 ^{Note 1}		2019-20 ^{Note 2}		2020-21 ^{Note 3}	
	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength
Medical and Health Officer	39	32	39	37	41	39	-	-	-	-	-	-	1#	1#	1#	1#	1#	1#
Registered Nurse	68	68	73	73	73	73	-	-	-	-	-	-	-	-	-	-	-	-
Dental Officer	-	-	-	-	-	-	270	263	275	268	291	278	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	14	13	14	14	14	13	-	-	-	-	-	-
Dental Surgery Assistant	-	-	-	-	-	-	276	276	287	287	287	287	-	-	-	-	-	-
Dental Technician	-	-	-	-	-	-	40	40	40	40	40	40	-	-	-	-	-	-
Pharmacist	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Dispenser	25	24	27	27	27	27	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Psychologist	3	3	3	2	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Physiotherapist	1	1	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Optometrist	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Dietitian	1	1	3	3	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Accounting Officer	-	-	-	-	-	-	-	-	-	-	-	-	4	4	5	5	5	5
Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Supplies Assistant	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Hospital Administrator	2	2	2	2	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Clerical Officer	10	9	10	10	10	9	42	36	47	39	47	38	11	11	13	12	14	13
Clerical Assistant	30	29	35	34	35	32	83	77	93	82	93	84	3	3	3	3	3	3
Office Assistant	1	1	1	1	1	1	2	1	1	1	1	1	-	-	-	-	-	-
Personal Secretary	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Laboratory Attendant	-	-	-	-	-	-	16	16	16	16	18	18	-	-	-	-	-	-
Workman II	23	23	24	24	24	24	68	58	70	62	71	64	-	-	-	-	-	-
Total:	203	193	221	217	223	217	813	782	845	811	864	825	19	19	22	21	23	22

Note 1: Figures as at 31 March 2019

Note 2: Figures as at 31 March 2020

Note 3: Figures as at 1 February 2021

Also supports the administrative work in relation to medical services for civil servants

CONTROLLING OFFICER'S REPLY

CSB103

(Question Serial No. 0940)

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:

Under Programme (7) Medical and Dental Treatment for Civil Servants, the Department of Health's provision for 2021-22 is \$807.5 million (41.9%) higher than the revised estimate for 2020-21. Will the Government please advise on:

1. the details of the undertakings with a breakdown of the estimated expenditure; and
2. the reasons for the substantial increase in the estimated expenditure and whether alternatives have been considered; if yes, the details and the reasons for not pursuing them?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 21)

Reply:

1. The estimated expenditure on Programme (7) Medical and Dental Treatment for Civil Servants in 2021-22 is broken down as follows-

Item	Estimated expenditure (\$million)
Medical services	205.6
Dental services	849.0
Payment and reimbursement of medical fees and hospital charges	1,665.9
Procurement of equipment	14.4
Total:	2,734.9

2. The provision for 2021-22 is \$807.5 million (41.9%) higher than the revised estimate for 2020-21. This is mainly due to the additional provision for meeting the increasing demand for the payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons (CSEPs). Such expenditure is demand-driven. In view of the growing number of CSEPs, their longer average life expectancy, and more medications, treatments and equipment made available through research and

development as technology advances, the number of reimbursement applications and actual expenditure will see continued growth. It is therefore necessary for the Department of Health (DH) to earmark additional resources for 2021-22 to cope with the demand which cannot be fully anticipated so that applications from eligible persons with medical needs can be processed in a timely manner. In the meantime, DH will keep a close watch on the situation for adjustments as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

CSB104

(Question Serial No. 2278)

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:

The expenditure of the Government on medical and dental treatment for civil servants in 2021-22 is \$2.7349 billion, which has substantially gone up by \$807.5 million over the revised estimate of \$1.9274 billion for 2020-21, representing an increase of as much as 41.9%. In this connection, please advise on the estimated increase in the relevant expenditure in the next 3 years and whether it will result in any financial pressure on the Government.

Asked by: Hon WONG Ting-kwong (LegCo internal reference no.: 52)

Reply:

The provision for 2021-22 is \$807.5 million (41.9%) higher than the revised estimate for 2020-21. This is mainly due to the additional provision for meeting the increasing demand for the payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons (CSEPs). Such expenditure is demand-driven. In view of the growing number of CSEPs, their longer average life expectancy, and more medications, treatments and equipment made available through research and development as technology advances, the number of reimbursement applications and actual expenditure will see continued growth. It is therefore necessary for the Department of Health (DH) to earmark additional resources for 2021-22 to cope with the demand which cannot be fully anticipated so that applications from eligible persons with medical needs can be processed in a timely manner. In the meantime, DH will keep a close watch on the situation for adjustments as and when necessary.

- End -

CONTROLLING OFFICER'S REPLY

SB189

(Question Serial No. 0772)

Head: (37) Department of Health

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

Programme: (6) Treatment of Drug Abusers

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

Director of Bureau: Secretary for Security

Question:

Please list the numbers and average attendance rates of patients registered with methadone clinics in the past 3 years.

Asked by: Hon CHENG Chung-tai (LegCo internal reference no.: 70)

Reply:

The number of patients registered with methadone clinics and the average attendance rate of registered patients in the past 3 years are as follows:

	2018	2019	2020
No. of patients registered	5 800	5 200	5 300
Average attendance rate of registered patients (%)	76	74	77

- End -

CONTROLLING OFFICER'S REPLY

SB190

(Question Serial No. 2409)

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:

The Department of Health runs 19 methadone clinics across the territory. In this connection, please advise on the total operating expenses and the number of attendances of each methadone clinic in each of the past 3 years, and the ways to increase the average attendance rate of patients registered with methadone clinics to ensure the effective use of public resources.

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 39)

Reply:

- (1) The annual expenditure/revised estimate in respect of the methadone clinic service in the financial years from 2018-19 to 2020-21 is as follows:

<u>Financial Year</u>	<u>Annual Expenditure (\$ million)</u>
2018-19 (Actual)	55.4
2019-20 (Actual)	57.0
2020-21 (Revised estimate)	62.0

The Department of Health (DH) does not maintain a breakdown of expenditure by each clinic.

- (2) The number of attendances of each methadone clinic in the past 3 years is as follows:

	2018	2019	2020
Aberdeen Methadone Clinic	19 419	18 526	19 618
Cheung Chau Methadone Clinic	4 935	5 252	4 778
Eastern Street Methadone Clinic	17 784	16 480	14 863
Hung Hom Methadone Clinic	28 699	22 043	22 803
Ho Man Tin Methadone Clinic	18 255	16 927	16 366

	2018	2019	2020
Kwun Tong Methadone Clinic	85 967	74 414	83 559
Lady Trench Methadone Clinic	171 280	158 626	161 421
Ngau Tau Kok Methadone Clinic	39 775	31 935	32 824
Robert Black Methadone Clinic	213 352	189 893	202 526
Shau Kei Wan Methadone Clinic	25 035	23 326	22 885
Sham Shui Po Methadone Clinic	408 950	353 379	371 327
Sha Tin (Tai Wai) Methadone Clinic	34 481	28 971	31 168
Shek Wu Hui Methadone Clinic	46 393	39 749	41 014
Tuen Mun Methadone Clinic	84 615	77 614	82 424
Tai Po Methadone Clinic	32 191	29 988	28 840
Violet Peel Methadone Clinic	135 078	119 283	115 215
Wu York Yu Methadone Clinic	26 703	26 895	26 970
Yuen Long Methadone Clinic	93 845	81 548	88 161
Yau Ma Tei Methadone Clinic	113 164	100 062	125 489

- (3) The average attendance rates of patients registered with methadone clinics in the past 3 years are as follows:

	2018	2019	2020
Average attendance rate of registered patients (%)	76	74	77

The DH has been closely monitoring the utilisation of methadone clinics and will adjust their services and operation where necessary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. S022)

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:

Can the Government give priority to elderly aged 65 or above for 13-valent pneumococcal conjugate vaccine to protect them? If so, please advise on the timetable; if not, the reason(s).

Asked by: Hon CHAN Pierre

Reply:

Pneumococcal vaccination is one of the safe and effective means to prevent pneumococcal infection. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health has been closely monitoring and examining the latest scientific evidence, recommendations of the World Health Organization, experiences from overseas health authorities and local epidemiological data, with a view to reviewing the recommendations on the use of vaccines.

Since 2009, the Government has been providing, under the Government Vaccination Programme (GVP) (including Residential Care Home Vaccination Programme) and the Vaccination Subsidy Scheme, 1 dose of free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV) for each eligible elder aged 65 or above who has never received pneumococcal vaccination before. On the recommendations of the SCVPD in July 2016, the CHP has also started since October 2017 to provide an additional dose of free or subsidised 13-valent pneumococcal conjugate vaccine (PCV13) for elders aged 65 or above with high-risk conditions^{Note} to enhance their protection against pneumococcal infection. Eligible elders may receive 1 dose of PCV13, followed by another dose of 23vPPV one year after. For eligible elders who have already received 1 dose of 23vPPV, they may receive a mop-up dose of PCV13 one year later. For those without high-risk conditions and who have never received pneumococcal vaccination before, the SCVPD continued to recommend that they should receive either a single dose of PCV13 or a single dose of 23vPPV. The various vaccination schemes implemented by the Government are in line with the SCVPD's latest recommendations.

The SCVPD is responsible for reviewing and developing public health strategies on the prevention and control of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. On pneumococcal vaccines, the 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. According to the recommendations announced by the Advisory Committee on Immunization Practices under the Centers for Disease Control and Prevention of the United States in November 2019, all persons aged 65 or above should receive 1 dose of 23vPPV, and those aged 65 or above without high risk factors generally need not receive an additional dose of PCV13. For persons aged 65 or above without immunocompromised conditions, cerebrospinal fluid leak or cochlear implant and who have never received PCV13 before, whether they need PCV13 or not depends on shared clinical decisions.

The SCVPD will continue to examine overseas health authorities' recommendations on pneumococcal vaccination for elders and the latest scientific evidence. The Government will also review the coverage of the pneumococcal vaccination programmes for elders in Hong Kong, having regard to the SCVPD's recommendations and other public health considerations.

Note:

Under the GVP 2020/21, persons with high-risk conditions set out below are eligible for receiving pneumococcal vaccination –

- (a) history of invasive pneumococcal disease, cerebrospinal fluid leakage or cochlear implant;
- (b) chronic cardiovascular (except hypertension without complications), lung, liver or kidney diseases;
- (c) metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
- (d) immunocompromised states related to weakened immune system (due to conditions such as asplenia, Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome or cancer/steroid treatment); and
- (e) chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions, increase the risk of aspiration or result in a lack of self-care ability.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. S004)

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:

It has been learnt from Reply Serial No. CSB100 regarding civil servants' dental services that civil service eligible persons had to wait as long as a year if not more for dental services even before the outbreak of Coronavirus Disease 2019. According to the information provided by the Bureau in the reply, all service sessions of government dental clinics have utilisation rates of almost 100%. With the deployment of staff in Dental Services for frontline quarantine duties by the Department of Health resulting in a reduced number of available service sessions, the waiting time of government employees for dental services will be further extended. While anti-epidemic work is important, it is an employer's duty to provide employees' benefits. Has the Government addressed the situation and how will it tackle the chronic under-provision of dental service?

Asked by: Hon KWOK Wai-keung

Reply:

To reduce the waiting time of civil service eligible persons (CSEPs), the Department of Health (DH) has since 2008-09 been allocating additional resources to improve general and specialised dental services, including the setting up, in phases, of 91 general dental surgeries, 3 periodontal surgeries, 7 prosthodontic surgeries, 6 orthodontic surgeries and 4 oral & maxillofacial surgeries. In recent years, DH has also created Dental Hygienist posts for enhanced provision of oral cleansing treatment and oral care education for CSEPs.

Service adjustments were made for dental clinics in 2020 in view of Coronavirus Disease 2019. Following gradual service resumption since September 2020, regular dental check-ups have also been resumed since January 2021. To arrange for soonest possible dental treatment for CSEPs, DH has been enhancing the service capacity of the dental clinics by means of increasing the number of clinics with extended service hours and extending the services to Saturdays.

We will keep a close watch on CSEPs' needs for dental services and explore suitable and feasible options to further enhance their dental benefits. Such options include the setting up of new dental surgeries, renewal of dental equipment and procurement of advanced dental

equipment, as well as pairing up of dental clinics with longer waiting times and those with shorter waiting times with a view to shortening the waiting times of CSEPs.

- End -