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

Director of Bureau : Secretary for Food and Health

Session No. : 14

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CONTROLLING OFFICER'S REPLY

S-FHB(H)001

(Question Serial No. S063)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

(1) What measures will be taken by the Government to improve the take-up rates of the Voluntary Health Insurance Scheme (VHIS) in the coming year and what is the estimated expenditure involved?

(2) What are the age and income profiles of the VHIS customers? And how many of them already have other health insurance products before purchasing VHIS plans?

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

Reply:

1. To enhance the public understanding of the Voluntary Health Insurance Scheme (VHIS), ongoing publicity and promotion efforts will be sustained, including advertisements through both conventional media and digital platform such as TV/newspapers and social media/online advertising. The estimated expenditure for the publicity and promotion programmes is around \$13 million in 2020-21.

2. As at end-September 2019, the number of VHIS policies was around 301 000. The number of the insured persons involved by age is set out as follows -

Age of insured person	No. of policies (as at end September 2019)
0 - 9	Around 36 000
10 - 19	Around 27 000
20 - 29	Around 41 000
30 - 39	Around 59 000
40 - 49	Around 58 000
50 - 59	Around 51 000
60 or above	Around 31 000
Overall	Around 301 000 (Note)

Note: Figures may not add up to total due to rounding.

Out of the 301 000 policies, around 56 000 were newly issued policies, and around 245 000 were policies migrated from individual indemnity hospital insurance plan policies effected before the commencement of VHIS. We do not have information on the income distribution of the insured persons.

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CONTROLLING OFFICER'S REPLY

S-FHB(H)002

(Question Serial No. S067)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

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

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Would the Hospital Authority (HA) please list the following:

(a) the total number of and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for (i) the Chief Manager (Quality & Standards), (ii) the Chief Manager (Patient Safety & Risk Management), and (iii) the Chief Manager (Clinical Effectiveness & Technology Management) in 2018-19 and 2019-20, their normal working locations and scopes of clinical work;

(b) the total salary expenditure involved for the executive management of HA in 2018-19 and 2019-20.

Asked by: Hon CHAN Pierre

Reply:

(a)

Executive management in the Hospital Authority (HA) involves a wide spectrum of work portfolios, functions and positions. Supporting the operation of hospital clusters, the HA Head Office plays a leading and coordinating role in policy and strategic planning, covering cluster services, clinical quality and safety policies and standards, infection control policies and standards, medical service strategies and planning, service transformation, service models development, clinical services coordination, medical information technology and health informatics, along with essential corporate services, finance, human resources, etc. Given the healthcare nature of the HA's services, clinical knowledge is essential to the management and administration of the HA's strategic corporate policies, directions and programmes.

Chief Manager (CM) is a position title in the HA and the CM positions are filled by different grades and professions. As at 31 March 2019, there were 41 CMs working in both the HA Head Office and clusters. The total salary expenditure of the CM positions was \$119 million in 2018-19.

(b)

The total salary expenditure of the Management Personnel and Professional/Administrator staff groups in HA was \$2,981 million in 2018-19.

Note:

- (1) The actual expenditure for 2019-20 will only be available after the close of the current financial year.
- (2) The Management Personnel and the Professional/Administrator staff groups include Chief Executive, Directors/Heads/Cluster Chief Executives, Hospital Chief Executives, Cluster General Managers/General Managers, Chief Managers, hospital administrators, executive officers, information officers, accounting officers, legal counsels, supplies officers, statisticians, architects, system managers, etc.
- (3) Total salary expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit.

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CONTROLLING OFFICER'S REPLY

S-FHB(H)003

(Question Serial No. S072)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead(No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Among the current 2 292 members of Kwai Tsing District Health Centre,

- (1) how many have applied for a medical fee waiver?
- (2) how many are recipients of Comprehensive Social Security Assistance (CSSA)?
- (3) how many of those aged 65 or above, which account for 62% of all members, have used Elderly Health Care Vouchers?

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

Reply:

(1) and (2)

As at 31 December 2019, 10 Kwai Tsing District Health Centre members used the service with service fee waived. Among them, 3 were Comprehensive Social Service Assistance recipients.

(3)

The information requested is not readily available.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)004

(Question Serial No. S073)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

In the written reply to initial questions on the 2020-21 Estimates at the special meeting of the Finance Committee, it is mentioned that “the Hospital Authority (HA) had not earmarked particular funding for recruiting limited registered doctors in 2017-18 and 2018-19. Relevant expenditures were absorbed by the provisions in the respective years. In 2019-20, on top of the recurrent provisions, an additional of \$15 million has been allocated to the HA for recruiting additional non-locally trained doctors under the Limited Registration (LR) Scheme. In 2020-21, around \$92 million will be provided for HA to recruit non-locally trained doctors under the LR Scheme.” In this connection, will the Government advise on the following:

- 1) a breakdown of the use of the special funding for recruiting doctors with limited registration, such as the amounts involved in promotional campaigns, expenditures on salaries and benefits, as well as the recruitment process in 2019-20 and 2020-21;
- 2) a breakdown of the recurrent provision for recruiting doctors with limited registration, such as the amounts involved in promotional campaigns, expenditures on salaries and benefits, as well as the recruitment process in 2019-20 and 2020-21;
- 3) whether the above special funding allocation has been in place since 2019-20; and
- 4) the percentage of the special funding for recruiting doctors with limited registration in the funding on healthcare in 2019-20 and 2020-21?

Asked by: Hon CHIANG Lai-wan

Reply:

(1) & (2)

Since 2011-12, the Hospital Authority (HA) has started the recruitment of non-locally trained doctors through the limited registration (LR) as one of the measures to alleviate the heavy workload of frontline doctors. Upon commencement of the Medical Registration (Amendment) Ordinance 2018, the validity period and renewal period of LR have been extended from not exceeding one year to not exceeding three years. Taking the opportunity, HA has reviewed the LR recruitment scheme and initiated a number of enhancements, mainly along the aspects of career prospects and training opportunities for doctors working under LR in HA; as well as the recruitment and communication strategies, aiming to recruit more non-locally trained doctors through the LR scheme to supplement the workforce.

The table below sets out the number of non-locally trained doctors employed by HA under the LR scheme in the past five years ^{Note 1}.

2015	2016	2017	2018	2019
10	12	12	10	22

Promotional campaigns were conducted to encourage non-locally trained doctors to practise in Hong Kong under LR. For instance, the Chief Secretary for Administration and the HA Chairman visited the United Kingdom in September 2018, and HA delegates joined the Food and Health Bureau's visit to Australia in September 2019 to promote the LR recruitment scheme in HA. The manpower and expenditure involved in the recruitment drive were absorbed by existing provisions and could not be separately accounted for.

^{Note 1} The figures refer to the number of non-locally trained doctors employed by HA under the LR scheme to relieve manpower shortage since 2011-12.

(3)

The Government has been allocating additional funding since 2019-20 for HA to recruit additional non-locally trained doctors under the LR scheme.

Prior to that, HA deployed its internal resources to meet the expenditures involved in recruiting non-locally training doctors.

(4)

HA has been allocated an additional funding of \$15 million and \$92 million respectively in 2019-20 and 2020-21 to recruit additional non-locally trained doctors under the LR scheme.

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CONTROLLING OFFICER'S REPLY

S-FHB(H)005

(Question Serial No. SV014)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): ()

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health)
(Ms Elizabeth Tse)

Director of Bureau: Secretary for Food and Health

Question:

Information shows that about 70% of the confirmed cases of COVID-19 in the past 10-odd days are inbound travellers from the United Kingdom (“UK”). Will the Government provide the number of arrivals from the UK, the total number of arrivals via the Hong Kong International Airport (“HKIA”) and the percentage of arrivals from the UK in the total arrivals via the HKIA for each day during the above period of time?

Asked by: Hon TIEN Puk-sun, Michael

Reply:

The Food and Health Bureau and the Department of Health do not have any information about the total number of arrivals from the United Kingdom. According to the information provided by the Immigration Department, the total number of arrivals at the Hong Kong International Airport during the period between 25 March 2020 and 7 April 2020 is 26 828.

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CONTROLLING OFFICER'S REPLY

S-FHB(H)006

(Question Serial No. S0064)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide details, if any, of the respective numbers of elderly people eligible for using elderly health care vouchers who attended general outpatient clinics, accident and emergency departments and specialist outpatient clinics in public hospitals in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan

Reply:

The Government launched the Elderly Health Care Voucher (EHV) Scheme in 2009. The EHV Scheme aims at providing financial incentives for eligible elders to choose private primary healthcare services in their local communities that best suit their health needs. It also aims at offering additional healthcare choices outside the public system. Vouchers are normally not allowed to be used for subsidised services. The Department of Health does not maintain statistics on the number of elders eligible under the EHV Scheme who attended general outpatient clinics, accident and emergency departments and specialist outpatient clinics in public hospitals.

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CONTROLLING OFFICER'S REPLY**S-FHB(H)007****(Question Serial No. S0065)**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:

The Government has set out in the *Report on the Review of the Elderly Health Care Voucher Scheme (2019)* the percentage of voucher claim transactions under the Elderly Health Care Voucher Scheme by principal reason for visit (namely preventive care, management of acute episodic conditions, follow-up/monitoring of long-term conditions and rehabilitation) from 2009 to 2017. In this connection, please advise on the relevant figures in 2018 and 2019.

Asked by: Hon CHAN Hoi-yanReply:

The table below shows the percentage of voucher claim transactions in Hong Kong under the Elderly Health Care Voucher Scheme by principal reason for visit in 2018 and 2019:

Year	Percentage of voucher claim transactions by principal reason for visit			
	Preventive care	Management of acute episodic conditions	Follow-up / monitoring of long-term conditions	Rehabilitation
2018	16%	49%	29%	6%
2019	15%	49%	30%	6%

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)008

(Question Serial No. S0068)

Head: (37) Department of Health

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

Programme: (4) Curative

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

1. the estimated number of patients receiving biologic therapy specialised outpatient service at Pamela Youde Nethersole Eastern Hospital in 2020-21;
2. a breakdown of staff by grade in providing the service in 2018-19, 2019-20 and 2020-21 respectively; and
3. the total expenditure incurred in the past in respect of the service, broken down by manpower, administrative and drug cost, as well as the estimated expenditure for 2020-21.

Asked by: Hon CHAN Pierre

Reply:

1. The Social Hygiene Service of the Department of Health has introduced the biologic service for people with severe psoriasis in Chai Wan Social Hygiene Clinic (CWSHC) located in the Pamela Youde Nethersole Eastern Hospital since June 2018. Based on the number of patients receiving biologic service since service commencement and depending on the clinical conditions of the patients concerned, it is estimated that there will be about 80-100 cases, including new and revisiting cases, in 2020-21.
2. Since June 2018, 1 Consultant Dermatologist, assisted by 1 Nursing Officer and 2 Registered Nurses with training in biologic treatment, have been delivering the service in the CWSHC.
3. In 2020-21, the estimated provision for providing the biologic service is \$4 million, including staff costs, administrative costs and costs on other drugs. The DH does not have information about the costs of the biologic drugs involved as they are self-financing items.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)009

(Question Serial No. S0079)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work in controlling Coronavirus disease 2019 (COVID-19), will the Government please advise on:

- (1) the current preventive measures (including denial of entry, a mandatory visit to the Temporary Specimen Collection Centre, random or comprehensive collection of samples with specimen collection containers, and compulsory home quarantine), in table form, adopted at the airport and other land boundary control points for Hong Kong residents/non-residents entering the territory from overseas, the Mainland, Taiwan and Macao;
- (2) whether more stringent preventive arrangements are in place for visitors with a visit endorsement from Hubei Province/Wuhan and visitors entering Hong Kong via the said places; if so, the details; if not, the reasons; and
- (3) whether action will be taken to identify visitors who are residents from/holders of a visit endorsement from other Mainland regions but have been stranded in Wuhan due to COVID-19, and whether more stringent arrangements are in place for them; if so, the details; if not, the reasons?.

Asked by: Hon MOK Charles Peter

Reply:

(1), (2) and (3)

To further prevent imported cases and cut the global and local virus transmission chain as far as possible, the Government has implemented the following measures targeting travellers arriving at or departing from Hong Kong –

Strengthening Port Health Measures

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

Strengthening Immigration Control and Suspending Transit Services at HKIA

The Government has implemented the following measures to restrict entry and suspend all transit services at HKIA, initially until 7 April 2020. Taking into account the current outbreak situation in Hong Kong and around the globe, the Government announced on 6 April 2020 to extend the relevant measures until further notice.

- (a) All non-Hong Kong residents coming from overseas countries and regions by plane will be denied entry to Hong Kong;
- (b) Non-Hong Kong residents coming from the Mainland, Macao and Taiwan will be denied entry to Hong Kong if they have been to any overseas countries or regions in the past 14 days;
- (c) All transit services at HKIA will be suspended; and
- (d) All travellers coming from Macao and Taiwan, including Hong Kong and non-Hong Kong residents, will be subject to a 14-day compulsory quarantine, which is the same as the arrangements for people entering Hong Kong from the Mainland.

Also, since 27 January 2020, except for Hong Kong residents, residents from Hubei and persons who have visited the Hubei Province in the past 14 days will not be permitted to enter Hong Kong until further notice.

Compulsory quarantine requirement

The Government published in the Gazette on 7 February 2020 the Compulsory Quarantine of Certain Persons Arriving at Hong Kong Regulation (Cap. 599C), which mandates all persons having stayed in the Mainland for any period during the 14 days preceding arrival in Hong Kong, regardless of nationality and travel documents used, except for exempted persons, to be subject to compulsory quarantine for 14 days.

Furthermore, following the Government’s Red Outbound Travel Alert issued on all overseas countries/territories on 17 March 2020, the Government gazetted on 18 March 2020 the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation

(Cap. 599E), which mandates arrivals from all specified places outside China to undergo quarantine. This Regulation took effect on 19 March 2020 at 0:00am and remains in force for three months till 18 June 2020. The Secretary for Food and Health (“SFH”) specified on the same day under Cap. 599E that all persons having stayed in places outside China for any period during the 14 days preceding arrival in Hong Kong, regardless of nationality and travel documents used, except for exempted persons, will be subject to compulsory quarantine for 14 days.

Together with Cap. 599E effected on 19 March 2020, the Government published in the Gazette on 24 March 2020 the Compulsory Quarantine of Certain Persons Arriving at Hong Kong (Amendment) Regulation 2020 (“Amendment Regulation”). With effect from 25 March 2020 at 0:00am, the Amendment Regulation extends the compulsory 14-day quarantine arrangement to all persons, except for exempted persons, arriving from or having stayed in Macao and Taiwan in the past 14 days prior to arrival in Hong Kong, in addition to those arriving from the Mainland.

The implementation of the aforementioned border control measures, the Compulsory Quarantine of Persons Arriving at Hong Kong from Foreign Places Regulation and the Amendment Regulation mean that currently all non-Hong Kong residents arriving from overseas countries or regions are denied entry or transit, and all persons arriving in Hong Kong are required to undergo compulsory quarantine (except for a small number of exempted persons). These measures can further help prevent the spread of COVID-19 in Hong Kong.

Enhanced Surveillance

The Centre for Health Protection (“CHP”) under DH has been progressively extending its Enhanced Laboratory Surveillance Programme (“the Programme”) all along, providing free testing for COVID-19 to asymptomatic inbound air travellers since 19 March 2020, with an aim to identifying the patients early and reducing the risk of community transmission. Starting from 29 March 2020, the scope of the Programme has been extended to cover all asymptomatic inbound air travellers arriving from places under Cap. 599E.

DH further set up a Temporary Specimen Collection Centre (“TSCC”) at AsiaWorld-Expo (“AWE”) since 26 March 2020. The persons concerned can visit the TSCC for collecting and submitting their deep throat saliva specimens immediately upon their arrival, or they can choose to collect their deep throat saliva specimen at their place of accommodation, and ask their family members or friends to deliver it to one of the specified collection clinics. If a specimen tests positive, DH will immediately arrange the person concerned to be admitted to a hospital for isolation and treatment; if the test result is negative, the person concerned is still required to continue the 14-day quarantine at the place of accommodation. Starting from 3 April 2020, persons who collect specimens by themselves at home can make use of a door-to-door specimen collection service provided by member companies of the Cyberport Startup Alumni Association to submit their deep throat saliva specimens to DH for COVID-19 testing.

From 8 April 2020 onwards, the Programme has been further extended to inbound travellers who have been to Hubei Province in the past 14 days arriving via land boundary control points (Shenzhen Bay Port and the Hong Kong-Zhuhai-Macao Bridge Hong Kong Port). Specimen collection containers will be provided by DH staff to these travellers for collection of their deep throat saliva samples for testing when they are undergoing compulsory home quarantine. With effect from the same date, all asymptomatic inbound travellers arriving at HKIA have been mandated under the Prevention and Control of Disease Regulation (Cap. 599A) to collect their deep throat saliva samples at TSCC at AWE for conducting testing for COVID-19. Starting from 9 April 2020, travellers on flights from the United Kingdom (“UK”) have been required to wait for the test results at TSCC given that the majority of imported cases recorded between 25 March 2020 and 7 April 2020 involved people who had been to the UK. The arrangement was extended to flights from other European countries and the United States on 13 April 2020, and further extend to all inbound travellers on 22 April 2020. Depending on the arrival time of flights, asymptomatic inbound travelers who need to wait for the test results overnight will be arranged to be temporarily accommodated in the DH Holding Centre for Test Result (HCTR) set up in a hotel. In view of some recent cases involving persons under home quarantine who have been tested positive for COVID-19 around the completion date of the quarantine, starting from 20 April 2020, all asymptomatic inbound travellers arriving at the airport will be provided with an extra specimen collection container for their collection of deep throat saline samples during home quarantine for another round of virus testing.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)010

(Question Serial No. S0066)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In response to the fight against COVID-19 in Hong Kong, experts said that the daily number of tests should be increased to identify silent spreaders. The Secretary for Food and Health stated in the meeting that the Department of Health (DH) had extended the testing programme to include private medical practitioners. Since January, the number of tests performed has exceeded 110 000. The DH also stated that the testing capacity of its laboratories had been increasing – to its current level of 3 000 tests per day. In this connection, please advise on:

1. (a) the testing capacity and (b) the actual number of tests performed per week since January in respect of the DH's laboratories;
2. whether the testing capacity of the DH's laboratories can be further increased and whether there are plans to do so; if yes, the details;
3. whether the DH has plans to increase the number of tests in response to expert advice; if yes, the details; and
4. in view that places such as the United States and South Korea have stepped up community testing by means of rapid tests, whether the Government has conducted any studies on introducing the relevant technologies or other latest technologies to increase the number of tests in the community; if so, the details about the study such as the average cost and the procurement plan.

Asked by: Hon WU Chi-wai

Reply:

1. Since the outbreak of the Coronavirus Disease 2019 (COVID-19), the Department of Health (DH) and the Hospital Authority have been working closely on the test methodology, strategy and workflow arrangement in order to achieve synergy in test capacity and to optimise patient management in hospitals. The normal maximum capacity of the DH's testing respiratory specimens for virus detection is around

1 000 specimens per working day on weekdays. The DH tested 2 576, 5 661 and 35 855 specimens for COVID-19 in January, February and March 2020 respectively. During the period from 23 March 2020 to 5 April 2020, over 15 000 specimens were tested weekly.

2. To shorten the turnaround time and meet the ever increasing demands for COVID-19 testing, staff of the DH have been working overtime since January 2020. To further boost up the maximum capacity, the DH has been actively stockpiling reagent stocks and specimen containers, deploying manpower, and optimising test methods, procedures and workflow.
3. The DH is closely monitoring the situation of COVID-19 in determining the scope of laboratory surveillance. To boost up the testing capacity in Hong Kong, engagement of university laboratories and private laboratories is being explored.
4. The DH has always kept abreast of any potential and possible diagnostic tests available since the report of COVID-19 cases in December 2019. Apart from constantly upgrading and improving the self-developed in-house molecular testing, the DH will also evaluate commercial tests available in the market or under development by local or overseas researchers. The DH will determine how to make the best use of the test kits and their application after careful assessment of the evaluation results.

- End -

CONTROLLING OFFICER'S REPLY

S-FHB(H)011

(Question Serial No. SV015)

Head: (48) Government Laboratory

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

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

During the period from 2015 to 2017, the Government Laboratory tested samples of heat-not-burn products. Please provide information on the test methods, processes and results.

Asked by: Hon NG Wing-ka, Jimmy

Reply:

During the period from 2015 to 2017, the Government Laboratory tested samples of heat-not-burn products. The test methods and processes were based on International Standard ISO 4387:2000. The test results were available in the LC Paper No. CB(2)1175/18-19(03) issued in April 2019.

- End -