Dear Sir/Madam,

Your email dated 16 August 2021 to the Department of Health has been referred to the Food and Health Bureau. This Bureau has conducted a review to the handling of your request for information made on 2 July 2021, to which a reply was issued on 30 July 2021. Please find our response in the ensuing paragraphs.

As set out in our previous reply, in formulating the mandatory mask-wearing requirement, we have taken into account the experts' and the World Health Organization (WHO)'s advice in respect of wearing of mask as one of the critical anti-epidemic measures, including the WHO's guidance titled "Mask Use in the Context of COVID-19" published on 5 June 2020 and subsequently updated on 1 December 2020 (available at <https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)> (the WHO’s guidance). In particular, the WHO’s guidance is based on, inter alia, ongoing evaluations of all available scientific evidence relevant to the use of masks for reducing the spread of SARS-CoV-2 (the virus that causes COVID-19) by the WHO ad hoc COVI-19 Infection Prevention and Control Guidance Development Group.

In sum, the WHO advises the use of masks as part of a comprehensive package of prevention and control measures to limit the spread of COVID-19, along with other infection prevention and control measures include hand hygiene, physical distancing of at least 1 metre, testing, contact tracing, quarantine and isolation etc.

Knowledge about transmission of the SARS-CoV-2 virus is evolving continuously as new evidence accumulates. According to the WHO’s guidance, the virus can spread from an infected person’s mouth or nose in small liquid particles when the person coughs, sneezes, sings, breathes heavily or talks. Fomite transmission is considered a possible mode of transmission for SARS-CoV-2, given consistent finding of environmental contamination in the vicinity of people infected with SARSCoV-2 and the fact that other coronaviruses and respiratory viruses can be transmitted this way. Also, aerosol transmission can occur in specific situations in which procedures that generate aerosols are performed.

In health care settings, there are scientific evidences supporting the use of mask for preventing the spread of the virus. A systematic review of observational studies on the betacoronaviruses that cause severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and COVID-19 found that the use of face protection (including respirators and medical masks) is associated with reduced risk of infection among health workers. Also, two studies found that implementation of a universal masking policy in hospital systems was associated with decreased risk of healthcare-acquired SARS-CoV-2 infection.

In community settings, while there is currently no conclusive scientific evidence on the use of mask for preventing the spread of the virus, some studies show that wearing of mask is associated with lower risk of infection of COVID-19. A small retrospective cohort study from Beijing found that mask use by entire families before the first family member developed COVID-19 symptoms was 79% effective in reducing transmission. A case-control study from Thailand found that wearing a medical or non-medical mask all the time during contact with a COVID19 patient was associated with a 77% lower risk of infection. Several small observational studies with epidemiological data have reported an association between mask use by an infected person and prevention of onward transmission of SARSCoV-2 infection in public settings. A number of studies, some peer reviewed but most published as pre-prints, reported a decline in the COVID-19 cases associated with face mask usage by the public, using country- or region-level data.

At the same time, it should be noted that the global COVID-19 epidemic situation is still under serious threat from the Delta variant, with acute surges in the number of confirmed cases within a short period of time in many countries. Despite large-scale vaccination programmes, many places are also experiencing resurgence of the virus, which poses enormous challenges to our local anti-epidemic efforts. While the local vaccination rate has been increasing, it has shown signs of slowing down in recent days and is far from the level required to prevent imported cases from spreading in the local community.

Having regard to the above WHO’s guidance as well as other factors including public health risk assessment, higher transmissibility of Delta and other variants, feasibility of mandatory wearing of mask and the local context etc., the Government considers that the mandatory mask-wearing requirement should be maintained under the current public health emergency, with a view to preventing the spread of the virus in the local community which could take a heavy toll on human lives, our public healthcare system and the economy.

The Government will continue to review and adjust the social distancing measures including the mask-wearing requirement from time to time, having regard to, inter alia, the development of the epidemic situation, risk assessment and experts' advice.

If you are dissatisfied with this Bureau’s response after review, you may also complain to the Ombudsman. The Ombudsman can be contacted at –

Address: 30/F, China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Hong Kong

Telephone : (852) 2629 0555

Fax : (852) 2882 8149

Email: [complaints@ombudsman.hk](mailto:complaints@ombudsman.hk).

Food and Health Bureau