

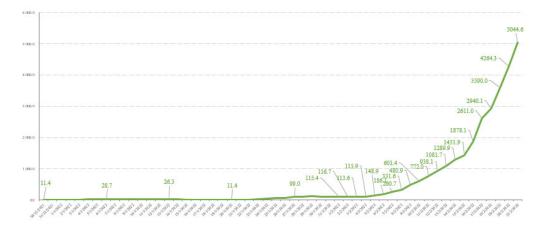
The Government of the Hong Kong Special Administrative Region (HKSAR) announced on February 22 a set of measures to control the 5<sup>th</sup> wave of the epidemic and pointed out that most measures were to be extended until April 20. Why is a mid-term review conducted?

#### (1) Epidemic development

#### February 22

 Cumulatively 53 943 positive cases and 145 death cases, with the epidemic showing a rapidly deteriorating trend in which the 2-3 months ahead would be critical

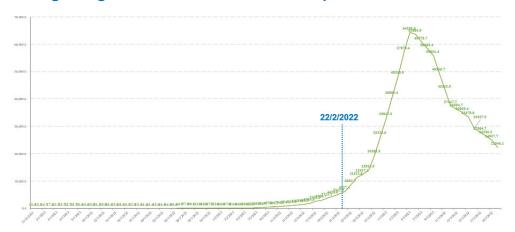
Figure 1.1 7-day moving average of no. of confirmed cases in Hong Kong since onset of 5<sup>th</sup> wave of epidemic until February 21



#### March 20

 Cumulatively 1 035 059 positive cases and 5 683 death cases, with the rapid surge in the epidemic arrested; the peak generally considered to have passed, ensued by a downward trend

Figure 1.2 7-day moving average of no. of confirmed cases in Hong Kong since onset of 5<sup>th</sup> wave of epidemic until March 20



no. of nucleic acid test positive cases
no. of rapid antigen test positive cases reported

 Rapid antigen test (RAT) results have been accepted for confirmation as positive cases since February 26, hence a more comprehensive grasp of Hong Kong's epidemic situation

Figure 2.1 No. of cases of positive test results from February 1 to 22

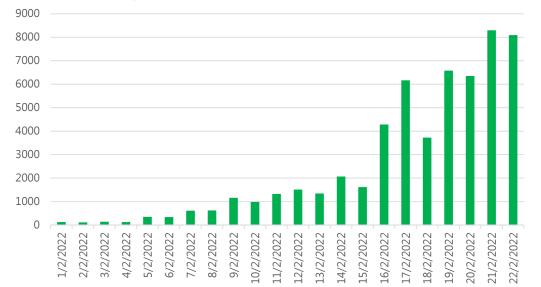
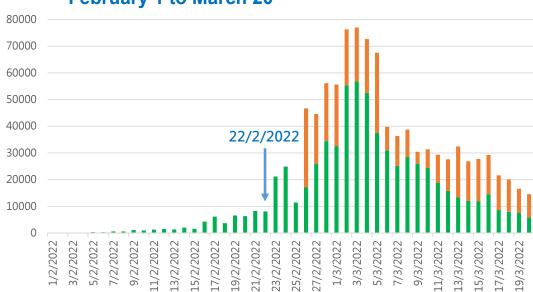
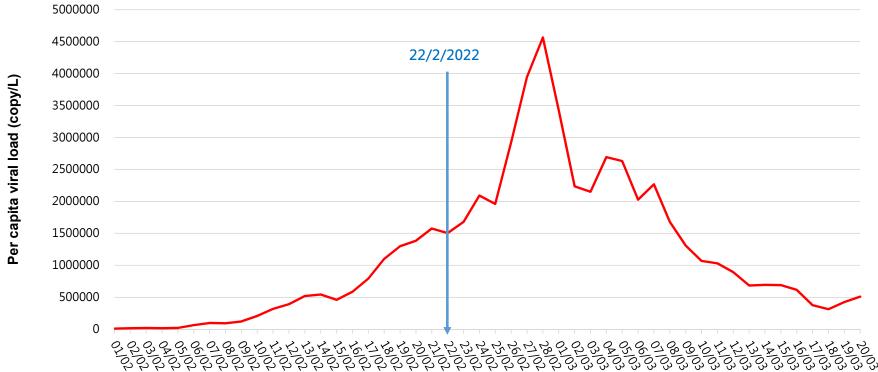


Figure 2.2 No. of cases of positive test results from February 1 to March 20

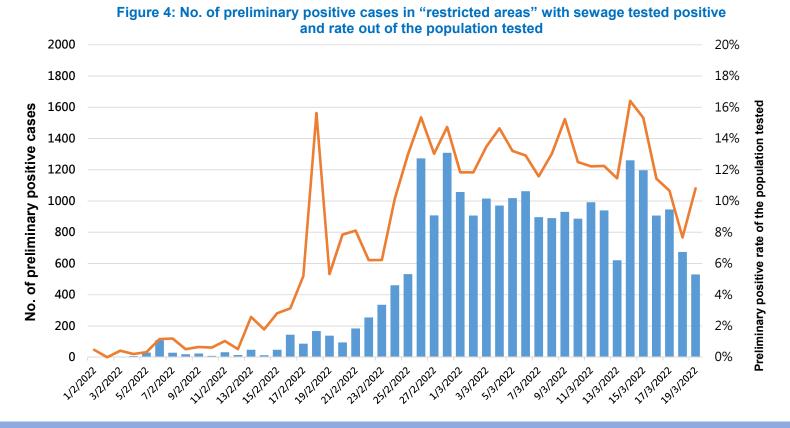


Signs of abating as revealed by indicators

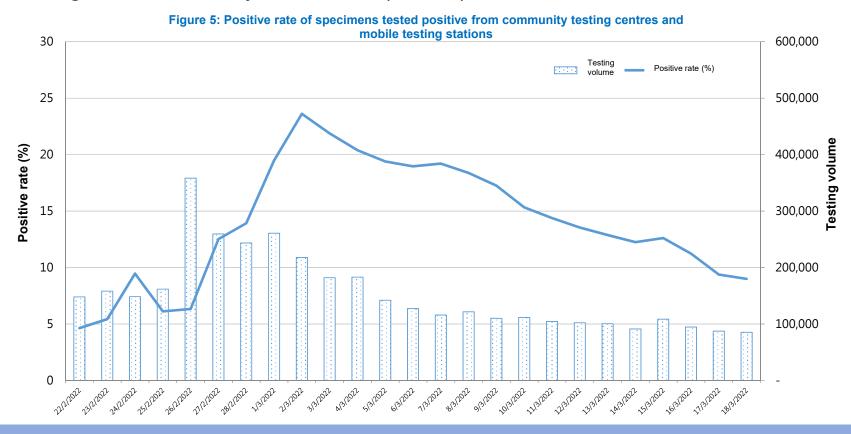
Figure 3: Overall situation of sewage surveillance (2-day geometric mean)



Signs of abating as revealed by indicators (cont'd)



Signs of abating as revealed by indicators (cont'd)



Signs of abating as revealed by indicators (cont'd)

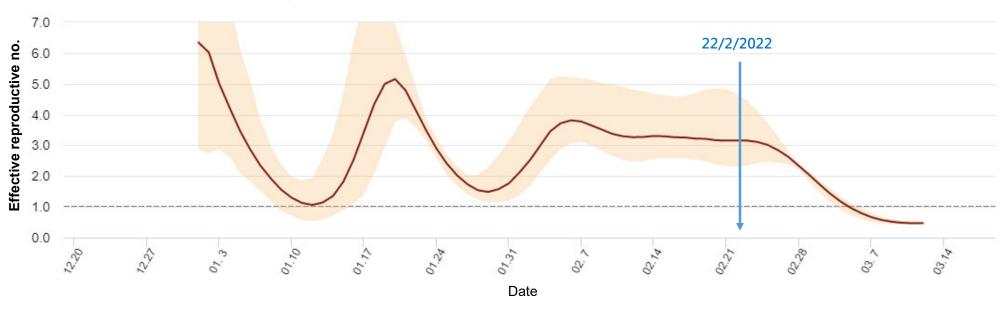


Figure 6: Real-time effective reproductive no. for local cases

Source: Li Ka Shing Faculty of Medicine, The University of Hong Kong

### (2) Capability enhancement

- Steady increase in the nucleic acid test capacity (300 000 daily locally; with full support from the Mainland whenever called for)
- RAT kits (sufficient supply and wide use; smooth operation of the self-declaration system)
- Ensuring of anti-epidemic medical supplies to Hong Kong with the Central Authorities' full support; distribution of anti-epidemic service bags to households in Hong Kong to start later
- Gradual improvements to the support measures for people in home quarantine or isolation, including orderly distribution of anti-epidemic supplies bags, 280 home affairs hotlines, 150 Hospital Authority (HA) hotlines and 23 designated clinics in full operation
- Designated fleets, formed by over 1 800 taxis and large, medium and small-sized buses, in operation

### (2) Capability enhancement (cont'd)

- Sizable increase in community isolation and treatment facilities (Fengcheng facilities constructed with Central Authorities' support, indoor sports centres transformed into elderly holding centres, etc.)
- Focus on Tier 1 and 2 treatment capability by the HA, with designated hospitals for COVID-19 patients, and beds increased to about 11 500
- Strengthening of the Tier 3 capability of AsiaWorld-Expo community treatment centre with Mainland medical team's support
- Active co-operation by private hospitals, with 1 000 beds made available for non-COVID 19 patients from the HA
- Wide use of the two types of COVID-19 oral drugs to reduce hospitalisation and serious cases
- Visit to Hong Kong by Mainland experts in batches, offering valuable advice and constructive ideas

#### (3) Social and economic development needs

- The place-specific flight suspension mechanism for nine countries (Australia, Canada, France, India, Pakistan, the Philippines, the UK, the USA, Nepal) is out of time, causing tremendous distress to Hong Kong people stranded overseas
- The more stringent quarantine requirements imposed on arrivals to Hong Kong than local confirmed patients or close contacts have affected the business environment of Hong Kong
- To sustain their patience and confidence in the fight against the epidemic, enterprises and citizens need clear anti-epidemic direction; parents need to know school resumption arrangements early; society at large needs to get prepared for relaunching the economy

- As the epidemic situation remains severe, we have to steadfastly combat the epidemic and continue with the vast majority of our measures until April 20 as planned
- To focus on treatment, reducing serious and death cases, to relieve pressure on hospitals and help residential care homes for the elderly regain strength
- To further strengthen nucleic testing capability and promote the use of RAT kits, requiring citizens to report their results online in a timely manner (within 24 hours) for the early identification, and subsequently appropriate isolation and treatment, of infected cases

To seek to boost vaccination rates by end April:

➤ People aged 12 or above - 2<sup>nd</sup> dose: 90% (82%)

➤ Children aged 3-11
- 1<sup>st</sup> dose: 90% (57%)

➤ Elderly in residential care homes - 1<sup>st</sup> dose: 90% (55%)

➤ Elderly aged 70 or above: - 1st dose: 90% (70%)

Remark: Figures in brackets were as of March 20

 To encourage vaccination, Vaccine Pass will be implemented in a full-fledged manner, with stage one commenced on February 24, stage two (two doses received) to take effect from April 30 and stage three (three doses received) advanced to be effective from May 31

• With effect from April 1, the "flight ban" on the nine countries will be lifted, with the quarantine arrangements upon arrival rationalised as follows:

Under Cap. 599E, the following inbound control arrangements will apply to all arrivals from overseas

- > Only Hong Kong Residents who are fully vaccinated can board the flight for Hong Kong
- ➤ To hold negative result proof of a PCR-based nucleic acid test within 48 hours, as well as confirmation of room reservation in a Designated Quarantine Hotel (DQH) for at least 7 nights, before flight boarding
- ➤ "Test and hold" upon arrival in Hong Kong airport, where a rapid PCR-based nucleic acid test will be conducted; upon a negative test result, a 14-day Quarantine Order will be issued and designated transport taken to go to the DQH
- During the quarantine period, daily RATs will be conducted and PCR-based nucleic acid tests on Day 5 and (if still in the DQH) on Day 12

Under Cap. 599E, the following inbound control arrangements will apply to all arrivals from overseas (cont'd)

- ➤ If the results of Day 5 PCR-based nucleic acid test and Day 6 and 7 RATs are all negative, early discharge from the DQH will be allowed
  - If early discharge is <u>opted for</u>: self-monitoring for 7 days, with a PCR-based nucleic acid test conducted at a community testing centre on Day 12
  - Otherwise: a PCR-based nucleic acid test conducted in the DQH on Day 12, followed by discharge from the DQH on Day 14 upon a negative result
- ➤ If the result of the PCR-based nucleic acid test during "test and hold", Day 5 or 12 PCR-based nucleic acid test or daily RAT is positive, transfer to a community isolation hotel will be arranged with an Isolation Order issued. The isolation and discharge arrangements will be the same as those for local cases in isolation, i.e. completion of isolation for leading a normal life upon Day 6 and 7 RAT negative results

- Local schools can resume face-to-face classes on April 19 at the earliest after the Easter holidays as planned
  - Primary schools, international schools and kindergartens first
  - ➤ Followed by secondary schools after the examinations of core subjects under the Hong Kong Diploma of Secondary Education (DSE) are completed; it remains the target to commence the DSE on April 22, with contingency planning made
- Vaccine Pass has covered staff at and visitors to schools; while vaccination for students is not a prerequisite for resuming face-to-face classes, a high vaccination rate among students at large will certainly create favourable conditions for having classes and activities at school
- The first jab rate for teenagers aged 12 to 19 nears 95%, with the second and third jabs to be arranged in a timely manner; the first jab rate for children aged 3 to 11 is 57%, hence a pressing need for boosting

On the condition that the epidemic situation shows no signs of rebound and continues the downward trend, most social distancing measures can be relaxed from <u>April 21</u> onwards in three phases over a period of three months, whereas the basic measures (including use of LeaveHomeSafe and Vaccine Pass upon entering premises; cleansing and disinfection at premises; restriction on the maximum number of persons per group gathering in a public place, wearing of masks) must continue to be observed

#### Phase 1:

- Reopening of amusement game centres, fitness centres, places of amusement, places of public entertainment, beauty parlours and massage establishments, sports premises, event premises and religious premises, where the number of persons per group gathering will be 4 generally
- Relaxation of dine-in service hours at catering premises to 10pm, with the maximum number of persons allowed per table increased to 4; bars/pubs to remain closed
- Reopening of all sports premises, museums, performance venues and libraries under the Leisure and Cultural Services Department
- Masks-on all the time (including when doing exercise) except under necessary circumstances, e.g. eating or drinking at catering premises, receiving facial treatment at beauty parlours
- Relaxation of the restriction on the maximum number of persons per group gathering in a public place to 4; cancellation of the prohibition on multi-household gatherings at private premises involving more than 2 households

#### Phase 2:

- Reopening of the remaining scheduled premises, i.e. swimming pools, bathhouses, party rooms, clubs/nightclubs, karaoke establishments, mahjong/tin kau premises and cruise ships; relaxation of the restriction on the maximum number of persons per table/group gathering at scheduled premises to 8 by and large
- Reopening of beaches under Leisure and Cultural Services Department
- Masks-off allowed in outdoor areas of country parks, when engaging in strenuous physical activities in outdoor public places, at sports premises and fitness centres, etc.
- Further relaxation of dine-in service hours at catering premises to midnight, with the maximum number of persons allowed per table increased to 8; reopening of bars/pubs, with the opening hours until midnight/2am and maximum number of persons allowed per table at 4

#### Phase 3:

 Lifting of the restrictions on the maximum number of customers in terms of capacity limit, business/dine-in hours, maximum number of persons per group gathering, etc. at all catering premises (including bars/pubs) and scheduled premises

- Putting a halt to Compulsory Universal Testing (CUT):
  - ➤ Over the past month, the HKSAR Government has been refining its plan taking account of manpower, resources, venues, etc.; an operation of an unprecedented scale, with certain restrictions imposed on people movement, is needed in order for it to be conducted in a thorough, orderly and effective manner
  - The consensus by Mainland and local experts shows that the CUT should either be conducted at the outset of an epidemic outbreak to curb the virus spread or towards the end of it to achieve zero infection. While Hong Kong's epidemic situation has eased, the number of cases remains on the high side, rendering it not appropriate to shift our limited resources to a territory-wide exercise of nucleic acid testing
  - The HKSAR's ability of community organisation is relatively weak; when the epidemic situation remains on the high side, it is difficult to achieve territory-wide screening albeit with legal backing
  - Continuous review of the epidemic situation will be conducted; in the time to come and with the necessary conditions, consideration could be given to whether to conduct a CUT exercise alike

#### Conclusion

The results of the review and assessment today have laid an antiepidemic road map for the current stage.

The HKSAR Government will continue to closely monitor the epidemic development, review it with experts, and tap views from society at large, in order to formulate more targeted anti-epidemic measures in future, with a view to achieving the greatest anti-epidemic effect at the smallest cost and reducing as far as possible the impact of the epidemic on the economic and social development, while upholding the principles of safeguarding lives as a priority and basing discussions on science