

立法會
Legislative Council

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Finance Committee of the Legislative Council

Minutes of the 18th meeting
held at Conference Room 1 of the Legislative Council Complex
on Friday, 26 February 2021, from 3:30 pm to 6:34 pm

Members present:

Hon CHAN Kin-por, GBS, JP (Chairman)
Hon CHAN Chun-ying, JP (Deputy Chairman)
Hon Abraham SHEK Lai-him, GBS, JP
Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon Jeffrey LAM Kin-fung, GBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon Starry LEE Wai-king, SBS, JP
Hon CHAN Hak-kan, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon WONG Kwok-kin, SBS, JP
Hon Mrs Regina IP LAU Suk-yea, GBS, JP
Hon Paul TSE Wai-chun, JP
Hon Michael TIEN Puk-sun, BBS, JP
Hon Steven HO Chun-yin, BBS
Hon Frankie YICK Chi-ming, SBS, JP
Hon YIU Si-wing, BBS
Hon MA Fung-kwok, GBS, JP
Hon Alice MAK Mei-kuen, BBS, JP
Hon KWOK Wai-keung, JP
Hon Christopher CHEUNG Wah-fung, SBS, JP
Hon Elizabeth QUAT, BBS, JP
Hon Martin LIAO Cheung-kong, GBS, JP
Hon POON Siu-ping, BBS, MH

Dr Hon CHIANG Lai-wan, SBS, JP
Ir Dr Hon LO Wai-kwok, SBS, MH, JP
Hon CHUNG Kwok-pan
Hon Jimmy NG Wing-ka, BBS, JP
Dr Hon Junius HO Kwan-yiu, JP
Hon Holden CHOW Ho-ding
Hon SHIU Ka-fai, JP
Hon Wilson OR Chong-shing, MH
Hon YUNG Hoi-yan, JP
Dr Hon Pierre CHAN
Hon CHEUNG Kwok-kwan, JP
Hon LUK Chung-hung, JP
Hon LAU Kwok-fan, MH
Hon Kenneth LAU Ip-keung, BBS, MH, JP
Dr Hon CHENG Chung-tai
Hon Vincent CHENG Wing-shun, MH, JP
Hon Tony TSE Wai-chuen, BBS, JP

Members absent:

Hon CHAN Han-pan, BBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP

Public officers attending:

Ms Alice LAU Yim, JP	Permanent Secretary for Financial Services and the Treasury (Treasury)
Mr Raistlin LAU Chun, JP	Deputy Secretary for Financial Services and the Treasury (Treasury) 1
Miss CHAN Cheuk Yin, Jennie	Principal Executive Officer (General), Financial Services and the Treasury Bureau (The Treasury Branch)
Dr CHOI Yuk-lin, JP	Under Secretary for Education
Mr Derek LAI Chi-kin	Principal Assistant Secretary for Education (Higher Education)
Mr Louis LEUNG Sze-ho	Deputy Secretary-General (1), University Grants Committee Secretariat
Mr Stephen IP Shing-tak	Chief Technical Adviser (Subvented Projects), Architectural Services Department

Professor Sophia CHAN Siu-chee, JP	Secretary for Food and Health
Miss Amy YUEN Wai-yin, JP	Deputy Secretary for Food and Health (Health) 2
Dr Ronald LAM Man-kin, JP	Controller, Centre for Health Protection
Mr Bruno LUK Kar-kin	Deputy Director, COVID-19 Vaccination Programme
Mr Lot CHAN Sze-tao	Chief Pharmacist (1), Department of Health
Dr CHUI Tak-yi, JP	Under Secretary for Food and Health
Mr Gilford LAW Sun-on	Principal Assistant Secretary for Food and Health (Food)2
Miss Diane WONG Shuk-han, JP	Deputy Director of Food and Environmental Hygiene (Environmental Hygiene)
Mr LAI Siu-kwong	Acting Assistant Director of Food and Environmental Hygiene (Operations) 3
Ms Jacqueline HO Yuen-man	District Environmental Hygiene Superintendent (Yuen Long), Food and Environmental Hygiene Department
Mr WONG Chuen-fai, JP	Assistant Director of Environmental Protection (Waste Recycling Innovation Planning)
Mr Edward TSE Cheong-wo, JP	Deputy Director of Architectural Services
Mr Saadullah SAT Sing-hin	Senior Project Manager 324, Architectural Services Department
Mr Kepler YUEN Shing-yip	District Planning Officer (Tuen Mun and Yuen Long West), Planning Department

Other persons attending:

Professor Alfonso NGAN	Senior Advisor, The University of Hong Kong
Ms Jeannie TSANG	Registrar, The University of Hong Kong
Mr Eddie YIU	Senior Assistant Director (Estates Office), The University of Hong Kong
Mr Albert CHAN	Executive Director, Wong & Ouyang (HK) Ltd

Clerk in attendance:

Ms Anita SIT

Assistant Secretary General 1

Staff in attendance:

Ms Angel SHEK

Chief Council Secretary (1)1

Miss Bowie LAM

Council Secretary (1)1

Miss Queenie LAM

Senior Legislative Assistant (1)2

Mr Frankie WOO

Senior Legislative Assistant (1)3

Miss Yannes HO

Legislative Assistant (1)7

Action

The Chairman reminded members of the requirements under Rule 83A and Rule 84 of the Rules of Procedure.

2. In relation to the public works proposals to be considered by the Finance Committee ("FC") at this meeting, the Chairman declared that he was a Director and the Chief Executive Officer of Well Link Insurance Group Holdings Limited. He was also a Director of Well Link General Insurance Company Limited and Well Link Life Insurance Company Limited, both under the Well Link Insurance Group.

Item 1 — FCR(2020-21)96

**RECOMMENDATION OF THE PUBLIC WORKS
SUBCOMMITTEE MADE ON 20 JANUARY 2021**

PWSC(2020-21)26

**HEAD 708 — CAPITAL SUBVENTIONS AND MAJOR SYSTEMS
AND EQUIPMENT**

The University of Hong Kong

56EG – — Redevelopment of No. 2 University Drive (Building 1)

64EG – — Information Technology Building at University Drive

Continuation of discussion on FCR(2020-21)96

3. The Chairman advised that this item sought FC's approval for the recommendation of the Public Works Subcommittee ("PWSC") made at its meeting on 20 January 2021, i.e. the recommendation in

PWSC(2020-21)26 to upgrade 56EG and 64EG for the University of Hong Kong ("HKU") to Category A at estimated costs of \$599.9 million and \$486.9 million in money-of-the-day prices respectively. Pursuant to the last FC meeting, the Administration had withdrawn on 24 February 2021 item FCR(2020-21)92 which included the above two HKU-related projects and project 56EF for the Chinese University of Hong Kong, and submitted the current new agenda item and a new discussion paper (i.e. FCR(2020-21)96) covering the two HKU-related projects only.

4. Mr Jimmy NG and Mr CHEUNG Kwok-kwan declared that they were serving on the Court of HKU.

Voting on FCR(2020-21)96

5. At 3:32 pm, the Chairman put item FCR(2020-21)96 to vote. The Chairman declared that the majority of the members present and voting were in favour of the item. The item was approved.

Item 2 — **FCR(2020-21)94**
HEAD 140 — **GOVERNMENT SECRETARIAT :**
FOOD AND HEALTH BUREAU (HEALTH BRANCH)
Subhead 700 **General non-recurrent**
New item **"Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines"**

6. The Chairman advised that this item invited FC to approve the creation of a new commitment of \$1 billion under Head 140 Government Secretariat: Food and Health Bureau (Health Branch) Subhead 700 General non-recurrent for the setting up of an Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease-2019 Vaccines ("AEFI Fund"). The Administration briefed the Panel on Health Services on the proposal at its meeting on 8 January 2021.

7. Ms Elizabeth QUAT, Chairman of the Panel on Health Services, advised that the Administration briefed the Panel on the framework of the AEFI Fund in the context of measures of the Food and Health Bureau ("FHB") under the 2020 Policy Address. Members did not object to the submission of the financial proposal to FC for the setting up of the Fund, but some expressed concern on the arrangements for the establishment of the Fund including its size and the need for legislation. Members also expressed views on issues relating to the vaccination, including the

delineation of the priority groups, vaccination records, public confidence in the vaccines, clarification on fake vaccine information, and incentives for encouraging members of the public to receive vaccination.

Size of fund

8. Mr CHAN Chun-ying expressed concern whether the AEFI Fund of \$1 billion would be sufficient. Given the Administration's target of the COVID-19 vaccination programme to cater for at least two times the Hong Kong population, and the possibility of voluminous claims for compensation under the Fund, he enquired if the Administration would revert to FC for seeking additional commitment if necessary.

9. Dr Junius HO expressed support for the setting up of the AEFI Fund. He asked about the basis for determining the commitment of \$1 billion for the Fund, whether the amount would be sufficient having regard to the maximum amount of payout of \$2 million to \$3 million per individual for injury/death associated with SAEs (as set out in paragraph 16 of the discussion paper FCR(2020-21)94), and if the seeking of additional funding was envisaged.

10. Secretary for Food and Health ("SFH") said that the establishment of the AEFI Fund was a precautionary measure aimed at giving an assurance to citizens in the event of unexpected serious adverse events ("SAEs") associated with a COVID-19 vaccine. While SAEs were extremely rare globally, the Fund aimed to provide timely financial assistance in case of such SAEs. The Government did not anticipate significant usage of the Fund but would monitor the situation and revert to FC if necessary. Advance purchase agreements ("APAs") had so far been reached with three vaccine developers and discussion with other vaccine developers was ongoing. The \$8.4 billion earmarked earlier on for the procurement of COVID-19 vaccines should be sufficient for the purpose whereas the commitment of \$1 billion now sought was for the setting up of the Fund. In response to Mr CHAN Chun-ying's further enquiry, SFH confirmed that each and every reported case of SAEs would be examined by the Expert Committee on Clinical Events Assessment following COVID-19 Immunization ("Expert Committee").

11. Deputy Secretary for Food and Health (Health)2 ("DS for FH(H)2") added that, under normal circumstances, persons affected by vaccination would make claims with the vaccine manufacturers concerned. However, the situation of COVID-19 vaccines was different from that of other new drugs in that their supply was scarce and their development compressed, which did not make it possible for manufacturers to arrange for insurance

in the usual manner. In general, indemnity clauses would be included in APAs to indemnify manufacturers against product liability claims, except where willful misconduct or gross negligence might be involved. In the event of SAEs in which causal link with the COVID-19 vaccines had been established or could not be ruled out by the Expert Committee, the Government would bear the cost for indemnity and pay part of the compensation to claimants from the Fund according to a payout schedule.

12. Dr Junius HO sought clarification on the cost per dose for the three types of vaccines procured. DS for FH(H)2 said that due to the confidentiality terms of APAs, the Government could not disclose the relevant costs.

Conditions for compensation

13. Ms YUNG Hoi-yan noted that there would be two conditions for compensation under the AEFI Fund, i.e., certification by a registered medical practitioner of the SAE, and the evaluation outcome of the Expert Committee of the causal link between Adverse Event Following Immunization ("AEFI") and the COVID-19 vaccines. She sought elaboration on the certification required of a registered medical practitioner, and whether or not the Expert Committee would have to reach a consensus on its evaluation. Mr YIU Si-wing enquired about the timeframe involved for fulfilment of the two conditions, and how this would match the Administration's claim that "immediate financial assistance" would be provided by the Fund to claimants.

14. DS for FH(H)2 said that the Expert Committee would decide whether there was causal link or not. For in-between cases where a causal link was uncertain, the Government was inclined to recommending the payment of compensation under the AEFI Fund. As regards the timeframe for processing claims, SFH said that the Secretariat of the Expert Committee (supported by staff of the Department of Health ("DH")) would expedite action upon the receipt of reported cases and assess whether there was causal link having regard to guidelines issued by the World Health Organization ("WHO"). Compensation payments would be made as quickly as possible after the assessments, and "immediate financial assistance" was relative to the relief sought under the long process of legal proceedings. SFH added that members of the public would be provided with a choice of vaccines and the Government aimed to boost public confidence in the vaccination programme by ensuring the transparency of data on the overall situation of the vaccines as well as the possible adverse events.

15. Mr Jeffrey LAM spoke in support of the AEFI Fund. He asked if measures would be in place to prevent persons from abusing the Fund. SFH assured members that detailed causality assessments would be made on reported cases of SAEs, irrespective of whether or not claims would be made for compensation under the Fund. Persons who did not feel well after vaccination would have to consult doctors, and the Expert Committee would assess the causal link of the SAEs with the COVID-19 vaccination.

16. Dr CHENG Chung-tai expressed concern on the same Expert Committee advising on the authorization of use of the COVID-19 vaccines, assessing the causal link of AEFIs and the vaccines, and deciding on the compensation payments.

17. SFH clarified the respective roles that were taken up by different committees. An Advisory Panel on COVID-19 Vaccines ("Advisory Panel") appointed by the Chief Executive was responsible for advising on the authorization of the emergency use of COVID-19 vaccines. The Expert Committee would provide independent assessment of potential causal link between AEFIs and the COVID-19 vaccines. The chairmen of the two committees were different, although some specialists might sit on both committees. In response to Dr CHENG Chung-tai's enquiry, SFH said that claimants could contact any registered medical practitioner for certification, including those in the public sector.

Level of compensation and review mechanism

18. While indicating support for the AEFI Fund, Mr NG Wing-ka enquired whether a standard formula would be set for calculating the compensation payable, and the circumstances under which the maximum levels would be payable. Mr Holden CHOW asked about the basis for determining the amount of compensation payments under the Fund. Mr Martin LIAO asked if the Administration would make reference to the mechanisms of some other jurisdictions using the extent of the causal link as the basis for finetuning the rates of compensation. Both Mr NG and Mr LIAO enquired if there would be any review or appeal mechanism on the Expert Committee's evaluation if claimants were dissatisfied with the outcome.

19. SFH and DS for FH(H)2 explained that upon receipt of a report on an AEFI case, the Secretariat of the Expert Committee would conduct a detailed assessment on whether the case had a causal link with the COVID-19 vaccine concerned in accordance with the WHO guidelines. The assessment would then be considered by the Expert Committee. The Expert Committee might draw conclusions on three circumstances, i.e., the

causality of the AEFI of the case and vaccine was consistent (there was a causal link), the causality of the AEFI of the case and vaccine was inconsistent (there was no causal link), and cases where the causal link was uncertain. There would be different rates of compensation corresponding to the different degrees of injury in relevant cases. As regards review/appeal mechanism, an aggrieved claimant could provide new evidence or new information or different medical views. Further examination might be undertaken by the Expert Committee, or views of third parties might be sought if necessary. The Government was working on the arrangements for administering claims to be made under the AEFI Fund. An objective standard of compensation, similar to that for insurance claims for different degrees of disabilities, would be set and publicized.

20. Dr CHENG Chung-tai said that he remained apprehensive of the AEFI Fund and asked:

- (a) for the basis for determining the maximum payout levels, whether comparison had been made with arrangements in overseas countries, and how the Expert Committee would decide on the amount of compensation;
- (b) whether financial assistance would be available to cover fees incurred by claimants for consultation with doctors and/or specialists as well as medical costs such as that for treatments in intensive care units; and
- (c) whether compensation under the Fund would cover legal costs, and if the Hospital Authority ("HA") would accord priority for treating COVID-19 vaccinated persons affected by SAEs.

21. SFH and DS for FH(H)2 said that the maximum payout levels for the different age groups and conditions had been proposed having regard to the arrangements in other places as well as the amount of compensation payable under the Employee's Compensation Ordinance (Cap. 282). The maximum levels of compensation in the United Kingdom, Canada and Macau were £120,000, CAD\$120,000 and MOP\$1 million respectively, while compensation as provided in clauses 6 and 7 of Cap. 282 for death and incapacity were in the region of \$2 million to \$3 million. The Government considered the proposals reasonable, and the details were being worked out.

22. DS for FH(H)2 said that affected persons of serious cases should either be receiving treatment in HA hospitals or if not, be requested to consult HA doctors to confirm the SAEs. Persons affected by SAEs could make claims for insurance for hospitalization or pursue civil actions. As legal proceedings were complex and time-consuming, the Government proposed to introduce the AEFI Fund to expedite the payment of financial assistance which should be able to cover also the medical expenses incurred. As for (c) above, SFH stressed that the AEFI Fund was precautionary and global data showed that SAEs after COVID-19 vaccination was extremely rare. The Government would take into account members' views to perfect the mechanism.

23. Ms YUNG Hoi-yan considered it necessary for the Administration to stress to the public that claims for compensation payable under the AEFI Fund and civil actions against the vaccine manufacturers were not mutually exclusive. SFH confirmed that claims for compensation under the Fund and civil actions could be conducted in parallel, and that the amount of compensation under the Fund would be offset from the court's award. As legal proceedings could be timely and complex, compensation under the Fund would provide emergency relief to claimants. In response to Mr Holden CHOW, DS for FH(H)2 advised that persons compensated under the Fund could choose not to pursue with the vaccine manufacturers concerned through legal means.

Time limit for compensation

24. Ms Elizabeth QUAT and Mr Tommy CHEUNG asked for the basis of the two-year limit and if it could be extended. Sharing this concern, Mr Holden CHOW pointed out that the time limit for claims for negligence cases under the common law was three years. Dr CHENG Chung-tai expressed worries that the two-year limit might exclude cases where the side effects of the vaccination emerged only after a long period, such as those relating to genetic conditions.

25. SFH and DS for FH(H)2 said that the two-year limit had been set having regard to the arrangements in other places. For example, the time limits set by USA, Canada and Macau were one year, three years and three months respectively, and mid-2022 in respect of COVAX. As some set a longer time limit for compensation and others relatively shorter and given the limited data available currently on SAEs globally, the Government considered the two-year limit appropriate at this stage. The Government would keep in view developments and review the time limit in due course, taking into account the time and mode of SAEs arising in the meantime.

Any extension of the time limit for compensation under the Fund could be made administratively.

26. Mr Tommy CHEUNG asked whether the two-year limit implied that the AEFI Fund would cease operation after two years, and whether details of the application procedures for compensation under the Fund were available. SFH advised that there was no plan at this stage to cease the operation of the AEFI Fund after a specified period. DS for FH(H)2 said that the detailed application procedures were being drawn up, and claims could be made within two years from the last dose of the vaccine.

Efficacy of vaccines

27. Mr Kenneth LAU spoke in support of the AEFI Fund as it would help enhance the public's confidence and participation in the COVID-19 vaccination programme. He enquired about the sustainability of the antibodies and immunities which the three types of vaccines would produce, the time gap between inoculation for the different types of vaccines, and if the Administration would arrange for blood tests for vaccinated citizens to check their level of antibodies.

28. SFH advised that the COVID-19 vaccines authorized for emergency use in Hong Kong had been examined by the Advisory Panel, and their quality, efficacy and safety had been assured. In addition to providing basic protection, the vaccines would reduce the risk of contracting COVID-19. As to the production and sustainability of antibodies and immunities developed after vaccination, relevant data was being collected under a surveillance programme of HKU. Controller, Centre for Health Protection ("Controller, CHP") added that Phases 1 and 2 of studies undertaken by the manufacturers concerned had confirmed the effectiveness of the two vaccines procured in the production of antibodies. The duration between the administration of two doses of vaccines had been listed in the manufacturer's package insert. Information on the sustainability of the antibodies would be obtained through follow-up study by the universities.

29. Dr Priscilla LEUNG expressed worries that some might perceive the setting up of the Fund as an implication of high risks associated with the COVID-19 vaccines. To dispel such misconception, she requested the Administration to stress the safety of the vaccines and the rarity of SAEs. In addition, the Administration should provide to the public a checklist of the vaccination's possible side effects for reference by members of the public. Dr LEUNG also enquired about the standard of proof for compensation under the Fund.

30. SFH said that the Government had made available to persons intending to take vaccination relevant information about their physical conditions, the overall situation of the vaccines of their choice, and the possible side effects. Persons who did not feel well for a prolonged period after vaccination should consult medical practitioners, and the costs for hospitalization as a result of COVID-19 vaccination could be covered by insurance such as the Voluntary Medical Insurance Scheme.

31. Mr SHIU Ka-fai indicated support for the AEFI Fund which would boost confidence in the COVID-19 vaccination programme. He sought information on clinical data concerning the different degrees of efficacy and risk of the two types of vaccines procured.

32. SFH stressed the safety, efficacy and quality of the COVID-19 vaccines authorized for emergency use in Hong Kong, and the advice of specialists on the benefits of the vaccines generally exceeding the risk of not using any vaccines. Controller, CHP said that Phases 1 and 2 of the clinical trials conducted by the vaccine manufacturers were completed and had confirmed the efficacy and safety of the vaccines. A direct comparison of the efficacy of the vaccines might not be appropriate as the trials were undertaken in different places, with different populations, disease prevalence and age levels, etc. Controller, CHP reiterated that the Scientific Committee on Emerging and Zoonotic Diseases and Scientific Committee on Vaccine Preventable Diseases ("Joint Scientific Committees") considered both types of vaccines suitable for use.

33. Mr SHIU Ka-fai reminded FHB of its responsibility to provide clear data to citizens on the pros and cons of COVID-19 vaccines and their potential side effects. Mr SHIU requested further elaboration on the efficacy of the COVID-19 vaccines, and the definition of the different degrees of symptoms (i.e. mild, moderate and serious symptoms).

34. Controller, CHP said that the Sinovac vaccine manufacturer had conducted Phase 3 clinical trials in Brazil, with about 10 000 healthcare workers as trial participants aged above 18 and a small number of elders aged above 60. The results indicated that the vaccination could lower the risk of developing symptomatic COVID-19: by 50.65% for persons who experienced mild symptoms without the need for medical attention; by 83.7% for persons who experienced symptoms and required medical attention or had more severe conditions; and by 100% for serious cases involving hospitalization, severe conditions or even death. As for the BioNTech vaccine, clinical trials had been conducted with about 36 000 persons aged 16 or above and some elders aged 75 or above. The

results indicated an efficacy rate, including serious cases, of 95% for the vaccine. Generally, the three categories of symptoms were: (a) mild symptoms which did not require medical consultation; (b) symptoms which required medical consultation or were even more serious; and (c) serious symptoms which required hospitalization or involved death. Controller, CHP said that in view of the epidemic, members of the public should seek consultation with doctors and get tested even if they had only mild symptoms after vaccination, so as to differentiate whether these symptoms were related to vaccine side effects, or due to COVID-19.

35. Mr Holden CHOW urged the Administration to improve the network booking system for vaccination and make an early announcement on participation in the vaccination programme by private doctors. SFH said that the Administration had just announced three additional Community Vaccination Centres to cope with demand. Over 1000 private doctors would join the programme for Sinovac inoculation, and vaccination by private doctors was expected to commence in early March 2021. The Administration would release the participation list of private doctors on the thematic website as soon as possible.

Adverse events associated with vaccination

36. Mr Michael TIEN indicated support for the AEFI Fund. He referred to item 16 (i.e. COVID-19 disease (by levels of severity)) of the List of Adverse Events of Special Interest of COVID-19 Vaccines ("AESI") in the Enclosure to FCR(2020-21)94 and said that according to some specialists, the item had been included by WHO and the European Medicines Agency ("EMA") in relevant lists to cover situations in low-income countries where the use of live-attenuated vaccines might result in the contraction of diseases. Since COVID-19 vaccines should not be live-attenuated, he doubted the probability of a person contracting COVID-19 because of the COVID-19 vaccination and hence the inclusion of item 16 in the list of AESI.

37. Controller, CHP said that the two lists of AEFI and AESI ("the two lists") had been compiled having regard to relevant lists of WHO and other regulatory bodies including EMA, in which COVID-19 had been listed as one of the adverse events of special interest of COVID-19 vaccines. As COVID-19 vaccines should meet the criteria of safety, efficacy and quality, a basic principle of the AEFI Fund was to compensate persons who might be affected by adverse events caused by the vaccination. The causes might relate, for example, to the quality of vaccines or other factors that caused vaccine failure.

38. Mr Michael TIEN remained unconvinced. He said that as the efficacy of COVID-19 vaccines might only be about 60%, the vaccinated persons might still contract the disease and make claims for compensation under the AEFI Fund. He doubted whether experts would possess the know-how to decipher whether COVID-19 patients had contracted the disease as a result of the vaccination.

39. Controller, CHP said that WHO had issued comprehensive guidelines on the causal link of AEFIs and COVID-19 vaccination. For example, it would be necessary to examine whether there were problems with the quality or quantity of vaccines, mishaps during vaccination, and anxiety during vaccination. In accordance with the proposed mechanism of the AEFI Fund, upon report by a medical practitioner, the case would also be further assessed by the Expert Committee.

40. Chief Pharmacist (1), DH explained that the list of AESI had been compiled by reference to the surveillance mechanisms of WHO and EMA. In addition to ascertaining the causal link of AFEIs with the vaccines, it was also necessary to know if there were problems with the quality of vaccines. For example, if the virus-inactivation work was substandard during the production stage of a vaccine, it might result in COVID-19 virus remaining active in the vaccine, thereby leading to the contraction of the disease. If one or more such cases arose, it would be necessary to investigate on say whether they belonged to the same batch or same brand of vaccines, and whether there were problems with the quality of the vaccines. DS for FH(H)2 added that the two lists were used not solely for dealing with claims under the AEFI Fund. The adverse events listed therein would facilitate reports to DH whereupon pharmacists would conduct case evaluation. She stressed that the two lists did not imply that the adverse events concerned would occur.

41. Dr Junius HO asked whether the two lists were for reference only. Controller, CHP reiterated that the two lists had been compiled having regard to the experience of WHO and other drug regulatory authorities and other vaccines. As COVID-19 vaccines were newly developed and might give rise to unexpected adverse events, the Government had established a number of mechanisms as safeguards. Healthcare professionals, including pharmacists, could make reports through the website on SAEs including those not on the two lists to enable follow-up by the Government. Assessments would then be made by registered medical practitioners on the clinical aspects of the SAEs, to be reviewed by the Expert Committee on the casual relationship. SAEs not currently included in the two lists would also be duly considered.

42. With a view to minimizing the risk of SAEs and subsequent claims under the Fund, Mr YIU Si-wing enquired if the Administration would issue guidelines or advice on the medication and vaccination which persons should not take after the COVID-19 vaccination. Controller, CHP said that the prime concern was for medical personnel to be alerted to SAEs and categories of persons who might not be suitable for taking COVID-19 vaccines. In addition, the Joint Scientific Committees under DH had already published recommendations on the use of COVID-19 vaccines for reference by healthcare professionals. Furthermore, measures including the establishment of a surveillance mechanism after vaccination and of a reporting mechanism through the DH website, the provision of the two lists, as well as clear messages provided at briefings for the medical sector on the possible side effects of the vaccines, would all increase the awareness of healthcare professionals to such adverse events and the handling of related problems.

43. Mr YIU Si-wing remained concerned about the absence of prior warning by the Administration for persons to avoid particular medications after vaccination, as this might lead to disputes over the Administration's failure to give due warnings. Controller, CHP said that the Government provided relevant information to members of the public at various junctures and channels including upon booking at online booking system, at the Community Vaccination Centre before a person received vaccination, and information about each type of vaccine was also available at the thematic COVID-19 website. For example, a person who had received immunoglobulin injection should wait at least one month before taking COVID-19 vaccination. Controller, CHP added that the Government would keep in view the latest development of vaccines and make updates accordingly.

Target groups of vaccination programme

44. Mr Tony TSE indicated support for the vaccination programme and asked if free vaccination, and compensation under the AEFI Fund, would be made available to persons working in Hong Kong and foreign domestic helpers ("FDHs"). Dr Priscilla LEUNG raised similar concerns regarding FDHs.

45. SFH said that both the vaccination programme and compensation under the AEFI Fund covered mainly Hong Kong residents. As the global supply of COVID-19 vaccines was tight, the Government would accord priority to those urgently in need with a view to extending the programme to other categories of Hong Kong residents where possible. This arrangement was similar to those of other places in offering health

protection to their residents. SFH stressed that in the short term, the vaccination programme was government-led and offered free vaccination to Hong Kong residents. The Government would review the situation when COVID-19 vaccines might no longer be for emergency use only and their production similar to that of other vaccines. SFH also confirmed that FDHs who were Hong Kong residents were included in the vaccination programme.

46. Mr Tony TSE urged the Administration to expand the vaccination programme to the remaining sectors of Hong Kong residents and non-residents studying or working in Hong Kong and even tourists if sufficient doses of COVID-19 vaccines became available, and the expansion of coverage of the AEFI Fund to these groups. SFH took note of Mr TSE's views.

47. Ms Elizabeth QUAT expressed concern about vaccination for chronic patients, in particular inmates of elderly and disability homes. She enquired about the vaccination arrangements for them, whether parents of children in disability homes would be included as a priority group, and their eligibility for compensation under the AEFI Fund.

48. SFH advised that inmates and employees of elderly and disability homes were included in the priority groups. Starting with 10 elderly homes initially, vaccination would be provided at the homes by HA or private doctors. Controller, CHP added that this outreach programme would be the joint efforts of FHB, the Labour and Welfare Bureau, and the Social Welfare Department. The Government was approaching elderly homes on related arrangements and would commence vaccination once the due procedures had been completed. He said that the Joint Scientific Committees, after reviewing the scientific evidence, epidemiology and clinical features of COVID-19, had provided recommendations on the priority groups for COVID-19 vaccination, which covered residents and staff of residential care homes as well as patients with chronic illness.

49. Dr Priscilla LEUNG enquired if Hong Kong residents residing in the Mainland would be included as priority groups at the next stage. SFH said that the Administration aimed to extend the programme to other Hong Kong residents after the priority groups. The quarantine policy currently in force might result in Hong Kong residents residing outside Hong Kong having to take a longer time for joining the vaccination programme, but the Administration would continue to review arrangements relating to the testing and quarantine policies having regard to further developments of the epidemic.

50. Mr Tommy CHEUNG said that members belonging to the Liberal Party were supportive of the AEFI Fund and the vaccination programme including coverage for FDHs. He urged the Administration to accord priority and provide incentives to employees of the catering industry for joining the vaccination programme. SFH took note of Mr CHEUNG's views.

51. Mr Jeffrey LAM noted that the Sinovac vaccines appeared to be very popular and enquired if more doses could be procured to cope with demand, and whether COVID-19 vaccines would be procured from more platforms to widen the choice to members of the public. In view that expansion of the vaccination programme would help bring about early lifting of cross-boundary restrictions and revival of Hong Kong's economy, Mr LAM enquired the plan in this regard.

52. SFH reiterated that APAs had been reached with three manufacturers for the supply of a total of 22.5 million doses of COVID-19 vaccines. The Government would keep track of the situation closely to ensure adequate supply for Hong Kong residents. SFH agreed with the importance of restoring cross-boundary traffic. Stabilizing the pandemic would be a major contributory factor, and the vaccination programme would be a step in this direction. The Government aimed to expedite the vaccination programme and expand it to other sectors of Hong Kong residents.

53. Ir Dr LO Wai-kwok expressed concern on the types of vaccination which might be accepted for travel to other places, as many people's jobs in Hong Kong required outbound travelling. He enquired if relevant discussions were ongoing at the international platform including WHO. He asked whether special relief measures (such as relaxation of local quarantine arrangements) could be put in place for persons, including aircrew members and employees of other industries, who had been vaccinated.

54. SFH said that the Government had asked specialists to study post-vaccination data, and was discussing with other places on the vaccinations which they might accept for inbound travel. Vaccination records in electronic format would also help in this respect. As for aircrew members, SFH advised that they belonged to one of the priority groups and she understood their urgent need for special measures. Controller, CHP stressed that COVID-19 vaccination programmes had just commenced globally, and scientific data were being collected including their effects on herd immunity and transmissibility of the virus. However, the current vaccination rates were not high enough to facilitate assessment,

and WHO's latest recommendation was that available data had not provided sufficient evidence on the vaccines' efficacy in achieving herd immunity. WHO had also advised a need for fairness for immunity passports, and that it was premature at this stage for vaccination to become a condition for travel. On the local front, the Government would need to give regard to the overall coverage of vaccination. If COVID-19 vaccination in Hong Kong had reached a high percentage, coupled with scientific evidence on the efficacy of vaccines as well as public health measures conducted in parallel, all these developments would be conducive to easing the pandemic.

Voting on FCR(2020-21)94

55. At 6:17 pm, the Chairman put item FCR(2020-21)94 to vote. At the request of members, the Chairman ordered a division. The Chairman declared that 20 members voted in favour of and 1 member voted against the item, and no member abstained from voting. The votes of individual members were as follows:

For:

Mr Tommy CHEUNG Yu-yan	Mr Jeffrey LAM Kin-fung
Dr Priscilla LEUNG Mei-fun	Mrs IP LAU Shuk-ye
Mr Paul TSE Wai-chun	Mr Frankie YICK Chi-ming
Mr YIU Si-wing	Mr MA Fung-kwok
Ms Elizabeth QUAT	Mr POON Siu-ping
Ir Dr LO Wai-kwok	Dr Junius HO Kwan-yiu
Mr SHIU Ka-fai	Ms YUNG Hoi-yan
Dr Pierre CHAN	Mr CHAN Chun-ying
Mr LUK Chung-hung	Mr LAU Kwok-fan
Mr Vincent CHENG Wing-shun	Mr Tony TSE Wai-tsuen

(20 members)

Against:

Dr CHENG Chung-tai
(1 member)

56. The Chairman declared that the item was approved.

Item 3 — FCR(2020-21)93
RECOMMENDATION OF THE PUBLIC WORKS
SUBCOMMITTEE MADE ON 20 JANUARY 2021

PWSC(2020-21)29
HEAD 703 — BUILDINGS
Support — Others

189GK — Construction of a joint-user building for reprovisioning a refuse collection point and setting up a community recycling centre at the junction between Hung Yuen Road and Hung Ping Road, Yuen Long

57. The Chairman advised that this item sought FC's approval for the recommendation of PWSC made at its meeting on 20 January 2021, i.e. the recommendation in PWSC(2020-21)29 to upgrade 189GK to Category A at an estimated cost of \$189.7 million in money-of-the-day prices for the construction of a joint-user building for reprovisioning a refuse collection point ("RCP") and setting up a community recycling centre ("CRC") at the junction between Hung Yuen Road and Hung Ping Road, Yuen Long.

58. Mr Tony TSE expressed support for the proposal which he considered demonstrative of the Administration's efforts in optimizing the use of land and technology and reducing the impact of odour of RCPs on nearby residents. He enquired if the design of the project was undertaken by the Architectural Services Department ("ASD"), and whether similar improvement facilities would be introduced to existing RCPs, either through designs by ASD, consultants or competitions.

59. Deputy Director of Architectural Services ("DD of ArchS") said that the project under consideration was designed by consultants engaged by ASD. Improvements such as that for the ingress and egress of refuse collection vehicles would be made to similar projects in order to minimize impact on traffic flow. ASD would liaise closely with the Food and Environmental Hygiene Department ("FEHD") on the engagement of consultants for the design of new projects. Deputy Director of Food and Environmental Hygiene (Environmental Hygiene) ("DD of FEH(EH)") said that FEHD would make joint efforts with ASD in this respect for new projects. As for existing RCPs where the environmental and other constraints might render it difficult to retrofit improvement facilities on a large scale, the Government could only aim to add recycling devices as far as practicable to enhance waste reduction and environmental protection.

60. Dr CHENG Chung-tai asked if the revised design of the multi-purpose room would impact on the financial estimate of the project in FCR(2020-21)93. He also enquired about the parties responsible for the management of facilities in the joint-user building and for the recycling arrangements.

61. DD of ArchS said that the revision in design was minor and did not impact on the financial estimate of the project. Assistant Director of Environmental Protection (Waste Recycling Innovation Planning) said that non-profit-making organizations would be engaged to operate CRCs, recently renamed as Recycling Stores, including the one under consideration.

62. DD of FEH(EH) said that the user departments in the joint-user building, i.e., FEHD and Environmental Protection Department, would manage their respective offices and facilities thereat, and a Building Management Committee would be set up in accordance with the established practice.

Voting on FCR(2020-21)93

63. At 6:34 pm, the Chairman put item FCR(2020-21)93 to vote. The Chairman declared that the majority of the members present and voting were in favour of the item. The item was approved.

64. The meeting ended at 6:34 pm.

Legislative Council Secretariat
30 August 2021