

## **Looking Forward to Resuming Quarantine-Free Travel with the Mainland**

My COVID-19 work report for September this year was titled “Maintaining Zero Infection Striving to Resume Quarantine-Free Travel with the Mainland”. At that time, we had just held the first meeting on the anti-epidemic work of the Mainland and Hong Kong with relevant Mainland authorities, with a view to creating conditions for resuming quarantine-free travel between the Mainland and Hong Kong. In the past two months, we have been actively following up on the opinions received from the Mainland experts, and have further enhanced Hong Kong’s anti-epidemic measures. Following the video conference exchange between the experts of the two sides in early November, a Mainland epidemic prevention and control expert delegation came to Hong Kong for a four-day inspection visit last week, and the second meeting was convened in Shenzhen afterwards. All these show that the Central Government fully understands the earnest aspiration of Hong Kong people for the gradual resumption of cross-boundary travel and attaches great importance to this.

### How the epidemic has developed and our anti-epidemic efforts

In the past month, Hong Kong basically maintained zero local infection, with sporadic imported cases of which a few involved cargo crew. Three cargo crew members who returned from Germany tested negative for COVID-19 upon arrival at Hong Kong International Airport. Then, according to the established exemption arrangements, they were allowed to go home and were required to undergo medical surveillance and regular testing. In the compulsory testing conducted on the third and sixth day of their arrival in Hong Kong, they were confirmed with COVID-19 infection. Since they had entered the community, we immediately took a host of measures. We

cordoned off the buildings where they lived and required the residents there to undergo virus testing. We also included the premises they had visited in mandatory testing notices, arranged their close contacts to stay in quarantine centres, etc. As all three of them had stayed in the same hotel arranged by the airline in Frankfurt, Germany, for the sake of prudence, we also required more than 100 Hong Kong crew members who had stayed in that hotel to undergo quarantine. At the same time, we asked the airline to investigate the matter and implement a number of enhancement measures, including stepping up the monitoring of cargo crew's compliance with the requirements of closed-loop operation during their layovers at outports, imposing more stringent restrictions on crew members' movements during their medical surveillance periods in Hong Kong, imposing daily post-arrival testing for them, and mandating all of them to receive their third dose of vaccine.

The airline's investigation revealed that the crew members concerned had failed to comply with the requirements under closed-loop operation during their layover at outports. Though noting that these were isolated cases, we considered the situation unacceptable. We directed the airline to follow up on the matter seriously and to make the best endeavours to prevent the occurrence of similar incidents. After considering the findings of the investigation and the information provided by the authorities in Germany, we believed that there was no outbreak in the hotel in Germany, and thus arranged for the other aircrew members to be released from the quarantine centre. So far, no community infections have occurred as a result of the cases of these three crew members.

We have previously cancelled the quarantine exemption arrangements for most of the exemption categories of persons upon their arrival in Hong Kong, but it is necessary to retain the exemption for a very small number of persons. Despite the ongoing epidemic, there remains a strong demand for air cargo

services, which directly affect the supply of people’s daily necessities, personal protective equipment, pharmaceuticals, vaccines, etc. Therefore, it is necessary to have some exemption arrangements for cargo crews, as in the case of cross-boundary goods vehicle drivers. That said, we will keep under review the implementation of the arrangements so as to eliminate the risk of the import of infection.

The major anti-epidemic measures introduced are set out here in chronological order:

<b>Date</b>	<b>Event</b>
October 27	The Government updated the criteria for releasing confirmed patients from isolation and tightened the discharge criteria for confirmed patients to lower the risk of virus transmission by re-positive cases in the community.
October 28	The Government announced that in addition to airport staff of targeted groups who had started undergoing virus testing every three days, relevant healthcare staff in the North Lantau Hospital Hong Kong Infection Control Centre also needed to undergo testing every three days, while staff of other high-risk and high-exposure groups would be progressively arranged to undergo more frequent testing.
November 1	The Government announced that starting from November 12, the quarantine exemption arrangements for most of the exemption categories of persons upon their arrival in Hong Kong would be cancelled. In addition, all government employees and members of the public must use the “LeaveHomeSafe” mobile application when entering government buildings or offices.

November 11	Eligible persons under certain groups, i.e. immunocompromised patients and persons with a higher risk of infection (including elderly aged 60 or above, healthcare workers, etc.) could receive a third dose of COVID-19 vaccine free of charge.
November 12	The Government, deeply concerned about the imported cases of COVID-19 involving locally based cargo crew, announced further enhancement of the prevailing anti-epidemic measures applicable to air crew.
November 18	Temporary Specimen Collection Centre (TSCC) Two set up by the Department of Health at the Terminal 1 Satellite Concourse of Hong Kong International Airport commenced operation. Together with the current TSCC One set up at the Terminal 1 Midfield Concourse, travellers arriving from places of different risk levels can be effectively segregated.
November 20	The Secretary for Food and Health approved extending the age eligibility of the Sinovac vaccine to cover those aged three to 17, and agreed the use of Sinovac vaccine in adolescents from 12 to 17 years of age for priority deployment with appointment and vaccination starting from December 2. The arrangement will be extended to children of a younger age group at a later stage.
November 23	<ul style="list-style-type: none"> <li>● The Government announced that starting from December 9, the requirement to use the "LeaveHomeSafe" mobile application will be extended to all specified premises.</li> <li>● The Government extended the third dose COVID-19 vaccination arrangements so that people who have received two doses of the Sinovac vaccine with the second dose received six months ago, irrespective of whether they belong to the certain groups, can receive a third dose of a COVID-19 vaccine.</li> </ul>

## Vaccination

In the face of the epidemic, which has been persisting for nearly two years, governments around the world have been adopting different strategies, yet vaccination is still the key. To this end, some controversial measures which aim to increase the vaccination rate have been introduced in various places. Although the rate of Hong Kong population having received the first dose of vaccine has eventually reached the basic requirement of 70% (the rate of population having received two doses of vaccine is 67%), given the recent quick rebounds of cases in other places especially in Europe, I fear that the 70% vaccination rate is not sufficient to provide adequate protection to Hong Kong. If the local epidemic situation unfortunately rebounds, not only will it pose significant risk to the health of people who have yet to receive vaccination, especially the elderly, it will also dash hopes of resuming quarantine-free travel with the Mainland.

For yourself and others, please get vaccinated as soon as possible.

Mrs Carrie Lam  
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