

# Department of Health



2010/2011

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Annual Report



# **Annual Departmental Report**

**by**

**Dr Constance H.Y. CHAN, JP**  
**Director of Health**



# FOREWORD

It is my pleasure to present this 2010/11 Annual Report of the Department of Health which reviews the work delivered by our Department during that year and summarises the achievements of the service units in the Department.

Hong Kong is under the continuous threat of non-communicable diseases and we have accorded high priority to promoting healthy lifestyles. Further to the launching of the document 'Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases', the 'Action Plan to Promote Healthy Diet and Physical Participation in Hong Kong' was published in 2010. Tobacco control was also strengthened with extension of smoking ban to over 120 open-air public transport facilities on 1 December 2010.

On communicable diseases, the challenge of influenza A (H1N1) 2009 virus (i.e. human swine influenza virus) that started in 2009 reminded us to maintain vigilance for emerging and re-emerging diseases. With the concerted efforts of colleagues and our partners, the impact of the human swine influenza epidemic had been much reduced and the disease was removed from the list of statutory notifiable infectious diseases on 8 October 2010.

The Government published the 'Primary Care Development Strategy Document' in 2010, setting out the benefits of good primary care and the major strategies and pathways of action that will help to deliver high quality primary care in Hong Kong. To be in line with the Government's primary care development strategy, our Department established the Primary Care Office in the same year to support and co-ordinate the development of primary care, and implement primary care development strategies and actions.

On behalf of the Department of Health, I would like to extend my appreciation to other Government departments, non-government organisations, professional bodies, academic institutions and the media for their unfailing support, assistance and co-operation. I would also like to express my gratitude to all my colleagues for their devotion and dedication in tackling the challenges that we came across. I look forward to your continuing support so that the Department may serve the community with responsiveness and through excellence in public health services.

Dr Constance H.Y. CHAN  
Director of Health



# MISSION

The Department of Health is the Government's health adviser and agency

to execute healthcare policies and statutory functions.

It safeguards the health of the community through  
promotive, preventive, curative and rehabilitative services.

The motto of the Department, 'Partnership in Health',  
reflects our collaborative effort with  
other healthcare professionals, sectors and the community  
to improve the health of the people of Hong Kong.



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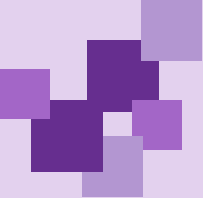
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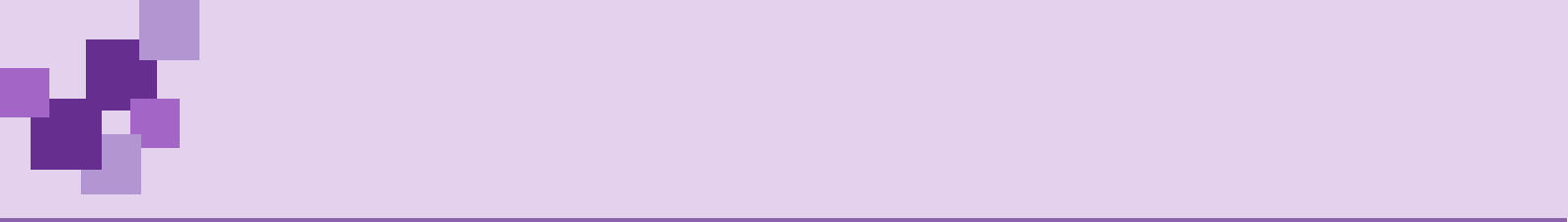
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## HEALTH OF THE COMMUNITY

### Population Indices

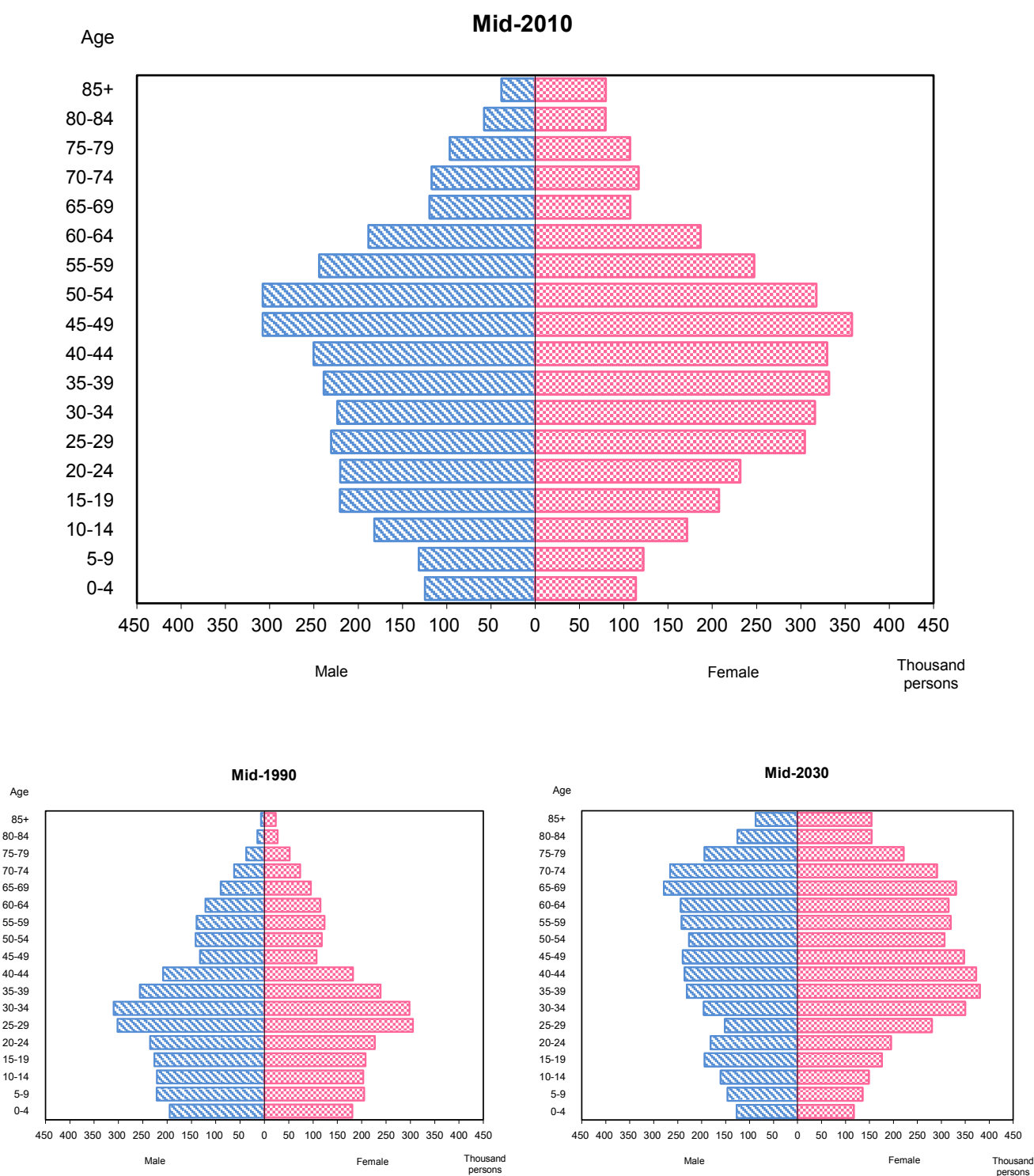
The mid-year population of Hong Kong in 2010 was 7.02 million. The annual growth rate of the population averaged 0.5% over the period 2001 – 2010.

The crude birth rate in 2010 was 12.6 per 1 000 population with 88 200 registered live births. The crude death rate was 6.1 per 1 000 population, with 42 699 registered deaths.

As a result of increasing life expectancy and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2010, 13.1% of the population were aged 65 and above, the elderly dependency ratio being 175 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1990 was 8.5% and that for 2000 was 10.9%. By 2020 and 2030, the figures are estimated to be 18.2% and 25.9% respectively.



**Figure 1 : Population Pyramid, 1990, 2010 and 2030**



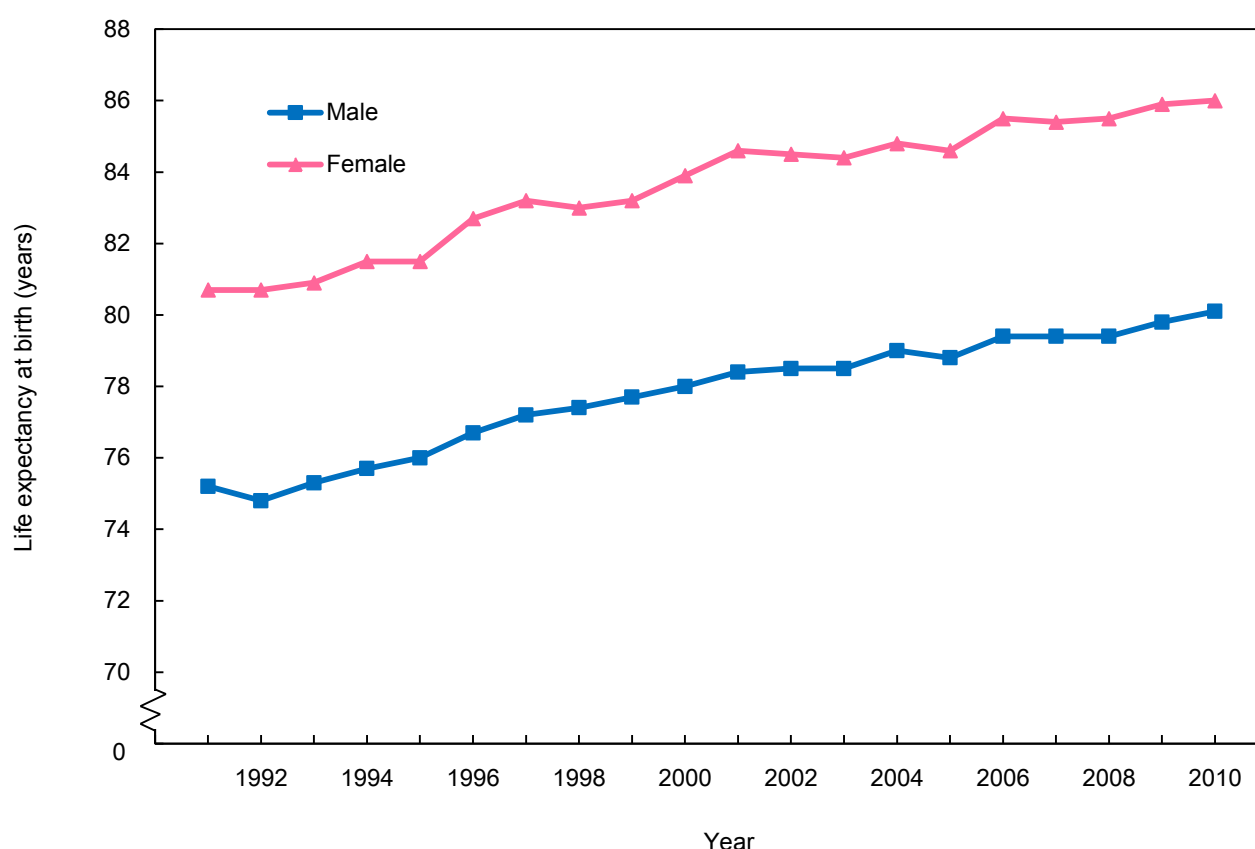
## Health Indicators

The major health indicators reflect that people in Hong Kong are generally enjoying good health. On average, a baby boy born in Hong Kong in 2010 could expect to live 80.1 years and a baby girl 86.0 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 and the under-five mortality rate in Hong Kong have been declining over the past two decades, and reached a level as low as 1.7 per 1 000 registered live births and 0.8 per 1 000 population aged under five respectively in 2010 (Figure 3). Our infant mortality rate ranked among the lowest in the world (Table B).

Maternal mortality ratio has remained low for the past two decades. In 2010, there was only one case of maternal death reported and maternal mortality ratio was 1.1 per 100 000 registered live births.

**Figure 2 : Life Expectancy at Birth (Male and Female), 1991 – 2010**

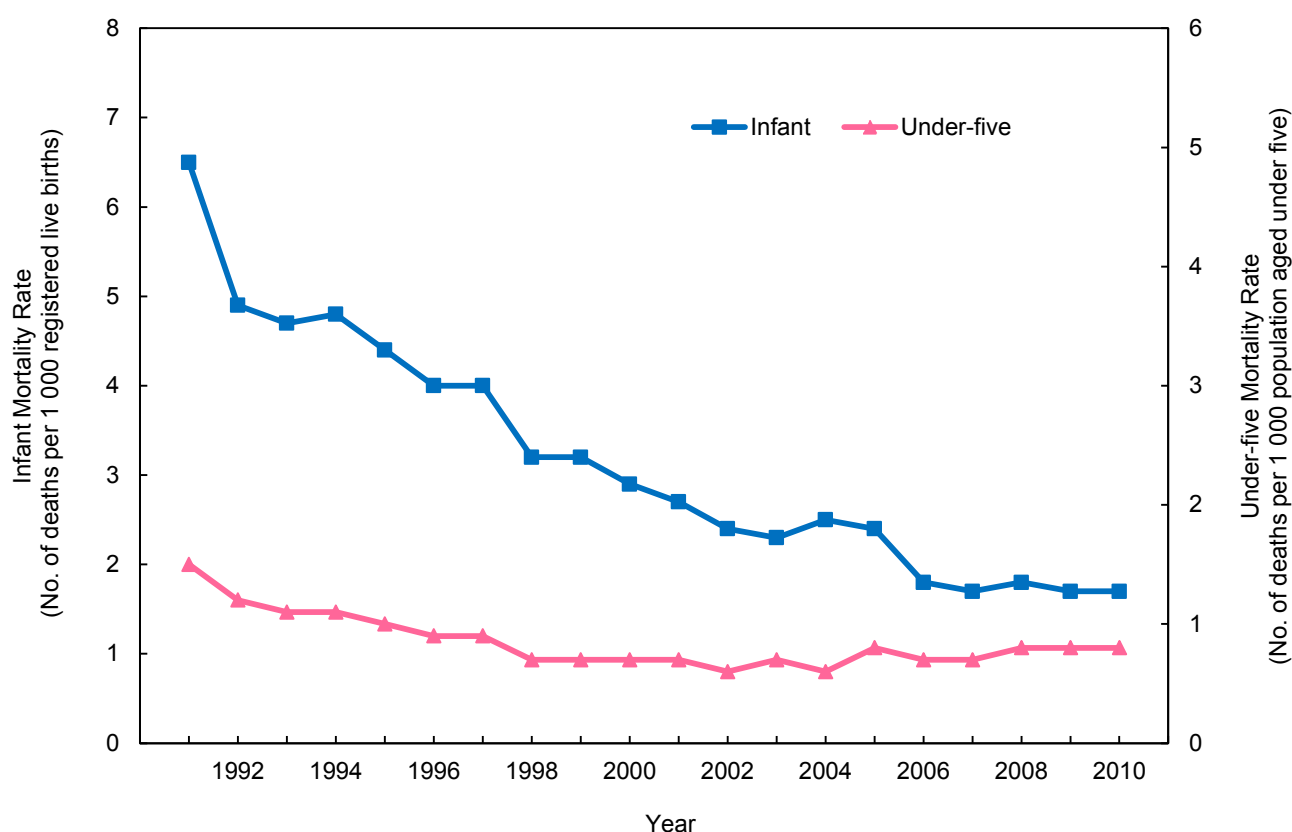


**Table A : Life Expectancy at Birth in Hong Kong and Selected Countries**

Country / Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	80.1 (2010)	86.0 (2010)
Japan	79.6 (2010)	86.3 (2010)
Singapore	79.2 (2010)	84.0 (2010)
UK	78.8 (2010)	82.7 (2010)
USA	76.2 (2010)	81.0 (2010)

Note : Figure in brackets denotes the reference year of the respective figure.

**Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1991 – 2010**



**Table B : Infant Mortality Rate in Hong Kong and Selected Countries**

Country / Territory	Infant Mortality Rate (No. of deaths per 1 000 registered live births)
Hong Kong	1.7 (2010)
Japan	2.3 (2010)
Singapore	2.0 (2010)
UK	4.3 (2010)
USA	6.1 (2010)

Note : Figure in brackets denotes the reference year of the respective figure.

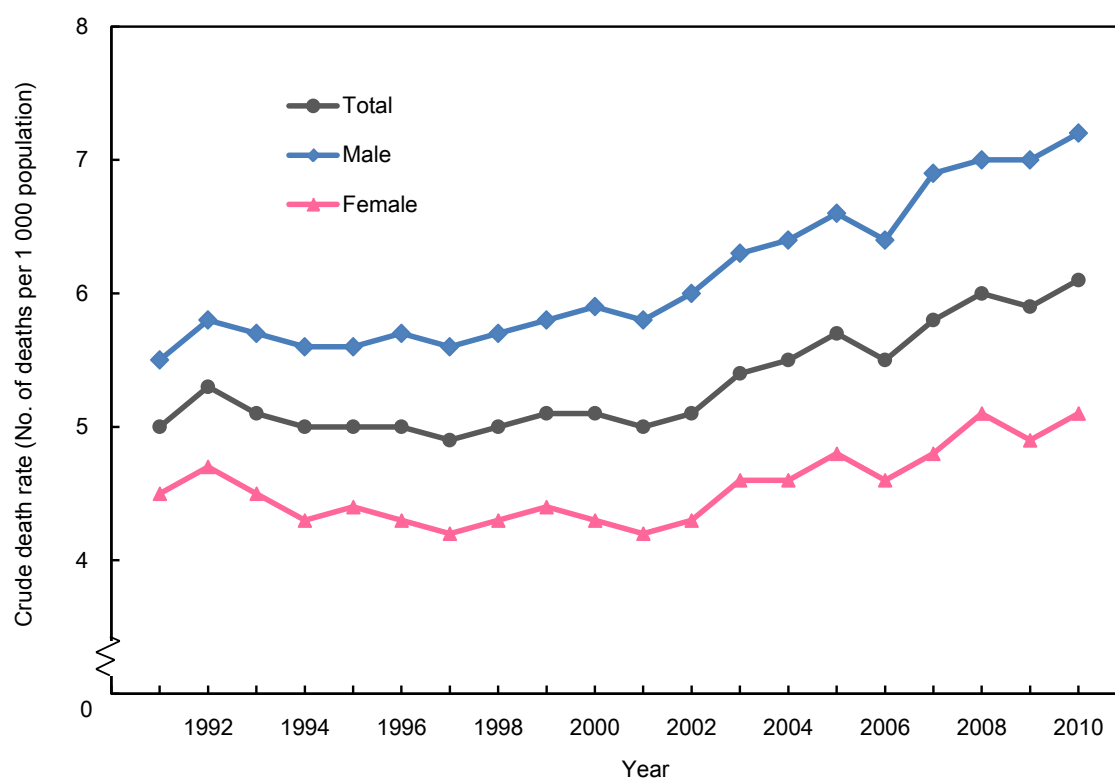
## Mortality Data

Mortality statistics provide useful information to monitor the trends of major diseases and other fatal conditions. The cause of every death is documented in the Medical Certificate of Cause of Death by the attending doctor. These data are collected by the Department of Health for coding and analysis.

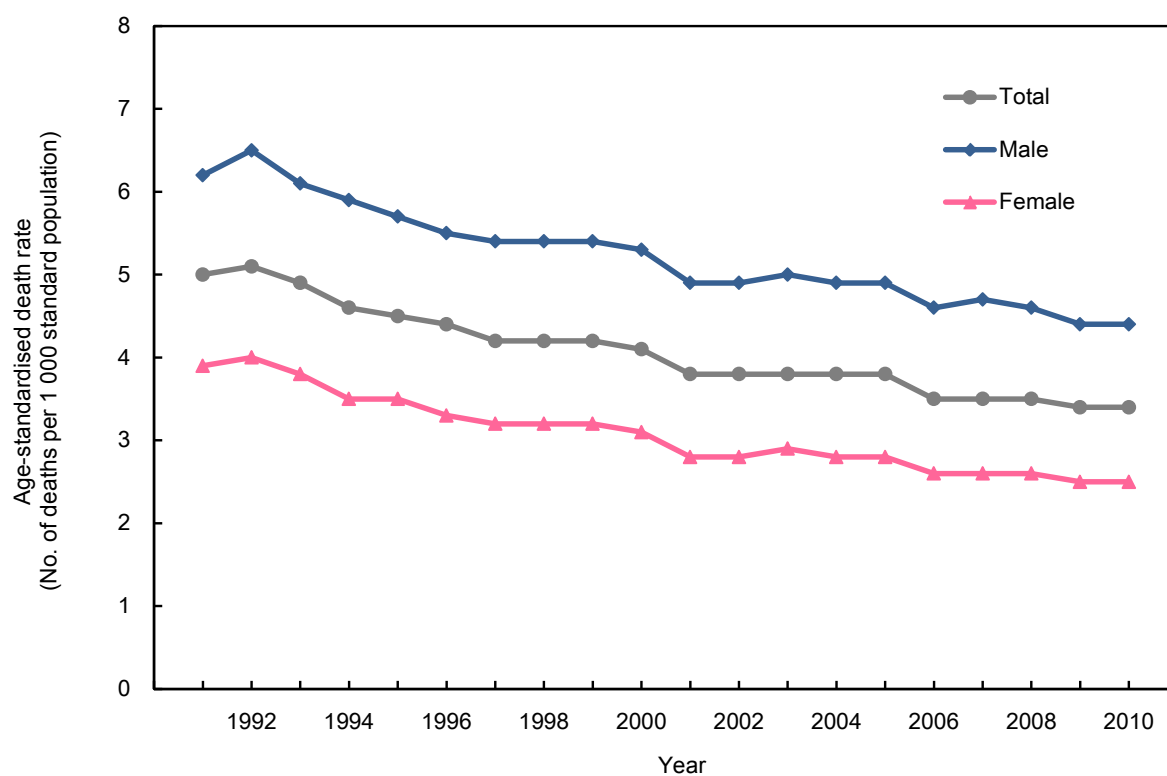
## Mortality Rate

The crude death rate in 2010 was 6.1 per 1 000 population with 42 699 registered deaths (Figure 4). The age-standardised death rate has been dropping substantially (Figure 5), from 5.0 per 1 000 standard population in 1991 to 3.4 in 2010. Compared with 1991, the age-standardised death rates for males and females were reduced by 29.0% and 36.6% respectively.

**Figure 4 : Crude Death Rate by Sex, 1991 – 2010**



**Figure 5 : Age-standardised Death Rate by Sex, 1991 – 2010**



## Leading Causes of Death

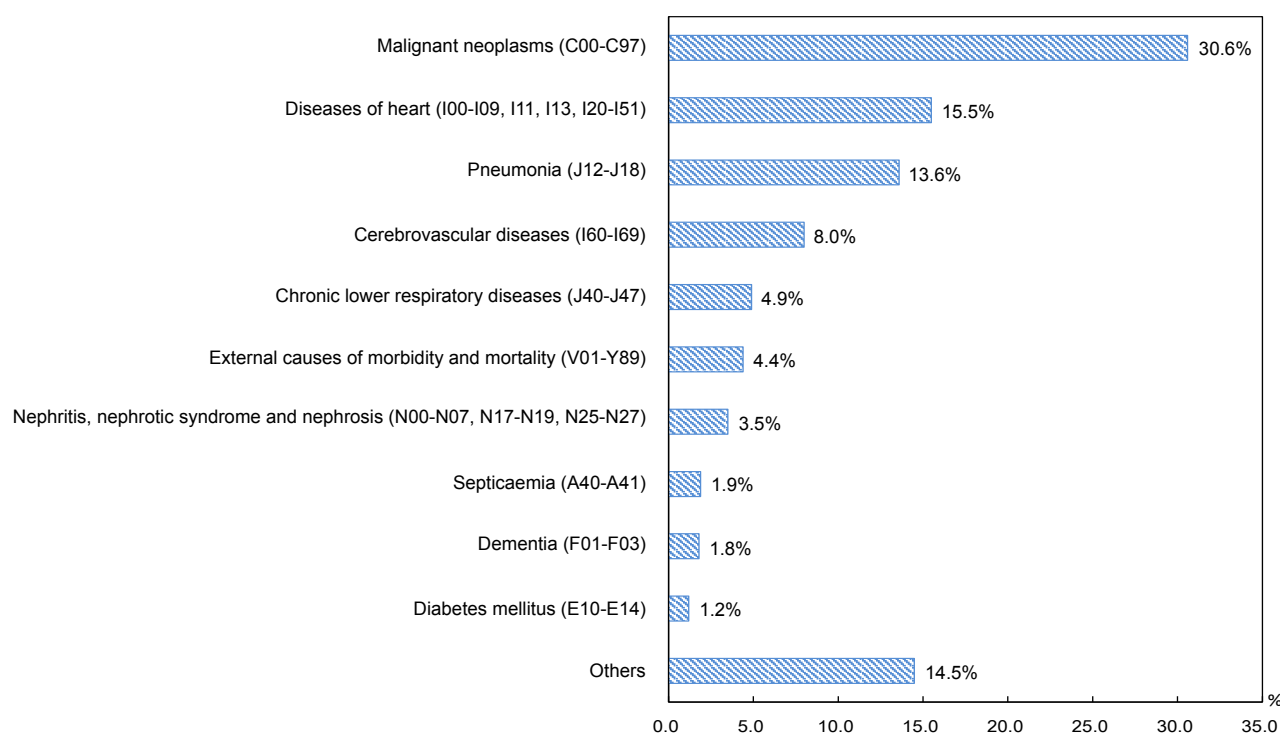
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2010 may not be comparable directly with figures before 2001, which were compiled based on the ICD 9th Revision.

Chronic diseases remain the major causes of death in Hong Kong. Ranking for the top ten leading causes of death in 2010 (Figure 6) was similar to that in 2009. The top five leading causes of death in 2010 were malignant neoplasms (cancers) (30.6%), diseases of heart (15.5%), pneumonia (13.6%), cerebrovascular diseases (8.0%) and chronic lower respiratory diseases (4.9%). Table C shows the ten major causes of cancer deaths in 2010.

The next five killers in descending order were external causes of morbidity and mortality; nephritis, nephrotic syndrome and nephrosis; septicaemia; dementia; and diabetes mellitus.

**Figure 6 : Ten Leading Causes of Death, 2010**

**Disease Group (Detailed List No. in ICD 10th Rev.)**



Note : The percentage may not add up to 100% due to rounding.

**Table C : Ten Major Causes of Cancer Deaths, 2010**

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	28.3
Colon, rectum and anus (C18 - C21)	14.3
Liver and intrahepatic bile ducts (C22)	11.7
Stomach (C16)	5.2
Breast (C50)	4.3
Pancreas (C25)	3.6
Non-Hodgkin lymphoma (C82 - C85)	2.8
Oesophagus (C15)	2.5
Nasopharynx (C11)	2.4
Prostate (C61)	2.4
Others	22.4

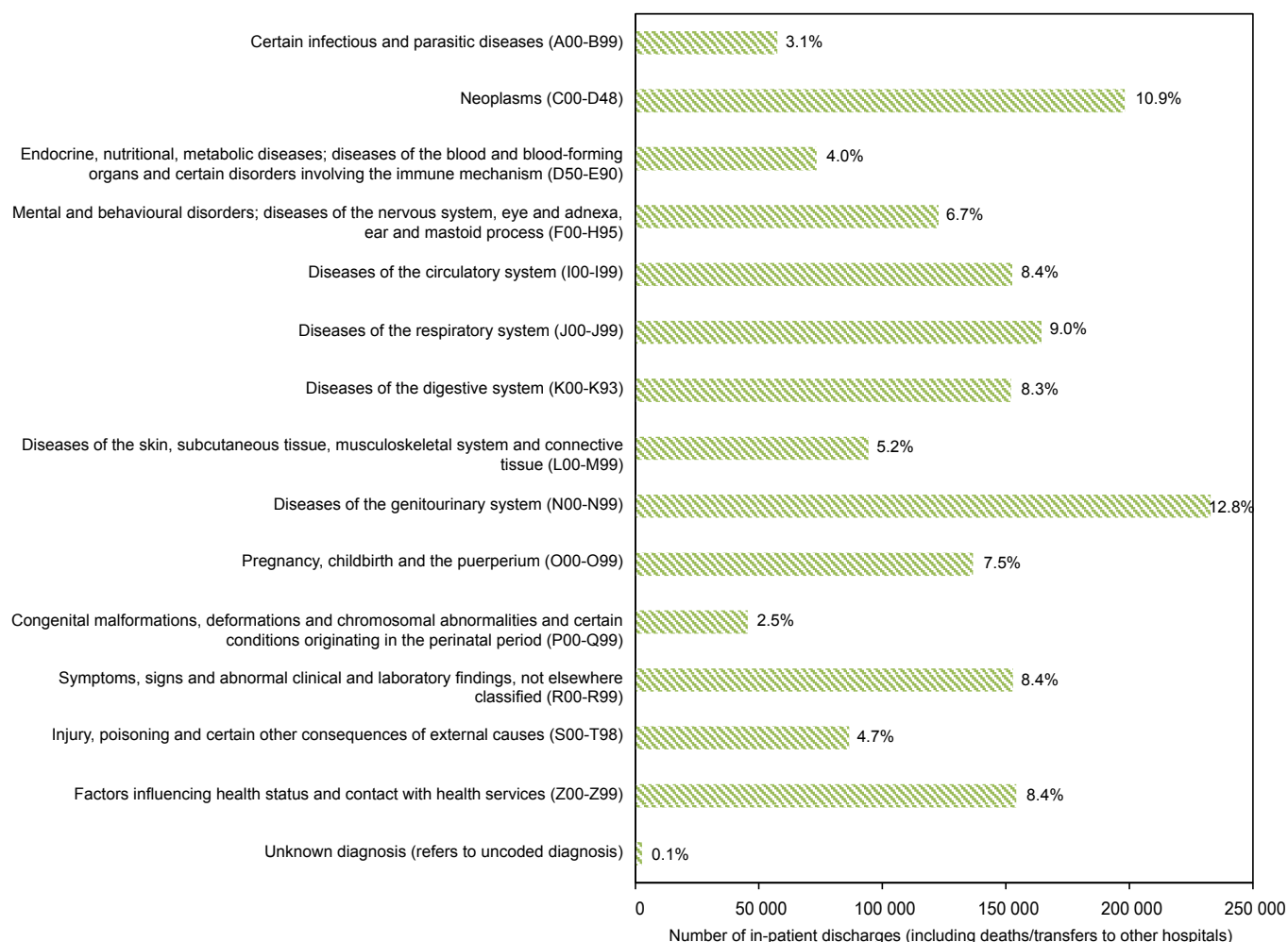
Note : The percentage may not add up to 100% due to rounding.

## Hospitalisation Data

Information on hospitalisation collected from private and public hospitals is an important source of morbidity data. The total number of in-patient discharges (including deaths and transfers to other hospitals) in 2010 was 1 825 748. The leading causes of hospitalisation reported in 2010 (Figure 7) were similar to those of previous year.

**Figure 7 : Leading Causes of Hospitalisation, 2010**

Disease Group (Detailed List No. in ICD 10th Rev.)



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

## 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 cancer is in place.



# Infectious Diseases

## Notifiable Infectious Diseases

According to the Prevention and Control of Disease Ordinance (Cap. 599), there were 47 notifiable infectious diseases in 2010 (Table D). Medical practitioners are required to notify the Department of Health of all suspected and confirmed notifiable infectious diseases. The Department of Health will conduct surveillance and initiate control and prevention of the infectious diseases.

**Table D : List of Notifiable Infectious Diseases, 2010**

Acute poliomyelitis	Hantavirus infection	Relapsing fever
Amoebic dysentery	Influenza A(H2), Influenza A(H5), Influenza A(H7), Influenza A(H9), Swine Influenza*	Rubella and congenital rubella syndrome
Anthrax	Japanese encephalitis	Scarlet fever
Bacillary dysentery	Legionnaires' disease	Severe Acute Respiratory Syndrome
Botulism	Leprosy	Smallpox
Chickenpox	Leptospirosis	<i>Streptococcus suis</i> infection
Chikungunya fever	Listeriosis	Tetanus
Cholera	Malaria	Tuberculosis
Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection	Measles	Typhoid fever
Creutzfeldt-Jakob disease	Meningococcal infection (invasive)	Typhus and other rickettsial diseases
Dengue fever	Mumps	Viral haemorrhagic fever
Diphtheria	Paratyphoid fever	Viral hepatitis
Enterovirus 71 infection	Plague	West Nile Virus infection
<i>Escherichia coli</i> O157:H7 infection	Psittacosis	Whooping cough
Food poisoning	Q fever	Yellow fever
<i>Haemophilus influenzae</i> type b infection (invasive)	Rabies	

Note : \* Removed from the list of statutory notifiable infectious diseases since 8 October 2010.

In 2010, there were a total of 21 310 cases of notifiable infectious diseases. The top three diseases in terms of the number of notifications in 2010 were chickenpox (11 595 cases), tuberculosis (5 093 cases) and human swine influenza (2 722 cases) constituting 91.1% of these notifications. Excluding human swine influenza, there were a total of 18 588 cases of notifiable infectious diseases, which increased by 34.5% as compared with 13 823 cases in 2009.

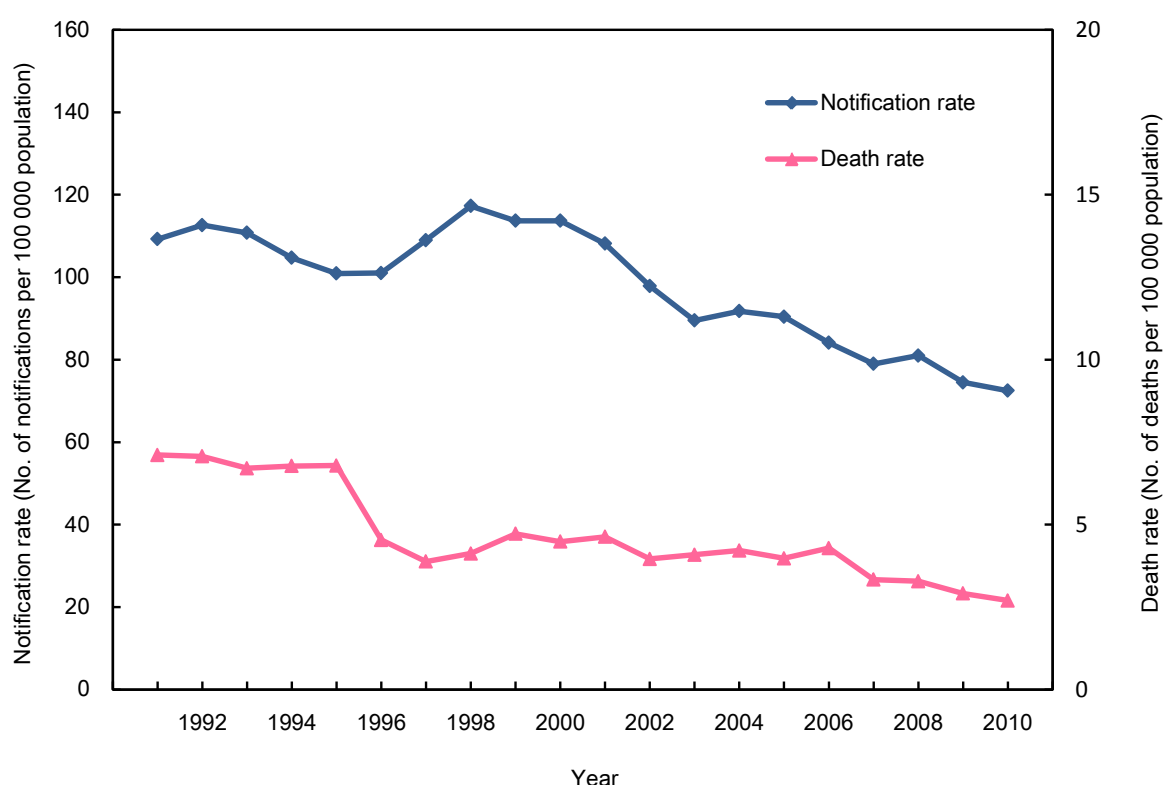
## Chickenpox

There were 11 595 notifications of chickenpox in 2010. The number increased by 71.1% as compared with 6 775 cases in 2009. Similar to previous years, the majority (71.1%) of cases occurred among children aged under ten.

## Tuberculosis

In 2010, the number of tuberculosis notifications was 5 093 and the notification rate was 72.5 per 100 000 population. Compared with 2009, the number of notifications decreased by 1.9% and the notification rate decreased by 2.6% (Figure 8).

**Figure 8 : Notifications and Death Rates of Tuberculosis, 1991 – 2010**



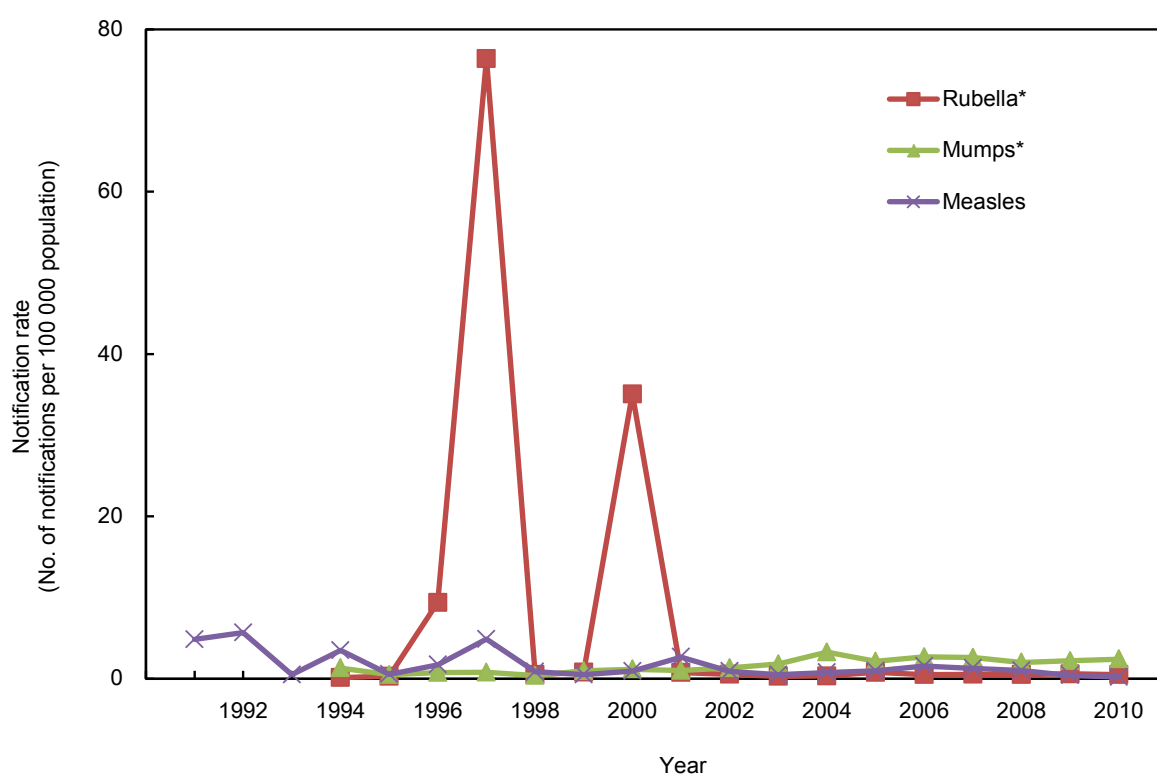
## Viral hepatitis

There were 267 notifications of viral hepatitis in 2010, of which 65 were hepatitis A, 73 were hepatitis B, 11 were hepatitis C, 118 were hepatitis E. Compared with 2009, the number of notifications for hepatitis A, hepatitis C and hepatitis E increased by 1.6%, 266.7% and 61.6% respectively while hepatitis B notification decreased by 8.8%.

## Vaccine preventable diseases

There were 166 cases of mumps, 12 cases of measles, 38 cases of rubella and 5 cases of whooping cough notified to the Department of Health in 2010. There was no notification for tetanus and congenital rubella syndrome in 2010. The number of notifications of vaccine preventable diseases remained low. The coverage rates of vaccines included in the childhood immunisation programme were very high. The trends of some vaccine preventable diseases are shown in Figure 9.

**Figure 9 : Notification Rates of Some Vaccine Preventable Diseases, 1991 – 2010**



Notes : Case definition for mumps has been changed in 2003.

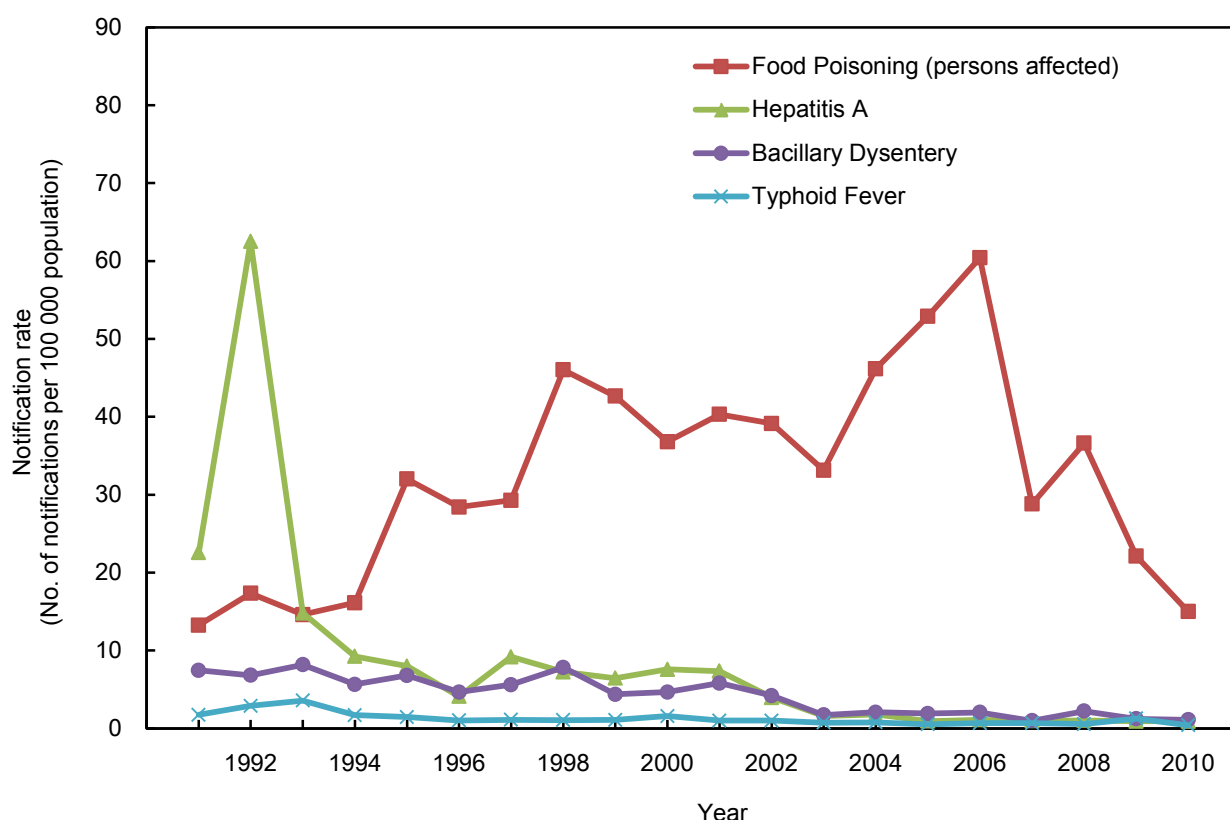
\* Notifiable since 1994.

## Foodborne diseases

In 2010, there were 316 notifications of food poisoning outbreak, with 1 056 persons affected, 78 cases of bacillary dysentery, 29 cases of typhoid fever, 26 cases of paratyphoid fever and 9 cases of cholera.

Bacteria remained the major cause of food poisoning outbreaks, accounting for 77.8% of all outbreaks. About 13.6% of all outbreaks were laboratory-confirmed and the three most common causative agents were *Vibrio parahaemolyticus*, *Salmonella* species and noroviruses. Food poisoning caused by chemicals or biotoxins was also reported. There were 12 outbreaks (24 persons affected) caused by ciguatera toxin. Figure 10 shows the trends of common foodborne diseases.

**Figure 10 : Notification Rates of Common Foodborne Diseases, 1991 – 2010**





## Vector-borne diseases

There were 83 dengue fever cases reported in 2010. Among them, four were local cases. The 79 imported cases were mainly from Asian countries, with cases from Indonesia, Thailand and India together contributed 65.8% of the total.

As for malaria, 34 cases were reported in 2010. Eighteen cases were caused by *Plasmodium vivax*, 12 were by *Plasmodium falciparum* and one case each was identified to be *Plasmodium malariae* and *Plasmodium ovale* respectively. There were two cases in which the species of parasite remained unidentified. All malaria cases in 2010 were imported and were from Asia (24 cases) and Africa (10 cases).


In 2010, there were 44 reported cases of typhus and other rickettsial diseases, with 17 scrub typhus, 22 spotted fever, two urban typhus and three unclassified cases.

## Other Infectious Diseases

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

The HIV surveillance programme of the Department of Health has an important role in monitoring the trend of HIV infection for the formulation of healthcare and prevention programmes. The surveillance 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 2010, the number of reported HIV and Acquired Immune Deficiency Syndrome cases were 4 832 and 1 185 respectively. Sexual transmission continues to be the most important mode of spread of the infection.

A sentinel surveillance system is in place in Hong Kong to monitor influenza-like illness, hand, foot and mouth disease, acute conjunctivitis, acute diarrhoeal diseases and antibiotic resistance. The system operates through the support of a network of 64 General Out-patient Clinics in the public sector and around 50 doctors in the private sector.



Results of the influenza-like illness sentinel surveillance system showed that the peak months in 2010 were March and from August to October.

The hand, foot and mouth disease sentinel surveillance programme was established in 1998 to monitor the trend of hand, foot and mouth disease in Hong Kong. In 2010, the disease activity in the peak season of May to July was higher, than the corresponding period in the past three years.

Sentinel surveillance on acute conjunctivitis and acute diarrhoeal diseases was implemented in July 2001 to monitor the disease trend and identify the causative agents of these two diseases. While the consultation rates for acute conjunctivitis remained stable throughout 2010, increase in consultation rates of acute diarrhoeal diseases was observed at private medical practitioners setting in January and from May to August.

Sentinel surveillance on antibiotic resistance was established in 1999 to monitor the trend of antibiotic resistance at the community level. Nasal swabs, throat swabs, mid-stream urine and stools are collected. The results were regularly released at websites of the Department of Health, as well as the Centre for Health Protection, for reference by medical and dental practitioners in Hong Kong.

Apart from General Out-patient Clinics and private medical practitioners, other sentinel surveillance systems have been set up since 2005 to monitor various syndromes so as to strengthen surveillance of infectious diseases. A surveillance system based at around 60 elderly homes was established to monitor trends of fever, acute diarrhoea and vomiting and related hospitalisation among institutionalised elders. Another system based at some 40 child care centres was set up to detect trends of syndromes (including fever, cough, diarrhoea and vomiting) and absenteeism, as well as monitoring trends of acute conjunctivitis and hand, foot and mouth disease. In 2009, this system was extended to over 120 kindergartens and child care centres. In 2007, the sentinel surveillance system based at about 50 Chinese medicine practitioners was implemented for monitoring the trends of influenza-like illness and acute diarrhoeal disease in the community. The results of all these surveillance systems were regularly released at website of the Centre for Health Protection, for reference by all sectors.

## Occupational Diseases

Under the Occupational Safety and Health Ordinance (Cap. 509), all medical practitioners are required to notify the Labour Department of cases of occupational diseases specified in Schedule 2 of the Ordinance. The Occupational Health Service of the Labour Department will, upon receipt of such notifications, investigate the causes of the occupational diseases and advise the employers and employees on necessary remedial and preventive measures.

In 2010, there were 229 cases of confirmed occupational diseases, decreasing by 39 cases as compared with 268 in 2009. The most common occupational diseases were occupational deafness, silicosis, tenosynovitis of the hand or forearm, and mesothelioma. Relevant figures of the cases of confirmed occupational diseases are set out in Table E. The coverage of the Occupational Deafness (Compensation) Ordinance (Cap. 469) has been extended to employees with noise-induced monaural hearing loss in April 2010. In 2010, there were 510 such cases.

**Table E : Confirmed Cases of Occupational Diseases, 2009 and 2010**

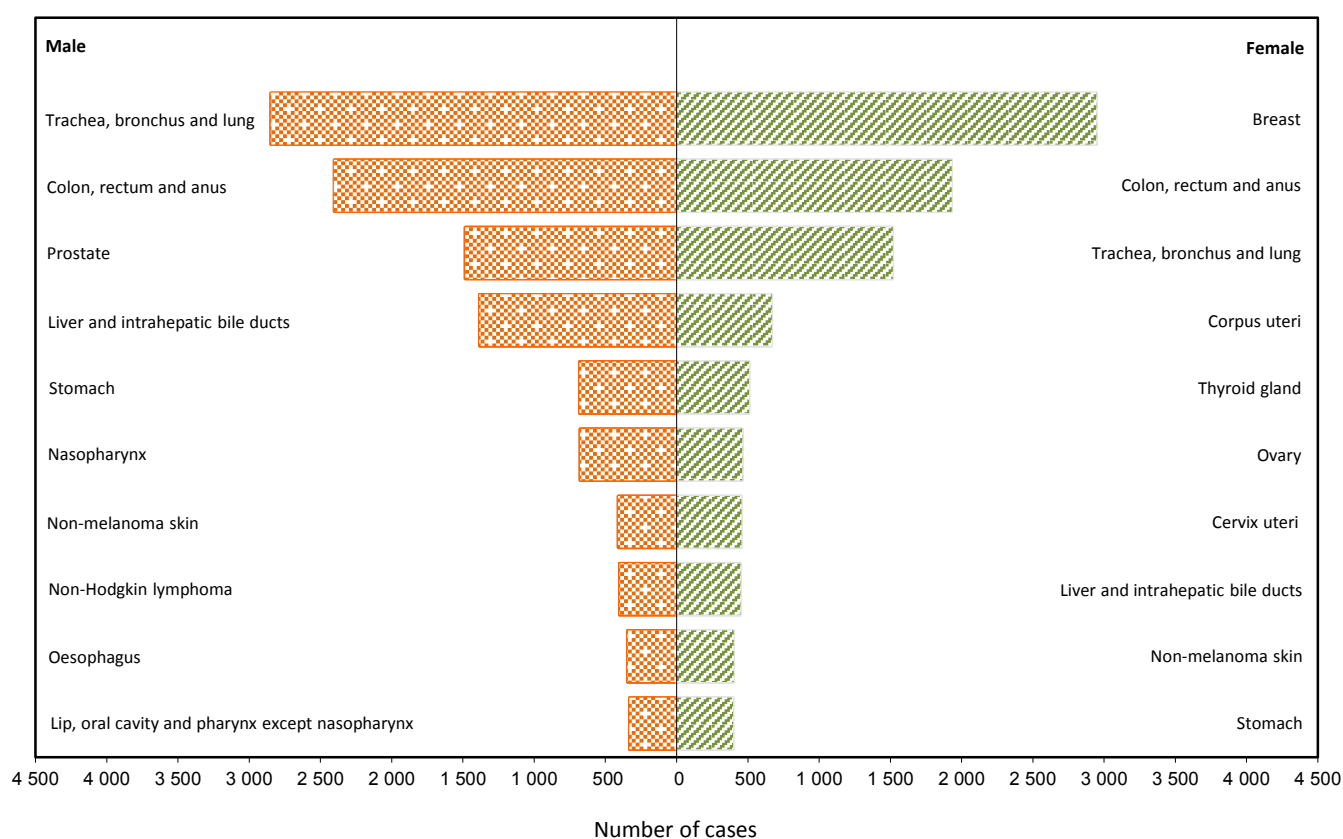
Disease	Number of Cases	
	2009	2010
Occupational deafness	77	70
Silicosis	86	61
Tenosynovitis of the hand or forearm	39	48
Mesothelioma	15	12
Tuberculosis	18	11
Occupational dermatitis	10	5
Asbestosis	5	1
<i>Streptococcus suis</i> infection	0	3
Gas poisoning	17	17
Others	1	1
<b>Total</b>	<b>268</b>	<b>229</b>

Source : Occupational Health Service of the Labour Department.

# Cancer

The Hong Kong Cancer Registry under the Hospital Authority has provided population-based cancer incidence data. The types of cancers with the highest incidence in 2009 are shown in Figure 11. Lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively.

**Figure 11 : Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 2009**



Source : Hospital Authority.





## Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2010 to collect territory-wide data on health related behaviours among the Hong Kong adult population. The survey provided useful information to facilitate planning, initiating, supporting and evaluating health promotion and disease prevention programmes. The survey reported that about two-fifths (39.2%) of people aged 18 – 64 were overweight/obese; about four-fifths (80.3%) failed to meet the World Health Organization (WHO)'s recommendation of having at least five servings of fruit and vegetables per day; about two-thirds (64.2%) did not meet the WHO's recommended level of physical activity (i.e. at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or at least 75 minutes of vigorous-intensity physical activity throughout the week, or a combination of both); and about one-fourteenth (7.2%) of the respondents had binge drinking. In addition, according to the Thematic Household Survey Report No. 48 of the Census and Statistics Department, one in every nine persons (11.1%) aged 15 and above were daily cigarette smokers.

## Poisoning Incidents Notification

The Toxicovigilance Section received a total of 152 notifications in 2010. After investigation, 50.0%, 1.8% and 48.2% of established poisoning incidents were related to Chinese medicine related adverse events, heavy metals and other poisoning substances respectively. Other poisoning substances mainly involved slimming products, Western-drug-tainted proprietary Chinese medicines, products for treating erectile dysfunction, etc.



# CHAPTER TWO

## HIGHLIGHTS OF THE YEAR 2010

### January

- Organised the 2009/10 Sentinel Surveillance Conference, with the theme 'New Era, New Challenge, New System'. Over 200 sentinel surveillance partners and representatives from various medical organisations, Hospital Authority, Education Bureau and Social Welfare Department attended the Conference.
- Conducted an infection control round of renal dialysis centres cum discussion forum, and a symposium on infection control in nephrology services. The objective of the forum and symposium was to review and share good clinical and infection control practices applicable to renal centres. Around 300 healthcare workers from nephrology services in public and private hospitals as well as community settings participated in the event.

### February

- Provided screening services to the 'Millionth Baby' under the Genetic Neonatal Screening Programme on 22 February. Since 1984, the Genetic Neonatal Screening Programme of the Clinical Genetic Service has been providing free genetic screening services to all newborns in public hospitals and those in private hospitals on a voluntary basis.
- Held the Seminar on Tobacco Control with eminent international experts to share experience on tobacco control and cessation services. Over 200 participants from different disciplines including medical, pharmacy, nursing and social work attended the seminar.
- Organised a 5-day Tobacco Treatment Specialist Certification training programme to equip healthcare professionals with the relevant knowledge and skills, to provide evidence-based effective interventions. A total of 35 participants completed the training.



## March

- The New Territories Families Clinic commenced operation on 1 March.
- Organised awareness programmes in collaboration with the Hong Kong Tuberculosis, Chest and Heart Diseases Association and the Hospital Authority, to echo the 'World TB Day'.

## April

- Launched the smoking cessation pilot programme using acupuncture in collaboration with Pok Oi Hospital.
- Launched a series of health promotion activities that constituted the Developmental Training Programme for parents of clients of Child Assessment Service. There were a total of 150 workshops, drawing 3 294 attendees in 2010.

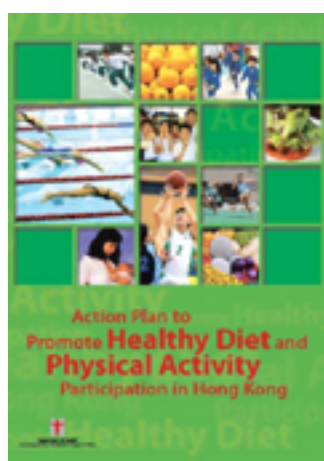
## May

- Signed a co-operation agreement with the State Food and Drug Administration to strengthen co-operation on the control of drugs (including chemical drugs, Chinese medicines and biological products) and medical devices between the Mainland and Hong Kong.
- Hosted the First World Health Organization Meeting on the International Classification of Traditional Medicine to launch the First International Classification of Traditional Medicine project.

- Organised a Ceremony for Celebration of Hand Hygiene Awareness Day on 5 May jointly with Hospital Authority, to promote hand hygiene among healthcare workers in hospitals, public out-patient settings and community healthcare institutions including Residential Care Homes for the Elderly. The event was video-linked with WHO, with live broadcasting of keynote address delivered by the Secretary for Food and Health in Hong Kong, address from Chair of WHO Patient Safety in Geneva and the video-taped congratulatory message from Director-General of WHO.

## June

- Published the 'Action Plan to Promote Healthy Diet and Physical Activity Participation In Hong Kong' and distributed it via the Department of Health and Centre for Health Protection websites.



- Published the 'Centre for Health Protection Strategic Plan for 2010 – 2014'.



- Conducted a public health emergency exercise with the Airport Authority at the Hong Kong International Airport to test coordination and cooperation among various government departments and the airport community in responding to a public health emergency at the airport.



## July

- Co-organised the 2010 Principal Summit with the Education Bureau to share the strategies for promoting healthy eating among school students, and to report on the latest progress of the EatSmart@school.hk Campaign.



## September

- Established the Primary Care Office to support and coordinate the development of primary care in Hong Kong, and the implementation of primary care development strategies and actions.
- Launched the Love Teeth Campaign to promote oral health in the community via mass media, including publicity in television, radio, MTR stations and newspapers, and also organised joint oral health promotion programmes with the dental profession and community organisations.



- Organised the 'Eat and Play Smart for Better Health - Get Set, GO!' launching ceremony of the 'Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong' on 27 September to raise public awareness on the Action Plan. A logo with the tagline 'For Health, We Change' was also unveiled in the ceremony to promote campaign identity and call for concerted efforts in promoting healthy lifestyle.



- Launched HEALTH Direct, a health promotion van equipped with a mix of health education resources, to publicise healthy lifestyles in local communities.



- Participated in the 2009 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong/Lingao Nuclear Power Stations in Shenzhen.
- Issued recommendations of Cancer Expert Working Group on Cancer Prevention and Screening for the screening of colorectal, prostate and breast cancers on the website of the Centre for Health Protection.

## October

- Organised the 8th Standing Committee Meeting cum the 4th International Symposium of the Western Pacific Regional Forum for the Harmonisation of Herbal Medicines on 28 – 30 October. The meeting, chaired by the Director of Health, was attended by 32 representatives from Australia, Canada, China, Japan, Korea, Singapore, Vietnam and WHO Regional Office for the Western Pacific. The meeting participants reported on the latest development on herbal medicines in the areas of regulation, standards development and pharmacovigilance.



- Conducted an inter-departmental exercise, code-named 'Exercise Nephrite', to test the coordinated response of relevant departments and organisations to an imported case of plague.



## November

- Organised a ceremony marking the second anniversary of the launching of Centralised Organ Donation Register at the Hong Kong Heritage Discovery Centre of Kowloon Park.





- Organised EatSmart Cooking Competition 2010 and the prize presentation ceremony at the Chinese Cuisine Training Institute.
- Collaborated with Airport Authority, airlines, and related organisations and departments to organise the Aircraft Crash and Rescue Exercise at the Hong Kong International Airport.
- Conducted two WHO training workshops for laboratory diagnosis of Japanese encephalitis, measles and rubella for scientists in the Western Pacific Region. Twenty-seven participants from 12 countries and areas took part in the workshop.
- Launched two vaccination subsidy schemes namely Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) 2010/11 on 1 November. CIVSS encouraged influenza vaccination among children between the age of six months and less than six years, while EVSS encouraged elders aged 65 or above to receive influenza vaccination and pneumococcal vaccination. Eligible persons could receive subsidised influenza vaccination at enrolled private doctors' clinics until 31 August 2011. Subsidised pneumococcal vaccination for the elderly were provided throughout the year.



- Organised the Experts' Consultation Meeting on Regional Strategy for Traditional Medicine in the Western Pacific Region 2011 – 2020 with WHO Western Pacific Regional Office to discuss a draft strategy on how to steer the development of traditional medicine in the Region in the next decade.
- Supported the Hong Kong Academy of Medicine to form an Expert Panel on Treatment (Management) of Tobacco Dependence with the aim of protecting our society from the scourge of tobacco use through a multi-specialty approach. The 'Charter for Promoting Management of Tobacco Dependence' was adopted by the Academy in conjunction with its 15 Colleges. The Charter is a commitment from all health professionals to strengthen tobacco control in Hong Kong.

## December

- Commenced Section 119 of the Chinese Medicine Ordinance (Cap. 549) concerning the mandatory registration of proprietary Chinese medicines (pCm) on 3 December. Since then, the sale, import or possession of unregistered pCm in Hong Kong would be an offence and will be liable on conviction to a maximum fine of \$100,000 and two years' imprisonment. Section 129 of the Ordinance also commenced on the same date. As stipulated, for the purpose of facilitating the conduct of a clinical trial or medicinal test of any pCm, the Medicines Board might, upon application, issue a certificate for clinical trial and medicinal test.
- Extended smoking ban to over 120 open-air public transport facilities on 1 December and organised publicity programmes to promulgate the new smoking ban and to urge public compliance.
- Jointly organised the Action Planning Meeting of Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative with the United States Agency for International Development, organisations under the United Nations system, Asia Pacific Coalition on Male Sexual Health, Asia Pacific Network of People Living with HIV/AIDS and regional partners. Some 140 overseas and local experts working on the AIDS front attended the three-day event (7 – 9 December) held in Hong Kong.

- Held the PulseNet Asia Pacific Strategic Planning Meeting to enhance foodborne and infectious diseases tracking in the Asia Pacific Region through sharing of advancement in local foodborne and infectious diseases surveillance system and discussion on timely exchange of DNA fingerprinting data. Twenty-two representatives from seven countries and areas participated in the 3-day meeting.
- Participated in the annual Guangdong, Hong Kong, Macau, Shenzhen and Zhuhai Health Quarantine, Animal and Plant Quarantine and Food Safety Control Meeting to exchange experience on health quarantine issues.



- Conducted an infection control forum to share with healthcare professionals the findings related to the first local case of *Klebsiella pneumonia carbapenemase*, and to introduce the infection control measures for carbapenem resistant *Enterobacteriaceae* positive patients.
- Collaborated with Hospital Authority to launch the Pilot Infection Control Stewardship Programme in Residential Care Homes for Elderly (RCHEs). The programme aimed to understand and improve the current infection control practices in RCHEs and to gain further understanding on the current burden of infectious diseases in the RCHE population. The programme included regular outreach visits to offer evidence-based tailor-made infection control advice and training to RCHEs, vaccination promotion programmes for staff and residents of RCHEs, infection control hotline and provision of various promotional materials.

# CHAPTER THREE

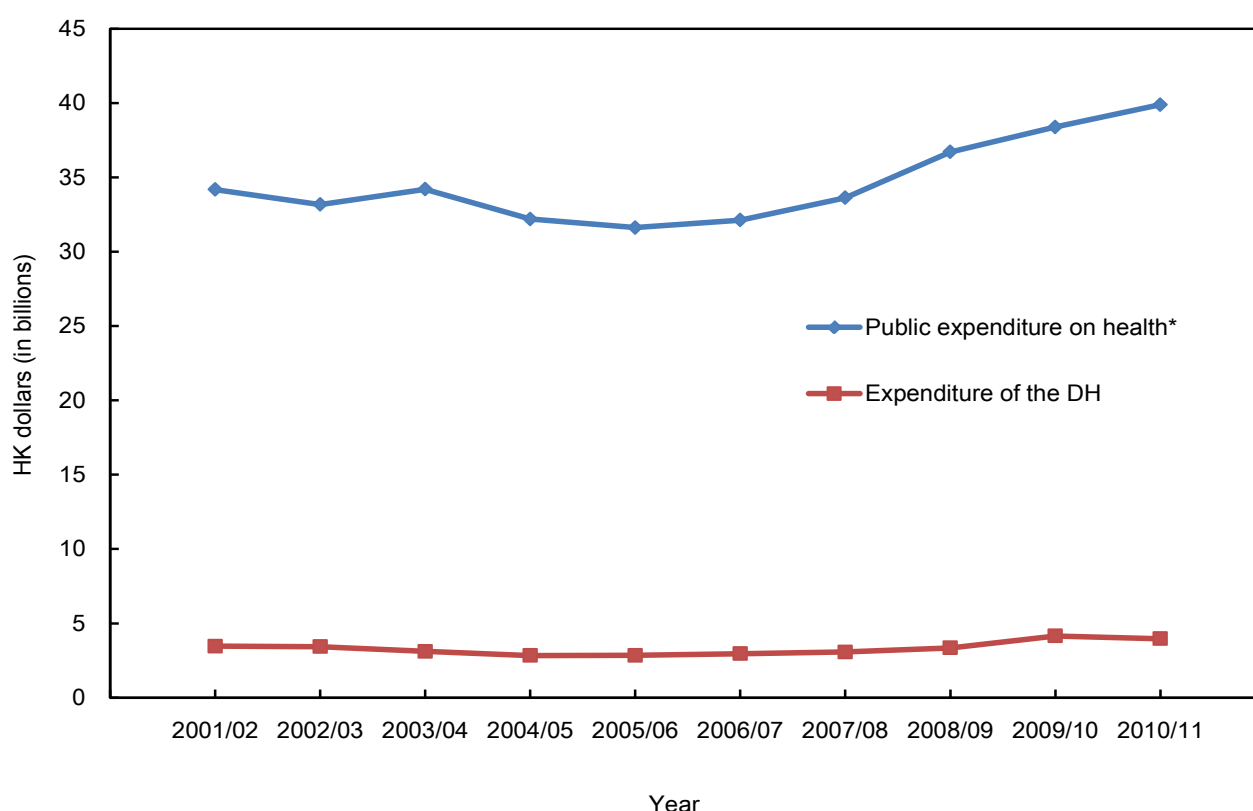
## EXPENDITURE AND MANPOWER

### Expenditure

The expenditure of the Department for 2010/11 was \$4.0 billion which represented 9.9% of the total public expenditure on health for the year. There was a decrease of 4.5% over that for 2009/10 (Figure 12).

Total public expenditure on health, which included expenditure of the Department of Health and the Hospital Authority, increased by 3.9% in the same period.

**Figure 12 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2001/02 – 2010/11**



Note : \* Public expenditure on health refers to public expenditure used to finance programmes under the policy area group of health.



## Manpower

As at 31 March 2011, the Department had a total strength of 5 383 (Table F) which corresponded to an increase of 1.6% over that in 2010.

**Table F : Strength of the Department of Health as at 31 March 2011**

	Number	Percentage
<b>Departmental Staff</b>		
Medical and Health Officer Grade	463	8.6%
Nursing and Allied Grades	1 309	24.3%
Dental Officer Grade	256	4.8%
Para-Dental Grades	624	11.6%
Supplementary Medical Grades	606	11.3%
Other Departmental Grades	753	14.0%
<b>Non-departmental Grades Staff</b>	1 372	25.5%
<b>Total*</b>	<b>5 383</b>	<b>100.0%</b>

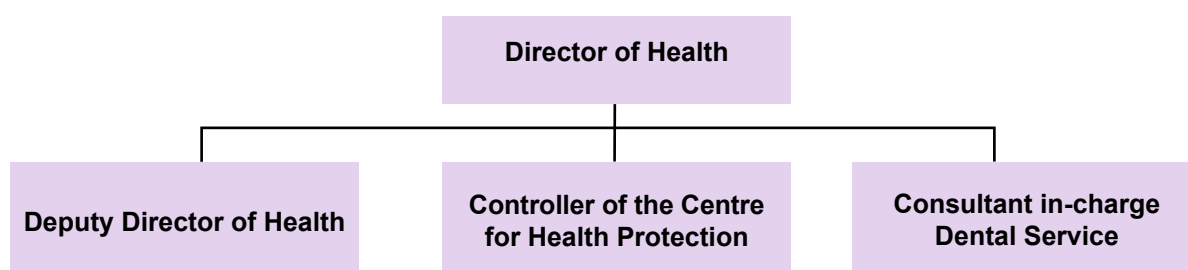
Note : \*In addition, there were 847 full-time contract staff as of 31 March 2011.

# CHAPTER FOUR

## HEALTH SERVICES REVIEW

Health services offered by the Department of Health are organised under the supervision of Deputy Director of Health, Controller of the Centre for Health Protection (CHP), and Consultant in-charge of Dental Service.

### The organisation structure



The Deputy Director of Health is responsible for work on health regulation and administering the following health services:

- Chinese Medicine Division
- Family and Elderly Health Services which include Elderly Health Service, Family Health Service and Health Care Voucher Unit
- Health Administration and Planning Division which includes Narcotics and Drug Administration Unit, Office for Registration of Healthcare Institutions and Tobacco Control Office
- Primary Care Office
- Special Health Services which include Electronic Health Record Management Team, Medical Device Control Office, Pharmaceutical Service, Port Health Office and Radiation Health Unit
- Specialised Services which include Child Assessment Service, Clinical Genetic Service, Forensic Pathology Service, Professional Development and Quality Assurance Service and Student Health Service



## Chinese Medicine Division

The Chinese Medicine Division is responsible for the enforcement of Chinese Medicine Ordinance (Cap. 549), which was passed by the Legislative Council in July 1999. The Ordinance provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines.

A statutory body, the Chinese Medicine Council of Hong Kong, was established in September 1999 under the Ordinance. The Chinese Medicine Division provides professional and administrative support to the Council in devising and implementing regulatory measures for Chinese medicine.

Chinese Medicine Division also serves public health functions which include providing professional input for investigation and response management of adverse events related to use of Chinese medicines, communicating and collaborating with stakeholders in Chinese medicine field for prevention and control of diseases and providing public education on Chinese medicine.

By the end of 2010, there were 6 241 registered Chinese medicine practitioners (including 66 registered Chinese medicine practitioners with limited registration) and 2 772 listed Chinese medicine practitioners in Hong Kong.

Any non-listed Chinese medicine practitioners and those listed Chinese medicine practitioners who are required to undertake the Chinese Medicine Practitioners Licensing Examination under the transitional arrangements for registration of Chinese medicine practitioners have to pass the Chinese Medicine Practitioners Licensing Examination before they are qualified for registration as registered Chinese medicine practitioners.

A registered Chinese medicine practitioner must hold a valid practising certificate while practising Chinese medicine. In general, a practising certificate is valid for three years. All registered Chinese medicine practitioners must fulfill the Continuing Education in Chinese Medicine requirements set by the Practitioners Board of Chinese Medicine Council of Hong Kong before they can renew their practising certificates.

According to the Chinese Medicine Ordinance (Cap. 549), any person who wishes to carry on the business of retail and wholesale of Chinese herbal medicines as well as the wholesale and



manufacture business of proprietary Chinese medicines must first apply for a relevant licence from the Chinese Medicines Board of Chinese Medicine Council of Hong Kong, and licensed proprietary Chinese medicines manufacturers may apply to the Chinese Medicines Board for a certificate for manufacturer to certify that they follow the requirements of good practices in manufacture and quality control of proprietary Chinese medicines (GMP). The Chinese Medicine Council of Hong Kong implemented the licensing system for Chinese medicines traders on 5 May 2003. As at end of 2010, 11 112 licence and 15 GMP certificate applications were received. Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 16 758 applications for proprietary Chinese medicines registration were received as at end of 2010.


To fully effect the registration regime on proprietary Chinese medicines as well as the label and package insert requirement, provisions governing the registration control over the possession, sale and import of proprietary Chinese medicines has been commenced on 3rd December 2010 while stipulated requirement on label and package insert of proprietary Chinese medicines in the Chinese Medicine Ordinance will be commenced on 1st December 2011.

The Hong Kong Chinese Materia Medica Standards (HKCMMS) Office was set up under the Chinese Medicine Division in 2001 to coordinate and manage a research project on the development of quality and safety standards for commonly used Chinese herbs in Hong Kong. The research and laboratory work was undertaken by six local universities, namely the University of Hong Kong, the Chinese University of Hong Kong, City University of Hong Kong, the Hong Kong University of Science and Technology, the Hong Kong Baptist University and the Hong Kong Polytechnic University. The project was conducted in three phases which covered 60 herbs. The research results of Phase I, II and III involving eight, 24 and 28 herbs were published in HKCMMS Volume I, II and III in July 2005, July 2008 and November 2010 respectively.

The Chief Executive highlighted in his 2009 Policy Address that in order to facilitate the development of Chinese medicine, the coverage of HKCMMS would be expanded from 60 Chinese Materia Medica to about 200 by 2012.

For the research work of the remaining 100 herbs, it is divided into two stages, the research work of first stage which covered about 40 herbs is nearly complete. The research work for the





rest of 60 herbs will be started gradually and will be completed according to the schedule by 2012.

In order to strengthen the regional cooperation and to speed up the research work, Department of Health invited Taiwan's China Medical University to join in Phase V HKCMMS.

## **Family and Elderly Health Services**

### **Elderly Health Service**

The Elderly Health Service was set up in July 1998 to promote the health of the elderly population through provision of community-based, client-oriented and quality primary healthcare services, with a whole-person, multi-disciplinary team approach and maximum participation of everyone including the elderly themselves. A total of 18 Elderly Health Centres and 18 Visiting Health Teams, one in each district, were established.

Elderly Health Centres provide comprehensive primary healthcare programmes encompassing health assessment, counselling, curative treatment and health education. Elderly aged 65 and above can enrol as members of the centres. In 2010, the Elderly Health Centres recorded 39 109 enrolments and 175 315 attendances for health assessment and medical consultation.

Visiting Health Teams outreach into the community and residential care setting to provide health promotion programmes for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, self-care ability, and to enhance the quality of caregiving. Targeting their specific training needs, comprehensive and tailor-made care skill training was provided by Visiting Health Teams and the allied health professionals of the Service for caregivers in the elderly homes. In 2010, Visiting Health Teams made 288 006 client-contacts.

In addition, to assess their facilities and practices on infection control and drug management as well as training needs, annual integrated assessment is conducted in all elderly homes by Visiting Health Teams.

Elderly Health Service will continue its current mission of improving primary healthcare for elders in Hong Kong. In addition to being a provider of health education, Elderly Health Service will put more emphasis on empowerment of elders and carers through the production of more health education resources like books and video programmes, and will also enhance its training, benchmarking and health advisory roles in primary healthcare for elders so as to benefit the entire community of Hong Kong.



## Family Health Service

The Family Health Service provides a comprehensive range of health promotion and disease prevention services for children from birth to five years old and women aged 64 or below. The Service operates through 31 Maternal and Child Health Centres (MCHCs) and three Woman Health Centres (WHCs).

### Maternal and Child Health Service

The Maternal and Child Health Service covers child health, maternal health, family planning and cervical screening.

For child health service, an Integrated Child Health and Development Programme is implemented in MCHCs to promote the holistic health (physical, cognitive and socio-emotional) and wellbeing of children. The core components of the integrated programme include immunisation, parenting, as well as health and developmental surveillance.



A comprehensive immunisation programme is provided to protect infants and children from ten infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2010 is shown in Table G.

**Table G : Immunisation Programme for Children in Hong Kong, 2010**

Vaccine	Newborn	1 month	2 months	4 months	6 months	1 year	1.5 years	Primary 1	Primary 6
Bacille Calmette-Guerin Vaccine (BCG)	BCG								
Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus (DTaP-IPV)			DTaP-IPV	DTaP-IPV	DTaP-IPV		DTaP-IPV	DTaP-IPV	
Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus (dTAp-IPV)									dTap-IPV
Measles, Mumps and Rubella (MMR)						MMR		MMR	
Hepatitis B (Hep B)	Hep B	Hep B			Hep B				
Pneumococcal conjugated vaccine (PCV)			PCV	PCV	PCV	PCV			

The parenting programme aims to equip parents with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development, childcare (e.g. nutrition, home safety, oral health) and parenting are provided to parents during the antenatal period and throughout the pre-school years of children, in the form of information leaflets, audio-visual materials, webpage, telephone hotline, interactive workshops and individual counselling. For parents of children with early signs of behavioural problems or those who encounter difficulties in parenting, a structured group training programme on positive parenting skills is also available.

Breastfeeding is also actively promoted through implementing the breastfeeding policy. These include promoting public awareness of the benefits of breastfeeding through publicity and education; operating the breastfeeding hotline and setting up support groups for mothers; and providing professional counselling and skills support on breastfeeding, and lactation problems.




Health and Developmental Surveillance consists of a series of routine reviews conducted by health professionals, designed to achieve timely identification and referral of children with health and developmental problems. These include physical examination of the newborn baby, periodic monitoring of the child's growth parameters, Automated Otoacoustic Emission hearing screening for newborn and preschool vision screening. Developmental surveillance is performed in partnership with parents through anticipatory guidance, eliciting parents' concern and observing the child. Children with suspected physical or developmental abnormalities will be referred to specialist clinics for further investigation and management.



In addition, the Government has piloted the Comprehensive Child Development Service (CCDS) in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O districts since July 2005. By end of 2008, the programme has been extended to Yuen Long, Tung Chung, Kwun Tong districts. It is planned to extend to other MCHCs by phases in 2011/12. Built on existing services provided by MCHCs, Antenatal Out-patient Clinic of Hospital Authority, pre-primary institutions, Integrated Family Service Centres and other non-governmental organisations (NGOs), CCDS is a community-based programme delivered through the inter-sectoral partnership among the health, education and social service sectors. It aims to identify and meet the varied needs of children and their families, and make timely referral to appropriate services. The programme is made up of the following components:

1. identification and holistic management of at-risk pregnant women;
2. identification and management of mothers with postnatal depression;
3. identification and management of children and families with psychosocial needs; and
4. identification and management of pre-primary children with physical, developmental and behavioural problems.

The maternal health service provides disease prevention and health promotion services through antenatal and postnatal care. The MCHCs collaborate with all public hospitals to establish a comprehensive antenatal shared-care programme to monitor the whole pregnancy and delivery process. Pregnant women with psychosocial problems will be followed up by medical social workers or other relevant NGOs.



Postnatal mothers are provided with physical checkups and advice on family planning. They are also given support to adapt to changes in life through individual counselling and experience sharing in support groups.

In 2010, about 75% of all local newborns and 29% of pregnant women received services from MCHCs.

MCHCs provide women of child-bearing age family planning services, including advice and prescription of contraceptives, counselling and referral on infertility, unplanned pregnancy and sterilisation. To ensure protection against rubella, anti-rubella vaccination is offered to non-immune women of child-bearing age.

Cervical screening service is provided at all MCHCs for women aged at or above 25 who have ever had sex. Outreach health talks on cervical cancer and screening were conducted for various women groups as needed. In 2010, there were about 99 800 attendances for the cervical screening service.

## **Woman Health Service**

Three WHCs and ten MCHCs provide Woman Health Service to women at or below 64 years of age. The aim is to promote the health of women and to address their health needs at various stages of life.

Health promotion is provided through health education on various women health topics, such as healthy lifestyle, breast and cervical cancers, menopause and osteoporosis. WHCs also provide physical examination, cervical screening and various appropriate investigations for clients, such as offering screening mammography to women who are aged 50 years or over. Clients with suspected abnormalities are referred to specialists for further management.

In 2010, about 19 100 women registered with Woman Health Service. Health problems detected included breast cancer, cervical cancer, raised blood cholesterol, hypertension, diabetes mellitus, and other gynaecological problems etc.



## **Health Care Voucher Unit**

The Health Care Voucher Unit is tasked to implement the three-year Elderly Health Care Voucher Pilot Scheme, under which elders aged 70 or above are given annually, through an electronic system, five health care vouchers of \$50 each to partially subsidise their use of primary health care services in the private sector.

## **Health Administration and Planning Division**

### **Narcotics and Drug Administration Unit**


The Department of Health operates an out-patient methadone maintenance as well as detoxification scheme for opiate drug abusers. There are 20 methadone clinics in Hong Kong operating daily including Sundays and public holidays. In 2010, the number of clients registered with the scheme was around 8 400 and the average daily attendance was around 6 400.

On admission to the Methadone Treatment Programme, doctors will conduct a detailed and structured assessment of the clients including their medical, social history, and physical conditions. Apart from medical assessments by doctors, other support services provided at the clinics include counselling by doctors, social workers and peer counsellors, referral to other treatment and rehabilitation services, and tetanus vaccination.

As drug addicts constitute a high risk group for Acquired Immune Deficiency Syndrome and other blood borne diseases, health education and counselling for patients is always a priority. Concomitant activities include broadcasting of health education information in methadone clinics, free distribution of condoms, provision of blood testing and urine testing for human immunodeficiency virus and blood testing for hepatitis B and hepatitis C infections for patients of Methadone Treatment Programme.

### **Office for Registration of Healthcare Institutions**

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), any person who intends to operate a private hospital, maternity home or nursing home must



obtain registration from the Director of Health. The Medical Clinics Ordinance (Cap. 343) provides for the registration of clinics that are operated on a non-profit making basis. Legislations under Cap. 165 and Cap. 343 were promulgated in 1937 and 1964 respectively. The licensing authority rests with the Director of Health.

Registration and monitoring of healthcare institutions is carried out with respect to accommodation, manpower and equipment. The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under the relevant Ordinances and to ensure the institutions are fit for the services to be provided. Compliance of individual institutions to statutory requirements is monitored through field inspections; scrutiny of the institution activities and complaint statistics; issuing advice and warning; and direct handling of complaints lodged by public against the institutions. In 2010, 205 inspections to a total of 13 private hospitals, 41 nursing homes and 10 maternity homes registered under Cap. 165 were conducted. There were 127 clinics registered under Cap. 343. The Office had also handled 100 complaints related to these institutions in the same year.

To meet the advancement of medical technology and rising community aspirations for quality services, a Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was promulgated in 2003, and has been implemented since 2004. The Code sets out minimum standards for registration including general requirements on organisation and administration, policies and procedures, management of staff, equipment and accommodation, as well as specific types of clinical and support services. The Code enables healthcare institutions to understand the requirements and standards of good practice in a more explicit manner.

Since 2007, Department of Health has established a sentinel events monitoring and reporting system. All private hospitals and nursing homes are required to report sentinel events to Department of Health within 24 hours upon occurrence of the event. The primary objective is to identify areas for improvement in the quality and safety of healthcare services.

Since 2008, the Steering Committee on Hospital Accreditation which is coordinated by Department of Health has been formed to oversee the development of a territory-wide hospital accreditation scheme for both public and private hospitals in Hong Kong. A Pilot Scheme on Hospital Accreditation was launched by the Steering Committee in April 2009. The Australian Council on Healthcare Standards (ACHS) has been engaged as the accrediting agent for the Pilot Scheme. In 2010, six private hospitals were awarded ACHS accreditation.



## Tobacco Control Office

Smoking is the single largest preventable cause of death and diseases in Hong Kong. In February 2001, the Department established a Tobacco Control Office (TCO) to coordinate and enhance Government's tobacco control efforts. The Government's established policy on tobacco control is to discourage smoking through a step-by-step approach, contain the proliferation of tobacco use, and to the maximum extent protect the public from exposure to second hand smoke.



The mission of TCO is to nurture a smoke-free culture in Hong Kong through inter-sectoral collaboration and community mobilisation. After the passage of the Smoking (Public Health) (Amendment) Ordinance 2006, the main service areas of TCO can be divided into enforcement, publicity and promoting smoking cessation. The priority functions of TCO include:

- acting as a principal enforcement agency under the Smoking (Public Health) Ordinance (Cap. 371);
- educating and assisting venue manager of statutory no smoking areas to ensure public compliance;
- promoting smoke-free culture through publicity and health education;
- coordinating smoking cessation service in the Department; and
- assisting the policy bureau in reviewing tobacco control legislation.

In 2007, tobacco control inspectors (TCIs) of TCO started the enforcement of smoking ban in statutory no smoking areas. Upon receipt of complaints, TCIs would arrange surprise check to the statutory no smoking areas concerned. They would also initiate blitz operations to black spots of smoking offences. TCIs would initiate prosecution actions towards smoking offenders and advise the venue managers on the skills of implementing smoking ban.

The fixed penalty system came into operation on 1 September 2009. Anyone who smokes or carries a lighted cigarette, cigar or pipe in statutory no smoking areas or on public transport carriers will be issued with a HK\$1,500 fixed penalty notice by enforcement officers. Smoking ban was also implemented in 48 public transport facilities (PTF) with superstructures. On 1 December 2010, more than 120 open-air PTF were also designated as no smoking area.



TCO received a total of 17 089 complaints against smoking violations and 4 645 enquiries in 2010. TCIs conducted a total of 23 623 inspections to no smoking areas, and 93 summonses and 7 952 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, TCO screened over 1 600 printed publications. TCO received 45 complaints, and issued one summon and nine warning letters against ten cases of illegal tobacco advertisements during the same period.

In 2010, TCO conducted 17 seminars on Smoking (Public Health) Ordinance (Cap. 371) with over 400 attendances. The target audience of these seminars were venue managers of no smoking areas, which included security guards, catering workers and frontline staff of other no smoking areas, such as managers of workplaces and communal quarters.

TCO also distributed over 540 000 pieces of health education materials to venue managers and the public in 2010, including no smoking signs, poster and implementation guidelines, etc.

In order to encourage smokers to quit smoking, smoking cessation seminars were conducted for various organisations and businesses. In 2010, TCO conducted 46 smoking cessation seminars with over 1 200 attendances. The smoking cessation hotline was manned by registered nurses and handled a total of 13 880 telephone calls and enquiries in 2010.

To strengthen smoking cessation service, TCO has collaborated with Tung Wah Group of Hospitals to provide a community based smoking cessation services since 2009. At present, Tung Wah is providing integrated smoking cessation services at four centres over the territory, including Wanchai, Mongkok, Shatin and Tuen Mun. Since April 2010, TCO has also collaborated with Pok Oi Hospital to provide a pilot smoking cessation programme using acupuncture.



In October 2010, TCO collaborated with the United Christian Nethersole Community Health Service to establish a pilot outreach programme for new immigrants and ethnic minorities on smoking prevention and smoking cessation.

To raise the public awareness of the new smoking ban on open-air PTF and to promote the smoking cessation hotline, TCO produced two Announcements of Public Interest (API) in 2010.



## Primary Care Office

The Primary Care Office was established in September 2010 to support and co-ordinate the development of primary care in Hong Kong and the implementation of primary care development strategies and actions.

The Office is a joint office comprising professional and administrative staff from the Food and Health Bureau, the Department of Health and the Hospital Authority with a view to fostering better co-ordination and appropriate skill-mix for developing and implementing primary care initiatives.

## Special Health Services


### Electronic Health Record Management Team

The Electronic Health Record Management Team is tasked to develop a patient-centric and fully integrated Clinical Information Management System (CIMS) for the Department of Health and to facilitate sharing of patient records with the territory-wide eHealth Record System. The CIMS will support the registration and appointment processes and clinical workflows for Families Clinics, Social Hygiene Service, antenatal service, Clinical Genetic Service and Dental Service. The Team is also responsible for setting up an immunisation record system for the Department.

## Medical Device Control Office

The Medical Device Control Office was established in July 2004 for implementation of the voluntary Medical Device Administrative Control System (MDACS) and development of a long-term legislative framework for statutory control of medical devices. The MDACS has been implemented by phases since November 2004 and it covers the following scope:

- listing of Classes II, III and IV medical devices;
- listing of Class D in-vitro diagnostic medical devices;
- recognition of conformity assessment bodies;

- 
- listing of local manufacturers;
  - listing of importers;
  - screening of safety alerts.

The Medical Device Control Office approved 475 device listing applications, screened 1 754 safety alerts, managed 59 adverse incidents and conducted 13 workshops/seminars in 2010.

The Medical Device Control Office conducted a series of discussion forums between August and September 2010 to gauge the views of the industry towards the proposed regulatory framework for medical devices. In November 2010, the Legislative Council Panel on Health Services was briefed on the proposed regulatory framework and the way forward.

## Pharmaceutical Service

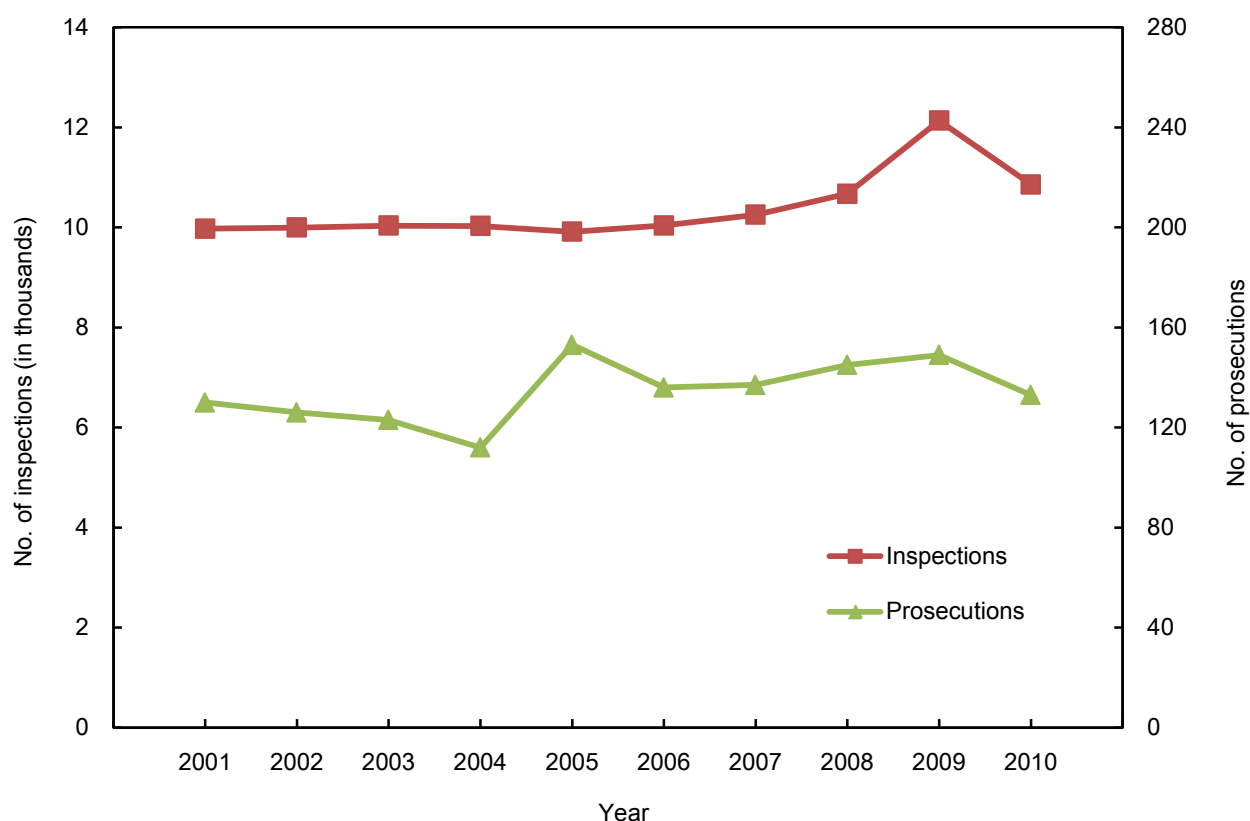
The Pharmaceutical Service ensures the safety, quality and efficacy of medicines used in Hong Kong. Acting on the authority of the Pharmacy and Poisons Board, the Pharmaceutical Service registers and approves the marketing of pharmaceutical products, issues licences to drug manufacturers, importers, wholesalers and retailers, and joins hands with the Police against illegal sale of controlled medicines. It comprises six sections.

The Inspection and Licensing Section is responsible for the enforcement of the provisions of the Pharmacy and Poisons Ordinance (Cap. 138), the Antibiotics Ordinance (Cap. 137), and the Dangerous Drugs Ordinance (Cap. 134). Enforcement is effected through inspection and licensing of drug manufacturers, importers, wholesalers and retailers; investigation by way of test purchases; sampling of products for analysis; and initiation of prosecutions against offenders. In 2010, the number of inspections and prosecutions conducted by the Inspection and Licensing Section of the Pharmaceutical Service were 10 858 and 133 respectively (Figure 13). Pharmacist inspectors participate in joint operations with the Police against illegal activities involving controlled medicines and act as expert witnesses in the law courts. Health products including Chinese medicines are also tested for the presence of western medicines.

The Undesirable Medical Advertisements Ordinance (Cap. 231) aims to protect the public from being induced by advertisements to seek improper self-medication or treatment. The


Undesirable Medical Advertisements Team is responsible for monitoring compliance of the Ordinance and referral of cases to the Police for investigation and prosecution.

**Figure 13 : Number of Inspections and Prosecutions by Inspection and Licensing Section of the Pharmaceutical Service, 2001 – 2010**



The Pharmaceuticals Registration Section assesses applications of the registration of pharmaceutical products on the basis of their safety, efficacy and quality. Pharmaceutical products must be registered before they can be sold or distributed for local consumption. To enable healthcare personnel to identify the composition of dispensed medicines labelled with proprietary names, the Section published the Compendium of Pharmaceutical Products in 2010 which was also available in the homepage of the Department.

The Clinic Service and Pharmaceuticals Import/Export Control Section supplies pharmaceutical items and provides dispensing service to clinics under the Department such as Social Hygiene Service, Tuberculosis and Chest Service, Elderly Health Service and Family Health Service.



A computerised dispensing system is in use in all clinic premises. An import/export licensing control system is in place to ensure that import and export licences are approved according to the provisions of the law.

The Adverse Drug Reaction Monitoring Unit coordinates and monitors the reporting of suspected adverse reactions of western and Chinese medicines in Hong Kong. Since 1 January 2005, it has been receiving reports from doctors, dentists and Chinese medicine practitioners of suspected adverse drug reaction of their patients, covering western and Chinese medicines (including Chinese herbs and proprietary Chinese medicines). Reports received are reviewed by a multi-disciplinary team of professionals. Since 1 November 2007, pharmacists have also been invited to report adverse drug reaction.

The Procurement and Manufacturing Section works with the Government Logistics Department in the evaluation and selection of medicines and other pharmaceutical items for use in the Department. It is also responsible for manufacturing liquid medicines, ointments and creams. Another important function of the Manufacturing Section is to provide logistic supports in the Government's Preparedness Plan for Influenza Pandemic in respect of the storage and distribution of antiviral drugs and influenza vaccine.

## **Port Health Office**

The Port Health Office enforces the Prevention and Control of Disease Ordinance (Cap. 599) and observes the International Health Regulations in order to prevent the introduction into, the spread in and the transmission from, Hong Kong of any disease, source of disease or contamination.

The Port Health Office operates health clearance service for all incoming vessels and grants free pratique. It monitors disease vectors and ensures the sanitation condition on board vessels, aircrafts and all entry points is up to standard. It also provides medical assistance or advice to ships where necessary. It issues Ship Sanitation Control Certificate, Ship Sanitation Control Exemption Certificate, international certificates of vaccination, import permits for human corpses, cremation permits and import permits for biological materials. It provides a round-the-clock Public Health Emergency Team in the Hong Kong International Airport to respond to public health emergencies and aircraft accidents. Epidemiological information is exchanged regularly with the World Health Organization and health authorities in neighbouring areas.

The Port Health Office also operates two Travel Health Centres to offer preventive service for outbound travellers and advise on travel-related risks. A comprehensive range of services such as medical consultation, vaccination and health education are provided to travellers. Active ties are forged with the travel industry. Travel health information is further disseminated via health exhibitions and the Hong Kong Travel Health Service website.



## Radiation Health Unit

The Radiation Health Unit is the Government's adviser on radiation safety and protection. It advises the Government on the protection of public health in nuclear incidents, management of radioactive materials and radioactive wastes, and the health effects of radiation fields. It serves as the executive arm of the Radiation Board to control the import, export, possession and use of radioactive substances and irradiating apparatus and safeguard occupational and public health through licensing control and inspection. It also provides radiation monitoring and health surveillance services for persons engaged in radiation work and precision calibration of reference radiological dosimetry instruments for radiation metrology laboratories.

In 2010, the Unit assessed and processed 10 487 licences and permits and provided monitoring service to 10 445 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.11mSv against an annual statutory limit of 20mSv.

In 2010, the Unit participated in the 2009 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong/Lingao Nuclear Power Stations in Shenzhen.





# Specialised Services

## Child Assessment Service

The Child Assessment Service (CAS), aiming at contributing to the rehabilitation of children with developmental-behavioural problems or disorders through a multi-disciplinary team approach, operates a total of six centres in Kowloon and New Territories to provide assessment for children aged under 12.


The team, comprising paediatricians, public health nurses, clinical psychologists, social workers, speech therapists, physiotherapists, occupational therapists, audiologists and optometrists, works together to:

- provide comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulate rehabilitation plan after developmental diagnosis;
- assist to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- provide interim support to parents and the children through counselling, talks and support groups.

In the spirit of its vision, mission and values, CAS is committed to strive for improving public awareness and practice standards by reaching more parents and workers in the rehabilitation field to the benefit of children with developmental challenges.

In 2010, the number of new clients were 8 418 and a total of 64 517 assessment sessions were conducted.

CAS continues to streamline coordination of assessment and placement service (including interim support at clinic and community settings) with respective service providers. It also continues to strengthen the public and professional education activities.



CAS launched a series of health promotion activities that constituted the Developmental Training Programme for families of our client in April 2010. There were a total of 150 workshops, drawing 3 294 attendances in 2010.

CAS continues to expand its specialisation in various subspecialties, including anxiety and mood disorders, language and speech development, physical and cognitive neurorehabilitation. CAS also provides active support to the parent self help work for children with attention deficit / hyperactivity disorders and autism, in addition to ongoing work for physical impairment, dyslexia and hearing impairment.


Fact sheets on nine common childhood developmental problems produced by CAS have received positive feedback. One series was developed for professional education and information, with another series for information to public. The fact sheets for public were made available on CAS website.

## **Clinical Genetic Service**

Clinical Genetic Service provides territory-wide genetic services, including diagnosis, counselling and prevention of genetic diseases. It comprises the Genetic Counselling Unit and the Genetic Screening Unit.

Genetic Counselling Unit deals with diagnosis of over a thousand different types of genetic diseases. It receives support from the Genetic Laboratory in performing investigations on cytogenetics, biochemical genetics and molecular genetics. Chromosome studies and molecular genetic investigations formed the bulk of investigations. The common indications are multiple congenital anomalies, recurrent abortions, Down's Syndrome, mental retardation, sex disorder and common single gene disorders. The Genetic Counselling Unit also conducts clinical sessions to provide genetic counselling for families. There were 3 055 family attendances in 2010.

The Genetic Screening Unit operates newborn screening programmes for two conditions, namely, glucose-6-phosphate dehydrogenase (G6PD) deficiency and congenital hypothyroidism. Overall, 54.9% of neonates were screened by the Genetic Screening Unit in 2010, including nearly all newborns delivered in public institutions and 11.9% of newborns delivered in private



hospitals. The remaining 88.1% born in private hospitals received screening provided by the respective hospital. G6PD deficiency was found in 4.3% of male and 0.4% of female infants. The incidence of congenital hypothyroidism was one in 2 275 in 2010.

During the year, health promotion activities in the form of lectures, media interviews and publications were strengthened.

## **Forensic Pathology Service**


The Forensic Pathology Service provides forensic pathology and clinical forensic medicine services to Government departments, including performance of forensic examinations on victims and suspects of sexual offences, and provision of expert opinions in the field of forensic medicine on consultation cases. It works closely with the Hong Kong Police Force and provides professional input on medico-legal aspects of criminal and other types of cases, including attendance at scenes of suspicious death to examine dead bodies and assist in crime scene investigation.

The Service is also responsible for the operation and management of public mortuaries, including handling the receipt, temporary storage, formal identification, post-mortem examination and release of bodies of reported deaths as stipulated in the Coroners Ordinance (Cap. 504). On the order of the Coroner, forensic pathologists will perform medico-legal autopsies and necessary laboratory investigations on dead bodies to ascertain and report on the causes of death to the Coroner and Police. Laboratory facilities to provide histopathology investigations are available at the public mortuaries.

In 2010, some 7 300 post-mortem examinations, 850 clinical medico-legal examinations and 26 000 laboratory examinations were performed.

## **Professional Development and Quality Assurance Service**

The Professional Development and Quality Assurance (PDQA) Service aims at providing quality assured personal health services, and to support and promote the practice of professional development and quality assurance activities within the Department and primary healthcare services.



The service comprises of the Administrative Unit and five clinics, namely Education and Training Centre in Family Medicine, Hong Kong Families Clinic, Kowloon Families Clinic, Chai Wan Families Clinic and New Territories Families Clinic. Clients include civil servants, pensioners and their dependants, and patients referred to the Education and Training Centre in Family Medicine.

During 2010, in addition to providing clinical services, PDQA Service provided 79 Basic Life Support Provider Courses for 710 colleagues and organised seven continuing medical education activities for 262 colleagues.

PDQA Service has joined the International Society for Quality in Health Care since 2004. The Service endeavours to connect with experts around the world and aims to promote high quality and safe health care service. PDQA Service often organised different health education activities and participated in various media activities to arouse public awareness of the importance of healthy lifestyle.

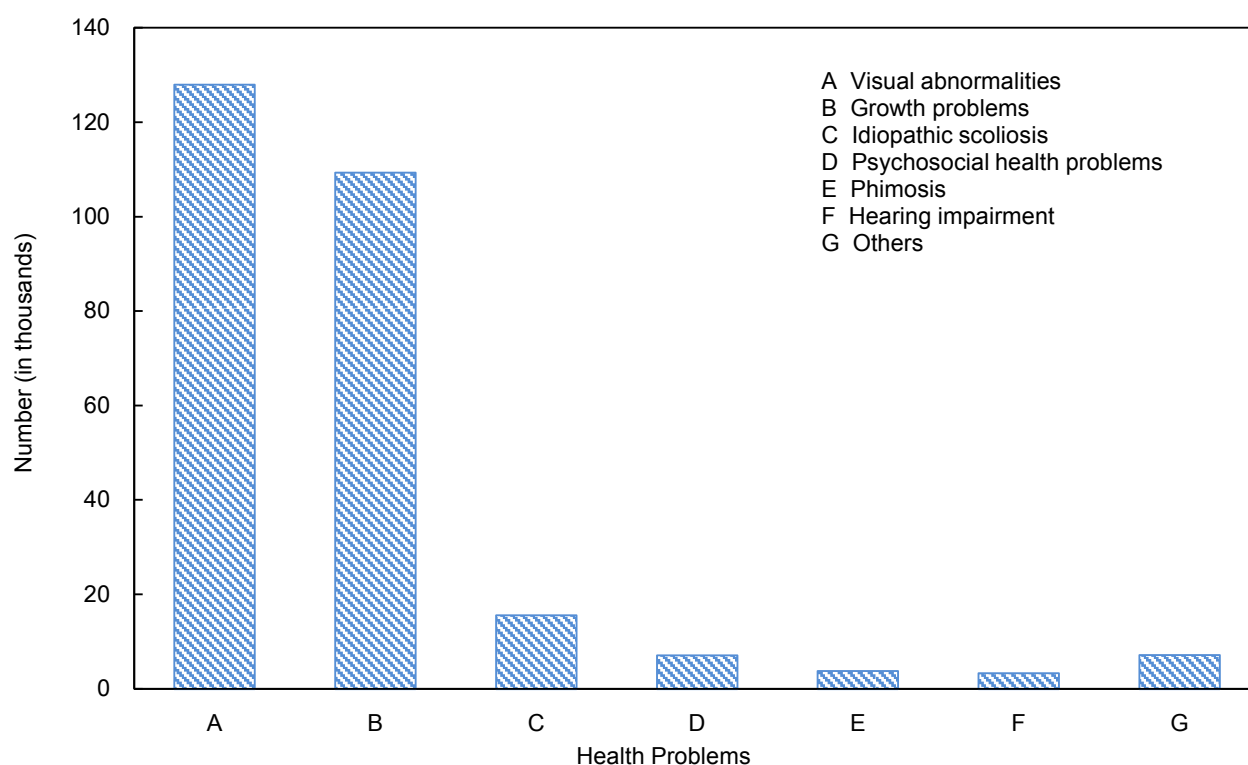
## **Student Health Service**

Launched in 1995, the Student Health Service catered for primary and secondary school students in Hong Kong through its 12 Student Health Service Centres and three Special Assessment Centres.

The aim of the Service is to safeguard the physical and psychological health of school children through comprehensive, promotive, and preventive health programmes and enable them to gain the maximum benefit from the education system and develop their full potentials. Enrolled students will be given an annual appointment to attend a Student Health Service Centre for a series of health services designed to cater for the health needs at various stages of their development. Such services include physical examination; screening for health problems related to growth, nutrition, blood pressure, vision, hearing, spinal curvature, psychosocial health and behaviour; individual counselling and health education. Students found to have health problems are referred to Special Assessment Centres or specialist clinics for detailed assessment and follow-up.

During the school year 2009/10, the Student Health Service had to take part in the Human Swine Influenza Vaccination Programme, therefore annual health assessments were only provided to Primary One to Secondary One students. A total of 403 592 students from 1 175 primary and secondary schools participated in the service, representing a participation rate of 95.1% and 95.6% respectively. Among students attending the service, common health problems detected included visual abnormalities (e.g. myopia, hyperopia), growth problems (e.g. obesity, wasting, short stature), scoliosis, psychosocial health problems and phimosis (Figure 14).

**Figure 14 : Health Problems Detected at Student Health Service Centres in the School Year of 2009/10**



Note : Each student can be classified under one or more than one type of health problems.

The Adolescent Health Programme (AHP) was launched in 2001/02 school year with the aim to promote psychosocial health of adolescents. AHP is a school-based out-reaching interactive programme delivered by multi-disciplinary professional staff consisting of doctors, nurses, social workers, clinical psychologists and dietitians. The Basic Life Skills Training (BLST) Programme is catered for Form 1 to Form 3 students while the Topical Programme includes a variety of themes for students from Form 1 to Form 7, as well as teachers and parents. The programmes received good support and response from students, teachers and parents since launching. Starting in school year 2004/05, AHP staff began to co-run BLST programmes with NGOs' social worker facilitators in classrooms.



In 2009/10 school year, the AHP served 321 schools, reaching out to more than 94 000 students as well as 2 350 teachers and parents.



# CENTRE FOR HEALTH PROTECTION


The Controller, Centre for Health Protection has the overall responsibility for the work of the Centre for Health Protection (CHP) on the prevention and control of communicable and non-communicable diseases, and administering the following functional branches:

- Emergency Response and Information Branch
- Infection Control Branch
- Programme Management and Professional Development Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch
- Surveillance and Epidemiology Branch

The CHP was set up on 1 June 2004 as a new public health infrastructure under the Department, with the mission to achieve effective prevention and control of diseases in Hong Kong in collaboration with local and international stakeholders.

## Emergency Response and Information Branch

The Emergency Response and Information Branch (ERIB) is responsible for facilitating emergency preparedness and management of public health crisis, formulating risk communication strategy and co-ordinating the formulation of CHP's objectives and strategies. Working closely with other services of the Department and relevant Government departments and organisations, ERIB has developed and reviewed Department of Health contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong. For the purpose of preparedness for influenza pandemic, the stockpiling of antivirals for influenza pandemic has been closely monitored.




In collaboration with professional associations (such as that of doctors, nurses and pharmacists) and NGOs, surge capacity has been built up so as to facilitate mobilisation of volunteers in times of emergencies. In enhancing the role of the Emergency Response Centre (ERC) as the Department's nerve centre in times of major public health emergencies, ERIB will continue to equip ERC with the latest communication facilities for the timely dissemination of information and statistics, and will organise necessary training for concerned staff.

The operation of the ERC was stood down on 24 May 2010 upon the lowering of the influenza response level from 'Emergency' to 'Alert' level under the Framework of Government's Preparedness Plan for Influenza Pandemic. The ERC had been in operation for a year since May 2009.

As part of emergency preparedness, ERIB plans and coordinates regular exercises and drills to ensure that all relevant parties are familiar with the established protocols, and are capable of discharging their duties and responsibilities in times of major public health emergencies. ERIB conducted a public health emergency exercise with the Port Health Office and Airport Authority on 4 June 2010 at the Hong Kong International Airport. Over 400 people from 20 government departments and concerned organisations participated in the exercise which tested coordination and cooperation among various government departments and the airport community in responding to a public health emergency related to a serious infectious disease at the airport.







On 25 October 2010, an inter-departmental exercise, code-named ‘Exercise Nephrite’, was conducted to test the coordinated response of relevant departments and organisations to an imported case of plague. The exercise gauged the handling of patient and infection control measures, as well as tested the procedures for epidemiological investigation, and disease surveillance and control. About 100 participants from concerned government departments and organisations took part in the exercise, with 15 experts from Mainland and Macau health authorities acting as observers.

A DVD entitled ‘Prepared and Committed – Public Health Emergency Exercises’ was produced and distributed to relevant local and overseas institutions and partners. The DVD highlights various public health emergency exercises conducted by CHP since 2004.

ERIB coordinates the formulation of CHP’s objectives and strategies. The CHP Strategic Plan for 2010 – 2014 was published in June 2010, setting out the strategic directions of CHP over the next five years. ERIB will continue to introduce the CHP’s strategic directions to Mainland and overseas visitors.

To monitor and strengthen the implementation of risk communication strategies and plans, ERIB participates in the work of the Risk Communication Advisory Group and the editorial board of the CHP Newsletter.

## **Infection Control Branch**

The Infection Control Branch focuses on fostering an infection control culture to reduce epidemic infections and minimise spread of disease outbreaks in institutions in Hong Kong.

The Infection Control Branch develops, promulgates and evaluates best practices in infection control in hospitals and community institutions; organises training in infection control for healthcare workers and staff of residential care homes; provides infection control advice to health professionals, institutions and the general public; supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions; and conducts surveillance on infection hazards and monitoring of healthcare associated infections.



## Programme Management and Professional Development Branch


The Programme Management and Professional Development Branch (PMPDB) encompasses Programme Management Division, Administrative Support Division and Vaccination Office. It coordinates and provides secretariat support for the Scientific Committees of CHP. It liaises with international and regional health authorities and facilitates collaboration activities, coordinates research and training activities for healthcare professionals, and provides secretariat support to the Council for the AIDS Trust Fund. It also plans, implements and evaluates the Government's vaccination programmes and subsidy schemes.

PMPDB provides administration support to the scientific advisory structure of CHP which is a three-tier system. At the top, there is a Board of Scientific Advisers. The second tier consists of Scientific Committees, members of which are experts from various fields. Scientific Committees in turn are supported by specific health protection programmes and working groups, tailor-made to address specific public health issues.

The scientific advisory structure serves as a platform for members to meet regularly for deliberation and professional exchange, so as to formulate effective strategies that reinforce the local health protection system. In 2010, a total of 13 Scientific Committee meetings were held and 25 scientific papers were discussed. A wide range of public health issues were deliberated and 13 recommendations were made.

PMPDB is the hub for liaison with international and regional health authorities and facilitates collaboration activities. CHP is also a founding member of the International Association of National Public Health Institutes. Apart from international agencies, PMPDB establishes networks and promotes exchanges of professionals between Hong Kong and various provinces and cities of the Mainland. Overall, a total of 26 visit programmes were conducted and 690 visitors were received in 2010.

The Research Fund for the Control of Infectious Diseases (RFCID) was established after the SARS outbreak in 2003, to facilitate and support research on the prevention, treatment and control of infectious diseases. PMPDB is responsible for coordinating research commissioned by CHP, facilitating the submissions to the RFCID Grant Review Board, and monitoring the




progress of research activities. In 2010, funding was approved for two research projects commissioned by CHP.

In order to build the professional expertise of healthcare professionals, a wide range of training programmes and seminars were organised in collaboration with various parties. Topics covered included current practice of the Department in controlling disease outbreaks, basic life support training, etc. In 2010, a total of seven training programmes were organised and co-organised, with 95 participants, mainly the healthcare professionals.

The AIDS Trust Fund, administered on the advice of the Council for the AIDS Trust Fund, was established on 30 April 1993 with an initial capital of HK\$350 million by a Declaration of Trust under the Financial Secretary Incorporation Ordinance (Cap. 1015) to finance payments for the purposes of making ex-gratia payments for haemophiliacs and others who were infected with HIV through the transfusion of contaminated blood or blood products in Hong Kong prior to August 1985; to fund projects which seek to provide medical and support services for HIV patients; and to conduct promotion and education on AIDS. PMPDB provides administrative support for the Council. In 2010, 25 ongoing programmes/projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 18 new submissions for grants. Among them, ten applied for the Medical and Support Services fund, of which five of them were approved. Eight applied for the Publicity and Public Education fund, of which three were approved. The Council also received and approved 29 claims for additional ex-gratia payment.

The Vaccination Office of PMPDB is responsible for the planning and implementation of the Government Vaccination Programme. In 2010/11, free seasonal influenza vaccination was provided to about 226 000 high risk persons. In addition, free pneumococcal vaccination had been provided to about 153 000 eligible elders.

To minimise the chance of hospitalisation in children and elderly caused by seasonal influenza and pneumococcal infection, implementation of the two vaccination subsidy schemes, namely Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) continued in 2010/11. These two schemes are delivered through private doctors. The Vaccination Office is responsible for the planning, implementation and administration of the Schemes.



Under CIVSS, children aged between six months and below six years could receive Government subsidised influenza vaccination at \$80 per dose from enrolled private doctors. Under EVSS, elders aged 65 or above could receive Government subsidised influenza vaccination and pneumococcal vaccination at \$130 and \$190 per dose respectively from enrolled private doctors.

In 2010/11, over 1 500 private doctors / 1 800 clinics enrolled in the CIVSS and EVSS to provide subsidised vaccination services. Under CIVSS, about 57 000 doses of seasonal influenza subsidised vaccination were administered to about 48 000 children. Under EVSS, about 111 000 doses of seasonal influenza vaccination and about 12 800 doses of pneumococcal vaccination were subsidised.

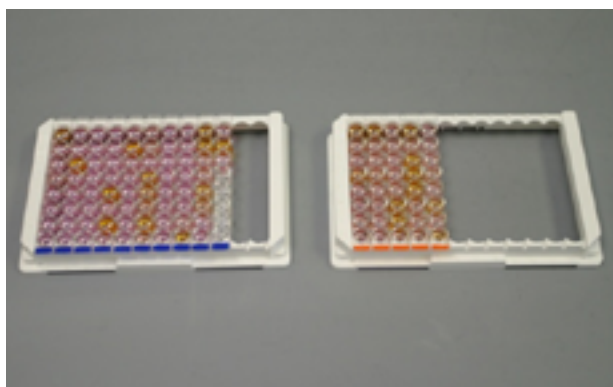
The Government launched the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) from 21 December 2009 to 31 October 2010. Under the two schemes, about 192 000 jabs of Human Swine Influenza vaccines had been administered to the target groups. Of these, about 135 000 doses of free vaccination were given by Hospital Authority and the Department under HSIVP, while about 57 000 doses of subsidised vaccination were given by enrolled private doctors under HSIVSS.

## **Public Health Laboratory Services Branch**

The Public Health Laboratory Services Branch of CHP provides quality clinical diagnostic and public health laboratory services to the public and private health sectors for both patient care and public health functions.

It comprises five functional divisions, namely, Chemical Pathology and Haematology Division, Histopathology and Cytology Division, Microbiology Division, Neonatal Screening Division and Virology Division. They are centralised in the Public Health Laboratory Centre in Shek Kip Mei and the Clinical Pathology Laboratory Centre in Lek Yuen, Shatin.

The Public Health Laboratory Centre is a laboratory for specialities including clinical and public health microbiology, virology, histopathology and cytology, and neonatal screening. The Clinical Pathology Laboratory Centre provides chemical pathology and haematology services.




The Chemical Pathology and Haematology Division provides chemical pathology and haematology laboratory services for the Department of Health and Hospital Authority clinics, health centres, hospitals and other healthcare institutions in Hong Kong.

The Histopathology and Cytology Division performs histopathological examination on tissues and cytological examination of both cervical and non-gynaecological cytology specimens.

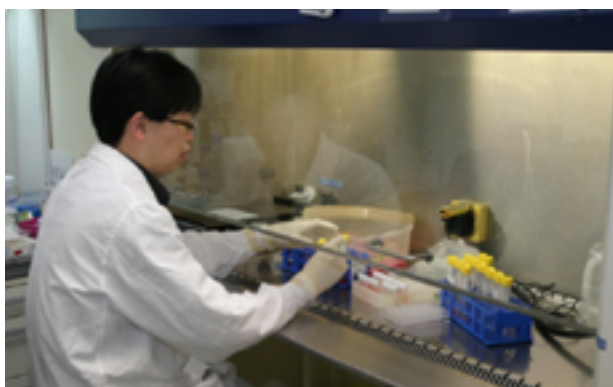
The Microbiology Division provides public health and clinical microbiology laboratory services to clinics, hospitals and other healthcare institutions in Hong Kong. The Division processes patients' specimens and surveillance samples for the diagnosis and screening of infections. It supports the function of the CHP in disease surveillance, prevention and control through regular collection of laboratory-based epidemiological data, and timely laboratory diagnostic service for outbreak investigation. The Division is designated by World Health Organization (WHO) as a Supranational TB Reference Laboratory.

The Neonatal Screening Division provides laboratory support in screening for congenital hypothyroidism and glucose-6-phosphate dehydrogenase deficiency for neonates born in Hong Kong.

The Virology Division is a specialised unit for the diagnosis and surveillance of viral, chlamydial and rickettsial infections. It is designated by the WHO as the National Influenza Centre, the National Poliovirus Laboratory and the National Measles Laboratory for the Hong Kong Special Administrative Region. The Division is also designated by the WHO as reference laboratory for the diagnosis of avian influenza and SARS, and Regional Measles Reference Laboratory.



The Division also processes clinical and surveillance specimens from the public and private sectors to screen for infections and monitor immunity. The Division supports the function of CHP in disease surveillance, prevention and control via regular collection of baseline laboratory epidemiological data and timely laboratory diagnostic service for outbreak investigation.



## Public Health Services Branch

The Public Health Services Branch aims at strengthening the prevention and control of tuberculosis, human immunodeficiency virus (HIV) and sexually transmitted diseases, and provides specialised clinical services.

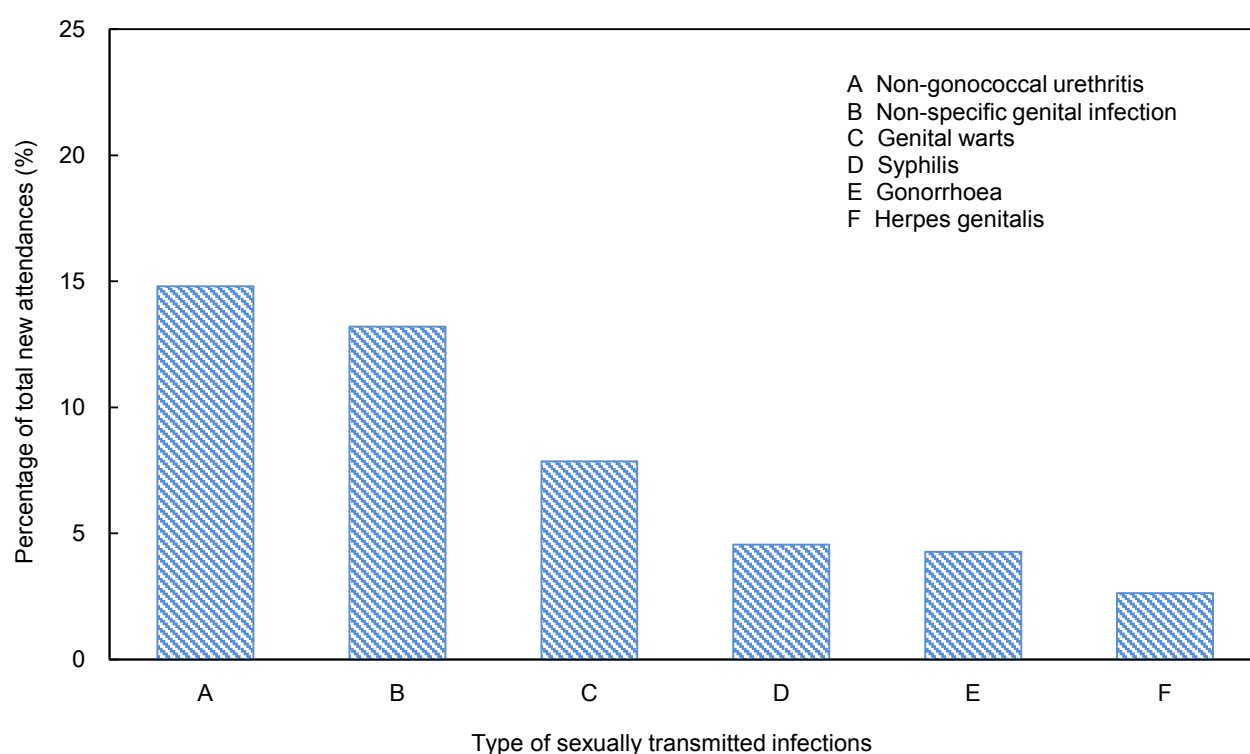
### Social Hygiene Service

The Social Hygiene Service is responsible for the prevention and control of sexually transmitted infections. It also operates dermatology clinics for management of skin diseases including leprosy.

In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education and outreach activities to control the spread of sexually transmitted infections. In addition to outpatient service, there are eight beds in Queen Elizabeth Hospital and a few in other public hospitals for the treatment of sexually transmitted infections and skin diseases.

In 2010, there were 155 699 total attendances and 22 693 new attendances at Social Hygiene Clinics. Among the new attendances in 2010, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, syphilis, gonorrhoea and herpes genitalis (Figure 15).

**Figure 15 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2010**



Note : Each new patient can be classified under one or more than one type of diseases.

The dermatology clinics provide specialised outpatient care for patients referred for skin conditions. They are equipped with modern phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2010, there were 20 879 new attendances and 185 798 total attendances.





## Special Preventive Programme

The Special Preventive Programme (SPP) is responsible for the prevention, surveillance and clinical management of HIV/AIDS and the prevention of viral hepatitis. Its four main areas of activities include clinical programme, HIV prevention and health promotion, policy development as well as research and epidemiology programmes.


SPP's clinical programme specialises in the delivery of services to people living with HIV/AIDS. The services range from AIDS Hotline, AIDS Counselling and Testing, clinical consultation and treatment, nursing care to psychosocial support. Other clinical activities include management of needle-stick injuries, dermatology and genitourinary medicine consultations. The HIV treatment service is mainly provided at the Integrated Treatment Centre at Kowloon Bay Health Centre. In 2010, the total clinical attendance at SPP was 20 659, with a 9.3% increase compared with the figure of 18 901 in 2009.

The HIV prevention and health promotion programme addresses HIV prevention in the community setting, and is mainly delivered through the operation of the Red Ribbon Centre (RRC). The mission of RRC is to facilitate and enhance the community's response to HIV/AIDS. Besides designing and implementing activities directly, SPP also collaborates with community agencies in undertaking a number of projects such as the 'Red Ribbon in Action' AIDS Education Funding Scheme and the Lions Red Ribbon Fellowship Scheme. To target risk behaviours, RRC also organises condom promotion activities and outreach programmes for drug users. Two ongoing large-scale voluntary HIV screening programmes are in operation through the support of SPP — universal antenatal HIV screening and universal testing of methadone clinic attendees.

In July, three representatives from SPP attended the XVIII International AIDS Conference held at Vienna, Austria. Apart from attending the main conference, two representatives also took part in the Men who Have Sex with Men (MSM) Pre-conference. Altogether, five oral and poster presentations were delivered by SPP during the Conference.

As part of the HIV prevention activities to mark the 2010 World AIDS Day, the Department launched a series of publicity activities so as to raise HIV awareness, risk perception and promote safer sex practice in the general public. A series of AIDS-related radio programmes





titled ‘擁抱愛的人’ were broadcast from November to December 2010 on the two radio channels. A series of roving exhibitions titled ‘25 Years of AIDS at A Glance’, which aimed to capture important happenings and events of the local HIV epidemic over the past 25 years, were launched during the World AIDS Day Activities Launching Ceremony held on 1 December. On 11 December, a thematic concert ‘紅絲帶 · 愛 · 同行’ 2010 was co-organised by RRC and other community partners to promote acceptance of people living with HIV/AIDS and featured drama, dance and musical performance by students from 12 participating schools. These activities helped to set the scene, create a supportive environment, facilitate targeted activities and improve prevention of infection.

In 2010, RRC launched an internet-based health promotion campaign targeting MSM with the aim of promoting safer sex and testing for HIV and syphilis among MSM. During the campaign, four short videos with HIV-related themes were uploaded to popular short video sharing websites such as YouTube and Tudou, and were supported by parallel promotion and publicity on various gay websites.

The Department of Health, the United States Agency for International Development, organisations under the United Nations system, Asia Pacific Coalition on Male Sexual Health, Asia Pacific Network of People Living with HIV/AIDS and regional partners jointly organised the Action Planning Meeting of Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative to discuss the prevention of HIV infections among MSM and how to enhance the efforts in the treatment, care and support in the participating cities. Some 140 overseas and local experts working on the AIDS front attended the meeting held on 7 – 9 December in Hong Kong.

RRC is the UNAIDS Collaborating Centre for Technical Support, which provides the framework for interfacing with the Mainland’s AIDS programmes and developing regional and international collaboration. The Lions Red Ribbon Fellowship Scheme under the sponsorship of Lions Clubs International District 303 – Hong Kong and Macau is an attachment programme to support mainland professionals to further their professional development or research in HIV/AIDS control. In 2010, 14 workers were trained under this scheme.

RRC produces a variety of resource materials including six regular publications: ACA Newsfile, AIDS Bulletin, The Node, Hong Kong STD/AIDS Update, Red Ribbon, and Networking Voice.

As regards policy development, SPP provides secretariat and operational support to the Hong Kong Advisory Council on AIDS, which advises on the overall AIDS programme in Hong Kong.

SPP's research and epidemiology programme includes maintaining the voluntary HIV/AIDS reporting system, coordinating the HIV seroprevalence system, operating behavioural surveillance mechanism, supporting sexually transmitted infection surveillance programme and running a series of registries and cohorts.

## **Tuberculosis and Chest Service**

The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, BCG vaccination programme for newborns and children aged under 15, and health education and research.

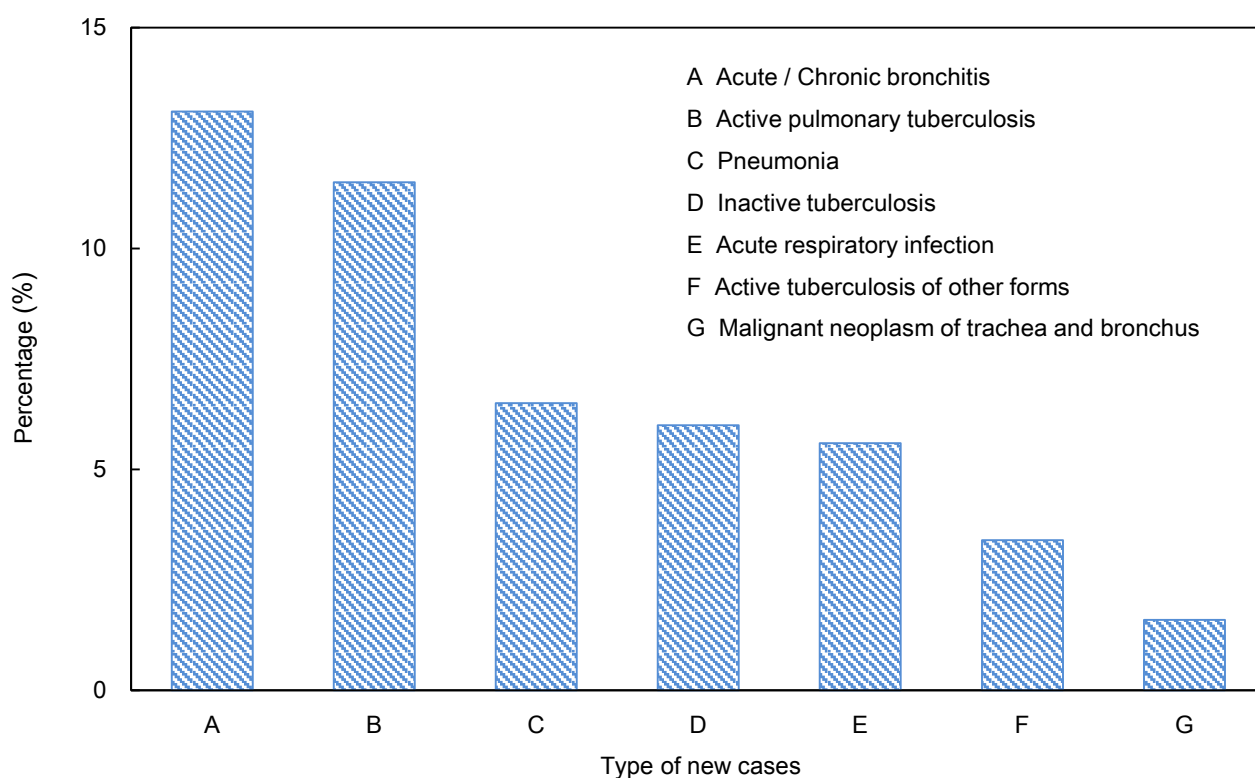


The Tuberculosis and Chest Service operates chest clinics in Hong Kong, providing outpatient service to patients suffering from tuberculosis and various chest diseases. In addition to chest clinics, the Service also runs a Pneumoconiosis Clinic which performs compensation assessment and offers other healthcare services for pneumoconiotic patients.

The total attendance at chest clinics was 752 381 in 2010, compared with 755 875 in 2009. The common types of new cases seen included acute/chronic bronchitis (13.1%), active pulmonary tuberculosis (11.5%), pneumonia (6.5%), inactive tuberculosis (6.0%), acute respiratory infection (5.6%), active tuberculosis of other forms (3.4%) and malignant neoplasm of trachea and bronchus (1.6%) (Figure 16).



**Figure 16 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2010**



Note : Each new patient can be classified under one or more than one type of diseases.

The coverage of BCG vaccination for newborn babies has been persistently over 98% since 1980. Disseminated forms of tuberculosis in infants and young children are now relatively rare.



## Surveillance and Epidemiology Branch


The Surveillance and Epidemiology Branch is responsible for formulating strategies and implementing measures in the surveillance, prevention and control of communicable and non-communicable diseases.

### Communicable Disease Division

The Communicable Disease Division maintains a comprehensive network of communicable disease notifications; conducts detailed epidemiological investigation on disease outbreaks; institutes appropriate control measures and provides health advice to stop disease propagation. It also collects, collates, analyses and disseminates surveillance data on communicable diseases; establishes a central communicable disease information system and generates regular reports; develops and coordinates a communicable disease surveillance system for the Pearl River Delta Region; and develops specialised expertise in the surveillance of targeted infections of public health importance.

The Sentinel Surveillance System of the Division monitors the situations of communicable diseases in different settings. Private and general out-patient clinic doctors report the number of consultations for influenza-like-illness, hand, foot and mouth disease, acute conjunctivitis and acute diarrhoeal diseases. Chinese medicine practitioners report the number of consultations for influenza-like-illness and acute diarrhoeal disease. The system also collects data on symptoms such as fever, diarrhoea and vomiting reported in the children of child care centres/ kindergartens and inmates of residential care homes for the elderly. With these valuable data, the Division can keep track of communicable diseases at the community level, enhance real-time surveillance, rapid intervention and responsive risk communication, and take appropriate preventive and control measures.

Central Notification Office (CENO) is set up to centralise notifications of communicable diseases and poisoning, and to monitor intelligence related to communicable diseases in Hong Kong. CENO receives notifications from various sources such as doctors, laboratories and institutions and disseminate the information to relevant parties for investigation in real-time. The CENO On-line provides a secure electronic platform for doctors to report notifiable diseases and outbreaks. CENO also developed an electronic notification interface, Notifiable Diseases and



Outbreak Reporting System, with Hospital Authority to facilitate notification in public health care system.

Guangdong, Hong Kong and Macao developed a regular communication mechanism for communicable diseases surveillance data and an emergency notification mechanism. The Tripartite Meeting of Guangdong – Hong Kong – Macao on the Prevention and Control of Communicable Diseases is held regularly, to exchange information of important communicable diseases, to discuss joint efforts in the prevention and control measure, and to promote coordinated responses to regional public health emergency.

The Communicable Disease Information System is an information technology strategy to facilitate effective communicable disease surveillance and control in Hong Kong. The system will capture and analyse communicable disease data from diverse sources and will have rapid data transfer from stakeholders such as the Hospital Authority. Development of the System is scheduled to be completed by 2014.

The Division provides professional input to four Scientific Committees (SC), including the SC on Emerging and Zoonotic Diseases, SC on Enteric Infections and Foodborne Diseases, SC on Vaccine Preventable Diseases and SC on Vector-borne Diseases. In addition, the Division also provides secretariat support to the National Committee for the Certification of Wild Poliovirus Eradication in Hong Kong.

## **Non-communicable Disease Division**

The Non-communicable Disease Division is responsible for surveillance and control of non-communicable diseases of significance to the Hong Kong population, and the formulation of strategies in relation to cancer prevention, cardiovascular health, men's health, etc.

The territory-wide Cervical Screening Programme was launched in 2004 in collaboration with other service providers. Cervical cancer is one of the most important female cancers in Hong Kong. The Programme conducts various publicity and educational activities to enhance public awareness on cervical cancer prevention and to increase the cervical screening participation rate among women. In the long run, the incidence and mortality from cervical cancer would be reduced. The Cervical Screening Programme website provides the general public and healthcare professionals with information related to cervical screening. The Cervical Screening

Information System serves as a central registry of information for registered women, service providers and laboratories.



The Men's Health Programme which was launched in 2002 continued its strategic position as a health promotion programme that addressed men's health issues comprehensively at different levels, including diseases, lifestyle, social influences, risk taking and health seeking behaviours. The ultimate goal is to improve the physical, mental and social health of the adult male population in Hong Kong.

A Behavioural Risk Factor Surveillance System was established to collect information on health-related behaviours of Hong Kong adult population through regular telephone surveys. The information is useful for monitoring the trend of health-related behaviours, which is important for planning, implementing and evaluating health promotion and disease prevention programmes.

The report of the Injury Survey 2008 was released in 2010. This survey aims to assess the characteristics and burden of unintentional injuries in the population in Hong Kong. The current preventive practices adopted by the population were also reviewed and analysed.

The 'HealthyHK' website, which was launched in February 2005, continues to serve as a platform which allows information sharing with a view to promote public health. Members of the public can access aggregated data through the 'HealthyHK' website.



The Surveillance and Epidemiology Branch is also responsible for the daily operation the Public Health Information System (PHIS). The aim of PHIS is to enhance the ability to collect, analyse and disseminate health information to contribute towards making evidence-based decisions on health and health-related policies, resource allocation, and the planning, implementation and evaluation of health services. PHIS continues to serve colleagues in the Department of Health and various Government agencies in health data sharing.


Toxicovigilance Section has been established since 2007. The Section serves to enhance epidemiology surveillance for identification of poisoning risk in the community, the substances, circumstances and the population involved; and to strengthen investigation of poisoning incidents of public health significance so as to implement control measures in a timely manner.

## Central Health Education Unit

Central Health Education Unit (CHEU) discharges its expanded roles and functions in health promotion through the advocacy of knowledge-based, needs-driven and effective health promotion actions within and beyond the Department. Through a multi-disciplinary workforce, CHEU provides steer and leadership, information support and resources to partners in health promotion. The priority areas for action include prevention of communicable diseases, nutrition, physical activity and promotion of organ donation.

To raise the public's awareness, change their attitudes and sustain their motivation to reduce health risks, the Unit takes a proactive approach and adopts social marketing strategies to inform and influence the public on options that enhance health. Media interviews are arranged regularly to communicate with the public on the most updated health information. On important





local health issues, for instance influenza and dengue fever, updated messages will be disseminated to the public and various stakeholders.

In tackling obesity, CHEU launched a series of programmes, in collaboration with other Government departments and organisations to promote healthy eating. Under the 'EatSmart@school.hk' Campaign, which entered its fifth school year, a range of programmes and activities were implemented adopting comprehensive strategies which included education and empowerment, publicity and advocacy, and creating conducive environment to help children adopt a healthy eating habit. Under the 'EatSmart@restaurant.hk' Campaign in collaboration with the catering industry and various stakeholders, which entered its third year, restaurants continued to provide healthy options to their customers so as to help the general public observe healthy eating principles when dining out. Pilot projects were also launched at 30 pre-primary institutions and 19 workplaces to explore the possibility of promoting healthy eating and active living using a setting-based approach.


In response to the upsurge of hand, foot and mouth disease activity in 2010, CHEU in collaboration with various parties stepped up the broadcast of TV and radio API and distributed related printed health education materials to relevant stakeholders. Other health topics of public concern e.g. influenza and seasonal influenza vaccination, were the foci of publicity in 2010.

CHEU continues to provide support for the promotion of organ donation. A series of publicity campaigns, including TV and radio API, thematic Organ Donation website and posters, were launched with support from the Hospital Authority and NGOs to increase public awareness and facilitate donor registration online.

CHEU builds upon its strength in health education resource production and develops a wide variety of audio-visual and printed materials, such as VCD, CD-ROM, exhibits, posters and leaflets. Health education materials are also produced in collaboration with relevant professional associations and NGOs for maximal synergy.

In training of personnel, CHEU organises training programmes for health promotion practitioners both within and beyond the Department. Training courses which covered a variety of topics including 'Introduction to Health Promotion' and 'Nutritional Training on Healthy Eating' were conducted in 2010/11, which served more than 1 000 health promotion practitioners.





CHEU conducts various research projects in order to evaluate the effectiveness of ongoing programmes and to explore new approaches in health promotion. Examples included the Evaluation of the Publicity of Human Swine Influenza Vaccination Programme and Formative Evaluation of the Planning of 'Startsmart@school.hk' Pilot Project.

In addition, CHEU provides secretarial support to the Risk Communication Advisory Group. Group members comprise experts from different sectors to advise on the formulation of risk communication strategies and action plans for the CHP. The CHP Newsletter is published regularly to keep our partners updated of CHP developments.


The strategic directions for CHEU over the next few years are as follows:

- developing, monitoring and reviewing the strategy for promoting health in Hong Kong;
- coordinating and strengthening cohesiveness of actions across the health promoting community;
- building, collecting and disseminating evidence for good practices in health promotion;
- developing and enhancing workforce capacity;
- communicating and campaigning for health promotion; and
- involving the community in all aspects of health promotion.

## **Community Liaison Division**

The Community Liaison Division is responsible for district health promotion and District Councils liaison. The Division establishes and enhances closer partnerships with community groups and the general public to promulgate departmental policy and promote population health. It serves as a focal point for community liaison on matters related to the Department and public health. The Division also acts as a bridge between other services in the Department and the community to facilitate information flow whenever needed.

To promote public health at the community level, the Community Liaison Division liaises with different NGOs and community groups, and supports their health promotion activities in different



formats, e.g. support for health carnivals organised by District Councils, health talks/seminars/training workshops, road shows, exhibitions and competitions. Foci for 2010 were prevention of communicable and non-communicable diseases; healthy lifestyle promotion including healthy eating, physical activities, personal hygiene; promulgation of vaccination programmes and healthy cities projects.

The Division organises two Health Promotion Sharing Forums every year. Local health practitioners from the Department and NGOs are invited to share their remarkable contributions and invaluable experiences in health promotion. The forum serves as an interactive platform to share good practices of health promotion and nurtures a mutual learning environment for capacity building among community partners.

The Community Liaison Division communicates with stakeholders regularly by attending meetings of District Councils, relevant committees or working groups, playing an advisory role on public health matters and promulgates departmental health policy.

In 2010, the Division conducted three rounds of Seasonal Health Risk Communication on Communicable Diseases (which was later renamed as Community Health Partnership Communication) to all District Councils and NGOs to provide up-to-date information on the risks of and preventive measures against communicable diseases in Hong Kong in order to promote preventive actions against communicable disease outbreaks in the community.

# DENTAL SERVICE

The Consultant-in-charge Dental Service is responsible for work on improving the oral health of the population by promoting oral hygiene and oral health awareness in the community and facilitating the proper use of oral care service.

The Dental Service administers a wide range of promotive, preventive and curative services to the community through the following Services / Units:

- Oral Health Education Unit
- School Dental Care Service
- Government Dental Clinics
- Oral Maxillofacial Surgery and Dental Units

Dental Service also collaborates with Water Supplies Department in the regular monitoring of the level of fluoride in the water supply.



## Oral Health Education Unit

To enhance the oral health of the public, the Oral Health Education Unit (OHEU) promotes oral health to all sectors of the community by producing oral health education materials, organising publicity campaigns, and engaging in collaborative projects with NGOs and professional bodies. There is an annual Love Teeth Campaign to help the public to develop proper oral health habits. Information on oral health is also available to the public through the oral health education webpage and 24-hour oral health information hotline.

In addition to supporting other health service units, the OHEU continues Oral Health Promotion Programmes targeted at kindergarten children, primary students, secondary students and students with mild and moderate intellectual disability. It continues to strengthen its efforts on oral health promotion in a primary care approach and delivers more outreaching oral health educational activities to the primary school students through the 'Bright Smiles Mobile Classroom' throughout the territory.

In 2010, the OHEU produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was 128 000.



## School Dental Care Service

The School Dental Care Service (SDCS) promotes oral health and provides basic and preventive dental care to primary school children through eight School Dental Clinics in the territory. Services are provided by well-trained dental therapists under direct supervision of government dental officers. It has a 24-hour interactive voice response system and webpage to provide information on SDCS and oral health for the general public.

In 2009/10 school year, 328 308 primary school children from 632 schools participated in SDCS, accounting for 95.0% of the total primary school children population in Hong Kong. Of all school children who attended in 2009/10, 85.5% were rendered dentally fit by the end of 2010.



## Government Dental Clinics

The Dental Service also fulfills Government's contractual obligation to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). Services are rendered through 35 Government Dental Clinics under the Department of Health.

In 11 of the Government Dental Clinics, free emergency dental services are provided to the general public at designated General Public Sessions, of which the scope of services include pain relief, teeth extraction, treatment of acute dental problems, as well as providing professional advice with regard to individual needs of patients.

The government dental clinics accommodated 610 716 visits by civil servants and dependents, and 96 971 visits by general public patients in 2010.



## Oral Maxillofacial Surgery and Dental Units

The Oral Maxillofacial Surgery and Dental Units of the Department of Health in seven public hospitals provide specialist oral maxillofacial surgery and dental treatment for hospital in-patients, patients with special oral health care needs and dental emergency. These specialist services are provided through referral by the Hospital Authority or private practitioners. Consultation appointments are arranged for patients according to the urgency and nature of their conditions. Patients with emergency needs, such as cases of dental trauma, will be provided with immediate consultation and treatment.

In 2010, a total of 10 651 patients with special oral healthcare needs were treated at these units.

## STAFF TRAINING AND RELATIONS

### Training and Development


Human resource is a valuable asset of the Department, and we have always been committed to providing suitable training and development for our staff to enable them to help achieve the mission of the Department. The scope of our training includes professional knowledge, senior executive development, management skills, language and communication, as well as customer service skills.

Professional training is one of the focus areas, which is vital to the delivery of quality public health service. In 2010, arrangements were made for 170 officers to attend training and attachment programmes in places outside Hong Kong and 2 187 officers to receive departmental sponsorships for local courses. Apart from inviting overseas and local experts to conduct seminars and lectures, the Department commissioned a local university to organise a course on Foundation of Public Health as well as a series of continuous professional development seminars which provided current updates on specific public health topics for our staff. Over 1 443 officers benefited from commissioned programmes of the Department.

Providing quality client-oriented service has been an important goal of the Department. Since 2005, handling of complaints has been decentralised from Headquarters to individual services and branches. As part of our continuous effort to foster a quality service culture in the department, a re-run of workshop on client-oriented service skills using case study approach was organised in 2010.

The Department also put strong emphasis on language and communication training. Apart from Putonghua courses for professional staff, a number of language seminars were held in 2010. Topics included style and tone in Chinese writing, writing publicity materials in Chinese, interacting with Mainland officials, etc. A corporate media training workshop was organised for middle managers and senior officers of the Department.

The Department continued to be accredited by the Medical Council of Hong Kong as the provider and administrator of the Continuing Medical Education (CME) Programme for practising doctors who are not taking CME programme for specialists. We were also accredited by the



Dental Council of Hong Kong as the provider and administrator of the Continuing Professional Development (CPD) Programme for practising dentists. The CME and CPD Programmes aim to encourage practising doctors and dentists to pursue continuous professional development with a view to strengthening their professional competencies and standard.

Apart from department funding allocation, other training resources were utilised. During the year, 21 officers were granted full-pay study leave to take up training programmes funded by the World Health Organization and other training sponsorships. Besides, 2 027 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 146 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2010.

Striving for excellence, the Department will continue to develop best practices in training and development to achieve continuous improvement in professionalism and service quality.

## **Staff Relations**

The Department places great emphasis on effective communication between staff and management through various channels of consultation. In addition to the Departmental Consultative Committee and five Grades Consultative Committees which meet quarterly, special meetings and briefing sessions are held on a need basis. We encourage staff's suggestions to enhance the quality of services. To help our staff cope with stress and anxiety arising from work pressure and personal problems, the Department has appointed a professional agency to provide hotline counselling service. Besides, the Staff Relations and Subvention Unit and Staff Club also organised various sports and recreational activities, including ball games, visits, picnics, interest classes, the Staff Club Annual Dinner and the Family Fun Day, round the year to strengthen organisation cohesiveness and team spirit. The Department keenly supports fund raising activities of charitable organisations. The Departmental Volunteer Team also actively promotes volunteer activities.






# CHAPTER SIX

## INTERNATIONAL RELATIONS

- The Department of Health maintains strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in places outside Hong Kong.
- In May 2010, the Director of Health attended, as member of the People's Republic of China delegation, the 63rd World Health Assembly held in Geneva, Switzerland.
- In September, the Director of Health represented Hong Kong, China to attend the 61st session of the WHO Regional Committee for the Western Pacific in Putrajaya, Malaysia. Subsequent to the session, the Director attended the 27th International Conference of the Society for Quality in Health Care held in Paris, France.
- The Department also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2010, 390 officers participated in 161 conferences/duty visits held outside Hong Kong.

## Contacts with the Mainland

- In 2010, we continued to maintain a strong tie with the Mainland.
- In January, the Director of Health attended the Eighth Joint Meeting of Senior Officials of the Mainland, Hong Kong and Macao, which was held in Macao.
- In June, the Director of Health participated in the Second World Health Organization Workshop on Traditional Medicine Service Delivery and Monitoring in Health Systems held in Shanghai.
- In July, the Director of Health met with the General Administration of Quality Supervision, Inspection and Quarantine in Beijing to discuss work of control ports on the prevention and control of communicable diseases.
- In November, the Director of Health attended the Fourth Cross-strait Conference on Tobacco



Control held in Macao and met with officials of the State Administration of Traditional Chinese Medicine and Macao Health Bureau in Zhuhai.

- Under the Staff Exchange Programme between the Government of Hong Kong Special Administrative Region and the Mainland Provincial counterparts, the Department received two government officials responsible for health administration from Hangzhou and Guangdong in 2010.



# CHAPTER SEVEN

## CORPORATE ENVIRONMENTAL PROTECTION

### Environmental policy and objectives

In support of the Government's commitment to set a good example in environmental protection, the Department implemented the Green Manager Scheme in November 1993 to enhance green housekeeping measures in the workplace.

In June 1996, the Department issued a policy statement on environmental protection and assigned a Departmental Green Manager to promote corporate green culture within the department, remind staff of the department's environmental policy, enhance their awareness in green housekeeping practices, inspire their participation in green management programmes, initiate new action plans where appropriate in supporting the Government's long-term strategy on environmental protection and monitor the implementation of various green measures. Since 1998, the Department has incorporated in its annual departmental report major green management initiatives and performance.

### Staff participation

To enable the effective implementation of various green measures, staff's support and vigorous participation are of particular importance. In this regard, the Department encourages staff to give suggestions on new initiatives of green management through the Staff Suggestion Scheme. Over the years, many practicable green proposals put forth by staff have been adopted.

Individual services of the Department have assigned energy wardens to monitor energy consumption in workplace and the implementation of various green housekeeping measures in offices and clinic units under their purview. In this regard, over 200 energy wardens have been assigned.



## Waste management

To enhance public awareness in separate waste recycling, the Department has participated in the Waste Separation and Recycling Campaign since 2002. Waste separation bins are placed in clinics and office floors of the Department to enable separate collection of waste paper, aluminium cans and plastic bottles by waste collectors for recycling. In 2010, a total 8 319 kg of waste papers were collected for recycling. In addition, empty toner cartridges of colour printers and laser printers have been separately collected for recycling.


The Department follows the guidelines issued by the Environmental Protection Department in segregation, packaging, labelling and storage of clinical wastes and chemical wastes. Clinical wastes, chemical wastes and domestic wastes arising from clinics or laboratories are segregated from each other. Clinical wastes such as sharps boxes and used dressings are placed in red plastic waste bags, properly labelled, securely fastened and temporarily stored in the designated area before being carried away by clinical waste collectors for disposal. The designated area for clinical waste storage is also provided with visibly clear warning sign, protected from water and rain, always kept clean and dry, and secure from unauthorised persons.

To comply with the Waste Disposal (Chemical Waste) (General) Regulation, chemical wastes arising from clinics or laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by clinic staff and collected by the licensed collectors for disposal. Domestic wastes are placed in normal black plastic waste bags for disposal.

## Economical use of paper

The Department has adopted the following housekeeping measures to economise the use of paper:


- Use blank side of used papers for printing or writing to reduce paper consumption;
- Reuse envelopes and file jackets;
- Use both sides of a paper for drafting and double-sided copying as far as possible;

- 
- Rollout e-Leave system for staff with electronic mail account to replace printed leave application form;
  - Avoid using fax leader page as far as possible;
  - Encourage staff to make better use of electronic means in disseminating health messages such as uploading publications onto departmental website to keep printed publications to the minimum;
  - Maximise the use of Internet and electronic mail facilities for communication to replace hardcopies;
  - Cease internal circulation of hardcopies of clinic time table, telephone directory etc to reduce paper consumption; and
  - E-forms for various licensing applications of the Department have been made available to the public on the government's official website.

## Green purchase

The Department has implemented the following green procurement initiatives to support the use of environmentally friendly products:

- Extended use of recycled paper;
- Plain paper fax machines to replace thermo fax machines so that making a second copy of the thermo fax for filing purpose is not required;
- Photocopiers with double-side copying feature;
- Clinical waste bags and sharps boxes which are not made from polyvinylchloride materials and are capable of safely incineration;
- Use of plastic bags with recycled material;

- 
- Use of degradable/recycled materials for outsourced cleansing service becomes one of the requirements in the service tenders;
  - Mercury-free blood pressure monitors and thermometers;
  - Liquid crystal display monitors to replace old cathode ray tube monitors for more effective energy saving; and
  - Recycled and reusable stationery and other office supplies such as refillable ball-pens, reusable toners and printer cartridges etc.

## Energy conservation

The Department has adopted the following energy saving measures:

- De-lamping lights to the minimum required for illumination and switching off lights and non-essential electrical appliances while not in use;
- Conducting energy audit survey for individual clinic buildings of high energy consumption to identify practical and effective energy saving measures;
- Modifying group lighting switches to individual switches;
- Installing air curtains at clinic entrances to prevent infiltration of un-treated hot and cold air from outside;
- Replacing magnetic ballasts by electronic ballasts and change T8 fluorescent tubes to the more efficient T5 fluorescent tubes;
- Replacing conventional illumination signs of emergency exit in clinics by light-emitting diode signs to step up measures in achieving energy saving; and
- Maintaining indoor temperature at 25.5°C during summer months for general offices and public areas equipped with air-conditioning facilities provided that the normal operation of essential medical services will not be affected.



## Air quality improvement

Being the Government's health adviser, the Department has been taking a leading role in the smoke-free workplace policy since 1982. This policy has been applied to all institutions of the Department since 1996.

From both the green management and the infection control aspects, adequate fresh air ventilation in the working environment of clinics and health centres is important for protecting the health of staff and the public. Since 1999, Indoor Air Quality tests and cleaning of air-ducts of air conditioning systems have been conducted by Electrical and Mechanical Services Department periodically for clinics and offices of the Department to enhance the operational efficiency of air conditioning systems and to ensure adequate fresh air ventilation.

To support reducing air pollution caused by exhaust emissions of vehicles, the Department has taken the following measures:

- Encouraging staff to make use of public transport while performing outdoor duties; and
- Instructing all drivers in the Department to switch off their car engines while waiting and issuing circulars at regular intervals to remind them of this.




# CHAPTER EIGHT

## FUTURE DEVELOPMENT

The Department will undertake the following initiatives in the coming years:

- Provide quit smoking service which targets at youth smokers.
- Collaborate with Mayo Clinic of United States and Tung Wah Group of Hospitals to organise training courses for health care professionals for the purpose of building up a significant pool of tobacco treatment specialists and providing continuous education so as to maintain high standard of smoking cessation service.
- Work out details of the proposed framework for statutory control of medical devices, conducting a business impact assessment on the regulatory proposal and reporting to the Legislative Council Panel on Health Services.
- Support the roll out of the provisions related to the requirements of label and package insert as stipulated in section 143 and 144 of the Chinese Medicine Ordinance (Cap. 549), section 26 and 28 of the Chinese Medicines Regulation which will commence on 1 December 2011. By then, no person shall sell, or have in his possession for the purpose of selling, any proprietary Chinese medicines without proper label and package insert as required. Any person who contravenes the sections shall be liable upon conviction to a fine at Level Six (i.e. \$100,000) and imprisonment for two years.
- Kick off consultation and start preparatory work to work out a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines.
- Launch a territory-wide Primary Care Campaign in 2011 with a view to promoting the Government's primary care development strategy and initiatives to the public. The Campaign aims to raise public awareness of the benefits of primary care in disease prevention and management and promote the concept of family doctor as life-long health partner.
- Promote the adoption of two reference frameworks, one for diabetes care and one for hypertension care in primary care settings, to be published by the Task Force on Conceptual





Model and Preventive Protocols under the Working Group on Primary Care in 2011. The frameworks provide common reference to healthcare professionals for the provision of continuing, comprehensive and evidence-based care in the community and empowering patients and carers in the prevention and management of these two chronic diseases.

- Launch the sub-directories of doctors and dentists of the Primary Care Directory in 2011. The Directory is a web-based system containing personal and practice-based information of different primary care providers to help the public find their own primary care providers. The sub-directories of Chinese medicine practitioners, nurses and allied health professionals will be developed in subsequent phases.
- Set up a Drug Office in 2011 as recommended by the Review Committee on Regulation of Pharmaceutical Products in Hong Kong to strengthen the regulatory control of drugs and to enhance drug safety.
- Launch a parenting programme in 2012, to strength the public education and publicity in transitional feeding. The programme aims to foster the development of a good eating habit in babies and young children.
- Complete the drafting of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children in 2011.
- Conduct another oral health survey after the first one in 2001 to continuously monitor the oral health status of our population.
- Publish the 'Action Plan to Reduce Alcohol-related Harm in Hong Kong' prepared by the Working Group on Alcohol and Health, and organise a seminar for local health promotion partners to raise awareness on alcohol-related harm.
- Work with parents and relevant stakeholders, in particular the educational sector, to promote a healthy lifestyle among children of pre-school age. Based on experience of the pilot project, a territory-wide programme, the 'StartSmart@school.hk' Campaign, will be launched in 2012 to pre-primary institutions.

## Publications


The Department of Health actively takes part in conducting scientific researches and contributes manuscripts for publication in a number of journals in health sector. To enhance the professional development of healthcare professionals in Hong Kong, the Department also regularly publishes bulletins and newsletters such as the bimonthly Public Health and Epidemiology Bulletin. The bimonthly Bulletin, first published in 1992, serves three main purposes (i) to report on the notifications of infectious diseases to facilitate epidemiological surveillance; (ii) to disseminate information on matters of public health importance relevant to Hong Kong; and (iii) to highlight the epidemiology of communicable and non-communicable diseases of special interest in Hong Kong.

In line with the Government's green initiatives to economise the use of paper, the Department make use of on-line publications to disseminate our timely health messages. Examples are CHP newsletter, Communicable Diseases Watch, Non-Communicable Diseases Watch and Poisoning Watch.

CHP newsletter features people and events having an interface with the CHP. Through this means of communication, we hope that readers could get to understand CHP better and be able to align values, beliefs and practices in support of health protection in Hong Kong.

Communicable Diseases Watch aims at providing the public and healthcare professionals with up-to-date infectious disease news and knowledge relevant to Hong Kong. It is also an indication of CHP's commitment in responsive risk communication to address the growing community interest on infectious diseases.

Non-Communicable Diseases Watch is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of CHP's commitments in responsive risk communication and addressing the growing threats of non-communicable disease to the health of our community.




Poisoning Watch aims to promote the local healthcare professionals' awareness on the local situation of poisoning, and to disseminate information on various aspects of the prevention and control of poisoning in Hong Kong, including the local epidemiology of poisoning and clinical management of poisoning cases.

Apart from the regular publications, a number of ad hoc reports were published in 2010. The publications issued by different services in 2010 are listed below.

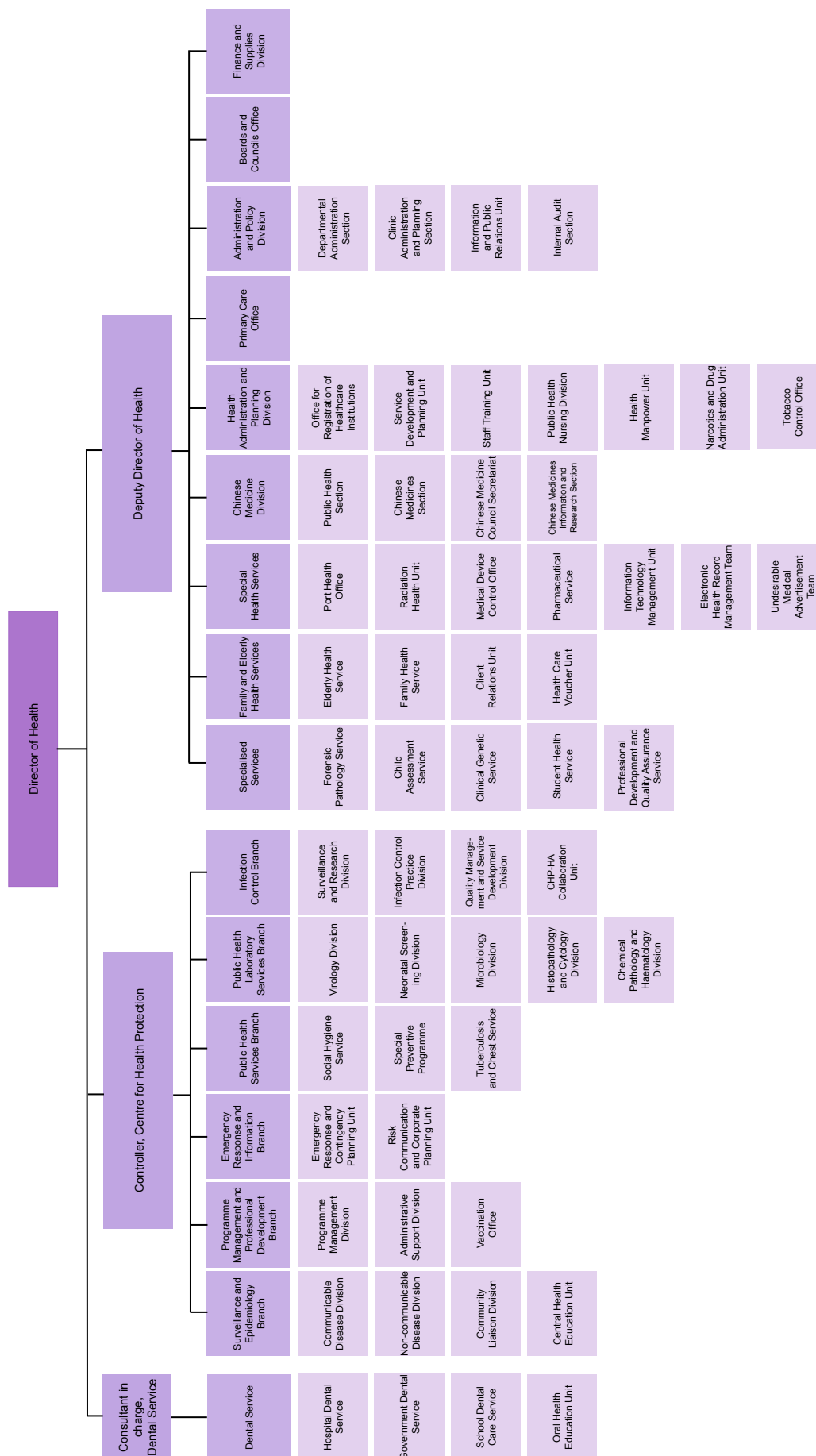
### **List of Publications Issued by the Department of Health in 2010**

- AIDS Newsletter, No.56-57 (only available in Chinese)
- Avian Influenza Report, Vol. 6, No.1-52
- Chinese Medicine Council of Hong Kong Annual Report 2009
- CHP Newsletter, Issues 25-27
- Communicable Diseases Watch, Vol. 7, No.1-27
- Compendium of Pharmaceutical Products 2010
- CookSmart, Issues No. 7-9
- Dental Service Newsletter, Issue No.34-37
- EV Scan, Week 2, 11-22, 32-52
- EatSmart@restaurant.hk Newsletter, No. 1-6
- Flu Express, Vol. 7, No.1-12
- Hand, Food and Mouth Disease and Enterovirus 71 Daily Situation Update
- HIV Surveillance Report - 2009 Update

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- Hong Kong STD/AIDS Update, Vol. 16, No.1-4
  - Networking Voice, Vol. 16, No.1-2 (only available in Chinese)
  - Newsletter of Elderly Health Service, Issue No.29-30 (only available in Chinese)
  - Non-Communicable Disease Watch, Vol. 3, No. 1-12
  - Poisoning Watch, Vol. 3, No.1
  - Public Health and Epidemiology Bulletin, Vol. 19, No.1-3
  - Red Ribbon Bulletin, No.34-35 (only available in Chinese)
  - Report of Behavioural Risk Factors Survey, April 2010
  - Surveillance of Viral Hepatitis in Hong Kong - 2009 Update Report
  - Swine and Seasonal Flu Monitor, Vol. 2, No.1-40
  - The Node, Vol.12, No.1-3
  - Tobacco Control Bulletin, Issue No.18
  - Travel Health Bulletin Issue No. 6
  - Precautions for Handling and Disposal of Dead Bodies - May 2010 (8th edition)

# Appendix II

Organisation Chart of the Department of Health (Position as at 31 March 2011)



# Appendix III

## Medical Institutions on Hong Kong Island (As at 31 March 2011)

Institutions with Services Provided by Department of Health	District Council District
1. Aberdeen Jockey Club Clinic (methadone clinic, dental clinic and elderly health centre)	Southern
2. Anne Black Health Centre (maternal and child health centre/Tang Shiu Kin Dental Clinic)	Eastern
3. Ap Lei Chau Clinic (maternal and child health centre)	Southern
4. Central Government Offices Dental Clinic	Central & Western
5. Chai Wan Health Centre (woman health centre, student health service centre and special assessment centre)	Eastern
6. Chai Wan Maternal and Child Health Centre	Eastern
7. Eastern Street Methadone Clinic	Central & Western
8. Hong Kong Police College Dental Clinic	Southern
9. Kennedy Town Community Complex Dental Clinic	Central & Western
10. MacLehose Dental Centre / Tang Shiu Kin School Dental Clinic	Wan Chai
11. Pamela Youde Nethersole Eastern Hospital (social hygiene clinic and dental clinic) / Chai Wan Families Clinic / Chai Wan Government Dental Clinic	Eastern
12. Queen Mary Hospital (dental clinic)	Southern
13. Queensway Government Offices Dental Clinic	Central & Western
14. Sai Wan Ho Health Centre (maternal and child health centre)	Eastern
15. Sai Ying Pun Jockey Club Polyclinic (elderly health centre, maternal and child health centre, chest clinic, dermatology clinic and X-ray survey centre)	Central & Western
16. Shau Kei Wan Jockey Club Clinic (chest clinic, pneumoconiosis clinic, methadone clinic and elderly health centre)	Eastern
17. Southorn Centre/Violet Peel Health Centre (methadone clinic and elderly health centre) / Central Health Education Unit (health education centre)	Wan Chai
18. Stanley Dental Clinic	Southern
19. Tang Chi Ngong Specialist Clinic (maternal and child health centre and social hygiene clinic) / Hong Kong Families Clinic	Wan Chai
20. Wan Chai Polyclinic (chest clinic and dental clinic)	Wan Chai
21. Western Harbour Centre (student health service centre and special assessment centre)	Central & Western
22. Wu Chung House (port health travel health centre)	Wan Chai

## Medical Institutions on Hong Kong Island (As at 31 March 2011) (Cont'd)

Health Centres in Correctional Services Department		District Council District
23.	Cape Collinson Correctional Institution	Eastern
24.	Lai Chi Rehabilitation Centre	Eastern
25.	Ma Hang Prison	Southern
26.	Pak Sha Wan Correctional Institution	Southern
27.	Stanley Prison	Southern
28.	Tung Tau Correctional Institution	Southern

## Medical Institutions in Kowloon (As at 31 March 2011)

Institutions with Services Provided by Department of Health		District Council District
1.	Argyle Street Jockey Club School Dental Clinic (school dental clinic and oral health education centre)	Kowloon City
2.	Central Kowloon Child Assessment Centre	Kowloon City
3.	Cheung Sha Wan Jockey Club Clinic (genetic counselling clinic and neonatal screening clinic)	Sham Shui Po
4.	East Kowloon Polyclinic (maternal and child health centre and chest clinic)	Wong Tai Sin
5.	Ho Man Tin Methadone Clinic	Kowloon City
6.	Hung Hom Clinic (maternal and child health centre and methadone clinic)	Kowloon City
7.	Kowloon Bay Health Centre (student health service centre, integrated treatment centre, radio-diagnostic and imaging centre and AIDS counselling and testing service)	Kwun Tong
8.	Kowloon Hospital (chest clinic) / Argyle Street Government Dental Clinic	Kowloon City
9.	Kwun Tong Jockey Club Health Centre (methadone clinic and dental clinic)	Kwun Tong
10.	Lam Tin Community Complex (elderly health centre)	Kwun Tong
11.	Lam Tin Polyclinic (maternal and child health centre, school dental clinic, woman health centre, student health service centre and special assessment centre)	Kwun Tong
12.	Lee Kee Memorial Dispensary (methadone clinic and dental clinic)	Kowloon City
13.	Li Po Chun Dental Clinic	Yau Tsim Mong
14.	Lions Clubs Health Centre (student health service centre and elderly health centre)	Kowloon City
15.	Nam Shan Health Centre (elderly health centre)	Sham Shui Po
16.	Ngau Tau Kok Jockey Club Clinic (maternal and child health centre, methadone clinic and Family Medicine Education and Training Centre)	Kwun Tong
17.	Queen Elizabeth Hospital (genetic counselling clinic and dental clinic)	Yau Tsim Mong
18.	Robert Black Health Centre (maternal and child health centre, methadone clinic and elderly health centre)	Wong Tai Sin
19.	Sham Shui Po Public Dispensary (methadone clinic)	Sham Shui Po
20.	Shek Kip Mei Health Centre (chest clinic)	Sham Shui Po



## Medical Institutions in Kowloon (As at 31 March 2011) (Cont'd)

Institutions with Services Provided by Department of Health		District Council District
21.	Wang Tau Hom Jockey Club Clinic (maternal and child health centre and Red Ribbon Centre)	Wong Tai Sin
22.	West Kowloon Health Centre (maternal and child health centre and dermatology clinic) / Cheung Sha Wan Government Offices Dental Clinic / Port Health Travel Health Centre	Sham Shui Po
23.	Wu York Yu Health Centre (maternal and child health centre, methadone clinic and student health service centre)	Wong Tai Sin
24.	Yau Ma Tei Jockey Club Polyclinic (chest clinic, social hygiene clinic, dental clinic and elderly health centre) / Kowloon Families Clinic	Yau Tsim Mong
25.	Yau Ma Tei Specialist Clinic Extension (maternal and child health centre, dermatology clinic and methadone clinic)	Yau Tsim Mong
26.	Yung Fung Shee Memorial Centre (chest clinic, social hygiene clinic and dermatology clinic) / Pamela Youde Polyclinic (child assessment centre)	Kwun Tong

Health Centres in Correctional Services Department		District Council District
27.	Lai Chi Kok Reception Centre	Sham Shui Po
28.	Phoenix House	Sham Shui Po

## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2011)

Institutions with Services Provided by Department of Health		District Council District
1.	Fanling Health Centre (maternal and child health centre, integrated treatment centre, dental clinic, radio-diagnostic and imaging centre, school dental clinic and child assessment centre)	North
2.	Lek Yuen Health Centre (maternal and child health centre and elderly health centre)	Sha Tin
3.	Ma On Shan Health Centre (maternal and child health centre and dental clinic)	Sha Tin
4.	Mona Fong Clinic (chest clinic and dental clinic)	Sai Kung
5.	Mui Wo Clinic (maternal and child health centre)	Islands
6.	North District Hospital (dental clinic)	North
7.	Pamela Youde Child Assessment Centre, Dental Clinic and School Dental Clinic	Sha Tin
8.	Prince of Wales Hospital Li Ka Shing Specialist Clinic (dental clinic)	Sha Tin
9.	Sha Tin (Tai Wai) Clinic (methadone clinic and student health service centre)	Sha Tin
10.	Shek Wu Hui Jockey Club Clinic (chest clinic, methadone clinic, student health service centre and elderly health centre)	North
11.	St. John Hospital (maternal and child health centre, chest clinic, methadone clinic and dental clinic)	Islands
12.	Tai O Dental Clinic	Islands
13.	Tai Po Jockey Club Clinic (chest clinic, methadone clinic and student health service centre)	Tai Po
14.	Tai Po Wong Siu Ching Clinic (maternal and child health centre, dental clinic and elderly health centre)	Tai Po
15.	Tseung Kwan O Jockey Club Clinic (elderly health centre)	Sai Kung
16.	Tseung Kwan O Po Ning Road Health Centre (dental clinic and maternal and child health centre)	Sai Kung
17.	Tung Chung Health Centre (maternal and child health centre, chest clinic, dental clinic and elderly health centre)	Islands
18.	Yuen Chau Kok Clinic (chest clinic)	Sha Tin

## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2011) (Cont'd)

Health Centres in Correctional Services Department		District Council District
19.	Hei Ling Chau Addiction Treatment Centre	Islands
20.	Hei Ling Chau Correctional Institution	Islands
21.	Lo Wu Correctional Institution	North
22.	Nei Kwu Correctional Institution	Islands
23.	Pik Uk Correctional Institution	Sai Kung
24.	Pik Uk Prison	Sai Kung
25.	Sha Tsui Detention Centre	Islands
26.	Shek Pik Prison	Islands
27.	Tong Fuk Correctional Institution	Islands

## Medical Institutions in New Territories West (As at 31 March 2011)

Institutions with Services Provided by Department of Health		District Council District
1.	Castle Peak Hospital (chest clinic and dental clinic)	Tuen Mun
2.	Ha Kwai Chung Polyclinic and Special Education Services Centre (child assessment centre, dental clinic and school dental clinic)	Kwai Tsing
3.	Kwai Chung Hospital (dental clinic)	Kwai Tsing
4.	Kwai Shing Elderly Health Centre	Kwai Tsing
5.	Lady Trench Polyclinic (methadone clinic and elderly health centre) / Tsuen Wan Dental Clinic	Tsuen Wan
6.	Madam Yung Fung Shee Health Centre (maternal and child health centre, dental clinic and elderly health centre)	Yuen Long
7.	Maurine Grantham Maternal and Child Health Centre	Tsuen Wan
8.	New Territories Families Clinic	Kwai Tsing
9.	North Kwai Chung Clinic (maternal and child health centre)	Kwai Tsing
10.	Princess Margaret Hospital (dental clinic)	Kwai Tsing
11.	South Kwai Chung Jockey Club Polyclinic (maternal and child health centre, chest clinic and student health service centre)	Kwai Tsing
12.	Tai Lam Dental Clinic	Tuen Mun
13.	Tin Shui Wai Health Centre (maternal and child health centre)	Yuen Long
14.	Tsing Yi Cheung Hong Clinic (maternal and child health centre)	Kwai Tsing
15.	Tsuen Wan Government Offices Dental Clinic / Tsuen Wan Health Education Centre	Tsuen Wan
16.	Tuen Mun Clinic (methadone clinic and student health service centre)	Tuen Mun
17.	Tuen Mun Eye Centre (social hygiene clinic)	Tuen Mun
18.	Tuen Mun Hospital (child assessment centre and dental clinic)	Tuen Mun
19.	Tuen Mun School Dental Clinic	Tuen Mun
20.	Tuen Mun Wu Hong Clinic (maternal and child health centre and elderly health centre)	Tuen Mun
21.	Yan Oi Polyclinic (maternal and child health centre, chest clinic, dental clinic and woman health centre)	Tuen Mun
22.	Yuen Long Jockey Club Health Centre (chest clinic, methadone clinic, dental clinic and student health service centre)	Yuen Long



## Medical Institutions in New Territories West (As at 31 March 2011) (Cont'd)

Health Centres in Correctional Services Department		District Council District
23.	Lai King Correctional Institution	Kwai Tsing
24.	Siu Lam Psychiatric Centre	Tuen Mun
25.	Tai Lam Centre for Women	Tuen Mun
26.	Tai Lam Correctional Institution	Tuen Mun

# Appendix IV

## Statement of Expenditure by Programme 2010/11

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	446.9	0.0	446.9
2. To prevent and control diseases and reduce preventable diseases and premature deaths	1,617.3	39.2	1,656.5
3. To promote health and increase health awareness in the community and among specific target groups	199.3	43.9	243.2
4. To provide specialised out-patient treatment for various illnesses	668.4	2.9	671.3
5. To provide comprehensive assessment for children with developmental problems and disabilities	78.8	0.0	78.8
6. To contribute to Government's overall strategy for the control of drug abuse	41.4	90.7	132.1
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	730.9	0.0	730.9
8. To discharge the personnel management responsibility for the civil servants working in the Hospital Authority, to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants	6.9	0.0	6.9
<b>Total</b>	<b>3,789.9</b>	<b>176.7</b>	<b>3,966.6</b>

# Appendix V

## Government Medical Subventions to Voluntary Institutions 2010/11

Government Medical Subvention	Subventions for 2010/11 (\$)
<b>Recurrent Subvention</b>	
Caritas Hong Kong	5,707,000
Family Planning Association of Hong Kong	36,142,472
Hong Kong Council on Smoking and Health	13,215,800
Hong Kong Red Cross	864,000
Hong Kong St. John Ambulance	11,616,240
Society for the Aid and Rehabilitation of Drug Abusers	77,405,220
Tung Wah Group of Hospitals – Chinese Medicine Clinics	2,896,000
Hong Kong Christian Service	6,389,000
Tung Wah Group of Hospitals – Smoking Cessation Programme	11,366,731
Pok Oi Hospital	4,750,000
<b>Total Recurrent Subventions</b>	<b>170,352,463</b>
<b>Capital Subvention</b>	
Family Planning Association of Hong Kong	3,082,274
Hong Kong St. John Ambulance	2,054,000
Society for the Aid and Rehabilitation of Drug Abusers	489,303
Caritas Hong Kong	739,386
<b>Total Capital Subventions</b>	<b>6,364,963</b>