International humanitarian norms are violated in Hong Kong

On the night of Nov 17, 2019, I was embedded within one of a few medical teams providing emergency care to injured protesters engaged in violent confrontation with police at the Hong Kong Polytechnic University. All emergency medical workers were wearing high-visibility vests with prominent Red Cross insignia, helmets with Red Cross markings, gas masks, and air-tight eye protection (the latter two measures against the large amounts of tear gas customarily encountered in these protests).

Around 2030 h that evening, police issued an announcement[1] that at 2200 h the protest would be labelled a riot and that any person present within the university building complex after that time would be arrested for rioting (for which the punishment upon conviction is up to 10 years imprisonment). Furthermore, police later broadcast their intention to enter the university premises by force, using deadly means if necessary, and that all persons present (with the exception of credentialled journalists) would be subject to arrest. A designated route for exit was promulgated at about 2130 h.

There was discussion among the medical teams, and it was decided that those with hospital-based specialties (surgery, anaesthesia, operating department nursing) should depart to be stationed in casualty receiving hospitals, and that the other emergency medical providers, nurses, and paramedic first-aiders would remain on site.

My team successfully departed the campus, changed into civilian clothing, and made their way to hospital. We subsequently learned that a group following us (comprising doctors, nurses and paramedics) had been arrested at the police cordon line after leaving the campus.[2]

A photograph, widely circulated online, shows at least 16 individuals sitting on the ground with their hands bound behind their backs with zip-cords: they are wearing high-visibility vests with descriptions of Doctor, Nurse, and EMT (emergency medical technician). These people were all arrested for taking part in a riot.

Police subsequently assaulted the campus at about 0530 h. At least one doctor who was actively providing medical care to a casualty was arrested. The police did not enter far into the main body of the building, but rather withdrew after a brief assault, leaving some 500 protesters and injured inside, but surrounded.

Injured protesters at the campus are reluctant to seek emergency care through the public hospital system for fear of identification and arrest (as has been documented after previous protests[3]). Police indicated that ambulance crews could attend the site if requested by the university administration, but this was declined by protesters for fear of immediate arrest in the transferring ambulance (a common practice of law enforcement during these unrests).

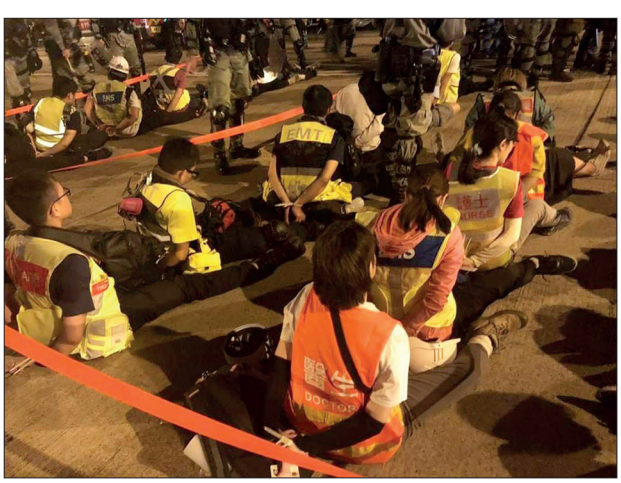
As social media messages circulated about injured students unable to receive care, the public disquiet increased. In the early morning, I called the Red Cross and Médecins Sans Frontières (MSF) to seek their consideration of involvement.

In the afternoon of the following day, television news reports showed a team from the Red Cross entering the university.[2,4] The Red Cross had decided that the situation amounted to a humanitarian crisis and self-initiated an intervention. The team arrived at the cordon of protest zone but did not receive police approval to enter until more than 2 h later; furthermore, the police had set a time limit of 3 h for their mission (appendix), which was subsequently extended by Red Cross demand due to the number of people requiring treatment (Hong Kong Public Doctors Association President, personal communication). MSF initiated their own humanitarian intervention 2 days later, on Nov 19).[5]

When questioned about the arrest of medical aid workers at a press conference on the evening of Nov 18, 2019, police asserted that they had intelligence that rioters were masquerading as doctors (and first-aiders) and therefore these people had to be arrested so as to confirm their identity.[2] This is doubtful since all doctors were in possession of their Medical Council of Hong Kong registration details and identity cards. At least five doctors are known to have been arrested and detained by police for more than 24 h. The police also misleadingly claimed they had invited the Red Cross intervention (Head of Operations of the Hong Kong Red Cross, personal communication).

A statement from the Hong Kong Hospital Authority on Nov 19, 2019 revealed that some 300 injured people from the Polytechnic University confrontation had been sent to 12 different hospitals, with injuries related to water cannon blast, tear gas, and rubber bullets.[6]

The actions of the Hong Kong Police Force have fallen far below accepted international norms for the handling of volunteer emergency medical providers. The arrest of these personnel is almost unheard of in civilised countries and is incompatible with the compact of humanitarianism. Furthermore, the chilling effect can only serve to deter



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would-be volunteers from offering their services in the much-needed medical care of injured people in this ongoing uncivil war.

I declare no competing interests.

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The public health control of scabies: priorities for research and action

We read the Article by David Engelman and colleagues[1] with interest. Their overview of the key operational research questions to develop a global control programme for scabies provides a clear research agenda for the years to come.[1] Mass drug administration (MDA) using ivermectin reduced the prevalence of both scabies and impetigo tremendously in Fiji with a sustained effect even 24 months after the intervention.[2] Future studies should prioritise the inclusion of non-island populations.

Outbreaks of scabies occur in refugee camps and centres worldwide. We want to emphasise the need for evidence supporting MDA to prevent and treat outbreaks among refugees. Scabies burden is high among refugees, with an increased rate of complications including secondary infections.[3] Standard care based on topical permethrin of people with scabies and their contacts is unlikely to contain outbreaks if based on passive case detection considering the inadequate access to health care among refugees. In high-income countries, ivermectin-based MDA could be integrated into screening programmes and might contribute to the reciprocity of the overall programme by immediately relieving suffering.[4] Retrospective data provided evidence supporting ivermectin-based MDA by early detection and treatment, reducing the number of reinfestations and complications even after asylum seekers' transfer to other centres.[5] Prospective data are needed to increase the level of evidence, determine the scabies prevalence justifying MDA, and to decide on the optimal MDA interval, which might depend on the number of newly arriving refugees. Moxidectin or slow-release ivermectin might provide added value in this setting to control scabies.

We declare no competing interests.

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Ivermectin for the control of scabies outbreaks in the UK

On July 9, 2019, WHO updated its model list of essential medicines to include oral ivermectin for ectoparasitic infections.[1] This recommendation follows the 2017 WHO categorisation of scabies as a neglected tropical disease. The list covers the "minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines for priority conditions".[1] In the UK, scabies outbreaks are a substantial public health burden in care homes for older people.[2]

Yet this medicine, endorsed as essential and safe by WHO, is unlicensed for scabies treatment in the UK, and is only available through specialist importers. Standard treatment consists of topical acaricides, applied over the whole body the same day to all residents and staff, left on usually overnight before showering, and repeated 7 days later. This process is labour intensive and can be distressing, especially for residents with dementia who might not understand why it is happening.[2] Unsurprisingly, cases of crusted scabies (often present in these outbreaks) can be less responsive to topical treatment due to the barrier of hyperkeratotic skin crusts. This vulnerable population, often at the end of life, deserves better.

Unfortunately, ill-founded safety concerns about ivermectin use in