

HEALTH OF THE COMMUNITY

Population Indices

The estimated mid-year population of Hong Kong in 2000 was 6.7 million. The annual growth rate of the population averaged 1.7% over the period 1991 - 2000.

The crude birth rate in 2000 was 8.1 per 1 000 population with 53 720 registered births. The crude death rate was 5.1 per 1 000 population with 33 993 registered deaths.

As a result of decreasing birth rate and increasing life expectancy, Hong Kong's population has been ageing steadily (Figure 1). In 2000, 10.9% of the population were aged 65 and above, the overall dependency ratio being 386 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1980 was 6.4% and that of 1990 was 8.5%. By 2010 and 2020, the figures have been estimated to be 12.1% and 16.5% respectively.

Remark:

Since August 2000, the "resident population" approach has been adopted by the Census and Statistics Department in place of the "extended de facto" approach for compiling population estimates. Also, the Population Census which was conducted in March 2001 provides a benchmark for revising the population estimates compiled since the 1996 Population By-census. In this report, population figures and population-related figures from 1996 onwards have been revised accordingly. Notwithstanding the change, the revised figures are broadly comparable with those of earlier years.

香港人的健康

人口指數

香港人口數字在二零零零年年中估計為 670 萬，一九九一至二零零零年期間的按年增長率平均為 1.7%。

二零零零年的粗出生率按每千名人口計算有 8.1 人，登記出生人數為 53 720 人；粗死亡率按每千名人口計算有 5.1 人，登記死亡人數為 33 993 人。

由於出生率下降，加上預期壽命的增長，令香港人口持續老化（圖 1）。在二零零零年，65 歲或以上人士佔香港人口 10.9%，總撫養比率按每千名 15 至 64 歲人口計算為 386 人。一九八零年，65 歲或以上人士佔香港人口 6.4%，而一九九零年則佔 8.5%。預計至二零一零年及二零二零年時，該百分比分別為 12.1% 及 16.5%。

附註:

自二零零零年八月，政府統計處以「居住人口」方法取代「廣義時點」方法以編製人口估計數字。而且，在二零零一年三月進行的人口普查提供了一個基準，用作修訂自一九九六年中期人口統計以來編製的人口估計數字。載於本年報內由一九九六年起的人口及與人口有關的數字，已作出相應修訂。雖然這些數字是根據新方法編製，但它們仍可與較早年度的數字作概括性比較。

Figure 1 Population Pyramid, 1980, 2000 and 2020

圖1 一九八零年、二零零零年及二零二零年的人口金字塔



Health Indicators

Our major health indicators have reflected that the people in Hong Kong generally are enjoying good health. On average, a baby boy born in Hong Kong in 2000 could expect to live 78.0 years and a baby girl 83.9 years. There has been a steady rise in the life expectancy of our population over the past two decades (Figure 2), and Hong Kong was among the best in the world (Table A).

The infant mortality rate (IMR) and the under-5 mortality rate in Hong Kong have been declining over the past two decades, and reached a level as low as 2.9 per 1 000 live births and 0.7 per 1 000 population aged under 5 respectively in 2000 (Figure 3). IMR ranked among the best in the world (Table B).

Maternal mortality ratio has remained low for the past two decades. In 2000, there were only three cases of maternal death reported and maternal mortality ratio was 5.6 per 100 000 live births.

健康指標

我們的主要健康指標顯示香港人一般都有良好的健康。二零零零年，男性出生時的平均預期壽命為 78.0 歲，女性則為 83.9 歲。本港人口出生時的平均預期壽命在過去二十年來一直持續增長（圖 2），比世界許多地方優勝（表 A）。

香港嬰兒死亡率及五歲以下兒童死亡率在過去二十年來持續下降。二零零零年，香港嬰兒死亡率按每千名活產嬰兒計算只有 2.9 人，而五歲以下兒童死亡率按每千名五歲以下兒童計算則只有 0.7 人（圖 3）。香港嬰兒死亡率亦較世界許多地方為低（表 B）。

過去二十年來，孕婦死亡比率持續偏低。二零零零年，只有三宗孕婦死亡的個案，而按每十萬名活產嬰兒計算，孕婦死亡人數為 5.6 人。

Figure 2 Life Expectancy at Birth (Male and Female), 1981 - 2000

圖 2 一九八一年至二零零零年男性及女性出生時的平均預期壽命

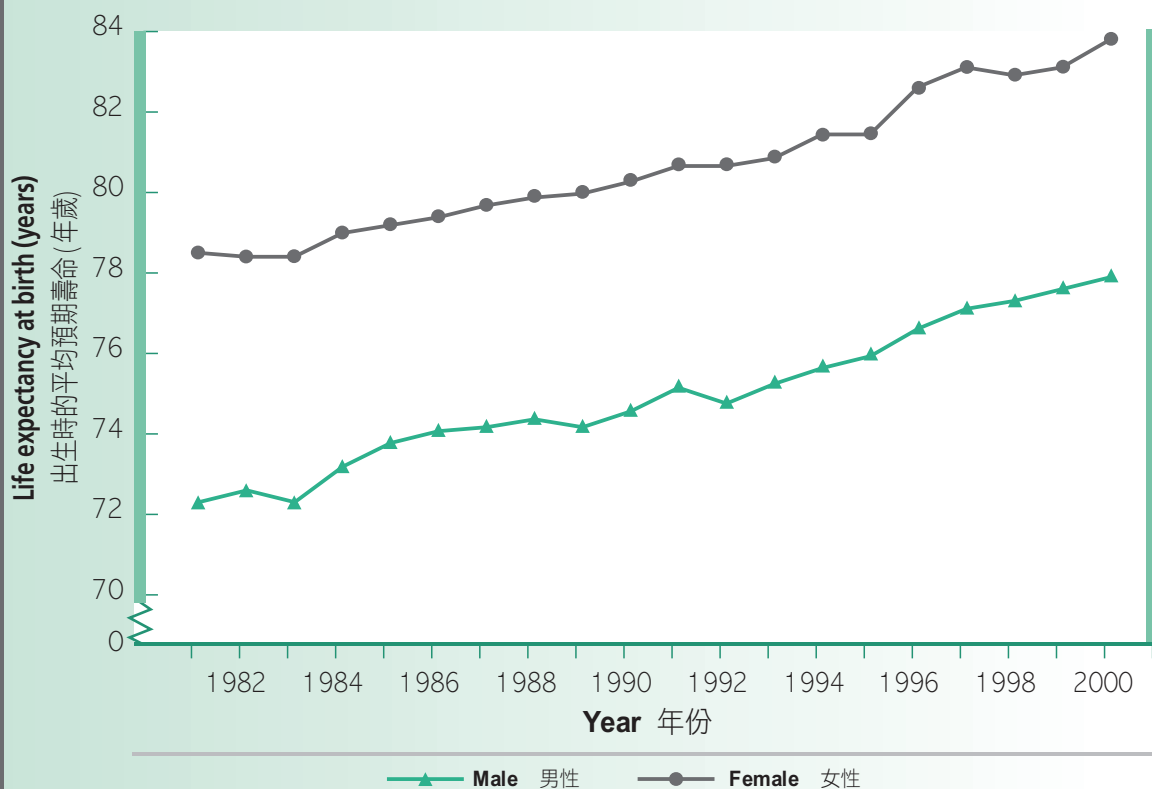


Table A Life Expectancy at Birth in Hong Kong and Selected Countries, 2000

表 A 二零零零年香港及選定國家的人口出生時的平均預期壽命

Country / Territory 國家 / 地區	Life Expectancy at Birth (years) 出生時的平均預期壽命 (年歲)	
	Male 男性	Female 女性
Hong Kong 香港	78.0	83.9
USA 美國	73.9	79.5
UK 英國	74.8	79.9
Singapore 新加坡	76.0	80.0
Japan 日本	77.6	84.6

Figure 3 Infant Mortality Rate (IMR) and Under-5 Mortality Rate (MR), 1981 - 2000

圖3 一九八一年至二零零零年的嬰兒死亡率與五歲以下兒童死亡率

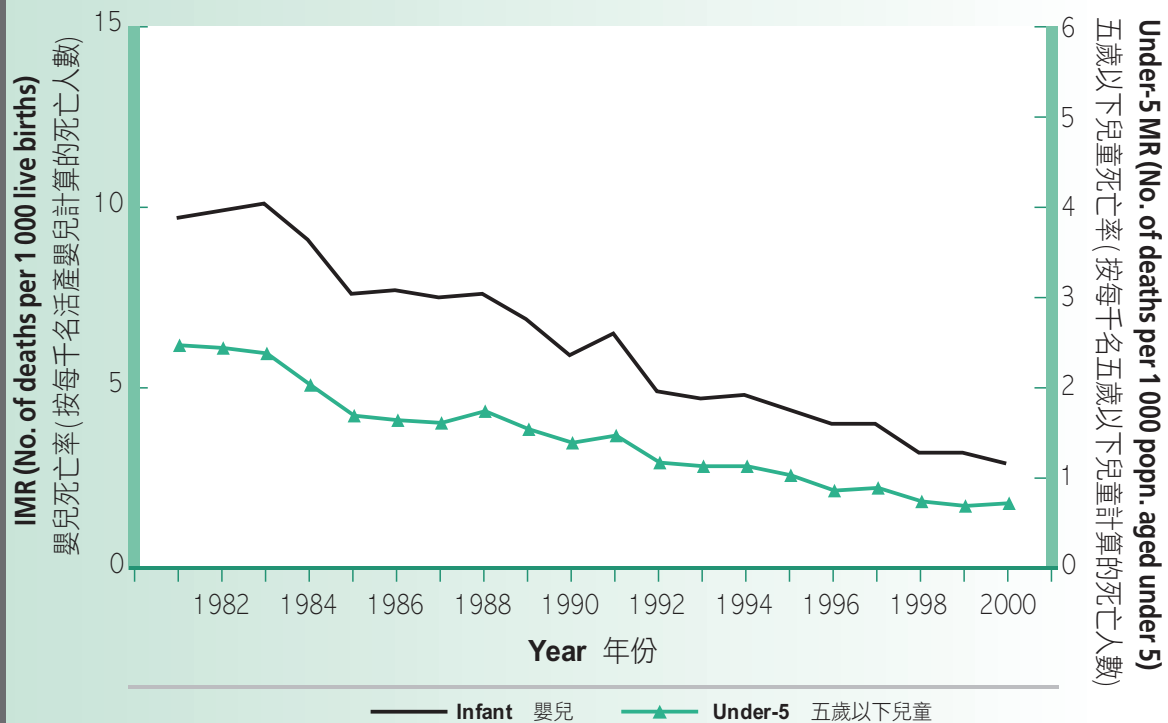


Table B Infant Mortality Rate in Hong Kong and Selected Countries, 2000

表B 二零零零年香港及選定國家的嬰兒死亡率

Country / Territory 國家/地區		Infant Mortality Rate 嬰兒死亡率 (No. of deaths per 1 000 live births) (按每千名活產嬰兒計算的死亡人數)
Hong Kong	香港	2.9
USA	美國	6.9
UK	英國	5.6
Singapore	新加坡	2.5
Japan	日本	3.2

Mortality Data

Mortality Rate

The crude death rate in 2000 was 5.1 per 1 000 population with 33 993 registered deaths. Despite an ageing population, the crude death rates for male and female have remained rather stable for the past 20 years (Figure 4). Taking into account population ageing, the age-standardised death rate has dropped substantially (Figure 5). Comparing with 1981, the age-standardised death rate for male and female represented a drop of 29.8% and 34.9% respectively. In 2000, the age-standardised death rate was 5.2 per 1 000 standard population for male and 3.0 per 1 000 standard population for female. The age-standardised death rate has always been higher in male than female.

死亡資料

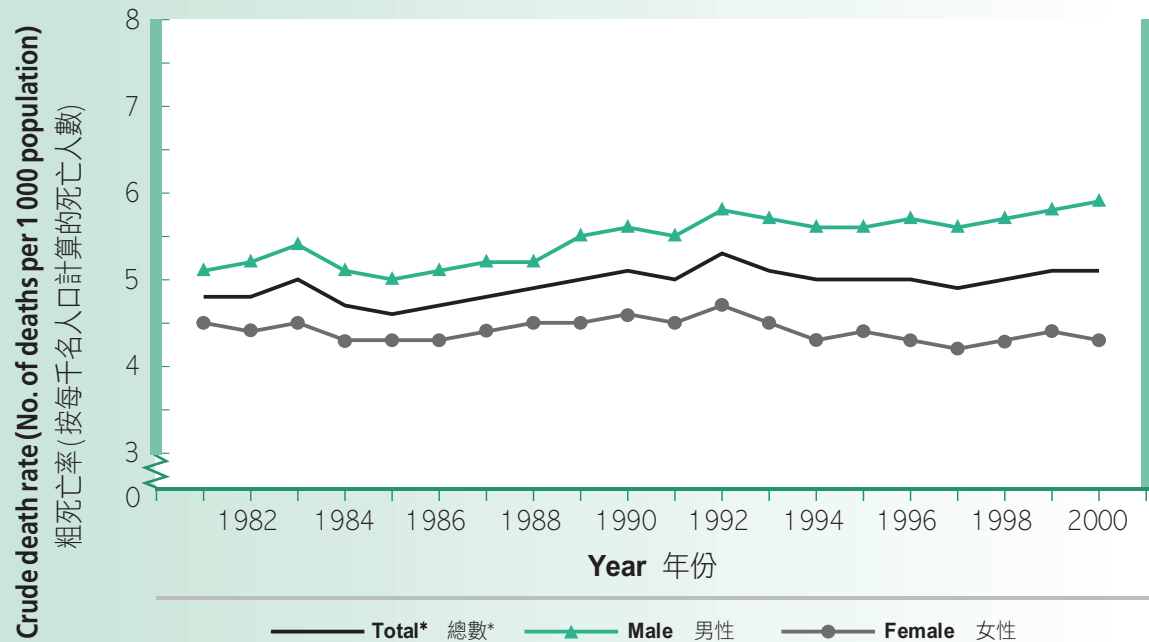
死亡率

二零零零年的粗死亡率按每千名人口計算有 5.1 人，登記死亡人數為 33 993 人。雖然人口老化，但是過去二十年來男性和女性的粗死亡率仍相當穩定（圖 4），而因應人口老化而調整的年齡標準化死亡率則見下降（圖 5）。與一九八一年比較，男性及女性的年齡標準化死亡率分別下降了 29.8% 及 34.9%。於二零零零年，年齡標準化死亡率為每千名標準男性人口有 5.2 人和每千名標準女性人口有 3.0 人死亡。男性的年齡標準化死亡率一直較女性為高。



Figure 4 Crude Death Rate by Sex, 1981 - 2000

圖4 一九八一年至二零零零年按性別劃分的粗死亡率

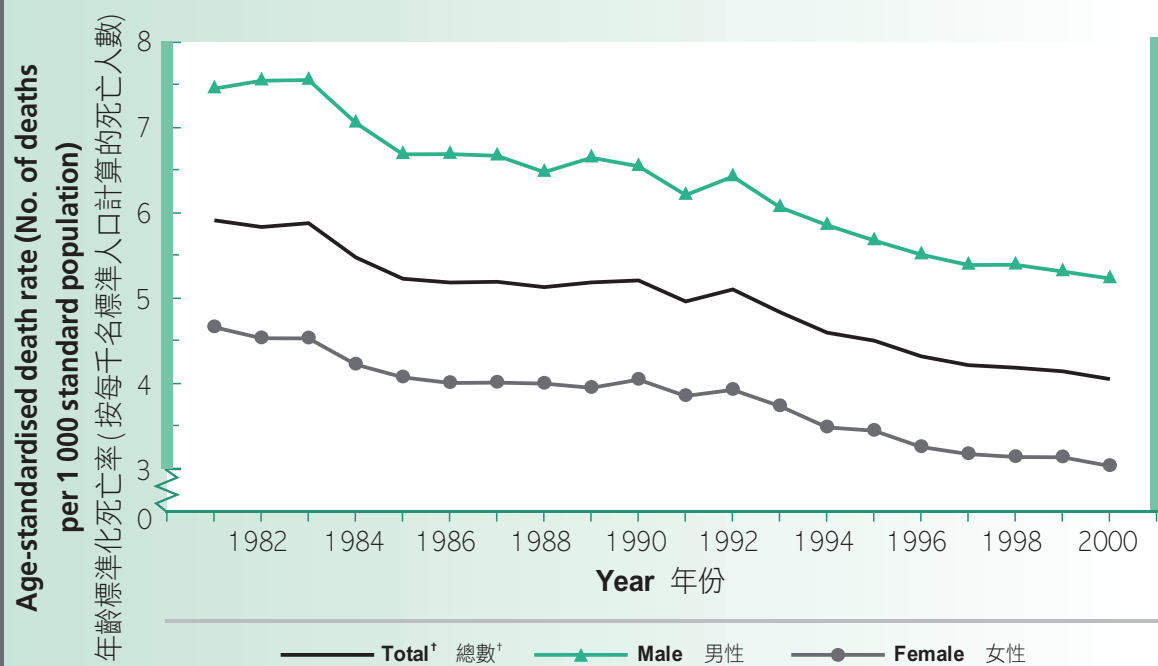


Note * Including unknown sex

註 * 包括性別不詳

Figure 5 Age-standardised Death Rate* by Sex, 1981 - 2000

圖5 一九八一年至二零零零年按性別劃分的年齡標準化死亡率*



Notes * According to the world standard population published in the 1997-99 World Health Statistics Annual.

† Including unknown sex

註 * 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

† 包括性別不詳

Leading Causes of Death

Chronic diseases constituted major causes of death in Hong Kong. In 2000, the top ten leading causes of death were similar to those of the previous year (Figure 6). The top five killers were malignant neoplasms (cancer) (33.0%); heart diseases (16.3%); cerebrovascular disease (10.5%); pneumonia (8.9%); injury and poisoning (5.6%). Together, they represented 74.3% of all deaths. The next five killers in descending order were nephritis, nephrotic syndrome and nephrosis; diabetes mellitus; chronic liver diseases and cirrhosis; septicaemia; and aortic aneurysm.

Hong Kong, like other developed countries of the world, has gone through its epidemiology transition in mortality from communicable to non-communicable diseases in all age groups. With the steady ageing of our population, the impact and burden of chronic diseases on our health and health care system would be undoubtedly going to intensify for the years to come.

Remark:

Causes of death is classified according to the International Classification of Disease (ICD). The ninth revision of ICD has been adopted in Hong Kong since 1979 for classification and coding of causes of death.

主要死亡原因

慢性疾病為香港人死亡的主因。二零零零年，十大致命疾病跟往年相約（圖6）。首五類致命疾病為惡性腫瘤（癌症）（33.0%）、心臟病（16.3%）、腦血管病（10.5%）、肺炎（8.9%）及損傷和中毒（5.6%），合共佔總死亡人數74.3%。其次的五類致命疾病依次為腎炎，腎變病綜合症和腎變病、糖尿病、慢性肝病和肝硬變、敗血症和主動脈動脈瘤。

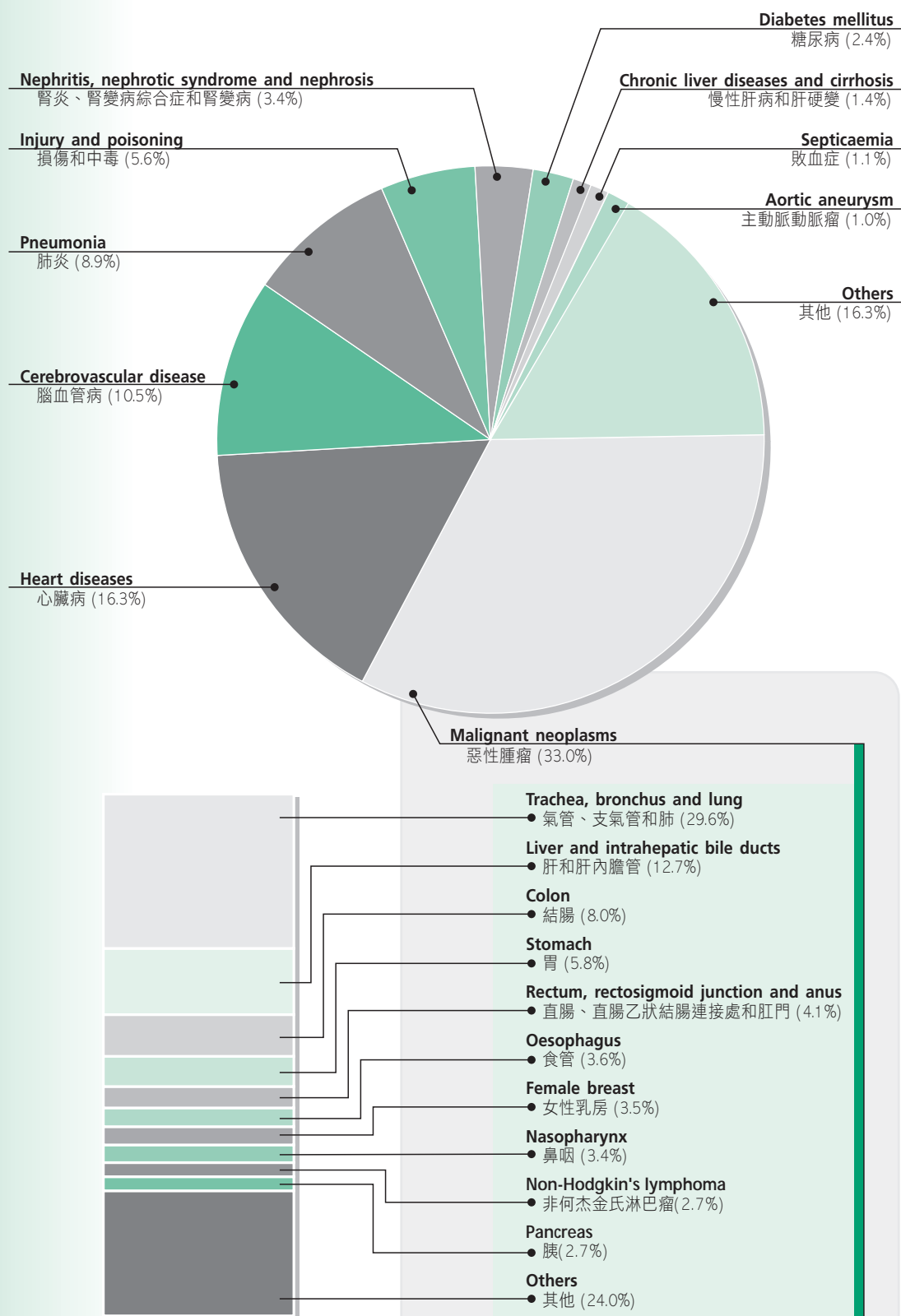
香港跟其他先進國家一樣，在不同年齡組別中的死亡主因均由以往的傳染病演變為非傳染病。隨着人口老化，慢性疾病對健康的影響及醫護系統的負擔必定會持續增加。

附註:

死亡原因是根據國際疾病分類。由一九七九年起，香港採用國際疾病分類第九次修訂版。

Figure 6 Ten Leading Causes of Death, 2000

圖 6 二零零零年首十類致命疾病



Mortality Trends by Disease

The age-standardised death rates of the five leading causes of death, except pneumonia, showed gradual decline over the past twenty years (Figure 7).

'Cancer' has been the leading cause of death in Hong Kong since 1960's, claiming one in every three deaths in 2000. The common sites of cancer deaths were lung, liver, colon, stomach, and rectum in descending order, and they accounted for 60.2% of all cancer deaths in 2000.

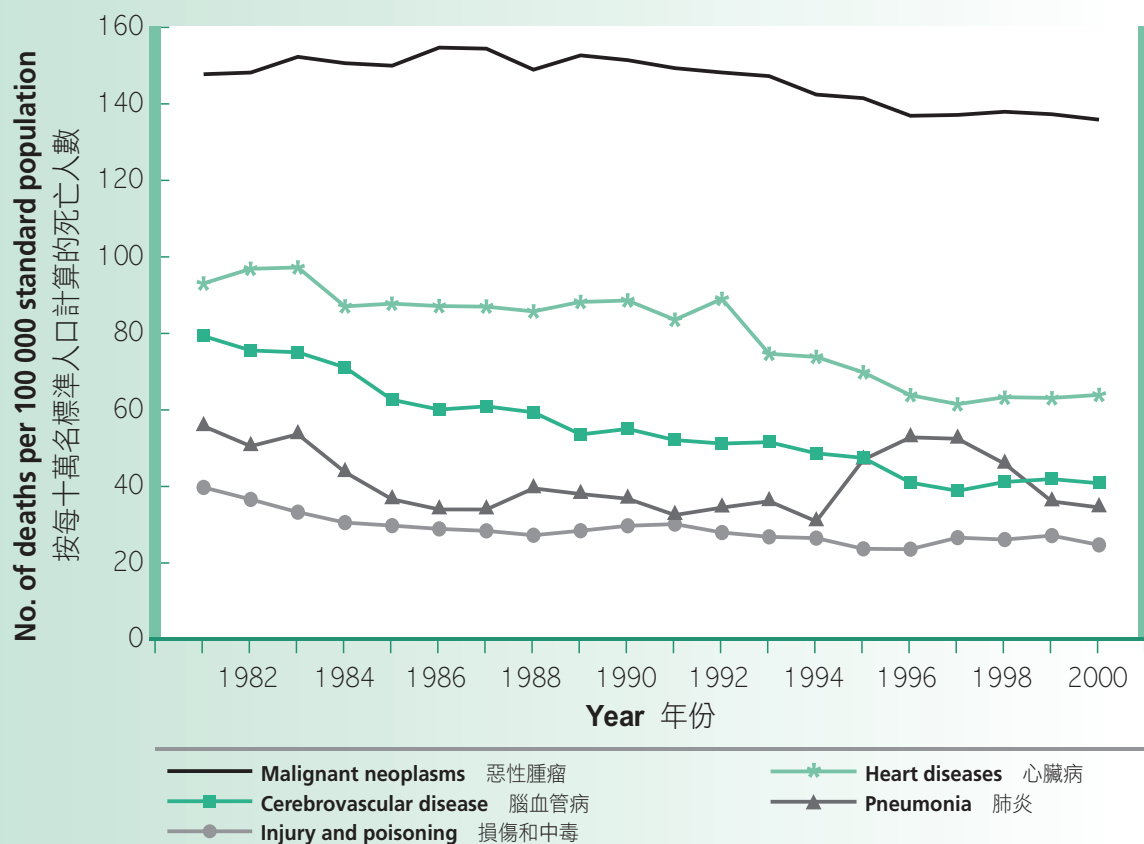
死亡疾病趨勢

除肺炎外，首五類致命疾病造成的年齡標準化死亡率在過去二十年間逐步下降（圖7）。

自六十年代起，癌症一直是香港人的主要死亡原因。於二零零零年，平均每三名死者便有一人死於癌症。常見的致命癌症發病部位依次為肺、肝、結腸、胃及直腸，合共佔二零零零年總癌症死亡人數的60.2%。

Figure 7 Age-standardised Death Rates* of Five Leading Causes of Death, 1981 - 2000

圖7 一九八一年至二零零零年首五類致命疾病導致的年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Over the past decade, we have seen an overall decline in our age-standardised cancer mortality rate. The overall decline was contributed by a decline in lung cancer mortality; and to a lesser extent, liver cancers.

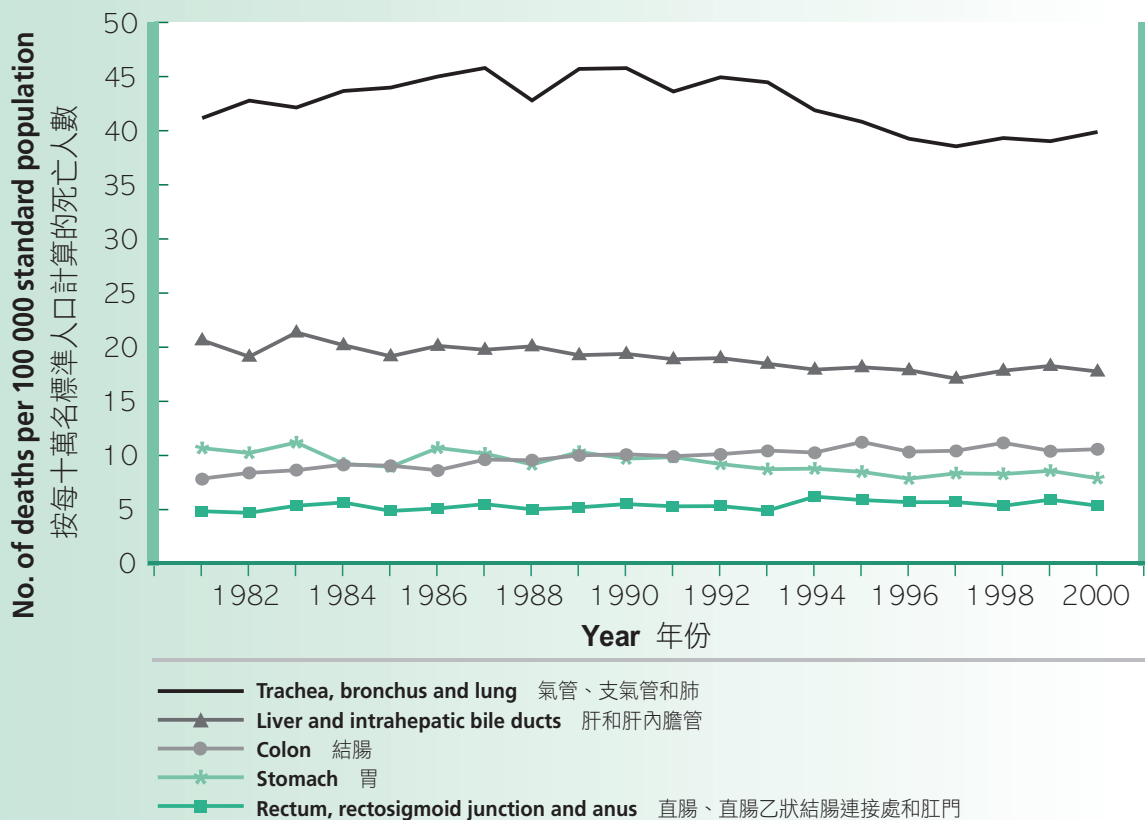
The trends of the age-standardised death rates of the five major causes of cancer death over the last two decades were shown in Figure 8 while Figures 9 and 10 showed the cancer mortality trends in male and female respectively. The top three cancer killers in men in ranking order were cancer of lung, cancer of liver and cancer of colon; while in women were cancer of lung, cancer of colon and cancer of breast respectively in recent years.

在過去十年間，癌症的年齡標準化死亡率整體下降，主要因為肺癌的死亡率下降，而肝癌的死亡率亦輕微下降。

圖8展示過去二十年間由首五類致命的癌症導致的年齡標準化死亡率的趨勢。而圖9及圖10分別展示男性及女性的癌症死亡率趨勢。近年，在男性中首三類致命癌症依次為肺癌、肝癌及結腸癌；而女性則為肺癌、結腸癌及乳癌。

Figure 8 Age-standardised Death Rates* of Five Leading Cancers, 1981 - 2000

圖8 一九八一年至二零零零年首五類癌症導致的年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Figure 9 Age-standardised Death Rates* of Five Leading Cancers in Male, 1981 - 2000

圖9 一九八一年至二零零零年首五類癌症導致的男性年齡標準化死亡率*

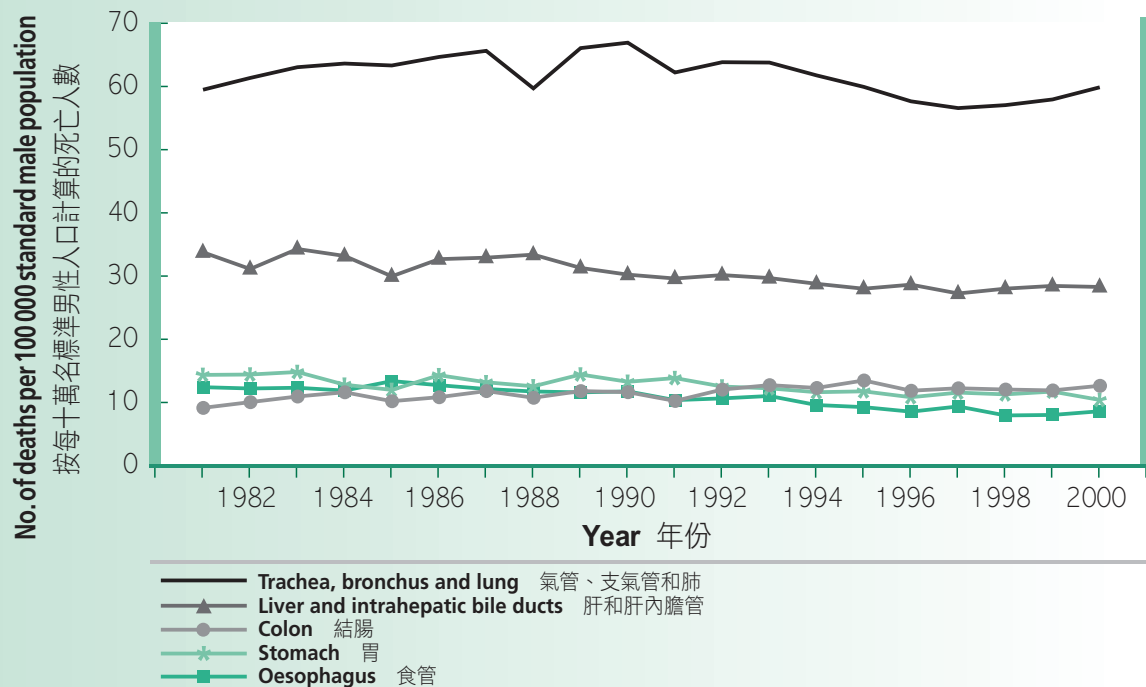
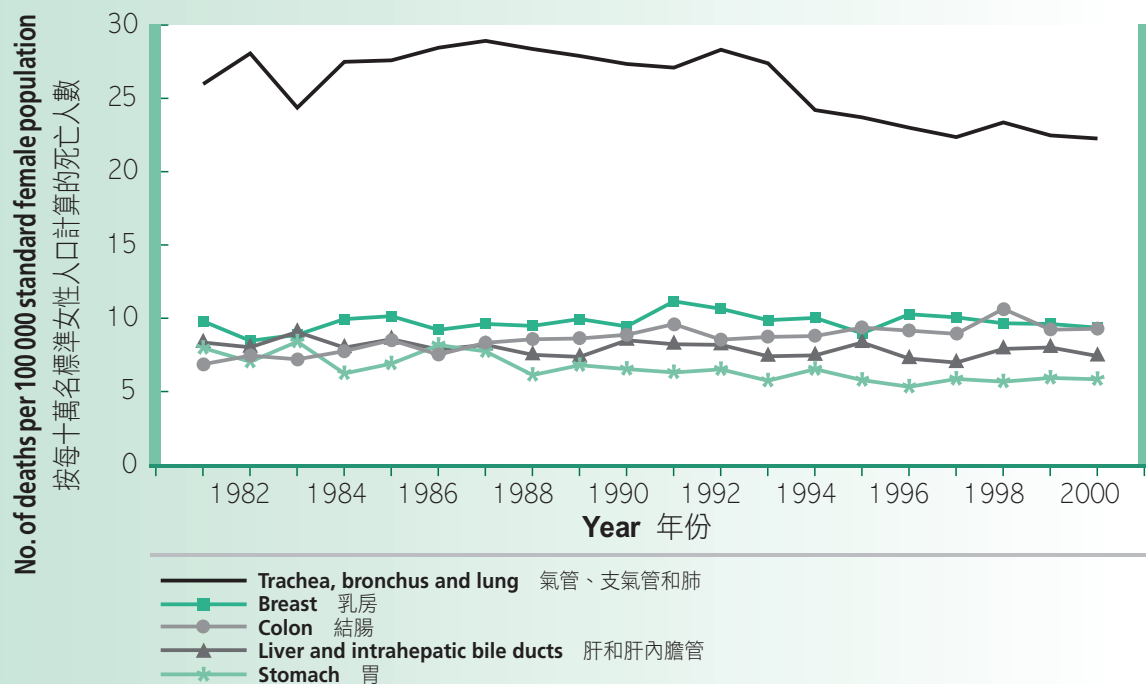


Figure 10 Age-standardised Death Rates* of Five Leading Cancers in Female, 1981 - 2000

圖10 一九八一年至二零零零年首五類癌症導致的女性年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Since 1960's, 'heart diseases' has been the second leading cause of death in Hong Kong. The age-standardised mortality rate for heart diseases and cerebrovascular disease have experienced a sharper decline as compare to that of cancer over the last two decades, and the declining trends have levelled off in recent few years. Heart diseases and cerebrovascular disease remained important public health problems as they accounted for 16.3% and 10.5% of all deaths respectively in 2000. Therefore, continuous effort should be made to combat their major risk factors such as smoking, lack of physical activity, obesity, hypertension, diabetes mellitus and hyperlipidemia.

'Pneumonia' was the fourth leading cause of death in 2000. Over 90% of all pneumonia deaths occurred in individuals 65 years old and above, and it represented a rather common terminal event or complication in the elderly. Although the age-standardised mortality rate for pneumonia has been declining over the past two decades, it showed an increasing trend since 1994 and dropped again in recent four years.

'Injury and poisoning' has remained the fifth leading cause of death in Hong Kong since late 1970's. Its age-standardised mortality showed an overall decline in 1980's and has been levelled off since 1990's. Unlike other major killers, it disproportionately strikes the young and contributes significantly to premature death. Many injuries are preventable and successful preventive programmes should be supported by appropriate educational, legislative and environmental measures. A multi-sectorial approach would be most appropriate to tackle this problem.

自六十年代起，心臟病一直是香港第二大主要致命疾病。過去二十年間，心臟病及腦血管病的年齡標準化死亡率相對癌症而言，有顯著下降的趨勢，直至近幾年間，數字漸趨平穩。心臟病及腦血管病依然是備受關注的公共健康問題。二零零零年，心臟病及腦血管病分別佔總死亡人數 16.3% 及 10.5%。因此，我們仍需鼓勵健康的生活模式，以減低引致這些疾病的因素，如吸煙、缺乏運動、肥胖、高血壓、糖尿病及高血脂。

於二零零零年，肺炎是第四大主要致命疾病。超過 90% 的肺炎死者均為 65 歲或以上人士，而肺炎是長者常見的末期病或併發症。雖然肺炎的年齡標準化死亡率在過去二十年間持續下降，但是該死亡率自一九九四年起有上升的趨勢，直至近四年間，才再度下降。

損傷和中毒由七十年代後期起一直是香港的第五大主要致命原因。該年齡標準化死亡率在八十年代期間整體下降，直至九十年代，數字漸趨平穩。與其他主要致命疾病不同，損傷和中毒較多發生於年輕人，引致過早死亡。大部分的損傷是可預防的，而成功的預防計劃必須配合適當的教育、立法和環境措施，並以跨界別的形式解決這問題。

Hospitalisation Data

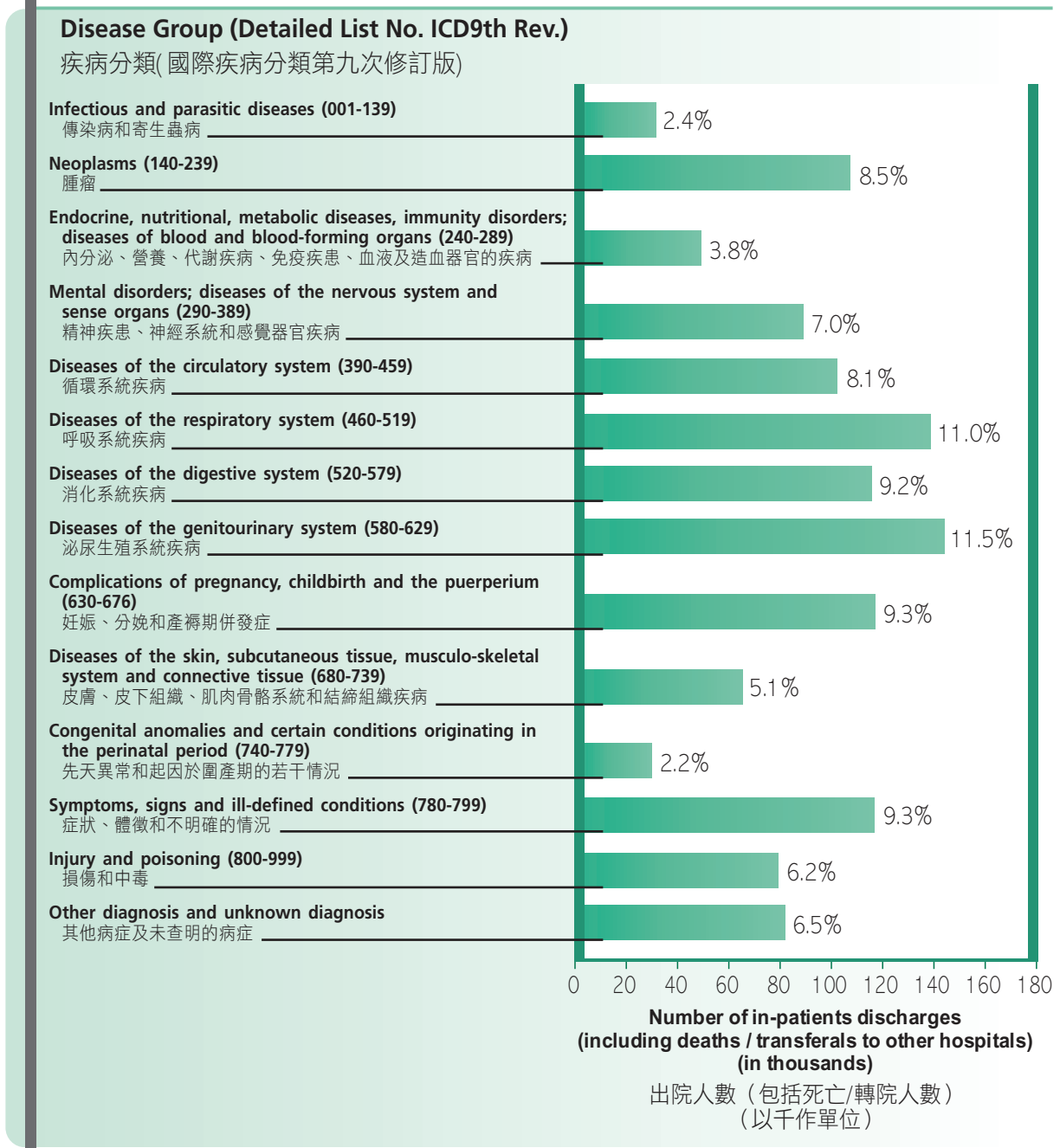
Information on hospitalisation obtaining from private and public hospitals are important sources of morbidity data. The leading causes of hospitalisation reported in 2000 (Figure 11) were similar to those of previous year.

住院治療資料

由私家醫院及公立醫院提供的病人住院資料，是重要的疾病資料來源。二零零零年的病人住院主因（圖11）與往年相若。

Figure 11 Leading Causes of Hospitalisation, 2000

圖11 二零零零年病人住院的主要原因



Note Percentage refers to percentage of total in-patient discharges. The percentage may not add up to 100% due to rounding.

註 百分率是指總出院人數的百分比。由於進位關係，個別項目百分數的總和可能不等於100%。

Disease Surveillance

Disease surveillance enables the health authority to identify prevailing incidence and trends of diseases, to conduct timely investigation, and to formulate and implement intervention strategies. In Hong Kong, systematic disease surveillance for infectious diseases, occupational diseases and cancers are in place.

Infectious Diseases

Notifiable Infectious Diseases

In accordance with the Quarantine and Prevention of Diseases Ordinance (Cap.141), there are 27 notifiable infectious diseases (Table C). Of these, cholera, plague and yellow fever are quarantinable diseases. All medical practitioners are required to notify the Department of Health all suspected notifiable infectious diseases. The Department of Health will conduct surveillance and control of the infectious diseases.

In 2000, a total of 20 573 cases of infectious diseases were notified and the figure was comparable to that of 1999 (20 342 cases). The top five diseases in terms of number of notifications were chickenpox (8 556 cases), tuberculosis (7 578 cases), rubella (2 338 cases), viral hepatitis (683 cases) and food poisoning (618 outbreaks with 2 452 persons affected). Of which, chickenpox and tuberculosis accounted for 41.6% and 36.8% of all notifications respectively.

疾病監察

疾病監察有助醫護機構掌握疾病發病率及其趨勢的資料，從而作出合時的調查及制定應對策略。香港已對傳染病、職業病及癌病作出了有系統的監察。

傳染病

須呈報的傳染病

根據《檢疫及防疫條例》(第141章)，本港共有27種法定須呈報的傳染病(表C)。當中，霍亂、瘟疫及黃熱病是屬於須檢疫的疾病。而所有醫生須向衛生署呈報懷疑屬須呈報的傳染病，以便衛生署作出傳染病監察及控制。

在二零零零年，共有20573宗須呈報傳染病的個案，這數字跟一九九九年相若(20342宗)。首五類呈報個案最多的傳染病為水痘(8556宗)，結核病(7578宗)，德國麻疹(2338宗)，病毒性肝炎(683宗)及食物中毒(618宗，2452人受影響)，其中水痘和結核病分別佔所有個案的41.6%及36.8%。

Table C List of Notifiable Infectious Diseases, 2000

表 C 二零零零年須呈報的傳染病

Cholera 霍亂	Food Poisoning 食物中毒	Relapsing Fever 回歸熱
Plague 瘟疫	Legionnaires' Disease 退伍軍人病	Rubella 風疹（德國麻疹）
Yellow Fever 黃熱病	Leprosy 麻風	Scarlet Fever 猩紅熱
Acute Poliomyelitis 急性脊髓灰質炎（小兒麻痺）	Malaria 瘧疾	Tetanus 破傷風
Amoebic Dysentery 阿米巴痢疾	Measles 麻疹	Tuberculosis 結核病
Bacillary Dysentery 桿菌痢疾	Meningococcal Infections 腦膜炎雙球菌感染	Typhoid Fever 傷寒
Chickenpox 水痘	Mumps 流行性腮腺炎	Typhus Fever 斑疹傷寒
Dengue Fever 登革熱	Paratyphoid Fever 副傷寒	Viral Hepatitis 病毒性肝炎
Diphtheria 白喉	Rabies 狂犬病	Whooping Cough 百日咳

Cholera

There were 12 cholera cases reported in 2000, representing a decrease of 33.3% when compared with 18 cases in 1999. Of these, seven were local cases and four were imported. The source of infection for the remaining case could not be ascertained. The causative organisms included *Vibrio cholerae* O1 El Tor Ogawa (4 cases), *Vibrio cholerae* O1 El Tor Inaba (4 cases) and *Vibrio cholerae* O139 (4 cases).

Chickenpox

There were 8 556 notifications on chickenpox in 2000. Following the pattern of 1999, the majority (87.2%) were children aged ten years or below. Complications were uncommon (<1%).

霍亂

二零零零年共有12宗霍亂個案，較一九九九年的18宗少33.3%。其中，七宗為本地感染個案，四宗為外地感染個案，其餘一宗個案的感染源頭不明。致病細菌包括O1 埃爾托小川型霍亂弧菌（4宗），O1 埃爾托稻葉型霍亂弧菌（4宗）及O139型霍亂弧菌（4宗）。

水痘

二零零零年呈報的水痘個案有8 556宗。跟一九九九年的情況一樣，大部分個案（87.2%）為十歲或以下的小童。併發症並不常見（<1%）。

Tuberculosis

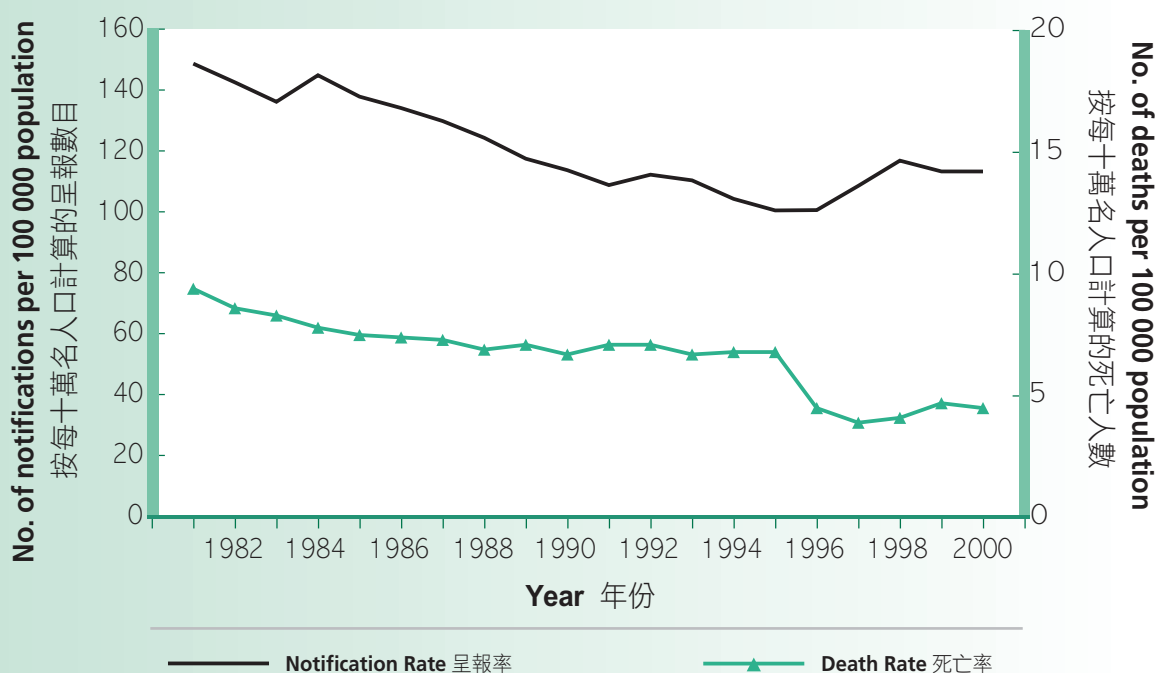
Although the notification rate of tuberculosis in Hong Kong showed an overall downward trend in the past 20 years (Figure 12), the rate of decline slowed down or even showed a slight increase in recent few years due to ageing population and changing in notification behaviour. In 2000, the number of tuberculosis notifications was 7 578 and the notification rate remained high at 114 per 100 000 population. This raised the concern on tuberculosis control in Hong Kong. Currently, Hong Kong is classified under 'places with intermediate tuberculosis burden with good health infrastructure' by World Health Organisation in the Western Pacific Region. The future overall control strategy will rely very much on collaboration between different sectors, especially in relation to setting standards of treatment and care, strengthening surveillance system and laboratory support, etc.

結核病

雖然本港的結核病呈報率在過去二十年間有全面下降的趨勢（圖12），但是由於人口老化及呈報行為轉變，近年呈報率的跌幅開始減慢，甚至輕微上升。二零零零年呈報的結核病個案共有 7 578 宗，而呈報率仍然高達每十萬人口有 114 宗。控制結核病是本港關注的問題。近年，世界衛生組織把香港歸類為西太平洋區具備良好衛生設施及中度結核病負擔的地方之一。未來的整體控制策略有賴多方面配合，當中包括訂定治療及護理標準、加強監察及化驗輔助等。

Figure 12 Notification and Death Rates of Tuberculosis, 1981 - 2000

圖 12 一九八一年至二零零零年結核病呈報率及死亡率



Viral hepatitis

There were 683 notifications on viral hepatitis in 2000, of which 505 were hepatitis A, 137 were hepatitis B, 36 were non-A non-B and five were unclassified. Compared with the situation in the previous year, there was an increase in hepatitis A by 18.5% and a decrease in hepatitis B by 9.9%.

Vaccine preventable diseases

A childhood immunisation programme is provided free of charge by the Department of Health. It includes oral polio vaccine, triple vaccine (diphtheria, tetanus, whole-cell pertussis), measles-mumps-and-rubella vaccine, hepatitis B vaccine, and BCG. In October 2000, the Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region of the World Health Organisation declared that transmission of indigenous wild poliovirus in the Western Pacific Region, including Hong Kong, had been interrupted. This was an important milestone in the prevention and control of infectious diseases.

The number of notifications of rubella rose sharply from 52 in 1999 to 2 338 in 2000. The vast majority of the cases were adult males, who were not the target population of the routine rubella immunisation programme. Complications were uncommon. The spread of rubella infection was contained by vaccination of susceptible contacts and health education. Two cases of congenital rubella syndrome were reported in 2000.

There were 77 cases of mumps, 61 cases of measles, 11 cases of whooping cough and seven cases of tetanus in 2000. The trends of selected vaccine preventable diseases are shown in figure 13.

病毒性肝炎

二零零零年共有 683 宗病毒性肝炎呈報個案，其中 505 宗為甲型肝炎，137 宗為乙型肝炎，36 宗為非甲非乙型肝炎，另外五宗則未能編類。跟去年比較，甲型肝炎個案上升 18.5%，而乙型肝炎個案則下降 9.9%。

疫苗可預防的疾病

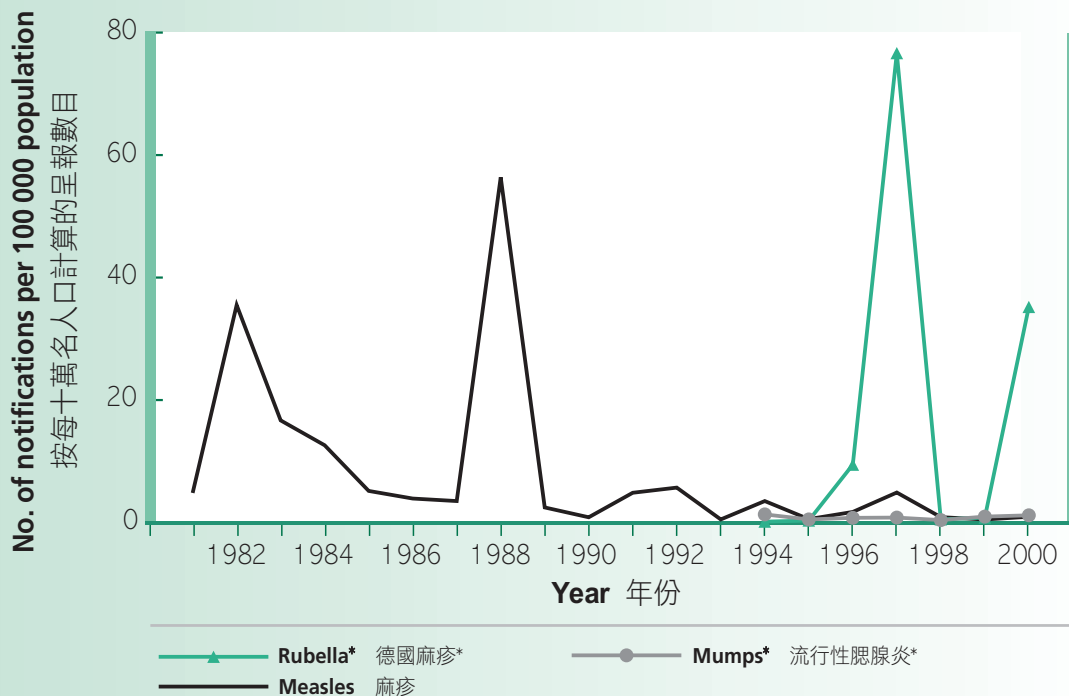
衛生署為兒童提供免費防疫注射。注射計劃包括口服小兒麻痺疫苗、白喉、百日咳及破傷風混合疫苗、麻疹、流行性腮腺炎及德國麻疹混合疫苗、乙型肝炎疫苗，以及卡介苗。在二零零零年十月，世界衛生組織的「消滅脊髓灰質炎（小兒麻痺）野株病毒西太平洋地區委員會」宣布本土性小兒麻痺野株病毒的傳播已在西太平洋區（包括香港）絕跡。這是預防及控制傳染病的重要里程碑。

德國麻疹的呈報個案數字由一九九九年的 52 宗急劇上升至二零零零年的 2 338 宗。大部分個案為成年男性，他們均不是現行德國麻疹防疫注射計劃的對象。併發症並不常見。衛生署已為接觸個案而未有免疫能力的人士注射疫苗及進行健康教育，以防止德國麻疹蔓延。在二零零零年，共接獲兩宗先天性德國麻疹綜合症報告。

二零零零年內，有 77 宗流行性腮腺炎、61 宗麻疹、11 宗百日咳及七宗破傷風。圖 13 顯示部分疫苗可預防疾病的趨勢。

Figure 13 Notification Rates of Selected Vaccine Preventable Diseases, 1981 - 2000

圖 13 一九八一年至二零零零年部分疫苗可預防的疾病呈報率



Note * Notifiable since 1994.

註 * 由一九九四年起須呈報的疾病

Foodborne diseases

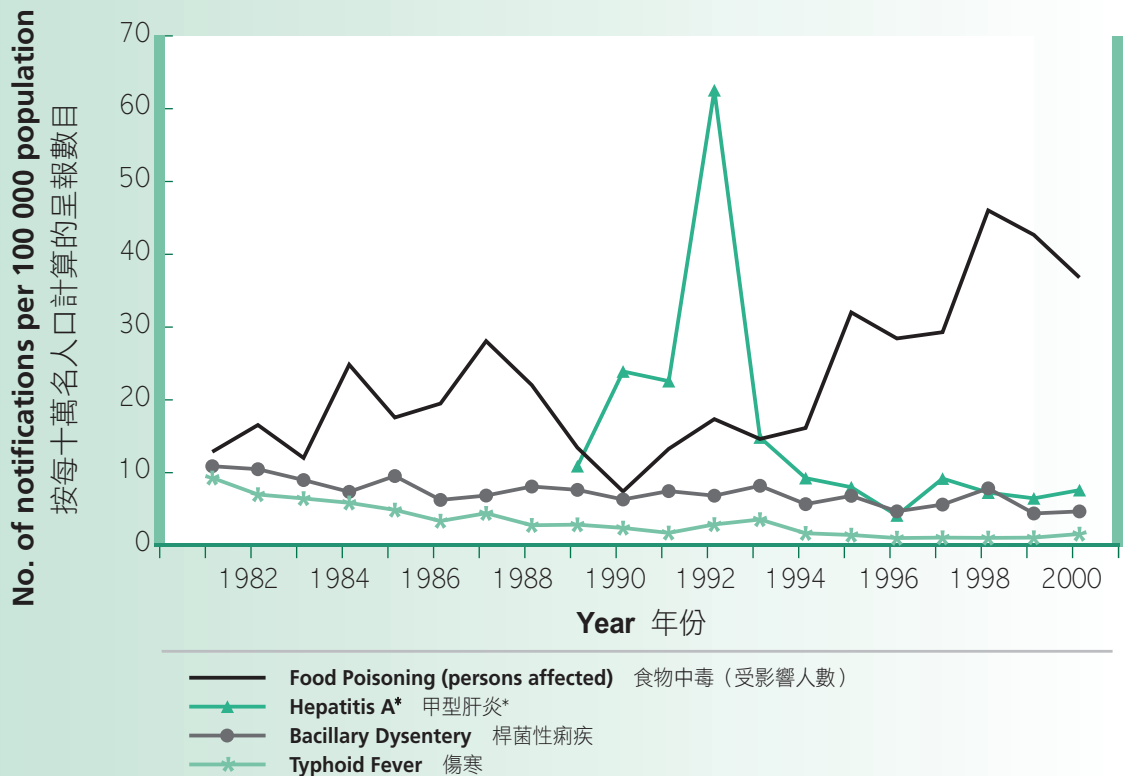
In 2000, there were 618 outbreak reports of food poisoning affecting 2 452 persons, 505 cases of hepatitis A, 310 cases of bacillary dysentery and 105 cases of typhoid fever. Figure 14 shows the trends of these diseases.

食物傳播的疾病

在二零零零年，共有 2 452 人在 618 宗食物中毒呈報個案中受影響，並有 505 宗甲型肝炎、310 宗桿菌性痢疾及 105 宗傷寒的呈報個案。圖 14 顯示這些疾病的趨勢。

Figure 14 Notification Rates of Common Foodborne Diseases, 1981 - 2000

圖 14 一九八一年至二零零零年常見的食物傳播疾病呈報率



Note * The classification of Hepatitis A has been available since 1989

註 * 甲型肝炎由一九八九年起分類計算。

Bacteria continued to be the major cause of food poisoning outbreaks, accounting for 74.3% of all outbreaks. The top five causative agents of food poisoning outbreaks, in terms of number of outbreaks, were *Vibrio parahaemolyticus* (35.9%), *Staphylococcus aureus* (17.8%), *Salmonella* (14.4%), clenbuterol (6.6%) and ciguatoxin (5.3%). Thirty-seven outbreaks affecting 85 persons were caused by clenbuterol-tainted pork and pig offal. Norwalk-like viruses were emerging as an important cause of food poisoning. In 2000, it was incriminated in about 4.0% of all outbreaks, most of which were associated with consumption of raw or under cooked oysters. There were three outbreaks associated with pesticide-contaminated vegetables affecting eight persons.

細菌仍然是食物中毒的主要原因，佔所有發病個案的 74.3%。以呈報個案數字計算，引起食物中毒最常見的五種致病原是副溶血性弧菌（35.9%）、金黃色葡萄球菌（17.8%）、沙門氏菌（14.4%）、「鹽酸克崙特羅」（6.6%）及雪卡毒（5.3%）。由含有「鹽酸克崙特羅」的豬肉及豬內臟引起的個案共 37 宗，受影響人數為 85 人。諾沃克病毒已成為其中一種重要的食物中毒病原。在二零零零年，懷疑因諾沃克病毒引致的食物中毒個案約佔所有個案的 4.0%，大部分與進食生蠔或未煮熟的蠔有關。因食用受農藥污染蔬菜而中毒的個案則有三宗，共影響八人。

Vector-borne diseases

The number of malaria notifications (35 cases) was the lowest in 25 years (1976 to 2000). All cases except one were imported. The exception was a local relapse case. The causative agents for the disease were *Plasmodium falciparum* (17 cases), *Plasmodium vivax* (14 cases) and *Plasmodium malariae* (4 cases). There was one death caused by *Plasmodium falciparum* in 2000.

There were 11 notifications of dengue fever in 2000. All of them were imported cases.

Other Infectious Diseases

Surveillance systems have also been set up to monitor other infectious diseases with public health importance such as human immunodeficiency virus (HIV) infection, influenza and hand-foot-mouth disease, as well as on antibiotic resistance.

HIV surveillance programme of the Department of Health has important role in monitoring the trend of HIV infection and formulating health care and prevention programme. The programme collects data regularly through voluntary reporting, sero-prevalence monitoring of selected groups and unlinked anonymous screening. All personal information is kept confidential. At the end of 2000, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 1 542 and 500 respectively. Sexual transmission remains the most important mode of spread of the infection.

傳病媒介傳播的疾病

本年度的瘧疾個案數字（35宗）為二十五年來（一九七六年至二零零零年）最低。除一宗本地復發個案外，其餘均由外地傳入。個案的致病原蟲為惡性瘧原蟲（17宗）、間日瘧原蟲（14宗）及三日瘧原蟲（四宗）。在二零零零年，惡性瘧原蟲引致一人死亡。

在二零零零年內呈報的登革熱個案有11宗，全部在外地感染。

其他傳染病

政府已設立監察系統，監控其他對公共衛生有重要性的傳染病，例如愛滋病毒 infection、流行性感冒和手足口病以及抗藥性細菌。

衛生署愛滋病監測計劃有助當局掌握愛滋病病毒感染個案及趨勢的資料，從而制定預防和治療愛滋病的方法。此監測計劃是透過自願性呈報、不同組別人士的血清感染流行情況和不記名普查，而定期搜集有關資料。所有個人資料均予以保密。二零零零年年底，已呈報的愛滋病病毒感染個案有1 542宗，而愛滋病的染病個案則有500宗。性接觸仍然是最普遍的傳染途徑。

A sentinel surveillance system of the Department of Health is in place to monitor influenza-like illness, hand-foot-mouth disease and antibiotic resistance. The system operates through the support from a network of Government general out-patient clinics and medical practitioners in the private sector. The sentinel surveillance system was expanded to include all general out-patient clinics since June 1999 and 47 doctors in private practice since March 2000.

In 2000, the most prevalent strain of influenza virus during the year was Influenza A (H3N2). Similar to previous years, peaks of influenza activity were observed during January to March and June to August.

The enterovirus sentinel surveillance programme was established in 1998 to monitor the consultation rate and in-patient statistics of hand-foot-mouth disease including *Enterovirus* 71 infection. In 2000, there were six confirmed cases of *Enterovirus* 71 infection resulting in one death.

Sentinel surveillance on antibiotic resistance was established in July 1999. It aims at providing local information on the magnitude and trend of antibiotic resistance at the community level. The occurrence of penicillin-resistant pneumococci and an increase in quinolone resistance in enterobacteria were observed in 2000. The results were disseminated through the Department's Public Health and Epidemiology Bulletin to all registered medical and dental practitioners to reinforce the importance of proper use of antibiotics.

現時衛生署設有一個定點監察系統，監察流行性感冒症狀、手足口病及抗藥性細菌的情況。此監察系統由衛生署普通科門診診療所及私家醫生所提供的資料而組成，並分別於一九九九年六月和二零零零年三月擴展至全部普通科門診診療所和 47 位私家醫生。

甲類流行性感冒（H3N2）病毒為二零零零年最流行的流感病毒類型。跟往年一樣，一月至三月及六月至八月均為流行性感冒的高峰期。

腸病毒定點監察計劃於一九九八年成立，監察手足口病就醫率及入院數字，其中包括腸病毒 71 型的感染情況。在二零零零年，共有六宗證實為腸病毒 71 型的感染個案，當中一人因此死亡。

抗藥性細菌定點監察計劃由一九九九年七月起開始進行，目的是收集本地社區有關細菌抗藥性的程度及趨勢資料。二零零零年的結果顯示腸桿菌對喹諾酮的抗藥性有所增加，而肺炎球菌亦出現抗青霉素的情況。有關的結果已透過衛生署的公共健康及流行病學期刊發放予所有註冊醫生及牙醫，藉此強調正確使用抗生素的重要性。

Occupational Diseases

There are 49 notifiable occupational diseases under the Occupational Safety and Health Ordinance (Cap. 509). All medical practitioners are required to notify the Labour Department all suspected notifiable occupational diseases. The Occupational Health Service of the Labour Department will promptly carry out investigation upon notification so that causes of the occupational diseases or accidents can be identified and remedial actions will be undertaken in the workplaces.

In 2000, a total of 504 cases of occupational diseases was confirmed, representing a decrease of 31.3% when compared with 734 cases in 1999 (Table D). The overall drop was mainly due to decrease in number of cases of occupational deafness which has been the most common occupational disease since it was made compensable in 1995. As most of the cases of occupational deafness in past years had been confirmed and compensated, the number of cases dropped.

職業病

根據《職業安全及健康條例》（第509章），本港共有49種須予呈報的職業病，而所有醫生須向勞工處呈報所有懷疑屬須予呈報的職業病，以便勞工處的職業健康服務部能及早作出調查，從而查明職業病及意外的原因，並於工作地方作出改善。

二零零零年，經證實的職業病共有504宗，較一九九九年的734宗減少31.3%（表D）。這整體下降主要是由於職業性失聰個案減少。職業性失聰自一九九五年起可獲得賠償後，成為最常見的職業病。由於過往多年的職業失聰個案相繼獲得證實及賠償，職業失聰個案顯著下降。

Table D Confirmed Cases of Occupational Diseases

表 D 經證實的職業病數目

Disease 病症	Number of Cases 個案數目	
	1999	2000
Occupational deafness 職業性失聰	388	206
Silicosis 矽肺病	137	105
Tenosynovitis of hand or forearm 手部或前臂腱鞘炎	54	81
Tuberculosis 結核病	57	39
Gas poisoning 氣體中毒	57	36
Occupational dermatitis 職業性皮膚炎	21	17
Asbestos-related diseases 與石棉有關病症	15	11
Compressed air illness 氣壓病	3	6
Others 其他病症	2	3
Total 總數	734	504

Source Occupational Health Service of the Labour Department

資料來源 勞工處的職業健康服務部

Cancer

The Hong Kong Cancer Registry operated by Hospital Authority has provided useful information on the incidence of cancer in Hong Kong.

In 1999, lung cancer and breast cancer were the most common cancer diagnosed in male and female respectively. The types of cancer with highest incidence in 1999 were shown in Figure 15. Figure 16 and Figure 17 showed incidence trends of the five leading causes of cancer in male and female respectively. Over the past two decades, the age-standardised incidence rate of breast cancer in female showed an increasing trend while the age-standardised incidence rates of lung cancer for both male and female showed an overall decline. The overall decline might be a sign that efforts to combat smoking were paying off. However, it is important to sustain these efforts, as the smoking prevalences in youth and females are increasing in recent years.

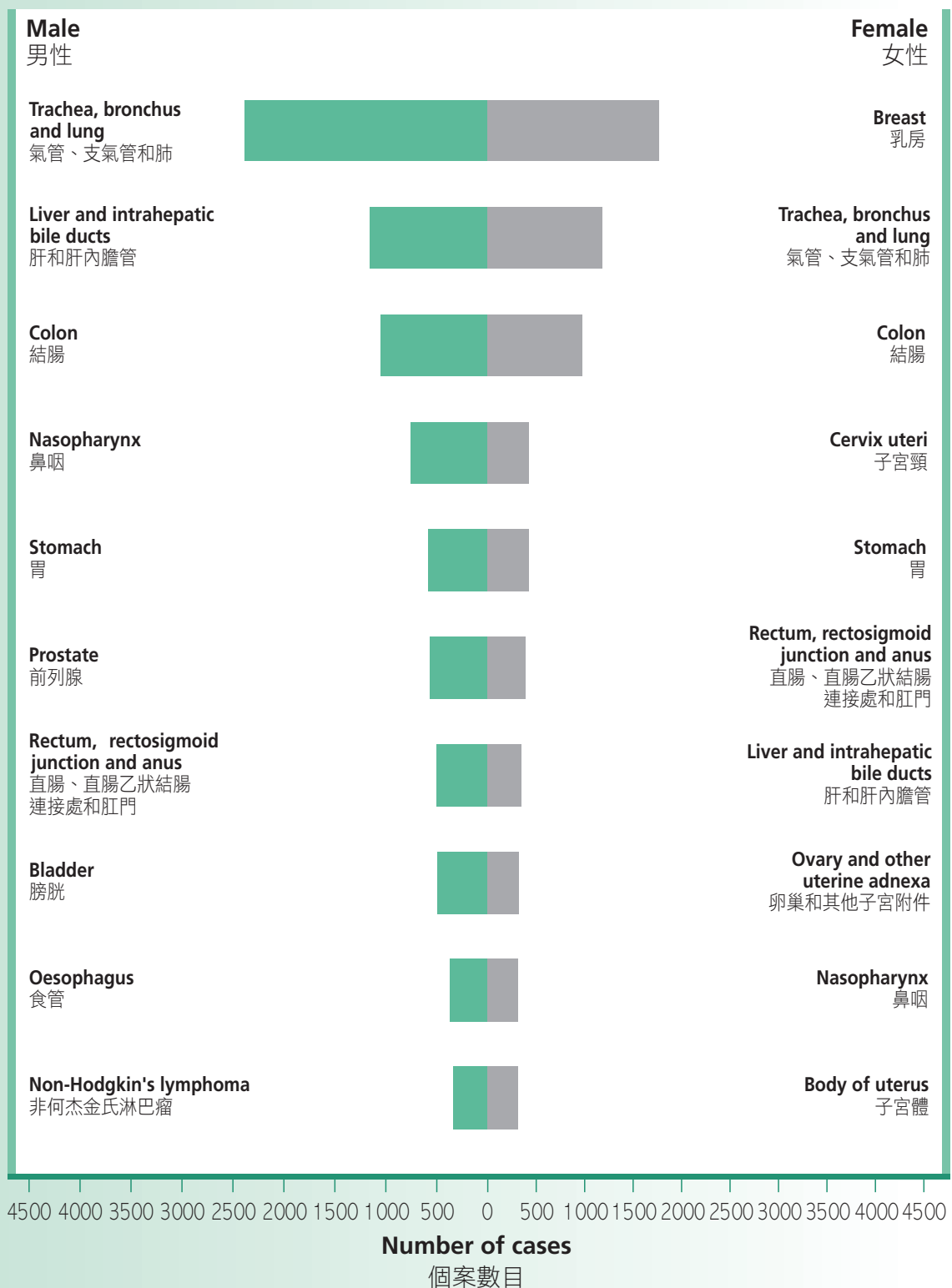
癌病

本港癌病發病率的資料是由醫院管理局主理的香港癌病資料統計中心提供。

於一九九九年，肺癌及乳癌分別是男性及女性新個案中最常見的癌症。圖15列出於一九九九年發病率最高的癌症類別。圖16及圖17分別展示男性及女性的首五類癌症發病率趨勢。在過去二十年，乳癌的女性年齡標準化發病率有上升的趨勢而肺癌的男性及女性年齡標準化發病率則見下降。這下降趨勢可歸因於反吸煙的成效，但青少年及女性的吸煙率正有上升的趨勢，反吸煙的工作仍須再接再厲。

Figure 15 Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 1999

圖 15 一九九九年向香港癌病資料統計中心呈報的首十類癌症新個案



Source Hospital Authority
資料來源 醫院管理局

Figure 16 Age-standardised Incidence Rates* of Five Leading Cancer New Cases Notified to the Hong Kong Cancer Registry in Male, 1983 - 1999

圖 16 一九八三年至一九九九年向香港癌病資料統計中心呈報的男性首五類癌症新個案的年齡標準化發病率*

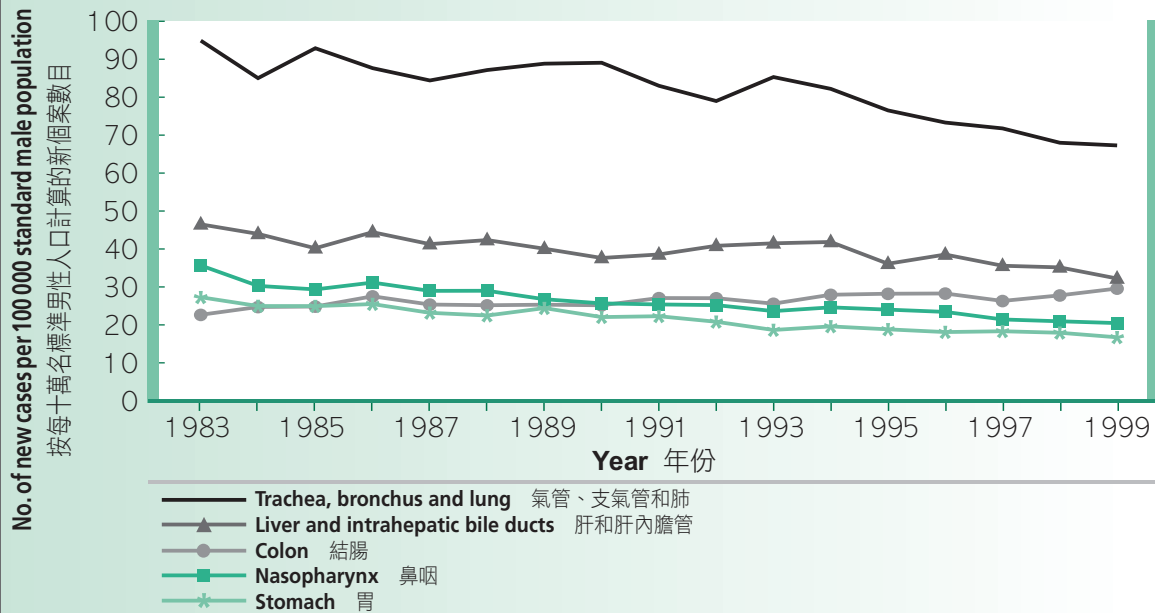
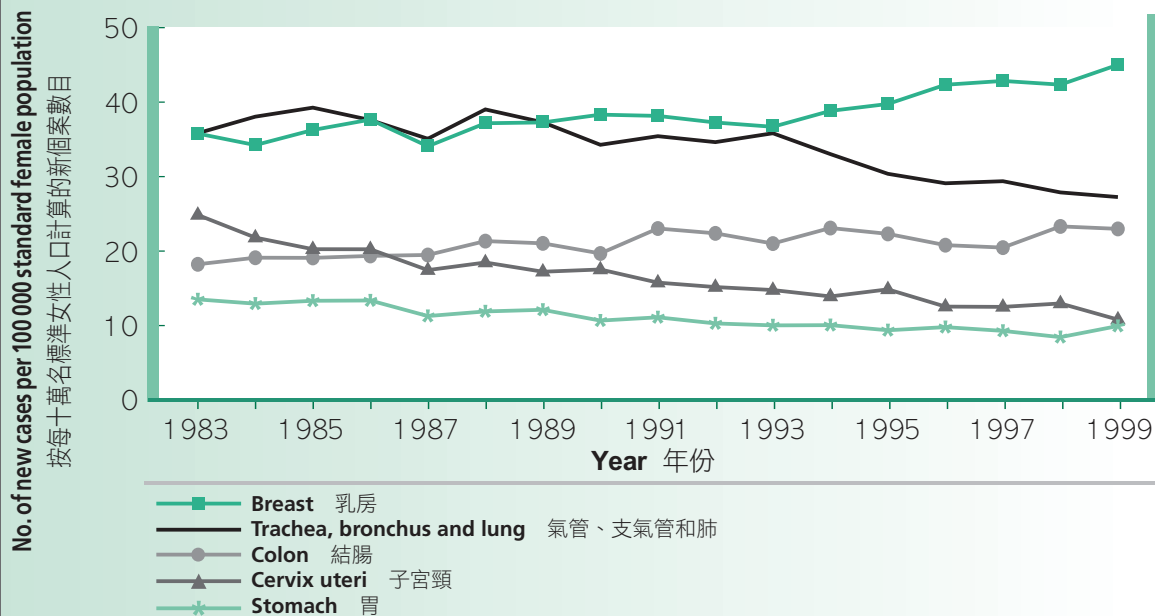


Figure 17 Age-standardised Incidence Rates* of Five Leading Cancer New Cases Notified to the Hong Kong Cancer Registry in Female, 1983 - 1999

圖 17 一九八三年至一九九九年向香港癌病資料統計中心呈報的女性首五類癌症新個案的年齡標準化發病率*



Notes Ranking according to 1999 number of new cases.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以一九九九年的新個案數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Population-based Health Information

Since 1981, population-based social data has been regularly collected through the General Household Survey conducted by the Census and Statistics Department. Throughout the years, the survey has also collected a variety of health information, including cigarette smoking pattern, doctor consultation, hospitalisation and health status of the population etc. The data have been collated and reported in Special Topics Report.

In 2000, the Special Topics Report No. 27 reported the result of survey on the socio-demographic, health and economic profiles of the elderly people (aged 60 or above) and soon-to-be old people (aged 45-59). More than 4 000 elderly people and soon-to-be old people were successfully enumerated, constituting a response rate of 75%. The survey only covered non-institutional population and result of the survey did not reflect the situation of those staying in hospitals and elderly care homes.

The survey revealed that 12.4% of the overall elderly people were cognitively or physically impaired (or both). The corresponding proportion was even higher for those aged 75 and over (25.9%).

普及人口健康資料

自一九八一年起，政府統計處定期進行「綜合住戶統計調查」，以搜集普及人口的社會資料。在過往多年，調查亦搜集了不同的健康資料，內容包括吸煙習慣、就醫和入住醫院情況及香港人健康狀況等。有關資料刊於專題報告。

於二零零零年，第二十七號專題報告書公布了一項有關長者（60歲或以上）及中年人（45至59歲）的生活、健康及經濟狀況的調查結果。超過4000名長者及中年人接受了訪問，回應率達75%。是項專題訪問的對象為非住院人口，訪問結果並未能反映醫院及安老院住院人士的情況。

調查顯示整體上有12.4%的長者有認知或活動能力衰退的情況（或兩者皆有），但在75歲或以上的長者中，該百分比則為更高（25.9%）。

The survey also showed that 71.8% of the elderly and 41.2% of the soon-to-be old people reported to have chronic diseases (including chronic diseases that did not require regular medical treatment). The commonly cited diseases among these elderly were hypertension (47.2%), arthritis (40.6%) and eye diseases (23.9%) (Table E). The chronic diseases reported by these soon-to-be old people included arthritis (38.2%), hypertension (31.1%), gastric diseases (16.7%), etc (Table F).

調查亦顯示，71.8%的長者及41.2%的中年人表示患有慢性疾病（包括不須要定期接受治療的慢性疾病）。在這些長者當中，較普遍提及的疾病為高血壓（47.2%）、關節炎（40.6%）和眼疾（23.9%）（表E）。而這些中年人士所提及的慢性疾病包括關節炎（38.2%）、高血壓（31.1%）、胃病（16.7%）等（表F）。

Table E Major Type of Diseases Among the Elderly Who Reported to Have Chronic Diseases
表E 在表示患有慢性疾病的長者罹患的主要疾病類別

Type of Diseases 疾病類別	Percentage of Total Number of Persons with Chronic Diseases* 所有罹患慢性疾人士 所佔的百分比*
Hypertension 高血壓	47.2 %
Arthritis 關節炎	40.6 %
Eye diseases 眼疾	23.9 %
Diabetes 糖尿病	20.9 %
High cholesterol 膽固醇過高	17.9 %
Heart diseases 心臟病	15.9 %
Tracheitis 氣管炎	10.6 %
Gastric diseases 胃病	10.1 %
Gout 痛風病	6.1 %
Stroke 中風	3.5 %

Note * More than one type of diseases could be reported among the 71.8% of the elderly who reported to have chronic diseases.

註 * 在表示患有慢性疾病的71.8%的長者中，可呈報多於一項的疾病類別。

Source Special Topics Report No.27, Census and Statistics Department

資料來源 政府統計處第二十七號專題報告書

Table F Major Type of Diseases Among the Soon-to-be Old People Who Reported to Have Chronic Diseases

表 F 在表示患有慢性疾病的中年人罹患的主要疾病類別

Type of Diseases 疾病類別	Percentage of Total Number of Persons with Chronic Diseases* 所有罹患慢性疾病人士 所佔的百分比*
Arthritis 關節炎	38.2 %
Hypertension 高血壓	31.1 %
Gastric diseases 胃病	16.7 %
High cholesterol 膽固醇過高	13.9 %
Diabetes 糖尿病	12.4 %
Eye diseases 眼疾	9.8 %
Heart diseases 心臟病	8.7 %
Tracheitis 氣管炎	7.3 %
Gout 痛風病	5.2 %
Diseases of kidney 腎病	2.7 %

Note * More than one type of diseases could be reported among the 41.2% of the soon-to-be old people who reported to have chronic diseases.

註 * 在表示患有慢性疾病的 41.2% 的中年人中，可呈報多於一項的疾病類別。

Source Special Topics Report No.27, Census and Statistics Department

資料來源 政府統計處第二十七號專題報告書

As regards doctor consultation, 62.9% of the elderly and 51.4% of the soon-to-be old people had consulted doctors (excluding medical check-up) during the three months before enumeration. Government practitioners was the most common type of doctor being consulted, followed by private practitioners and Chinese medical practitioners.

有關就醫情況，62.9% 的長者及 51.4% 的中年人在統計前三個月內曾就醫（不包括身體檢查）。最普遍的診症醫生類別為政府醫生，其次是私家醫生及中醫。

In addition, since 1999, the Census and Statistics Department also started a series of Thematic Household Survey to collect social data required by policy bureaux and Government departments. The Thematic Household Survey Report No. 5 in 2000 provided information on prevalence of smoking. The survey revealed that 12.4% of the population aged 15 and over were daily smokers. The prevalence of smoking among males was higher than females, about 22.0% of men were daily smokers whilst the corresponding rate for female was 3.5%. Although the overall smoking prevalence has been declining over the past two decades, the rate among females has increased from 2.9% in 1998 to 3.5% in 2000 (Figure 18), and the rate among teenagers (aged 15-19) has also increased from 2.8% to 4.5% over the same period (Figure 19).

此外，政府統計處於一九九九年開始進行一系列的「主題性住戶統計調查」以搜集各決策局及政府部門所需要的社會資料。在二零零零年，主題性住戶統計調查第五號報告書提供了有關吸煙流行情況的資料。該調查結果顯示，在15歲或以上人士當中，有12.4%的人士習慣每日吸煙。男性吸煙的比例較女性為高，22.0%的男性習慣每日吸煙，而女性則有3.5%。雖然整體的吸煙率在過去二十年間持續下降，但是女性吸煙比率卻由一九九八年的2.9%上升至二零零零年的3.5%（圖18），而青少年（15至19歲）的吸煙比率也於同期由2.8%上升至4.5%（圖19）。

Figure 18 Smoking Prevalence by Sex, 1982 - 2000

圖 18 一九八二年至二零零零年按性別劃分的吸煙流行情況

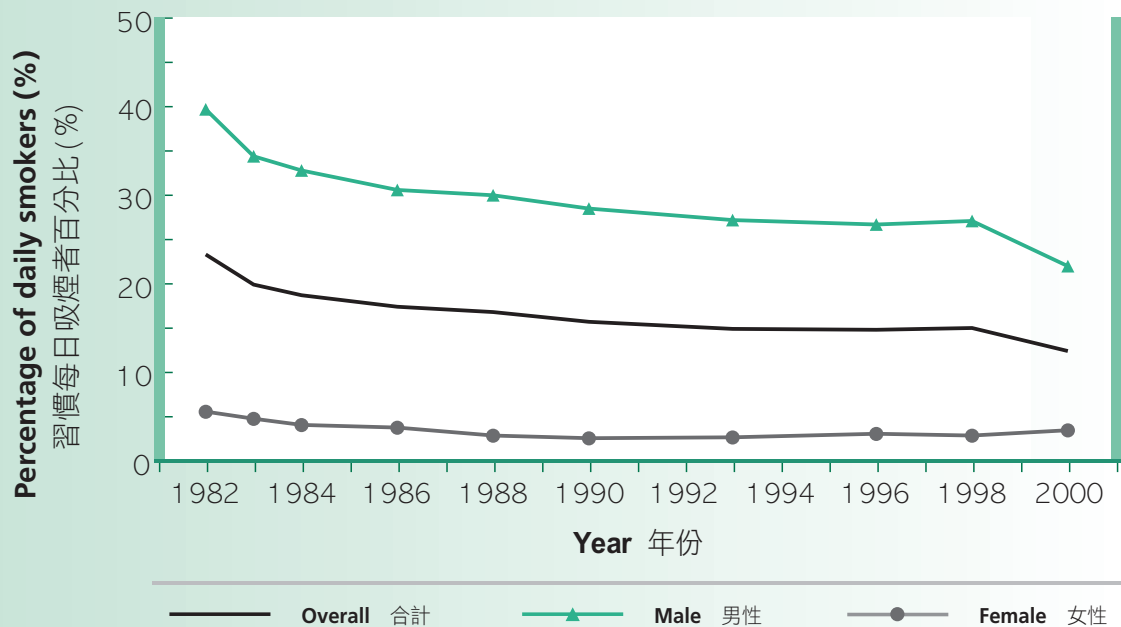
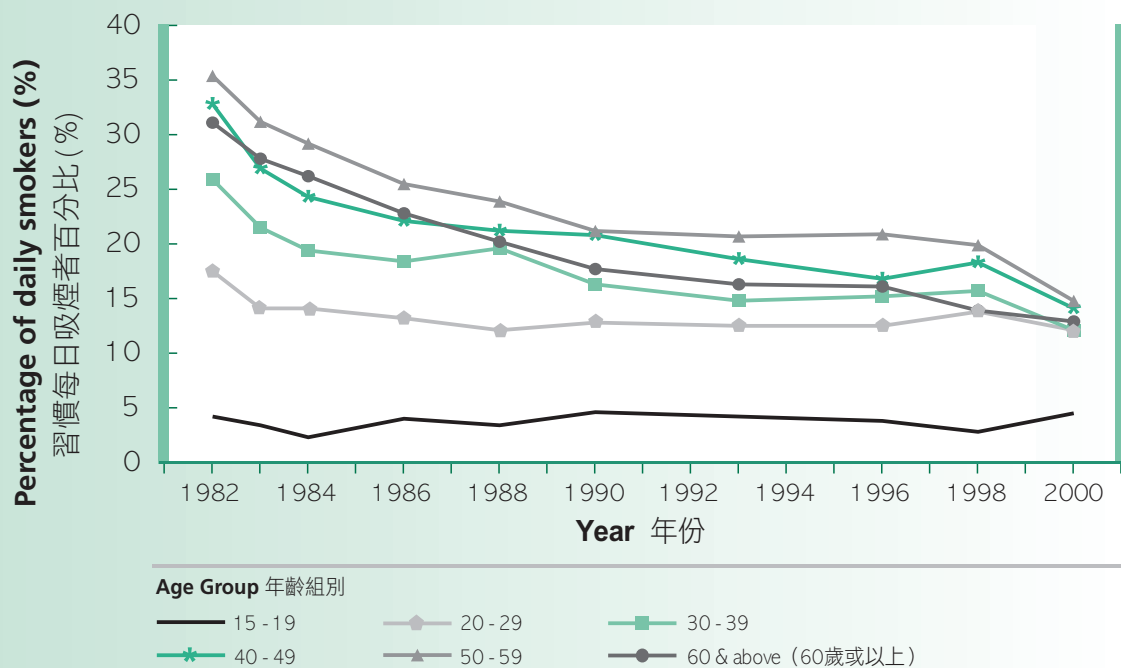


Figure 19 Smoking Prevalence by Age Group, 1982 - 2000

圖 19 一九八二年至二零零零年按年齡組別劃分的吸煙流行情況



Sources General Household Surveys in 1982, 1983, 1984, 1986, 1988, 1990, 1993, 1996 and 1998
Thematic Household Survey in 2000

資料來源 一九八二、一九八三、一九八四、一九八六、一九八八、一九九零、一九九三、一九九六及
一九九八年的綜合住戶統計調查
二零零零年的主題性住戶統計調查

Priorities in Promoting Health

The people of Hong Kong can be proud of the improvements to their health over the past few decades. Excellent health indices of life expectancy, infant mortality rate and maternal mortality ratio have been attained. These achievements have been the result of socio-economic progress, good public health measures and improvements in our healthcare services.

As a result of prevailing urbanised lifestyle in Hong Kong, chronic diseases have become the major health problem. These kinds of diseases affecting various stages of life, from childhood, through adolescence, adulthood to older age.

Effective preventive care protects and promotes health, prevents illness and disability and enhances the quality of life. While maintaining good health is a personal responsibility, the Department of Health together with other health care providers, offer a full range of services, including different health education and promotion campaigns, immunisations for children, dental and health services for students, health checks for women and the elderly.

Since the pursuit of health is of a continuous lifelong process, a life-course approach of health promotion will enhance the quality of life of the community and enable people to control and improve their health. In this regard, the Department of Health has planned to further enhance its preventive programmes to promote health and lifelong wellness. The provision of a comprehensive, holistic and lifelong health programme for the community is one of the priority areas of the Department in the coming years.

促進健康的工作重點

過去數十年，香港市民的健康有所改善，值得自豪。本港人口的預期壽命、嬰兒死亡率和孕婦死亡比率都達到卓越的健康指標。這些成果，歸功於社會經濟發展、良好的公共健康措施和本港醫護服務的改進。

由於香港的生活方式日趨都市化，慢性疾病已經成為主要的健康問題。這類疾病影響人生各個階段，從童年、青少年、成年一直到晚年。

有效的疾病預防工作可以保障和促進健康，預防疾病和殘疾，並提升生活素質。雖然保持健康是個人責任，但衛生署和其他醫護服務機構亦會提供各類服務，包括不同的健康教育和促進健康運動、兒童防疫注射計劃、學生牙科及健康服務、婦女及長者健康檢查。

由於追求健康必須終身堅持，為市民一生健康設想的促進健康工作可提升市民的生活質素，協助市民調理和改善健康。為此，衛生署已計劃進一步加強預防疾病工作，以促進市民的終身健康。本署未來幾年的工作重點之一是為市民提供全面的終身醫護計劃。

Child and Adolescent Health

Family life is fundamental to the well-being of children and is the key to their psychological, physical and social development. Epidemiological studies indicate that family risk factors such as poor parenting and family conflict have a significant influence on child development. To prevent child behaviour problems, there is a need for parents to acquire more effective self-management and child-management strategies as well as parenting skills. To support parenting education, the Department of Health will incorporate parenting education into the existing child health programme of the Maternal and Child Health Centres to equip parents through provision of parenting information, training and counselling services. The aim is to enhance parental competence in bringing up their children, thereby reduce child emotional and behavioural problems.

Although children of age 5 to 14 have the lowest death rates among all age groups, health problems are not uncommon among student who attended student health service centres of the Department of Health for health screening. The common health problems included visual abnormalities, obesity, idiopathic scoliosis, low self-esteem, phimosis and behavioural problems.

兒童及青少年健康

家庭生活對兒童的身心健康極其重要，是兒童的心理、生理和社交發展的關鍵。流行病學研究顯示，對孩子教養不足或不善和家庭糾紛等家庭因素均影響兒童的身心發展。家長有必要學習更有效的自我管理和管理兒童策略及親職技巧，以預防兒童行為問題。為支持親職教育，衛生署會將親職教育納入母嬰健康院現有的兒童健康計劃內，透過提供親職資訊、訓練和輔導服務，讓家長能勝任為人父母的職份。這項工作旨在提升家長教養子女的能力，以致減少兒童的情緒和行為問題。

雖然在所有年齡組別中，5至14歲兒童的死亡率最低，但曾到衛生署學生健康服務中心接受健康普查的學生當中，有健康問題者並非不常見。常見的健康問題包括視力毛病、肥胖、自發性脊柱側彎、自我形象低落、包莖和行為問題。

To meet the health needs and to improve health of young people, high priority should be given to promote healthy lifestyle and psycho-social health. Closer collaboration between professionals from various sectors including health, education and social work, and parents is needed to address the health problems of our younger generation. The Department of Health also plans to enhance student health services with outreaching teams under a multi-disciplinary approach to promote health in school.

Women Health

Women in Hong Kong live with a better health profile than most developed countries and are at lower risk of developing common cancers like breast cancer, than their counterparts in most western countries. However, cervical cancer remains a significant cause of morbidity and mortality. In 1999, cervical cancer was the fourth most common cancer in women in Hong Kong. It accounted for 3.0% of deaths from cancer in women in 2000.

It has been well documented that an organised, population-based cervical screening programme is effective in reducing incidence and mortality from cervical cancer. With joint efforts and collaboration from different health sectors, the Government will develop an effective cervical cancer screening programme.

為滿足青少年的健康需要並改善他們的健康，我們會將提倡健康生活方式及促進心理社交健康列為工作重點。年青一代的健康問題需要醫護界、教育界、社會工作界等各界專業人員和家長緊密合作，共同處理。衛生署亦計劃加強學生健康服務，成立由不同專業人員組成的外展隊，在學校進行促進健康工作。

婦女健康

香港婦女的健康狀況比大多數發達國家為佳，患上乳癌等常見癌症的機會亦比大部分西方國家的婦女為低。然而，子宮頸癌仍然是婦女健康的重要課題。於一九九九年，子宮頸癌是香港婦女最常患癌症的第四位，佔二零零零年婦女癌症死亡人數的 3.0%。

有許多文獻證明，有系統及以人口為本的子宮頸癌普查能有效地減低子宮頸癌的發病率和死亡率。透過各醫護界別的努力和合作，政府會制定有效的子宮頸癌普查計劃。

Men Health

In Hong Kong, life expectancy at birth of male is 78.0 years in contrast to 83.9 years in female in 2000, with a differential of 5.9 years. This gender discrepancy in life span, like in many other developed countries, has been in existence for a long time.

The gender gap in health is generally attributed to factors such as gender differences in lifestyle behaviours, risk-taking behaviours, occupational hazard exposures, awareness of health information, inclination to seek medical advice, health care utilisation, practice of preventive health care, attitude towards stress, social support, and intrinsic biological differences such as overall disease susceptibility between the sexes.

In view of these behavioural, social and biological differences affecting health between the sexes, a gendered approach to planning and provision of public health care could be useful in better meeting the health needs of the individual sexes. The Department will develop a men's health programme to focus on important issues of greatest impact to the health of men and address the underlying determinants. In collaboration with different stakeholders of the community, various programme activities targeting at community, workplaces and health care facilities will be carried out.

男性健康

二零零零年，香港男性出生時的平均預期壽命為 78.0 歲，女性為 83.9 歲，兩者相差 5.9 歲。跟大部分其他發達國家一樣，香港兩性壽命的差異存在已久。

兩性在健康上的差異大抵上可歸因於以下因素：兩性不同的生活方式、可能影響健康的行為、職業危險性、健康知識水平、求診意向、使用醫護服務比率、保健習慣、面對壓力的態度和社交支持方面的差異，以及兩性在生理上的差異。

鑑於上述影響兩性健康的行為、社交和生理差異，按性別策劃和提供公共醫護服務可有助更能滿足兩性的健康需要。本署會制定男性健康計劃，集中處理影響香港男性人口的重要健康課題及成因。本署會與社會上不同相關人士合作，在社區、工作和醫護設施等地點進行各種健康推廣活動。

Elderly Health

Hong Kong is currently in face of a population-ageing phenomenon, as in other developed countries. The proportion of the elderly (i.e. aged 65 or above) has been increased from 6.4% in 1980 to 10.9% in 2000, and the proportion is expected to increase in the future. Coupled with rising risk of disease and death with advancing age, health of elderly has been gaining increasing concern.

The major causes for morbidity and mortality among the elderly are non-communicable diseases. The leading causes of death in elderly are cancer, heart diseases, cerebrovascular disease and pneumonia. The General Household Survey in 2000 revealed that about 70% of the elderly (aged 60 or above) reported to have chronic diseases, the top three being hypertension, arthritis and eye diseases.

Issues associated with prevention, early intervention and improvements in management and rehabilitation of these chronic diseases and disability are emerging as major challenges and have been accorded increasing priority for attention.

Apart from the technical advances, it is clear that a great deal can be achieved by promoting healthy lifestyles such as proper diet and exercise, which definitely have a vital role to play in preventing chronic diseases and alleviating many of the associated complications. To achieve healthy ageing, this requires a co-ordinated and comprehensive approach with joint efforts from the Government, non-governmental organisations and the wider community including older persons themselves.

長者健康

香港跟其他發達國家一樣，人口持續老化。長者（即年滿 65 歲或以上人士）佔人口的比例，從一九八零年的 6.4% 上升至二零零零年的 10.9%，預計有關比例會在未來上升。加上隨着年齡增長，患病和死亡機會增加，長者健康日益受到關注。

長者發病和死亡的主因是非傳染病。導致長者死亡的主要疾病是癌症、心臟病、腦血管病和肺炎。二零零零年綜合住戶統計調查顯示，約有 70%（年滿 60 歲或以上的）長者據報患有慢性疾病，首三項是高血壓、關節炎和眼疾。

與該等慢性疾病和殘疾的預防、及早治療和改善護理及康復工作有關的事宜現正成為本港醫護制度的重大挑戰，並列為重點處理項目。

除了科技發展外，提倡均衡飲食、適量運動等健康生活方式顯然可取得巨大成效。健康生活方式肯定對預防慢性疾病、減輕許多相關的併發症起着重大作用。要令長者安享健康晚年，政府、非政府機構和市民包括長者本身必須同心協力，落實全面的長者健康計劃。

Oral Health

Oral health is an integral part of general health and good oral health is important to the well being of any individual at all stages of life. Like most countries, dental disease is a common health problem in Hong Kong.

The two most common dental diseases affecting our population are tooth decay (dental caries) and gum disease (periodontal disease).

Compared with times before the fluoridation of community drinking water, tooth decay is a lesser problem now among the child population. However, there is still room for further improvement among pre-school and primary school children. Around two thirds of the six year old children experienced tooth decay and each child had an average of three teeth with history of tooth decay. The situation is better among the 12 year old adolescents, attributable to the School Dental Care Service. About half of them were affected by tooth decay and each child had less than one tooth with history of tooth decay. About 98% of the 35 to 44 year old adults had been affected by tooth decay and each adult had an average of more than eight teeth with history of decay. Complete loss of teeth was found to be rare before the age of 65.

口腔健康

口腔健康與整體健康息息相關。口腔狀況良好對人生各個階段的健康非常重要。香港跟大多數國家一樣，患上牙患是常見的健康問題。

香港市民最常見的兩種牙患是蛀牙（齲蛀）和牙肉病（牙周病）。

雖然與公共食水未添加氟的年代比較，現時兒童人口患上蛀牙的情況已經減少，但是學前兒童和小學生的牙齒健康狀況仍可進一步改善。六歲的兒童中，曾患蛀牙者約佔三分之二，平均每人的三顆牙齒有蛀牙記錄。年屆12歲的青少年由於可享用學童牙科保健服務，因此牙齒健康狀況較佳，只有大約半數曾患蛀牙，每人平均有少於一顆牙齒有蛀牙記錄。35至44歲的成年人中，曾患蛀牙者約佔98%，每人有超過八顆牙齒有蛀牙記錄。在65歲前喪失所有牙齒的情況並不常見。

Gum disease mainly affects the adult and the elderly population, which may be the main reason for the majority of tooth loss in adulthood and old age. Almost three quarters of the middle aged adult population showed signs of gum disease.

It is the Government's policy to improve the oral health of the community by oral health promotion and education. However, it was found that the use of regular preventive dental services was low in the community. Only 21% of the local population reported a habit of regular dental check up, and the use of dental services was especially low among pre-school children, young adults and the elderly. More effort will be required to promote the use of preventive and maintenance dental care services.

The Department will conduct a territory-wide Oral Health Survey in 2001. Besides providing updated information of oral health status in various age groups, the survey will provide information on the oral health awareness in the community. It is envisaged that this will lead insight into the direction of future oral health promotion and education.

受牙肉病困擾的以成年人和長者居多，這可能是大部分人在成年和老年失掉牙齒的主因。幾乎有四分之三的中年人有牙肉毛病的徵狀。

政府的政策是透過口腔健康促進和教育工作，改善市民的口腔健康狀況。不過，我們發現，定期使用預防牙患服務的市民僅佔少數。據報只有 21% 的香港市民有定期檢查牙齒的習慣，使用牙科服務的學前兒童、年輕成年人和長者人數尤其偏低。我們必須加倍努力，鼓勵更多市民使用預防牙患和牙科保健服務。

衛生署會在二零零一年進行全港口腔健康調查。是項調查不但可提供有關不同年齡組別的口腔健康狀況的最新資料，而且可提供有關市民口腔健康知識水平的資料。預期是次調查有助我們更深入了解口腔健康促進和教育工作的未來路向。

