

Department of Health



2015/2016

Annual Report



Annual Departmental Report

by

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Director of Health

I am delighted to present to you the 2015/16 Annual Report of the Department of Health (DH). Apart from reviewing the local health scenario and the health services delivered by our service units in the year, it also outlines the direction of our future work.

Since the renewal of our Vision, Mission and Core Values Statement in 2013, we have been actively pursuing the goal of building a healthy community by fostering cross-sector partnership and international collaboration with health partners.

During the year, disease prevention and control continued to be one of our major areas of work. In respect of communicable diseases, invasive pneumococcal disease was made statutorily notifiable in January 2015 and a total of 162 confirmed cases were reported in the year. In June 2015, the “Serious” Response Level under the Government’s Preparedness Plan for the Middle East Respiratory Syndrome (MERS) was activated due to the outbreak of MERS in Korea. In line with the Government’s effort, DH organised a number of infection control training programmes and sharing sessions for different settings, focusing on the prevention of MERS and the promotion of hand hygiene. To better protect the elderly from the threats of the possible arrival of the summer influenza season and prevent outbreak in residential care homes for the elderly (RCHEs), DH conducted a one-off exercise from May to August 2015, giving for free one dose of 2015 Southern Hemisphere Seasonal Influenza Vaccination to residents of RCHEs under the Residential Care Home Vaccination Programme and community elders aged 75 years old or above under the Government Vaccination Programme (GVP). In addition, the GVP was expanded on a trial basis to cover all elders aged 65 or above and persons with intellectual disabilities so as to encourage them to receive free vaccination from the public sector.

As for non-communicable diseases, the Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong was launched in February 2015. It highlights five strategic directions, nine recommendations and 16 actions to strengthen injury prevention. DH, with the support of the Hospital Authority, is devising the Colorectal Cancer Screening Pilot Programme in collaboration with the primary care profession and other healthcare providers.

With the commencement of the Pharmacy and Poisons (Amendment) Ordinance 2015, DH has enhanced the regulation of pharmaceutical products. The Pharmaceuticals Licence Application and Movement Monitoring System was launched to facilitate import/export license applications of pharmaceutical products. Another pharmaceuticals registration system was also launched to facilitate online applications for registration of pharmaceutical products, renewal of registration of pharmaceutical products and change of registrable particulars.



We will hold onto our core values and strive for excellence in public health services. On behalf of DH, I would like to take this opportunity to extend my heartfelt appreciation to our health partners, including but not limited to, other Government departments, non-governmental organisations (NGOs), professional bodies, academic institutions and the media, for their support and assistance. I would also like to express my gratitude to all my colleagues for their devotion and dedication amid challenges. I look forward to your continued support to build a healthier Hong Kong.



Dr Constance H.Y. CHAN
Director of Health



VISION, MISSION and CORE VALUES

Vision:

We build a healthy Hong Kong and aspire to be an internationally renowned public health authority.

Mission:

DH is the Government's health adviser and agency to execute health policies and statutory functions. We safeguard the health of the people of Hong Kong through promotive, preventive, curative and rehabilitative services as well as fostering community partnership and international collaboration.

Core Values:

Professionalism

Partnership

Integrity

Continuous Improvement

People-oriented

Accountability

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VISION, MISSION and CORE VALUES

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HEALTH OF THE COMMUNITY

Population Indices

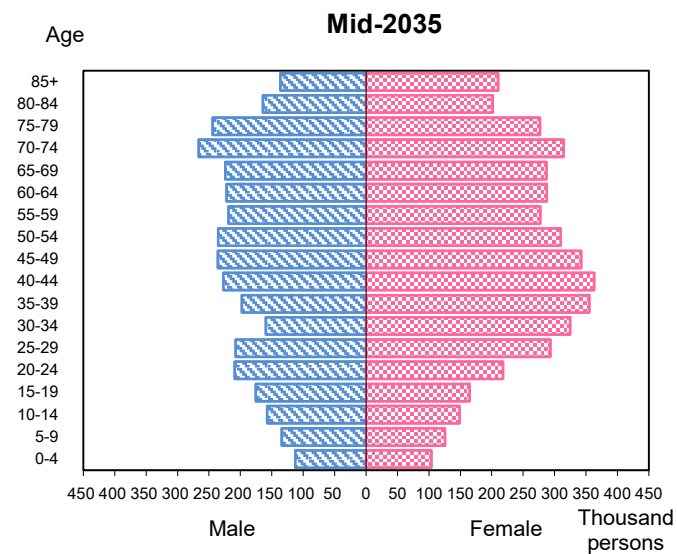
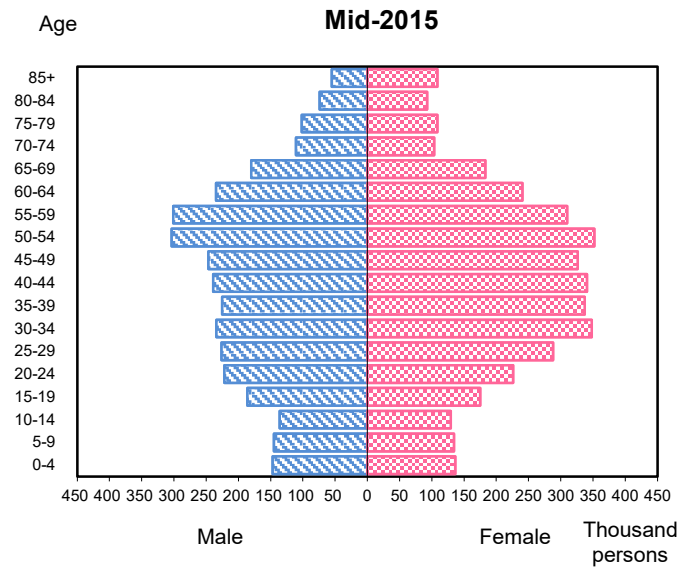
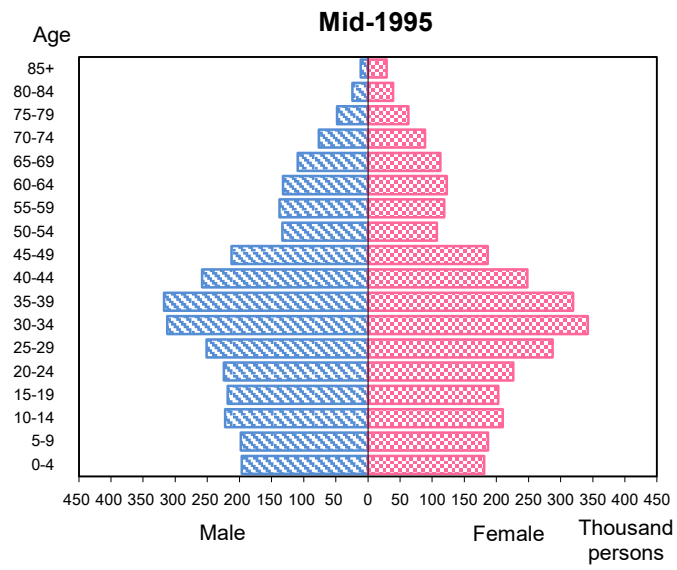
The mid-year population of Hong Kong in 2015 was 7.29 million. The annual growth rate of the population averaged 0.7% over the period 2006 – 2015.

The crude birth rate in 2015 was 8.3 per 1 000 population with 60 803 registered live births. The crude death rate was 6.4 per 1 000 population, with 46 757 registered deaths.

As a result of increasing life expectancy at birth and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2015, 15.3% of the population were aged 65 and above, the elderly dependency ratio being 208 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1995 was 9.8% and that for 2005 was 12.3%. By 2025 and 2035, the figures are estimated to be 22.5% and 28.7% respectively.



Figure 1 : Population Pyramid, 1995, 2015 and 2035



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 2015 could expect to live 81.4 years and a baby girl 87.3 years. There has been a steady rise in the life expectancy at birth 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 (number of registered deaths of infants aged below one year old per 1 000 registered live births) and the under-five mortality rate (probability of a child born in a specific year dying before reaching the age of five years per 1 000 known live births) in Hong Kong have been declining over the past two decades, and reached a level as low as 1.5 and 1.9 respectively in 2015 (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 2015, there was only one case of maternal death reported and maternal mortality ratio was 1.6 per 100 000 registered live births.

Figure 2 : Life Expectancy at Birth (Male and Female), 1996 – 2015

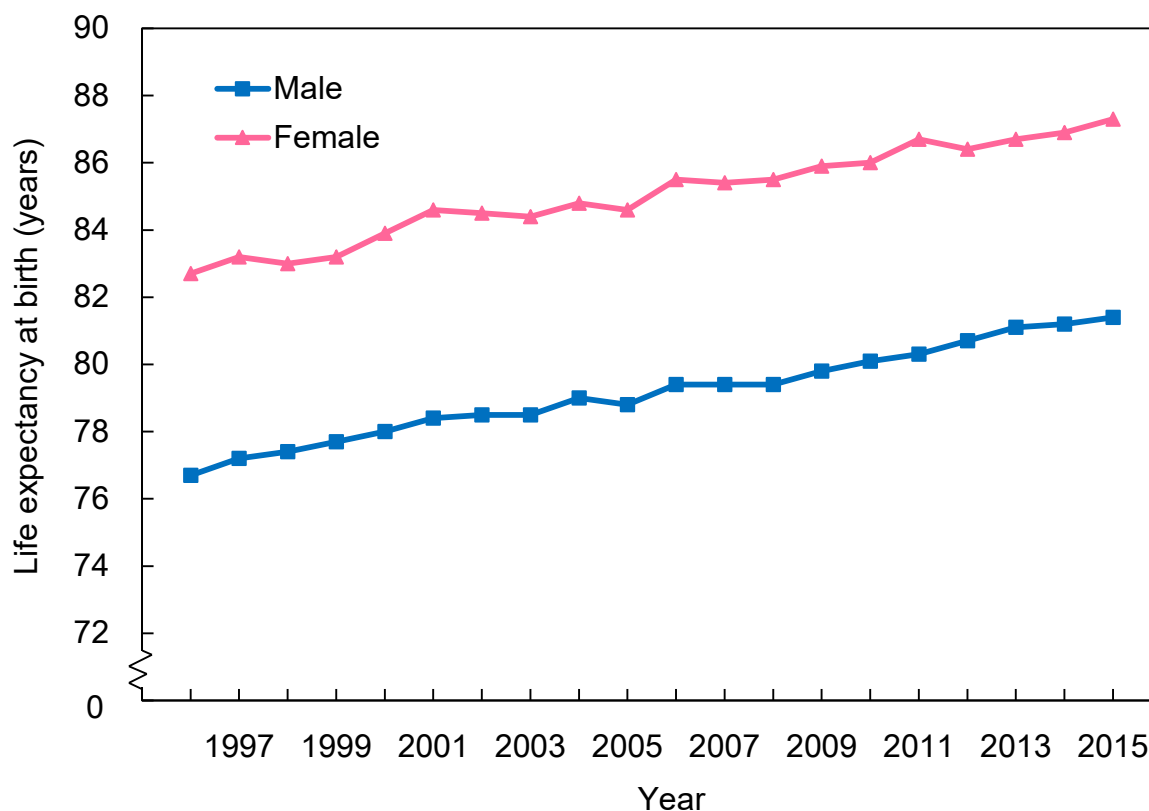




Table A : Life Expectancy at Birth in Hong Kong and Selected Countries

Country/Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	81.4 (2015)	87.3 (2015)
Japan	80.8 (2015)	87.0 (2015)
Singapore	80.5 (2015)	85.1 (2015)
UK	79.2 (2015)	82.9 (2015)
USA	76.3 (2015)	81.1 (2015)

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

Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1996 – 2015

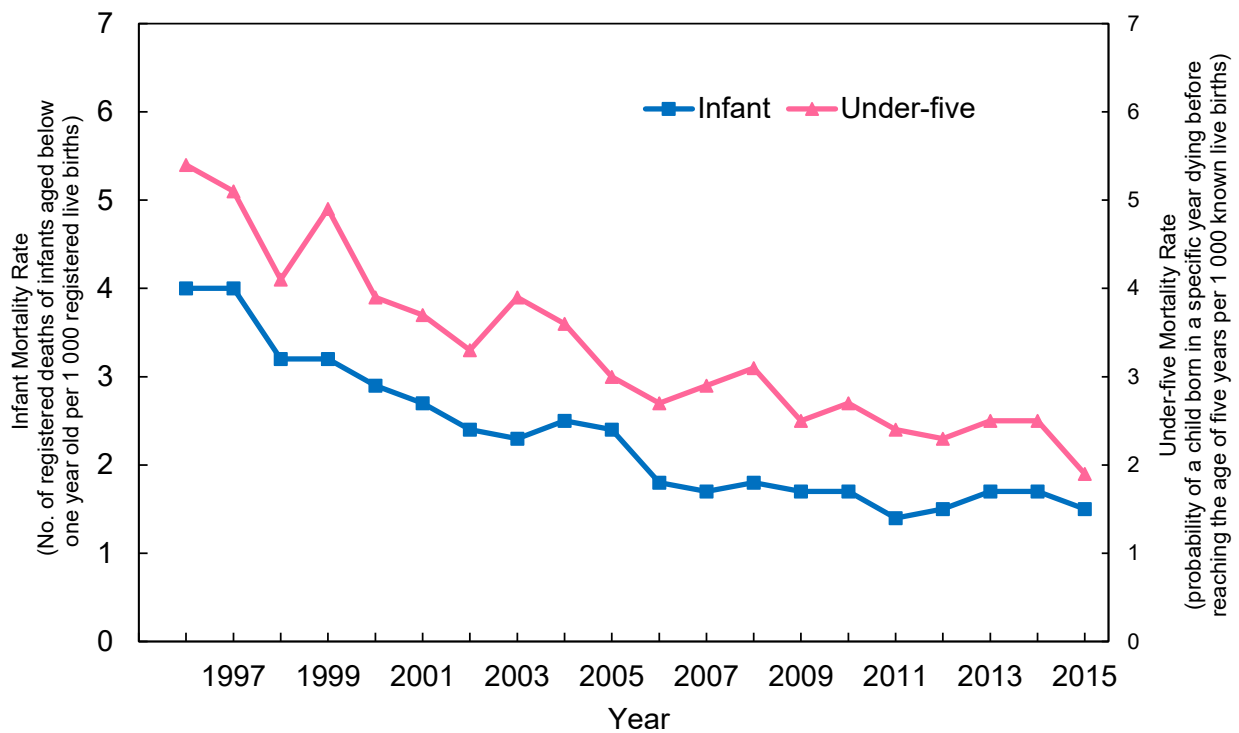




Table B : Infant Mortality Rate in Hong Kong and Selected Countries

Country/Territory	Infant Mortality Rate (No. of registered deaths of infants aged below one year old per 1 000 registered live births)
Hong Kong	1.5 (2015)
Japan	1.9 (2015)
Singapore	1.7 (2015)
UK	3.9 (2015)
USA	5.9 (2015)

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 fatal diseases and other 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 DH for coding and analysis.

Mortality Rate

The crude death rate in 2015 was 6.4 per 1 000 population with 46 757 registered deaths (Figure 4). The age-standardised death rate has been dropping steadily (Figure 5), from 4.4 per 1 000 standard population* in 1996 to 3.0 in 2015. Compared with 1996, the age-standardised death rates for males and females were reduced by 28.9% and 32.3% respectively.

*Based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.



Figure 4 : Crude Death Rate by Sex, 1996 – 2015

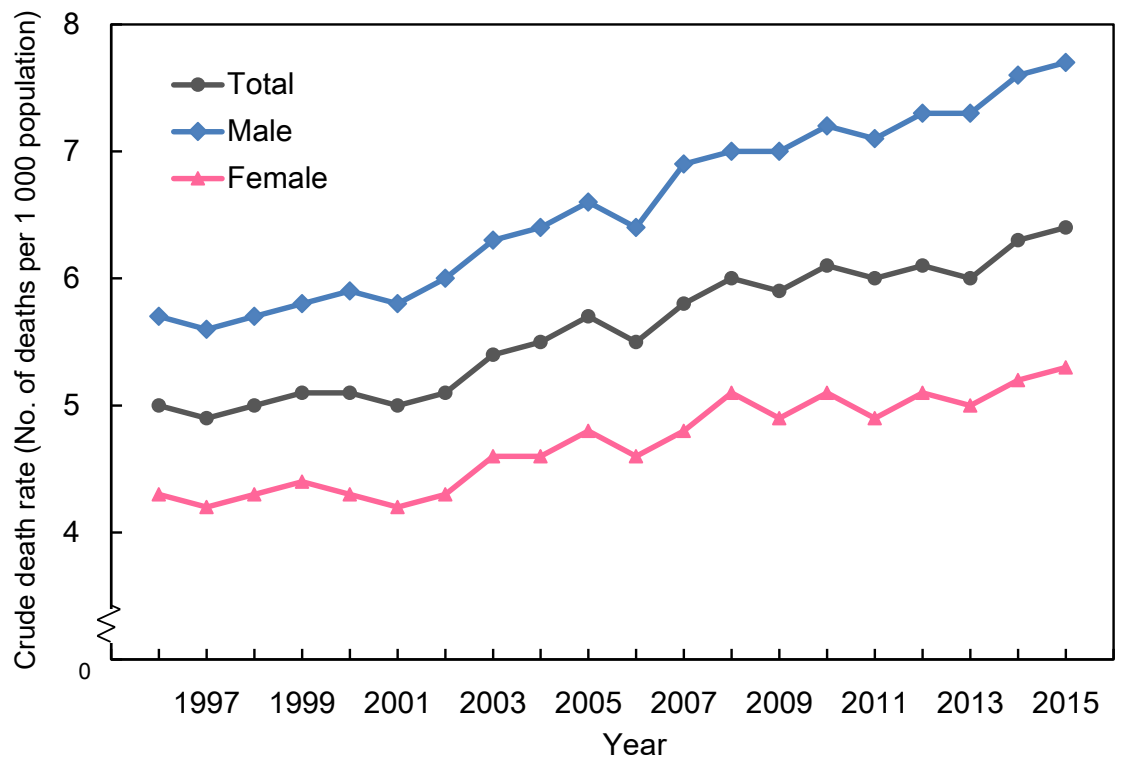
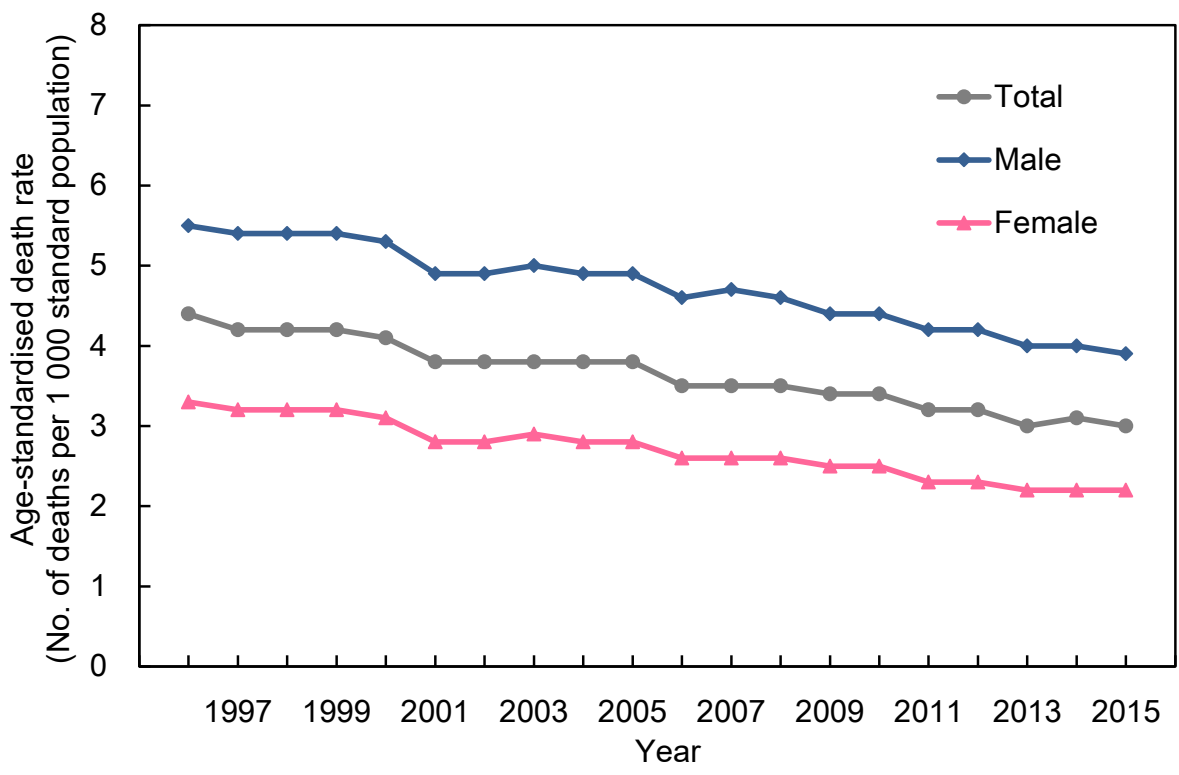


Figure 5 : Age-standardised Death Rate by Sex, 1996 – 2015



Leading Causes of Death

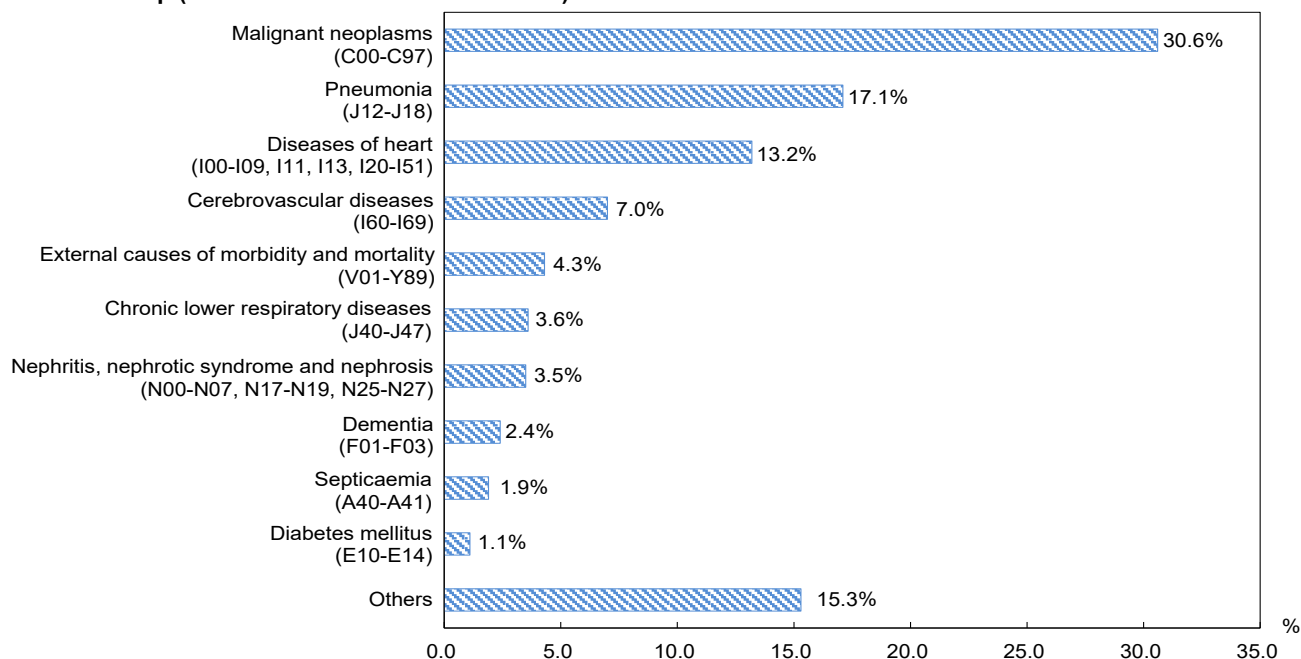
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2015 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 2015 (Figure 6) was similar to that in 2014. The top five leading causes of death in 2015 were malignant neoplasms (cancers) (30.6%), pneumonia (17.1%), diseases of heart (13.2%), cerebrovascular diseases (7.0%) and external causes of morbidity and mortality (4.3%). (Table C) shows the 10 major causes of cancer deaths in 2015.

The next five killers in descending order were chronic lower respiratory diseases; nephritis, nephrotic syndrome and nephrosis; dementia; septicaemia; and diabetes mellitus.

Figure 6 : Ten Leading Causes of Death, 2015

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



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



Table C : Ten Major Causes of Cancer Deaths, 2015

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	28.2
Colon, rectum and anus (C18 - C21)	14.5
Liver and intrahepatic bile ducts (C22)	11.0
Pancreas (C25)	4.8
Stomach (C16)	4.7
Breast (C50)	4.4
Prostate (C61)	2.8
Non-Hodgkin lymphoma (C82 - C85)	2.5
Leukaemia (C91 - C95)	2.4
Nasopharynx (C11)	2.3
Others	22.5

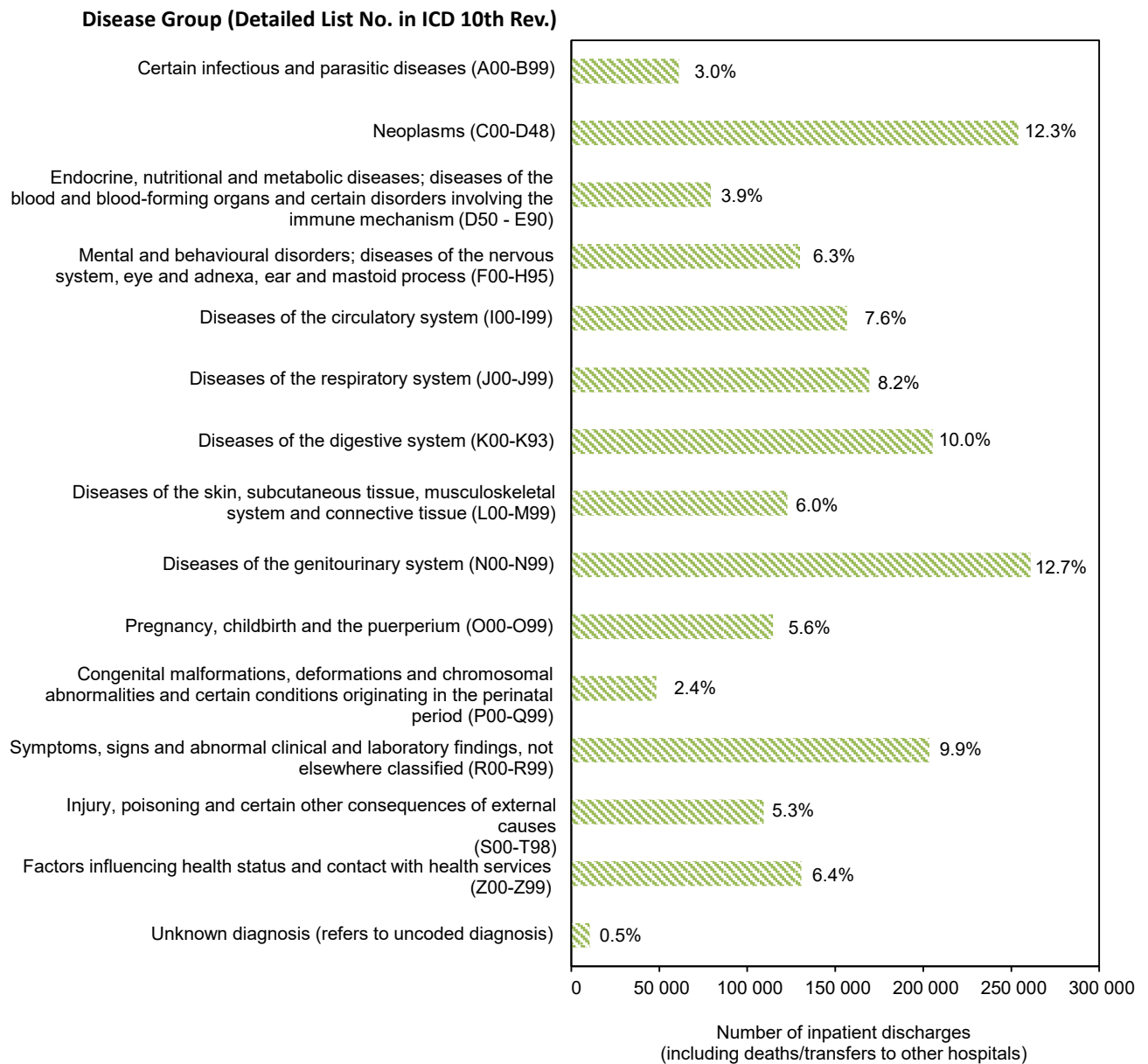
Note : The percentages may not add up to 100% due to rounding.

Hospitalisation Data

Information on hospitalisation collected from private and public hospitals is an important source of morbidity data. The total number of inpatient discharges (including deaths and transfers to other hospitals) in 2015 was 2 056 821. The leading causes of hospitalisation reported in 2015 (Figure 7) were similar to those of previous year.



Figure 7 : Leading Causes of Hospitalisation, 2015



Note : Percentage refers to percentage in respect of the total inpatient discharges. The percentages 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 49 notifiable infectious diseases in 2015 (Table D). Medical practitioners are required to notify DH of all suspected and confirmed notifiable infectious diseases. DH will conduct surveillance and initiate preventive and control measures of the infectious diseases.

Table D : List of Notifiable Infectious Diseases, 2015

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

Note : * Added to the list of notifiable infectious diseases since 9 January 2015.



In 2015, a total of 16 845 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2015 were chickenpox (8 754 cases), tuberculosis (4 498 cases) and scarlet fever (1 211 cases) constituting 85.9% of these notifications. The number of notifiable infectious diseases recorded in 2015 increased by 6.3% as compared with 15 842 cases in 2014.

Below are some selected notifiable infectious diseases of public health concern in 2015.

Avian influenza

In December 2013, Hong Kong confirmed its first human case of avian influenza A(H7N9). Up to December 2015, Hong Kong confirmed a total of 13 human cases of avian influenza A (H7N9), which were all considered to be sporadic imported cases upon investigation. The Government activated the 'Serious Response Level' under the Preparedness Plan for Influenza Pandemic from 27 December 2014 to 8 April 2015, and implemented a comprehensive range of response measures.

Chickenpox

There were 8 754 notifications of chickenpox in 2015. The number increased by 12.2% as compared with 7 800 cases in 2014. Similar to previous years, the majority (65.6%) of cases occurred among children aged under ten.

Dengue fever

There were 114 dengue fever (DF) cases reported in 2015, which was higher than the annual number of 30 to 112 cases in the past ten years (2005 – 2014). The majority of the DF cases (110 cases, 96%) were imported infections. The three most common countries patients had travelled to before onset of symptoms were Philippines (20), Thailand (19) and Indonesia (15). Three local cases and one unclassified DF cases were also recorded in 2015.

Viral hepatitis

There were 266 notifications of viral hepatitis in 2015, of which 138 were hepatitis A, 30 were hepatitis B, 14 were hepatitis C and 84 were hepatitis E. Compared with 2014, the number of notifications for hepatitis A and hepatitis C increased by 200% and 16.6%, respectively, while that of hepatitis B and hepatitis E decreased by 26.8% and 9.7% respectively.



There was an upsurge of hepatitis A in the first half of 2015. Epidemiological investigations could not identify epidemiological linkage. As the food items consumed and frequently patronized food stalls were found to be dispersed among the cases and there was insufficient evidence to attribute a single point source for the upsurge.

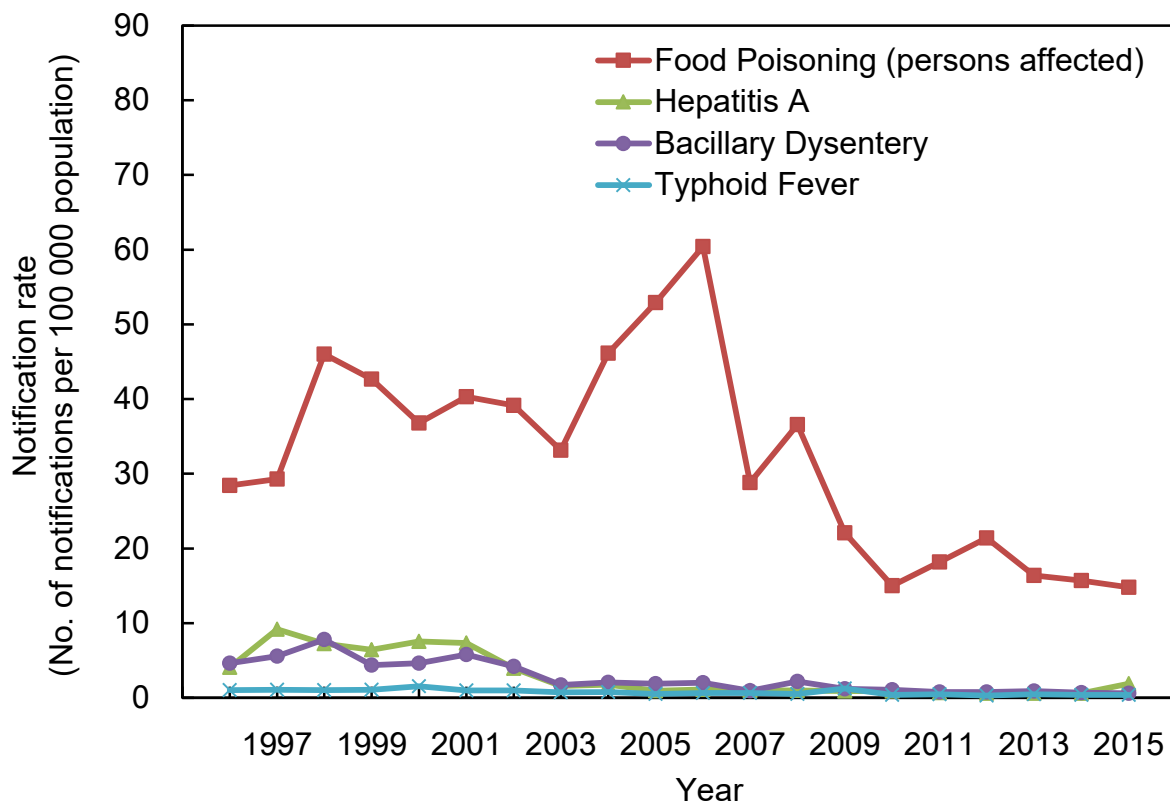
Foodborne diseases

In 2015, there were 254 notifications of food poisoning outbreak with 1 078 persons affected, 44 cases of bacillary dysentery, 31 cases of typhoid fever, 11 cases of paratyphoid fever, 22 cases of listeriosis and one case of cholera.

Among all food poisoning cases, about 35% were confirmed. Bacteria remained the major cause of confirmed food poisoning cases (accounting for 76%), followed by viruses (12%) and biochemicals (11%). Among confirmed cases of bacterial cause, the commonest causative agents were *Salmonella* (87%) and *Vibrio parahaemolyticus* (12%). Among confirmed cases of viral cause, norovirus was the sole agent that could be identified. Food poisoning caused by chemicals or biotoxins was also reported. There was one case (two persons affected) caused by ciguatera toxin. (Figure 8) shows the trends of common foodborne diseases.



Figure 8 : Notification Rates of Common Foodborne Diseases, 1996 – 2015



Invasive pneumococcal disease

Invasive pneumococcal diseases (IPD) was made notifiable in January 2015 and there were 162 confirmed cases reported to the CHP in 2015. Among these cases, 28 (17%) were children aged under 18 years old while 134 (83%) were adults. Among the adult cases, 75 (56%) were aged 65 years and above.

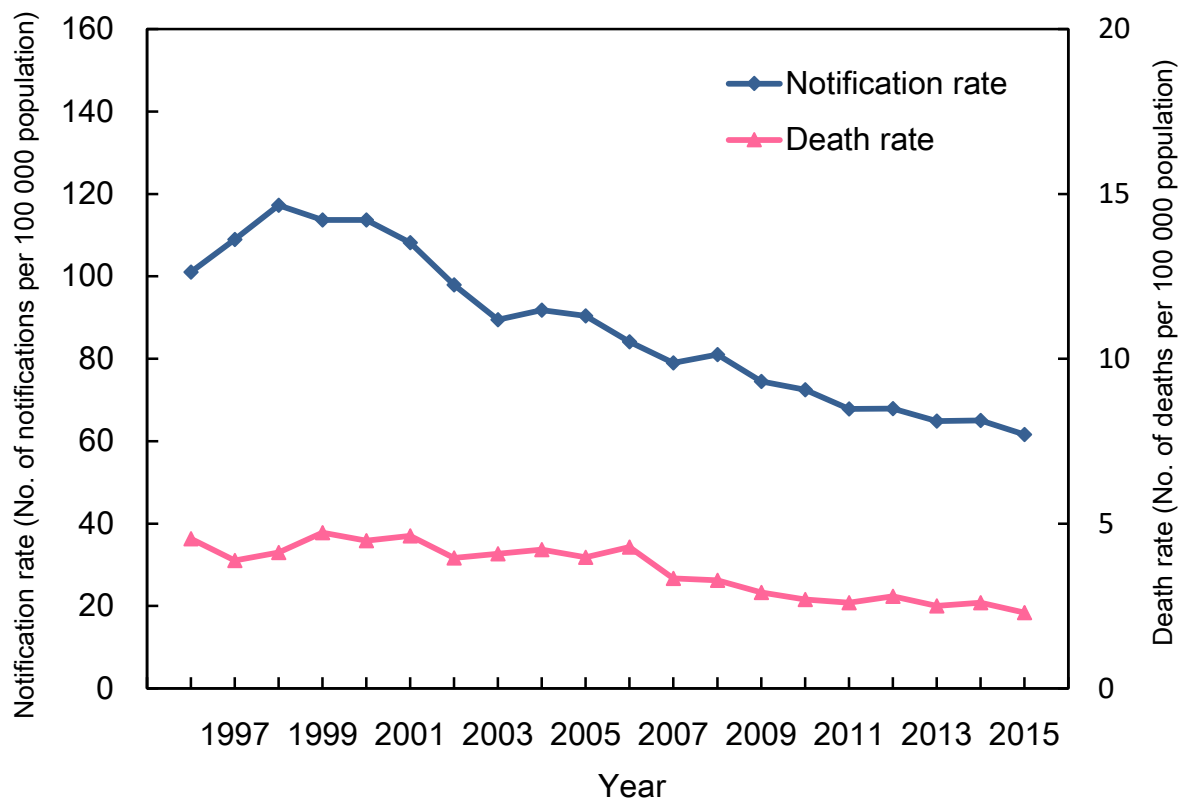
Seasonal influenza

Hong Kong generally experiences two influenza seasons – the winter season which usually occurs between January and March and another summer season which usually occurs in July and August. The 2014/15 winter influenza season in Hong Kong arrived in late December 2014. The activity of seasonal influenza had continued to increase since then and reached the peak level in early February 2015. The local influenza activity returned back to the baseline level in mid-April. The summer influenza season in 2015 lasted from mid-June to mid-August. The predominating virus in both the winter and the summer seasons was influenza A (H3N2).

Tuberculosis

In 2015, the number of tuberculosis notifications was 4 498 and the notification rate was 61.7 per 100 000 population. Compared with 2014, the number of notifications has decreased by 4.4% and the notification rate has decreased by 5.1% (Figure 9).

Figure 9 : Notification and Death Rates of Tuberculosis, 1996– 2015





Other Infectious Diseases

Surveillance systems have also been set up to monitor other infectious diseases or conditions with public health concern, 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 DH 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 anonymous reporting system, prevalence studies and behaviour surveys among selected high-risk communities. All personal information is kept confidential. At the end of 2015, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 7 718 and 1 655 respectively. Sexual transmission continued to be the most important mode of spread of the infection, which contributed to 78.5% of all reported HIV cases in 2015.

Sentinel surveillance system is in place in Hong Kong to monitor influenza-like illness (ILI), hand, foot and mouth disease (HFMD), acute conjunctivitis (ACJ) and acute diarrhoeal diseases (ADD) at different community settings. One of the system networks includes some 110 sentinel General Out-patient Clinics in the public sector and private general practitioner clinics over all districts in Hong Kong. There are also systems based at about 30 sentinel clinics of Traditional Chinese Medicine and all Accident and Emergency Departments in public hospitals under the Hospital Authority. Besides, there is sentinel surveillance based at around 60 elderly homes to monitor the trends of fever, acute diarrhea and vomiting among institutionalised elders. Another system based at around 120 kindergartens and child care centres is to detect trends of symptoms (including fever, cough, diarrhoea and vomiting), absenteeism, acute conjunctivitis and hand, foot and mouth disease.

In 2015, high level of ILI activity was observed during the winter and summer influenza seasons. The peak season of HFMD in 2015 lasted longer than usual, HFMD activity started to increase in May 2015 and further increased in December with the summer peak merged with the winter peak in 2015. The consultation rates for ADD remained stable in 2015 without any prolonged upsurge. The activity of ACJ fluctuated at the baseline in 2015 without any prolonged upsurge detected.

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 2015, there were 256 cases of confirmed occupational diseases (including monaural hearing loss), decreasing by 11 cases as compared with 267 in 2014. The most common occupational diseases were occupational deafness, silicosis, tenosynovitis of the hand or forearm, mesothelioma and tuberculosis. Relevant figures of the cases of confirmed occupational diseases are set out in (Table E).

Table E : Confirmed Cases of Occupational Diseases, 2014 and 2015

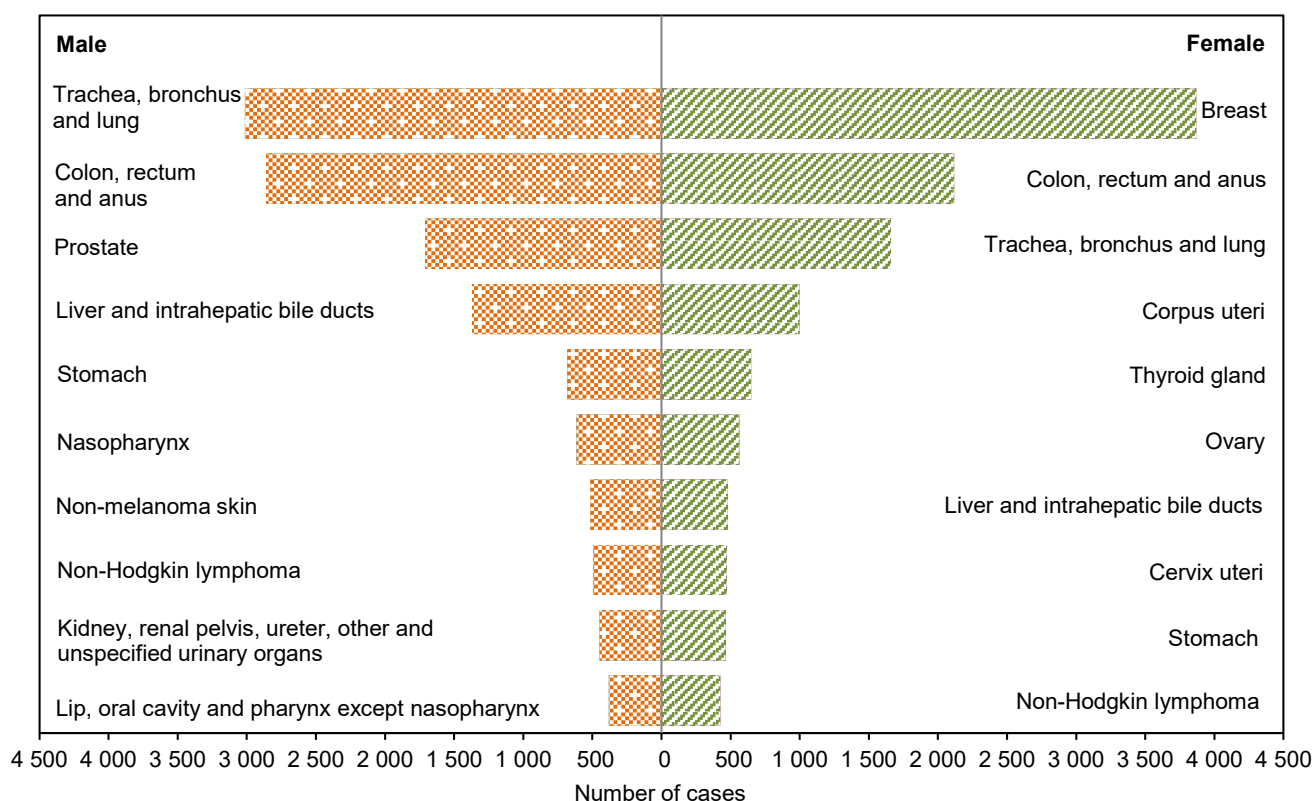
Disease	Number of Cases	
	2014	2015
Occupational deafness	102	133
Silicosis	68	56
Tenosynovitis of the hand or forearm	64	31
Mesothelioma	14	13
Tuberculosis	7	9
Gas poisoning	6	7
Occupational dermatitis	1	3
Compressed air illness	2	2
Asbestosis	2	0
<i>Streptococcus suis</i> infection	1	0
Others	0	2
Total	267	256

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 2014 are shown in (Figure 10). Lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively.

Figure 10: Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 2014



Source : Hospital Authority.



Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2015 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 more than a quarter (27.2%), nearly half (48.2%) and less than one-tenth (9.1%) of people aged 18-64 ate out for breakfast, lunch and dinner 5 times or more a week respectively. In the 30 days prior to the survey, more than one third (35.6%) and almost one-tenth (8.9%) of the respondents drank soft drinks or sugary beverages and ate desserts or snacks that were high in sugar once a day or more respectively. Moreover, most respondents washed all food thoroughly before cooking especially seafood (78.0%), kept raw and cooked food separately (70.3%), cooked/reheated food thoroughly, especially seafood (73.3%) and washed their hands before handling food (73.6%) all of the time.

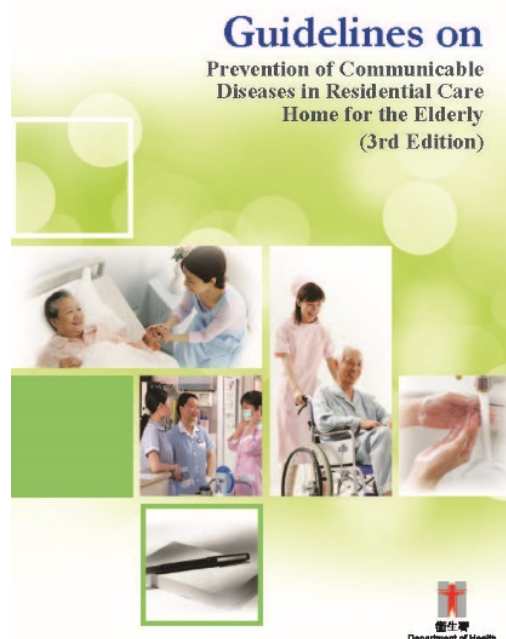
Poisoning Incidents Notification

DH received a total of 208 notifications in 2015. After investigation, 76.9% of the notifications were determined to be poisoning incidents. These incidents were mainly related to oral products containing undeclared Western medicines (29.4%), heavy metals (28.1%), Chinese medicines (14.4%) and slimming products (7.5%).

HIGHLIGHTS OF THE YEAR 2015

January

- Launched the Pharmaceuticals Licence Application and Movement Monitoring System by the Drug Office to facilitate the application for import and export licences for the purpose of re-exporting of unregistered pharmaceutical products or drugs.
- Included invasive pneumococcal disease as statutory notifiable disease under the Prevention and Control of Disease Ordinance (Cap.599).
- Continued the three-year programme named ‘Enhancement of Infection Control Management of Residential Care Homes for the Elderly (RCHEs) in Hong Kong’ starting from 2013. It aimed to assist RCHEs in implementing a structured infection control programme by giving tailor-made and evidence-based infection control advice through regular outreach visits.
- Published the ‘Guidelines on Prevention of Communicable Diseases in Residential Care Home for the Elderly (RCHEs) (3rd Edition)’.

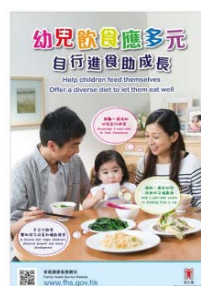


February

- Launched the Centre for Health Protection Facebook fan page and YouTube channel.



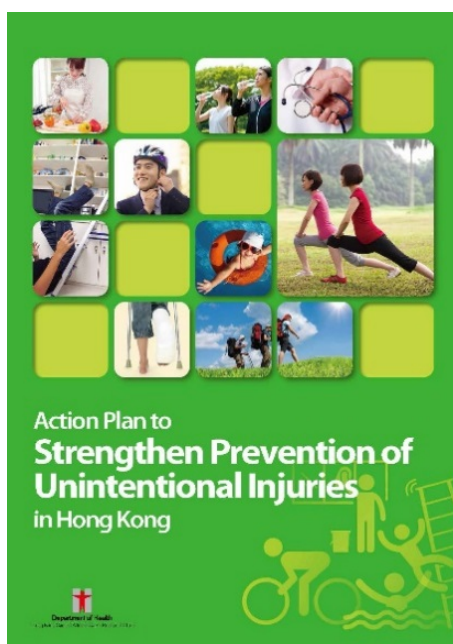
- Commenced the Pharmacy and Poisons (Amendment) Ordinance 2015 .
- Promoted healthy 'Infant and Young Child Feeding' through a series of publicity actions and health education resources targeting pregnant ladies and expectant families.



- Produced an educational video to improve the infection control knowledge and practice of the staff in Residential Care Homes for the Elderly.



- Launched the 'Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong' prepared by the Working Group on Injuries on 9 February. The Action Plan outlined five strategic directions, nine recommendations and 16 actions to strengthen injury prevention. These 16 actions would be implemented in partnership with various stakeholders over the next few years.



March

- Conducted a 'World Oral Health Carnival' to promote oral health awareness in our community together with other countries and regions around the world to resonate the appeal of the FDI World Dental Federation.



- Extended the application of radio frequency identification technology to all public mortuaries to strengthen verification of body identity before autopsy and release as well as monitoring of proper mortuary operation.
- Conducted 'Infection Prevention and Control and Disinfection Process' for newly recruited Health Inspectors and other staff of the Food and Environmental Hygiene Department in March and May.
- Conducted 'Health Talk for School – Updated Knowledge and Infection Control Measures against Communicable Diseases' for the Education Bureau.

- Visited by Professor Dame Sally DAVIES, Chief Medical Officer of the United Kingdom.



- 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'.
- Held training courses on smoking cessation for healthcare staff to equip them with better skills to help smokers quit smoking in March and August.
- Organised Physician workshops which aimed to build capacity among physicians providing smoking cessation service in March and December.

April

- Launched 'EatSmart Restaurant' mobile app and Joyful Fruit Month to promote fruit eating in general public.



- Held Recognition Ceremony for the 'I'm So Smart' Community Health Promotion Programme 2014/15 to acknowledge the contributions of stakeholders to the Programme, which aimed to enhance community partnership on health promotion with core themes on healthy diet and regular physical activity.



- Conducted 'Workshop for Trainers on Personal Protective Equipment for Communicable Disease Operations' for Civil Aid Service.
- Conducted 'Infection Prevention and Control Training' for General Practitioners and Chinese Medicine Practitioners.
- Held a joint press conference with the academia, medical professionals and NGOs to launch a series of publicity campaign to raise public awareness on prevention of cancers. A group of seven mascots named the 'Healthy League' had been created to provide a positive and lively way to deliver health messages on cancer prevention and appeals to the younger generation via various channels.
- Organised a 2-day workshop on AIDS Epidemic Model with Dr. Tim BROWN, Senior Fellow of East-West Center in the University of Hawaii, Honolulu, USA as speaker.

May

- In response to the outbreak of Middle East Respiratory Syndrome in Korea and a confirmed case in the Mainland from Korea, the public were reminded to stay alert and maintain good personal, food and environmental hygiene during travel. Major religious groups in Hong Kong were reminded to stay vigilant regarding Ramadan tour from June to July.
- Organised the Health Promotion Sharing Forum with the topic of 'Prevention of Cancer'.
- Launched a series of year-round roving exhibitions to enhance public's knowledge on use of Chinese medicines.
- Launched the 'Caring Oral Health Months' to encourage adults to take care of their parents' oral health.



- Developed and promulgated a 'Guide to Establishing Breastfeeding Friendly Premises' to promote supporting breastfeeding in public places.



Guide to Establishing
Breastfeeding Friendly Premises



- Produced publicity materials to promote hand hygiene to support the World Health Organization (WHO)'s global initiative – SAVE LIVES: Clean Your Hands.



- Conducted a two-day 'Dengue Fever Symposium' to share experience in various aspects in management of dengue fever by local and experts from Singapore, Thailand and the mainland China.



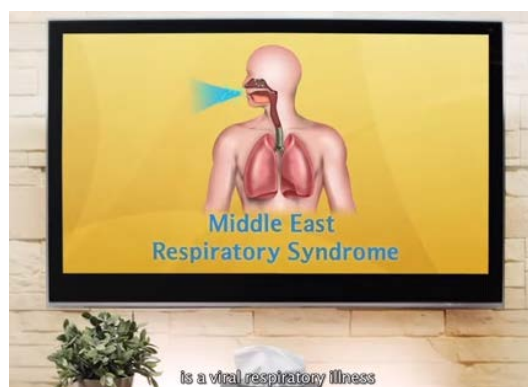
- Launched the 2015 Southern Hemisphere Seasonal Influenza Vaccination (SH SIV) Programme. The government provided one dose of free vaccination of SH SIV to all residents of Residential Care Homes for the Elderly and community living elderly persons aged 75 and above.
- Launched an announcement in the public interests (API) to call upon at-risk populations to practise safer sex and receive HIV tests.

June

- The Advisory Group on Mental Health Promotion, formed under the Review Committee on Mental Health, held its first meeting to provide steer on the three-year territory-wide mental health promotion programme.



- Serious Response Level under the Government's Preparedness Plan for the Middle East Respiratory Syndrome (MERS) was activated on 8 June due to the outbreak of MERS in Korea. Publicity and health education were enhanced. The new radio and TV APIs on prevention of MERS were launched.



- Organised the 'Healthy Eating Forum cum EatSmart School Accreditation Ceremony 2015' with the Education Bureau to promote healthy eating in schools.



- Published the 'Hong Kong Chinese Materia Medica Standards Volume VII' and disseminated via the Chinese Medicine Division website.

- Conducted a public health emergency exercise codenamed 'PERIDOT' to test multi-agency actions in response to large scale outbreaks of plague in Hong Kong.



- Conducted a Sharing session on Middle East Respiratory Syndrome and invited Prof Malik PEIRIS and Prof David SC HUI, delegates from Hong Kong in the WHO mission to Korea, to share their observations and valuable perspectives.
- Conducted 'Middle East Respiratory Syndrome Infection Prevention and Control Training' for the Auxiliary Medical Service.
- The Commission on Ending Childhood Obesity of the WHO conducted the third meeting in Hong Kong Special Administrative Region.
- Conducted a commissioned training programme on 'Application of Critical Mindset in Validating Laboratory Test Results'.

July

- Conducted health talk to disseminate health advice on prevention of Middle East Respiratory Syndrome to four groups going to Ramadan.



- Collaborated with the Hospital Authority, the Hong Kong Medical Association and the Hong Kong Psychological Society to conduct health talks to the residents of public housing estates that were affected by the incident of lead in drinking water.
- Launched an 'Employer's Guide to Establishing Breastfeeding Friendly Workplace' and a 'Employee's Guide to Combining Breastfeeding with Work' to promulgate breastfeeding friendly workplace policy to private companies and NGOs. Two briefing sessions were organised in collaboration with UNICEF Hong Kong.



- Provided support and hand hygiene training to students of the Division of Nursing and Health Studies of the Open University of Hong Kong on 8 July.

- Commenced regular visits to residential care homes for the elderly which are taking care of residents with multi-drug resistant organisms to monitor their compliance of infection control practice.
- Rolled out the new Laboratory Information System for Microbiology Division and Neonatal Screening Division.
- Visited by representatives from the WHO Country Office in Vietnam.



August

- Launched a TV API on prevention of dengue fever (subsequent infections) to urge the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel.

- Launched a series of publicity actions to promulgate 'Breastfeeding friendly workplace policy' and 'Breastfeeding friendly public places' to echo the theme of World Breastfeeding Week.



- Conducted 'Basic Infection Prevention and Control Training with Environmental Disinfection Talk' for the Hong Kong Cleaning Association.

September

- Conducted health talk to disseminate health advice on prevention of Middle East Respiratory Syndrome to tour groups going on Hajj Pilgrimage.



- A prize presentation ceremony was held on 12 September for the 'Healthy League' Family Colouring Contest which target children of primary school age and their parents to promote the awareness of adopting healthy lifestyle to prevent cancer.
- Published a diabetes-friendly recipe book containing 39 healthy recipes created by dietitians for diabetic patients.



- Launched a round-the-clock Automated Telephone Booking System (ATBS) in Families Clinics. Civil service eligible persons could make appointments through the ATBS, in addition to calling at individual Families Clinics direct.
- Held a Train-the-Trainer Course on Tobacco Dependence Treatment, equipping participants to promulgate the knowledge and technique in tobacco dependence treatment.

October

- Launched the pilot study of newborn screening for inborn errors of metabolism.

- Launched the Childhood Influenza Vaccination Subsidy Scheme and Elderly Vaccination Subsidy Scheme 2015/16.



- Held the Ninth Meeting of the International Advisory Board on Hong Kong Chinese Materia Medica Standards to finalise the setting of reference standards for 41 Chinese Materia Medica commonly used in Hong Kong.



- Launched the Pharmaceuticals Registration System (PRS 2.0) to facilitate online application for registration of pharmaceutical products and application for renewal and change of registrable particulars of registered pharmaceutical products.
- Organised a seminar in collaboration with the New Territories West Elder Academies Cluster to raise public awareness of dementia.
- Organised three seminars for the Hong Kong Police Force on the topic of dementia to raise frontline officers' awareness of the disease and equip them with the necessary communication skills for handling clients with dementia.

- Organised two workshops for foreign domestic helpers who are taking care of elderly. Topics include fall prevention, lifting and transfer skills, dementia and nutrition.
- Conducted a public health emergency exercise codenamed 'SAPPHIRE' – table-top phase to test the preparedness of the Government for a possible outbreak of norovirus gastroenteritis on-board cross-boundary cruise ship.



- Launched the Pilot Scheme at the University of Hong Kong – Shenzhen Hospital. Eligible Hong Kong elders could use healthcare vouchers to pay for the fees of outpatient services provided by designated clinics or departments of the University of Hong Kong – Shenzhen Hospital.

- Co-organised with the Hong Kong Paediatric Society to conduct public seminars on common childhood health problems to empower parents and problem solving skills related to common diseases in children.



- Launched the Persons with Intellectual Disability Vaccination Subsidy Scheme 2015/16 to encourage eligible persons with intellectual disability to receive seasonal influenza vaccination.



- Launched the Government Vaccination Programme 2015/16 to provide free influenza vaccinations to eligible groups in public hospitals and clinics as well as in residential care homes for the elderly and disabled. Free pneumococcal vaccine was also provided for eligible elders / persons if they had not received the vaccination previously.

政府防疫注射計劃
Government Vaccination Programme

預防季節性流感 立即接種流感疫苗
Prevent seasonal influenza Get influenza vaccination now

合資格人士: Eligible persons

長者 Elderly persons

- 65歲或以上人士
Persons aged 65 years* or above

領取綜援或持有有效醫療費用減免證明書的香港居民
Comprehensive Social Security Assistance recipients or Hong Kong residents holding a valid Certificate for Waiver of Medical Charges

- 50歲至不滿65歲人士
Persons aged between 50 and less than 65 years*
- 65歲以下患有長期醫療問題 而在公眾診所求診的人士
Persons aged below 65* with chronic medical problems attending public clinics
- 年齡介乎6個月至6歲滿的兒童
Children aged between 6 months and less than 6 years
- 孕婦
Pregnant women

有長期健康問題*人士: Persons with chronic medical problems*

- 有長期醫療問題 或接受長期藥物治療人士
Persons with chronic medical problems* or on long-term aspirin
- 醫院管理局轄下醫院住院病人
In-patients under Hospital Authority (HA)
- 智障人士
Persons with intellectual disability

其他人士: Other persons

- 在衛生署、醫院管理局、安老院舍或殘疾人士院舍工作的護理人員
Health care workers working in Department of Health, HA or residential care homes for the elderly or the persons with disabilities
- 安老院舍或殘疾人士院舍的膳食服務人員
Poultry workers or workers who may be involved in poultry-culling operations
- 從事養豬或屠豬業的人士
Pig farmers or pig-slaughtering industry personnel
- 居住在安老院舍或殘疾人士院舍的居民
Residents of residential care homes for the elderly or the persons with disabilities

此外，65歲或以上，如符合資格，可免費接種肺炎球菌疫苗*。
Moreover, eligible persons aged 65 years* or above can receive the free pneumococcal vaccination*.

*以農曆年節計算，以代替出生日期
* Eligibility counted by year instead of date of birth

請參閱衛生防護中心網頁: www.chp.gov.hk
Please refer to Centre for Health Protection website: www.chp.gov.hk

查詢 Enquiry
衛生署 Department of Health 2125 2125
醫院管理局 Hospital Authority 2300 6555
www.chp.gov.hk

- Launched the Residential Care Home Vaccination Programme 2015/16.

院舍防疫注射計劃
Residential Care Home Vaccination Programme 2015/16

季節性流感疫苗 Seasonal Influenza Vaccine
肺炎球菌疫苗 Pneumococcal Vaccine

殘疾人士院舍
安老院舍

於2015年10月15日展開
Commence in 15 October 2015

查詢熱線 Enquiry Hotline 2125 2125

計劃對象:
- 安老或殘疾人士院舍的院友、宿生和員工
Targets:
- Residents, boarders, and workers in residential care homes for the elderly / persons with disabilities

衛生署 Department of Health
衛生防護中心 Centre for Health Protection

November

- Rolled out Phase One of the Communicable Disease Information System to further improve the surveillance and control of communicable diseases in Hong Kong.
- Organised talks to celebrate the seventh anniversary of the launch of the Centralised Organ Donation Register to further promote registration for organ donation among the public through joint efforts with primary care doctors.



- Organised the Health Promotion Sharing Forum on 'Promotion of breastfeeding in workplace and public places'.



- Conducted a public health emergency exercise codenamed 'SAPPHIRE' – ground movement phase to test the preparedness of the Government for a possible outbreak of norovirus gastroenteritis on-board cross-boundary cruise ship.



- Published 'Ten Years Prepared and Committed – Public Health Emergency Exercises' DVD to introduce the public health emergency exercises conducted by Centre for Health Protection (CHP) as well as the core duties of CHP branches.



- Launched the new API on supporting sustained breastfeeding ‘Let’s give our children the best. Support sustained breastfeeding’.



- Conducted Clinical Infection and Public Health Forum: ‘Sharing by Dr Daniel R LUCEY: Face to face with Ebola – What I have learned while working in West Africa 2014/15’.



- Produced a new website 'I Pledge' to allow health professionals in Hong Kong to take the pledge to support safe use of antibiotics in combatting multi-drug resistant organisms aiming to echo the WHO's first World Antibiotic Awareness Week: Handle with Care.



- Launched 'Use of Antibiotic Wisely. Prevent Antimicrobial Resistance' video competition to raise public's awareness on using antibiotic wisely so as to prevent antimicrobial resistance.
- Celebrated the '20th Anniversary Ceremony of the Student Health Service of DH cum Seminar' to promote mental health of children and adolescents through parenting.



- Conducted an eight-week community stakeholders' consultation for the development of the Recommended HIV / AIDS Strategies for Hong Kong (2017 – 2021). A total of eight consultation meetings were conducted and online opinions were collected.

- Organised the third Fellowship Programme on Tobacco Control.



December

- Held the 'Health@work.hk Project Recognition Ceremony' to give recognition to participating organisations for their efforts made in promoting a healthy workforce.
- Co-organised with the Hong Kong Anti-Cancer Society, the Symposium on Cancer Control in the Western Pacific cum Launching of the Cancer Atlas 2nd Edition (Chinese Version) provided a platform for exchange of experience in cancer control among countries and areas in the Western Pacific.
- The Chinese Medicine Division of DH was redesignated as a WHO Collaborating Centre for Traditional Medicine for a period of four years.

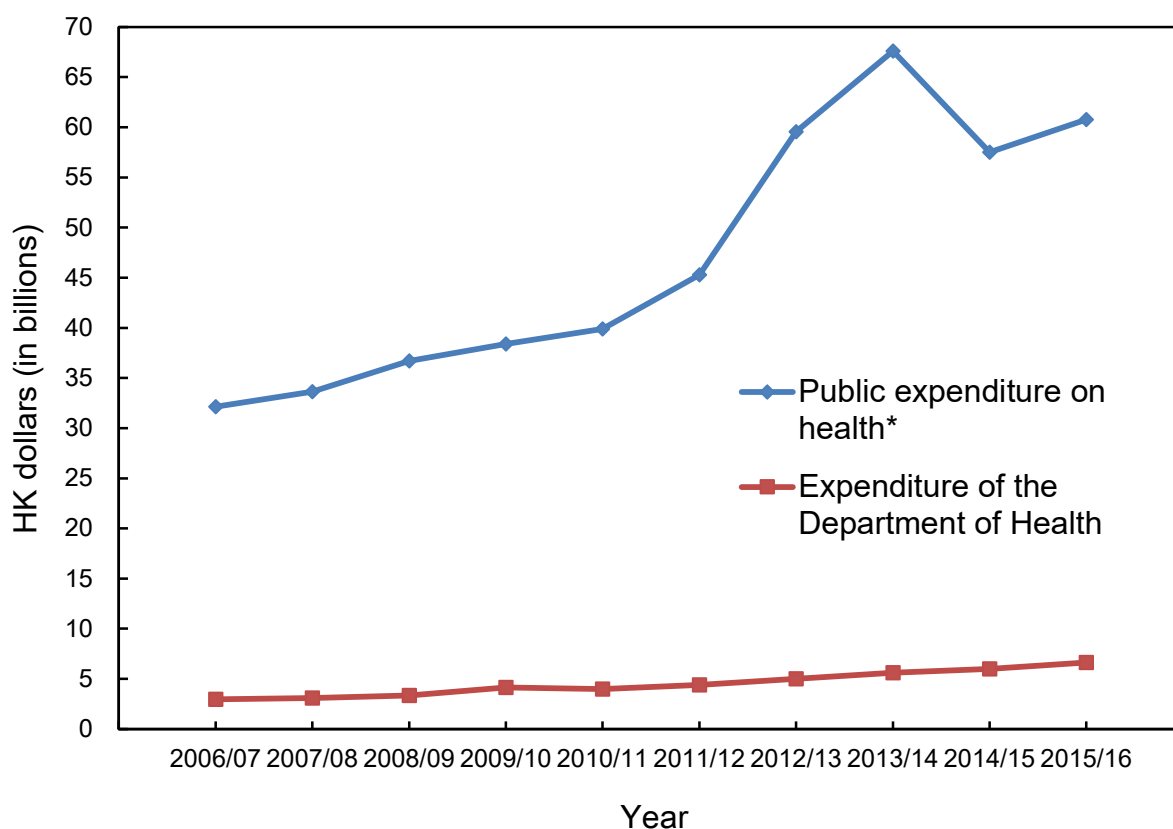
EXPENDITURE AND MANPOWER

Expenditure

The expenditure of DH for 2015/16 was \$6.6 billion which represented 10.9% of the total public expenditure on health for the year. There was an increase of 10.7% over that for 2014/15 (Figure 11).

Total public expenditure on health, which included expenditure of DH and the Hospital Authority, increased by 5.7% in the same period.

Figure 11: Total Public Expenditure on Health and Expenditure of the Department of Health, 2006/07 – 2015/16



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 2016, DH had a total strength of 6 004 (Table F) which corresponded to an increase of 2.9% over that in 2015.

Table F : Strength of the Department of Health as at 31 March 2016

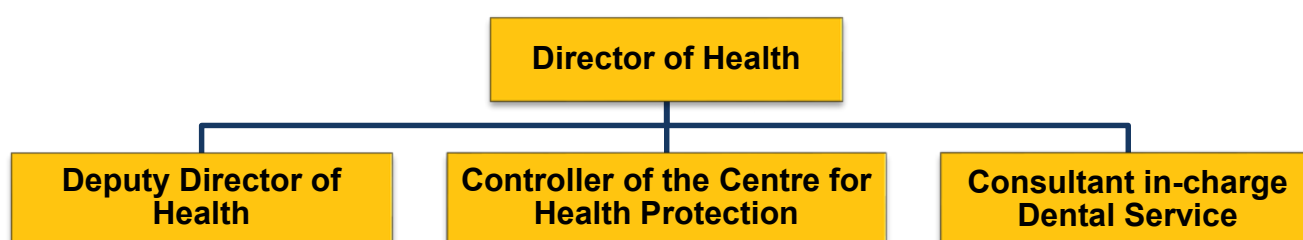
	Number	Percentage
Departmental Staff		
Medical and Health Officer Grade	466	7.8
Nursing and Allied Grades	1 402	23.3
Dental Officer Grade	312	5.2
Para-Dental Grades	675	11.2
Supplementary Medical Grades	713	11.9
Other Departmental Grades	799	13.3
Non-departmental Grades Staff	1 637	27.3
Total *	6 004	100.0

Note : *In addition, there were 518 full-time contract staff as of 31 March 2016.

HEALTH SERVICES REVIEW

Healthcare services and public health functions of DH are organised under the supervision of Deputy Director of Health, Controller of the Centre for Health Protection, and Consultant in-charge of Dental Service.


The organisation structure



REGULATORY AFFAIRS AND HEALTH SERVICES

The Deputy Director of Health oversees the following divisions, offices and health services:

- Chinese Medicine Division
- Drug Office
- 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 Office for Registration of Healthcare Institutions
- Primary Care Office
- Special Health Services which include Medical Device Control Office, Narcotics and Drug Administration Unit, Port Health Office, Radiation Health Unit and Tobacco Control Office

- 
- Specialised Services which include Child Assessment Service, Clinical Genetic Service, Forensic Pathology Service, Professional Development and Quality Assurance and Student Health Service

Chinese Medicine Division

The Chinese Medicine Division (CMD) 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. CMD provides professional and administrative support to the Council in devising and implementing regulatory measures for Chinese medicine.

CMD also serves public health functions which include providing professional input to investigation and response management of adverse events related to the 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 2015, there were 7 126 registered Chinese medicine practitioners (including 55 registered Chinese medicine practitioners with limited registration) and 2 661 listed Chinese medicine practitioners in Hong Kong.

Any non-listed Chinese medicine practitioner persons 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 fulfil the continuing education in Chinese medicine requirements set by the Chinese Medicine Practitioners Board of Chinese



Medicine Council of Hong Kong before they can renew their practising certificates.

According to the Chinese Medicine Ordinance, 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 (pCm) 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. The Chinese Medicine Council of Hong Kong implemented the licensing system for Chinese medicines traders on 5 May 2003. As at 31 December 2015, there were a total of 7 006 Chinese medicines traders licences, including 14 manufacturers of proprietary Chinese medicines who also held the Certificate for Manufacturer (GMP Certificate). Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 18 070 applications for proprietary Chinese medicines registration were received as at end of 2015.

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 was commenced on 3 December 2010 while stipulated requirement on label and package insert of proprietary Chinese medicines in the Chinese Medicine Ordinance was commenced on 1 December 2011.

The Hong Kong Chinese Materia Medica Standards (HKCMMS) Office was set up under CMD in 2001 to coordinate and manage a research project on the development of quality standards to ensure the safe use of commonly used Chinese herbs in Hong Kong. The research and laboratory work was undertaken by eight research institutions, namely, the University of Hong Kong, the Chinese University of Hong Kong, the City University of Hong Kong, the Hong Kong University of Science and Technology, the Hong Kong Baptist University, the Hong Kong Polytechnic University, the National Institutes for Food and Drug Control of the People's Republic of China and the China Medical University of Taiwan. The research results of Phase I to VII involving 236 herbs were published respectively in HKCMMS Volume I, II, III, IV, V, VI, VII in 2005, 2008, 2011, 2012, 2013 and 2015 respectively. The publication of Volume VIII was underway.



The Chief Executive highlighted in his 2009/10 Policy Address that in order to facilitate the development of Chinese medicine, the coverage of HKCMMS Project would be expanded from 60 Chinese Materia Medica (CMM) to about 200 by 2012. DH had already completed the research work of setting standards for around 200 herbs as at the end of 2012. The 2011/12 Policy Address of the Chief Executive had reaffirmed the Government's commitment to the establishment of standards for CMM. The Government has accepted Chinese Medicine Development Committee's recommendation to continue the implementation as well as expanding the scope of the HKCMMS project. The Government targets at completing and publishing reference standards of about 28 to 30 CMMs per year. DH will also initiate a pilot study on reference standards of decoction pieces in 2016.

The Chief Executive announced in the 2015 Policy Address that the Government would plan and develop a testing centre for Chinese medicines to be managed by DH. The testing centre will specialise in the testing of, and scientific research on, Chinese medicines with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines. Before the establishment of a permanent testing centre for Chinese medicines, CMD plans to set up a temporary testing centre for Chinese medicines which is expected to operate in phases from 2017.

The WHO designated CMD of DH as the Collaborating Centre for Traditional Medicine in April 2012. It was the first of its kind in the world as the Centre will focus on assisting the WHO to formulate policies and strategies as well as setting regulatory standards for traditional medicine.

Drug Office

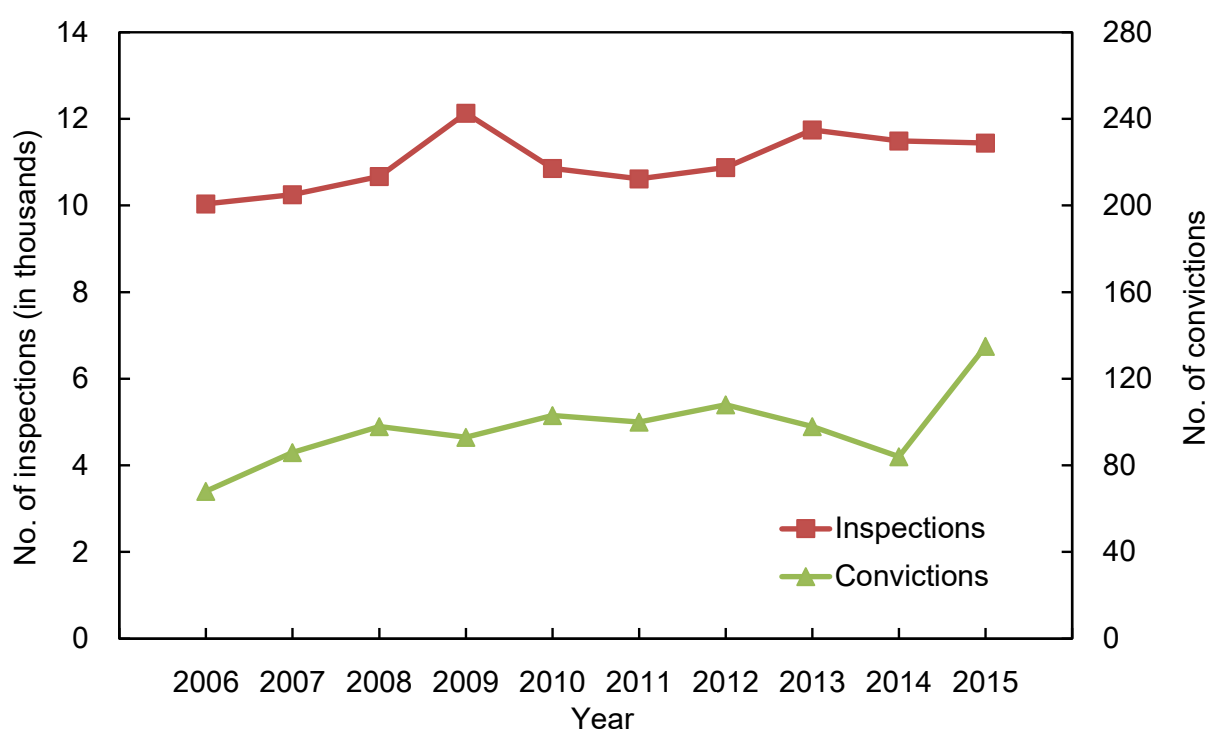
The Drug Office (DO) is responsible for formulating plans on drug regulation and directing the implementation of various measures to enhance the regulation of pharmaceutical products in Hong Kong relating to drug safety, efficacy and quality for the protection of public health. DO also provides professional support to and carries out the decisions of the Pharmacy and Poisons Board and its Committees established under the Pharmacy and Poisons Ordinance (Cap. 138) on licensing and regulatory control as well as registration of pharmaceutical products. It comprises the following four Divisions.

The Traders Licensing and Compliance Division is responsible for the enforcement of the



provisions of the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance (Cap. 137), and the Dangerous Drugs Ordinance (Cap. 134) through inspection and licensing of drug manufacturers, importers, wholesalers and retailers; investigation based on intelligences and by way of test purchases; sampling of products for analysis; and initiation of prosecutions against offenders. It is also responsible for the upgrade of Hong Kong's current Good Manufacturing Practice (GMP) licensing standards to the Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/s) GMP standards. In 2015, the number of inspections and convictions by the Traders Licensing and Compliance Division were 11 442 and 131 respectively (Figure 12).

Figure 12: Number of Inspections by Traders Licensing and Compliance Division of the Drug Office* and Number of Convictions, 2006 – 2015



Note : * Called the Pharmaceutical Service before 1 September 2011.



The Pharmacovigilance and Risk Management Division is responsible for conducting market surveillance programme; performing assessments as regards to adverse drug reaction reports; communicating drug safety information; devising risk management plan; and enforcing the Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231). The Ordinance aims to protect the public from being induced by advertisements to seek improper self-medication or treatment, instead of consulting relevant healthcare professionals. In 2015, four cases related to the UMAO were successfully convicted.

To ensure that the medicines available locally are safe, effective and of good quality, the Drug Registration and Import / Export Control Division is responsible for the processing of drug registration and related applications; applications for clinical trials; import and export control of drugs; and the development and maintenance of a drug information management system. Pharmaceutical products must be registered before they can be sold or distributed for local consumption.

The Clinic Service and Business Division is responsible for drug procurement, stockpiling and dispensing. In January 2015, the Pharmaceutical Manufactory under DO ceased operation. The reformed Drug Procurement Unit under the Division works with the Government Logistics Department in the evaluation and selection of medicines and other pharmaceutical items for use in DH. Another important function of the Drug Procurement Unit 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. The Clinic Service Unit provides dispensing service to clinics and various units under DH.



Family and Elderly Health Services

Elderly Health Service

The Elderly Health Service (EHS), comprising 18 Elderly Health Centres and 18 Visiting Health Teams, was established in 1998 to enhance primary healthcare for elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimize illness and disability.

Elderly Health Centres adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to elderly aged 65 and over on a membership basis. In 2015, an additional clinical team was set up in the Lek Yuen Elderly Health Centre. Overall, the 18 Elderly Health Centres recorded around 42 400 enrolments and 170 000 attendances for health assessment and medical consultation in 2015.

Visiting Health Teams reach out into the community and residential care settings to provide health promotion activities 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. Visiting Health Teams conduct annual integrated assessments in all residential care homes for the elderly to assess their facilities and practices on infection control, fall prevention among elderly residents, drug management as well as other staff training needs. In 2015, the Visiting Health Teams made around 307 000 client-contacts.

The Public Health and Administration Section supports the operation of the Elderly Health Centres and Visiting Health Teams and provides professional input on elderly health-related issues at an inter-departmental level. Data collected from daily service operations are used for monitoring the health status of the elderly, and research purpose.

EHS will continue its mission to provide quality primary healthcare services for promoting the health of our elderly population in Hong Kong. In addition to being a provider of health services and education, we will strengthen our efforts in empowering the elderly and their carers, and enhance our benchmarking and health advisory roles in primary healthcare for



the elderly.

Family Health Service

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

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 11 infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, chickenpox, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2015 is shown in (Table G).



Table G : Immunisation Programme for Children in Hong Kong, 2015

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 ¹	
Varicella						Varicella		Varicella ¹	
Hepatitis B (Hep B)	Hep B	Hep B			Hep B				
Pneumococcal conjugated vaccine (PCV)			PCV	PCV	PCV	PCV			

1. Primary one students receive the MMRV (measles, mumps, rubella, varicella) vaccine.

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 and parenting are provided to parents during the antenatal period and throughout the pre-school years of children in various format. 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 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 health assessment of the newborn baby, periodic monitoring of the child's growth parameters and dietary assessment, Automated Otoacoustic Emission hearing screening for newborns 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.

Built on existing services provided by MCHCs, Obstetrics, Paediatrics and Psychiatric Specialist services of Hospital Authority, pre-primary institutions, Integrated Family Service Centres and other NGOs, the Comprehensive Child Development Service 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 public hospitals to establish a comprehensive antenatal shared-care programme to monitor the whole pregnancy and delivery process.

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. Pregnant and postnatal women with psychosocial problems will be referred to visiting psychiatry team at MCHC or psychiatry departments in hospitals of the Hospital Authority



for follow up or to Integrated Family Service Centres to receive social services support as necessary.

In 2015, about 93% of all local newborns and 49% 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 at and above 25 who have ever had sex. Outreach health talks on cervical cancer and screening were conducted for various women groups as needed. In 2015, there were about 97 000 attendances for the cervical screening service.

Woman Health Service

Three Woman Health Centres and ten MCHCs provide Woman Health Service to women at and 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 education is provided on various women health topics, such as healthy lifestyle, breast and cervical cancers, menopause and osteoporosis. The Woman Health Service also provides physical examination, cervical screening, as well as various blood tests and screening mammography if indicated. Clients with suspected abnormalities are referred to specialists for further management.

In 2015, about 16 800 women registered with the 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 and administer the Elderly Health Care Voucher Scheme which was launched in 2009 on a pilot basis and converted into a recurrent programme since 2014. Under the Scheme, elderly aged 70 and above are given annually, through an electronic system, healthcare vouchers to subsidise their use of primary care services provided by various private healthcare professionals. They included medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. The annual voucher amount and financial cap for each eligible elder in 2015 was \$2,000 and \$4,000 respectively.

To help Hong Kong elders who reside regularly in Shenzhen to seek medical outpatient treatments locally without having to travel back to Hong Kong, especially for minor or routine treatments, a pilot scheme was launched on 6 October 2015 with the University of Hong Kong – Shenzhen Hospital to allow eligible Hong Kong elders to use their vouchers to meet the fees for outpatient services provided by the Hospital. It includes 14 Outpatient Medical Centers / Medical Service Departments at the Hospital which provide various services such as family medicine, dental care, Chinese medicine, health assessment and physiotherapy, etc.

The two-year Elderly Health Assessment Pilot Programme launched in 2013 ended in July 2015, with participation of over 7 900 elders. DH has commissioned a research organisation to evaluate the Pilot Programme. The findings of the evaluation will be reported to the Legislative Council Panel on Health Services.

Health Administration and Planning Division

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.

The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under these two Ordinances and to ensure that the institutions are fit for the services to be provided. Compliance of registered institutions with statutory requirements is monitored through field inspections, scrutiny of the institution activities and complaint statistics, investigation of medical incidents and direct handling of complaints lodged by public against the institutions. In 2015, 257 inspections to a total of 11 private hospitals, 59 nursing homes and ten maternity homes registered under Cap. 165 were conducted. There were 102 clinics registered under Cap. 343. The Office had also handled 40 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 in respect of accommodation, staffing and equipment as well as standards of good practice for provision of quality services. The requirements cover organisation and administration, accommodation and equipment, policies and procedures, human resources management, risk management, as well as specific types of clinical and support services.

Since 2007, DH has established a sentinel events reporting system. All private hospitals and nursing homes are required to report sentinel events to DH within 24 hours upon occurrence of the event. The primary objective is to identify areas for improvement in the quality and safety of hospital services. DH has revised the reporting criteria for private hospitals to align with that of public hospitals since January 2015. Private hospitals are required to report sentinel events and serious untoward events (previously known collectively as 'sentinel events') within 24 hours.

In 2008, the Steering Committee on Hospital Accreditation was 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 in April 2009, engaging the Australian Council on Healthcare Standards as the accrediting agent. A total of five public hospitals and three private hospitals attained accreditation under the Pilot Scheme. The second phase of the Hospital Accreditation Scheme commenced in



end-2011 and covered 15 public hospitals over a period of five to seven years. As of end-2015, ten private hospitals were awarded accreditation.

Primary Care Office

The Primary Care Office (PCO) 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.

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

The Primary Care Directory is a web-based directory containing personal and practice-based information about different primary care providers to facilitate the public to search for their own primary care providers. The doctors and dentists sub-directories were launched in 2011 and the Chinese medicine practitioners (CMPs) sub-directory was launched in 2012. Mobile applications of the Primary Care Directory were also launched in August 2013. As at end of 2015, there were 1 560 doctors, 387 dentists and 1 625 CMPs enrolled in the Directory.

Development of the Reference Frameworks (RFs) for care of chronic diseases (diabetes and hypertension) and different population groups (children and older adults) is another key priority of PCO. In 2015, the module on falls in elderly and module on dental healthcare under the RF for older adults had been published. In addition, the mobile application 'Framework@PC' of the RFs for diabetes and hypertension care, was enhanced with the incorporation of the RFs for preventive care in older adults and children.



Special Health Services

Medical Device Control Office

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

- 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;
- listing of distributors; and
- processing of safety alerts.

MDCO approved 427 device listing applications, processed 1 211 safety alerts and 18 adverse incident reports, and conducted ten workshops / seminars in 2015.

As for the development of statutory regulation of medical devices, DH engaged an external consultant to conduct a detailed study on the use control of selected medical devices in Hong Kong in September 2015 in response to the views and recommendations of the Working Group on Differentiation between Medical Procedures and Beauty Services. Upon completion of the consultancy study, the Government will report to the Legislative Council Panel on Health Services on the study outcome and the details of the



legislative proposal.

Narcotics and Drug Administration Unit

DH operates an outpatient 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 2015, the average number of clients registered with the scheme was around 6 700 and the average daily attendance was around 5 000.

Upon admission to the Methadone Treatment Programme, doctors will conduct a detailed and structured assessment of the patients including their medical, social history, and physical conditions. Apart from medical assessment, the methadone clinics also provide various support services, such as counselling by doctors, social workers and peer counsellors, referral to other treatment and rehabilitation services, and tetanus and hepatitis B vaccinations.

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

Port Health Office

The Port Health Office (PHO) 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.

PHO 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 Response Team in the Hong Kong International Airport to respond to public health emergencies and aircraft accidents. Epidemiological information is exchanged regularly with the WHO and health authorities in neighbouring areas.

PHO 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 (RHU) 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 2015, RHU assessed and processed 13 203 licences and permits and provided monitoring service to 11 981 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.13mSv against an annual statutory limit of 20mSv.

In 2015, RHU participated in the 2014 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong / Lingao Nuclear Power Stations.



Tobacco Control Office

Smoking is the single most preventable cause of death and diseases in Hong Kong. In February 2001, DH established the 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 secondhand 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 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 DH; and
- assisting the policy bureau in reviewing tobacco control legislation.

In 2007, tobacco control inspectors of TCO started the enforcement of smoking ban in statutory no smoking areas. Upon receipt of complaints, inspectors would arrange surprise check to the statutory no smoking areas concerned. They would also initiate blitz operations to black spots of smoking offences. Tobacco control inspectors 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.



TCO received a total of 17 875 complaints against smoking violations and 3 164 enquiries in 2015. Tobacco control inspectors conducted a total of 29 324 inspections to no smoking areas, and 163 summonses and 7 693 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, TCO screened over 1 700 printed publications. TCO received 97 complaints, and issued 48 warning letters against 43 cases of illegal tobacco advertisements during the same period.

In 2015, TCO conducted 12 seminars on Smoking (Public Health) Ordinance (Cap. 371) with over 240 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 250 000 pieces of health education materials to venue managers and the public in 2015, including no smoking signs, posters and implementation guidelines, etc.

In order to encourage smokers to quit smoking, smoking cessation seminars were conducted for various organisations and businesses. In 2015, TCO conducted 51 smoking cessation seminars with over 1 200 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 9 301 telephone calls and enquiries in 2015. Besides, TCO has also collaborated with NGOs to provide free community-based smoking cessation programmes and smoking prevention programmes for schools aiming for a smoke-free Hong Kong.

Specialised Services

Child Assessment Service

The Child Assessment Service (CAS) came into operation with its first Child Assessment Centre in 1977. By 2012, it had served the public for 35 years. CAS, aiming at contributing to the rehabilitation of children with developmental-behavioural problems or disorders through a multidisciplinary 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 2015, the number of new clients received were 9 872 and a total of 67 656 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, and strengthen the public and professional education activities.

CAS developed fact sheets on ten common childhood developmental problems, one series for professional education and information, and another series for information to public. The fact sheets for public were made available on CAS's website.

Clinical Genetic Service

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

The Genetic Counselling Unit deals with the diagnosis of over a thousand different genetic diseases. It has the support from the Genetic Laboratory in providing cytogenetic, biochemical genetic and molecular genetic investigations. Chromosome studies and



molecular genetic investigations formed the main bulk of genetic testings. The common indications for referral were multiple congenital anomalies, recurrent abortions, Down Syndrome, intellectual disability, sex disorder and various single gene disorders. The Genetic Counselling Unit also conducts clinic sessions to provide genetic counselling for families. There were 4 738 family attendances in 2015.

The Genetic Screening Unit operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 66.1% of neonates were screened by the Genetic Screening Unit in 2015, including nearly all newborns delivered in public institutions and 15% of newborns delivered in private hospitals. The remaining 85% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.2% of male and 0.5% of female infants. The incidence of congenital hypothyroidism was one in 1 015 in 2015.

Besides, CGS collaborated with Hospital Authority implemented the 18-month 'Pilot Study of Newborn Screening for Inborn Errors of Metabolism'. The Pilot Study was launched on 1 October 2015 in two public hospitals (Queen Elizabeth Hospital and Queen Mary Hospital). As of 31 December 2015, over 2 000 newborn babies had been screened and a baby with carnitine uptake deficiency was diagnosed.

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

Forensic Pathology Service

The Forensic Pathology Service (FPS) 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.

FPS 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 2015, some 7 790 post-mortem examinations, 710 clinical medico-legal examinations and 24 200 laboratory examinations were performed.

Professional Development and Quality Assurance

The Professional Development and Quality Assurance (PDQA) aims at providing quality assured personal health services, and supporting and promoting the practice of professional development and quality assurance activities within DH and primary healthcare services.

PDQA comprises 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 2015, in addition to providing clinical services, PDQA provided 47 Basic Life Support Provider Courses for 557 officers and organised ten continuing medical education activities for 619 officers.

PDQA 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 (SHS) 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 SHS 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 2014/15, a total of 636 202 students from 1 174 primary and secondary schools enrolled in SHS, representing a participation rate of 90.8% and 98.7% respectively.

The Adolescent Health Programme was launched in 2001/02 school year with the aim to promote psychosocial health of adolescents. The Adolescent Health Programme 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 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 6, 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, Adolescent Health Programme staff began to co-run Basic Life Skills Training Programmes with NGOs' social worker facilitators in classrooms.





In 2014/15 school year, the Adolescent Health Programme served 317 schools, reaching out to more than 75 200 students as well as 800 teachers and parents.

Since the release of the Report of Advisory Group on Health Effects of Use of Internet and Electronic Screen Products (the e-Report) in 2014, DH has published and promulgated recommendations and health tips on healthy use of Internet and electronic screen products through diverse channels and activities with different government departments, NGOs and the media.

In this digital era, children start to be exposed to Internet and electronic products at young age and continue to go online for learning, communication and entertainment as they grow up. Targeting on young users and students, DH produced a series of four episodes on health tips using cartoon animation. Featured articles were written in the regular newsletters to parents and schools. To echo the International Safer Internet Day in February 2016, with the theme on 'lay your part for a better internet', SHS produced posters and souvenirs with QR code of the designated web page for display and dissemination in all Student Health Service Centres. These materials were also mailed to the parent teacher associations of all primary and secondary schools in Hong Kong, public libraries, Integrated Family Service Centres, Integrated Children and Youth Service Centres and community service centres of NGOs for their reference and promotion.



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 oversees 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 DH, 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 DH and relevant government departments and organisations, ERIB has developed and reviewed DH contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong.

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 DH's nerve centre in times of major public health emergencies, ERIB will

continue to equip the ERC with the latest communication facilities for the timely dissemination of information and statistics, and will organise necessary training for concerned staff.

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 organised a public health emergency exercise, code-named 'PERIDOT' on 29 June 2015 to test multi-agency actions in response to large scale outbreaks of plague in Hong Kong, including the detection of an increasing rat-flea index and rodent infestation rate, epidemiological investigations, infection control measures as well as rodent and flea control.



ERIB organised a public health emergency exercise, code-named 'SAPPHIRE' on 29 October 2015 and 9 November 2015 to test the preparedness of the Government for a possible outbreak of norovirus gastroenteritis on-board cross-boundary cruise ship. Under the exercise simulation, a cross-boundary cruise ship was heading towards Hong Kong and scheduled to berth at the Kai Tak Cruise Terminal. The Public Health Incident Assessment Group, comprising relevant departments and agencies, disciplinary services, terminal operators and the shipping agency, was activated to formulate and operate a response plan, including epidemiological investigation, transfer of sick passengers and crew, implementation of special immigration and customs clearance for hospitalized passengers and disinfection of the cruise ship and the terminal building.



The Director of Health regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners and the list of infectious agents as stipulated in the Prevention and Control of Disease Ordinance (Cap. 599). ERIB assists in preparing the legislative amendments to include diseases and infectious agents in the scheduled infectious diseases and the scheduled infectious agents of the Ordinance when necessary. Invasive pneumococcal disease was made notifiable in January 2015.

In November 2015, ERIB published 'Ten Years Prepared and Committed - Public Health Emergency Exercises' DVD to introduce the public health emergency exercises conducted by CHP as well as the core duties of CHP branches.

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 DH and to facilitate sharing of patient records with the territory-wide eHealth Record Sharing System. The CIMS supports client registration and appointment booking, as well as clinical workflows such as drug prescription and laboratory test ordering and reporting. In 2015, the system was used by some clinics of six clinical services.

Infection Control Branch

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



ICB 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.

Since the set up of CHP in 2004, ICB has been playing a pivotal role in infection control in Hong Kong. ICB has established a solid foundation working in close partnership with its key stakeholders and has adopted a holistic approach to plan and implement infection control programmes to meet the evolving challenges of emerging infectious diseases.

To echo the new theme for Hand Hygiene Campaign 2015 of the WHO ‘Strengthening healthcare systems and delivery – hand hygiene is your entrance door’, ICB produced relevant publicity materials and disseminated to services of DH, Hospital Authority, private hospitals and community health care settings. ICB also participated in the hand hygiene activities organised by private hospitals. Hand hygiene messages were promulgated to healthcare workers and nursing students through trainings, workshops and Hospital Authority Convention. ICB also produced a hand hygiene teaching kit for kindergarten-cum-child care centres to promote hand hygiene concepts to children in their earlier stage. ICB continued to conduct the hand hygiene audit programme to improve and sustain hand hygiene compliance in the clinical services of DH.

In 2015, a new WHO campaign ‘Antibiotics: Handle with care’ – a global initiative to improve the understanding of the problem and change the way antibiotics are used. ICB launched a series of health promotion activities to tie in with the first World Antibiotic Awareness Week of the WHO from 16 to 22 November 2015. The activities included an online pledge campaign encouraging healthcare professionals including general practitioners, dentists, veterinarians and pharmacists to show commitments to judicious use of antibiotics and a competition of producing one-minute videos on ‘Use Antibiotic Wisely. Prevent Antimicrobial Resistance’ to arouse public awareness. ICB also produced a new series of experts’ interview programme named ‘Experts’ view: How to control Multi-drug resistant organisms’, in which microbiologists and infectious disease experts had been invited to share their opinions on ‘Use Antibiotic Wisely. Prevent Antimicrobial Resistance’. This series was broadcast on bus television. All episodes of the series were



uploaded to CHP website for public reference.

ICB continues to work with the key stakeholders in infection control and academia to update and develop the infection control and clinical guidelines targeting community / institutions / healthcare settings. ICB also continues to collaborate with Hospital Authority in developing the interim recommendations on the clinical management of cases of Middle East Respiratory Syndrome (MERS), avian influenza and seasonal influenza.

To reduce the burden of healthcare associated infections (HAIs), ICB continues to collaborate with the Hospital Authority to formulate a standardized report of selected antibiotic resistant bacteria of both healthcare and public health importance under the health information system of Hospital Authority. ICB also conducts on-going surveillance of the healthcare associated infection in public hospitals. Based on strategies of the Scientific Committee on Infection Control, ICB makes recommendations for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria.

Starting from 2013/14, ICB has launched a 3-year project to introduce new infection control programmes to counter the rapid emergence of superbugs multi-drug resistant organisms (MDROs) in elderly homes, hospitals and the general community in Hong Kong. The initiatives include:

- enhancement of Infection Control Management in Residential Care Homes for the Elderly (RCHEs) of HK. In 2015, ICB conducted more than 60 on-site visits to 29 RCHEs to provide tailor-made and evidence-based infection control advice to RCHE staff;
- study on Enhanced Environmental Disinfection in Long Term Care Facilities (LTCFs) for better control of MDROs in collaboration with The Hong Kong University of Science and Technology;
- serial follow up on Transmission Risk of VRE in RCHEs;
- preparedness for CA-MRSA;
- enhancement of Environmental Disinfection Programme in RCHEs;



- study on 'Pilot Quality Improvement Programme to reduce hospital-acquired and hospital-associated Clostridium difficile infection' to determine the effect of enhanced cleaning of the near-patient environment on the incidence of Clostridium difficile infection;
- retrospective study on 'Clinical and Economic Outcomes of MRSA Bacteraemia in Hospital Setting of Hong Kong' to identify significant predictors associated with high mortality and hospital cost of MRSA bacteraemia; and
- quality improvement programme on the application of care bundle for peripheral intravenous line in public hospitals.

As residents in RCHEs are at considerable risk for colonization of MDROs, a prevalence survey was conducted in RCHEs of Kowloon Central Cluster in Year 2015/16. Its aim was to estimate the prevalence of MRSA, VRE, Carbapenam Resistant Enterobacteriaceae (CRE) and MDRA among RCHE residents in Hong Kong and to examine risk factors associated with colonization with resistant organisms.

Besides, to enhance understanding and knowledge in infection control in LTCFs, ICB has organised a two-and-half day symposium in January 2016. Renowned overseas and local speakers were invited to share their views and experiences on infection control standard and monitoring, control of multidrug resistance organisms, challenges and the way forward to enhance infection control in LTCFs. The workshop was attended by over two hundred doctors, nurses, related healthcare professionals and staff of RCHEs. Awards were presented to RCHEs which had joined a three-year infection training programme conducted by ICB named 'Enhancement of Infection Control Management of RCHEs in Hong Kong' with outstanding performance.

To enhance the capability of healthcare professionals on infection control and infectious disease management, the training strategies have been focused more on programme-based high end training, for example, combatting MDROs, controlling HAIs. International experts have been invited to share their successful experience. Besides, ICB continues to provide regular and right-on-time infection control training programmes for healthcare workers, healthcare-related personnel, government departments and the community. For example, Clinical Infection and Public Health Forum on Update on Ebola



virus disease. In 2015, ICB held 83 training activities with a total of around 8 080 attendances.

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 liaises with international and regional health authorities and facilitates collaboration activities. It coordinates and provides secretariat support for the Scientific Committees of CHP. It 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 serves as the hub for liaison with international and regional health authorities and facilitates collaboration activities and co-ordinates visits to CHP by health professionals from different countries. In 2015, these visitors included the Chief Medical Officer of the United Kingdom, representatives from the WHO Country Office in Vietnam, and delegations from the Jeju National University and Incheon Airport National Quarantine Station of Korea. CHP is a founding member of the International Association of National Public Health Institutes. Apart from international agencies, PMPDB establishes networks and promotes exchanges between professionals in Hong Kong and the Mainland. A total of six visit programmes were conducted in 2015 with 32 visitors received.

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. The 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 2015, a total of one Board of Scientific



Advisers meeting and 15 Scientific Committee meetings were held and 16 scientific papers were discussed. A wide range of public health issues were deliberated and six recommendations were made.

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. The Health and Medical Research Fund (HMRF) was created in 2011 by consolidating the former Health and Health Services Research Fund (HHSRF) and the RFCID, with a broadened scope for funding health and medical research in Hong Kong. PMPDB is responsible for coordinating research commissioned by CHP, facilitating the submissions to the HMRF Grant Review Board, and monitoring the progress of research activities. In 2015, funding was approved for one research project commissioned by CHP.

In order to enhance the professional expertise of healthcare professionals, a wide range of training programmes and seminars were organised in collaboration with various parties. Topics covered included the functions and structure of the local healthcare infrastructure, the emergency response system to public health incidents as well as the strategies in prevention and control of infectious diseases, etc. In 2015, a total of five training programmes were organised or co-organised, with 253 participants, mainly the public health students and 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. In December 2013, the Finance Committee of the Legislative Council approved an injection of \$350 million into the Fund to sustain its operation. PMPDB provides administrative support for the Council. In 2015, 44 ongoing programmes / projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 21 new submissions for grants. Among them, ten applied for the Medical and Support Services fund, of which four of them were approved. 11 applied for the Publicity and Public Education fund, of which ten



were approved. The Council also received and approved 26 claims for additional ex-gratia payment.

The Vaccination Office of PMPDB is responsible for the planning and implementation of the Government Vaccination Programme (GVP), providing free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 and above at public hospitals and clinics. The Government expanded the scope of GVP 2015/16 on a trial basis to cover all elderly aged 65 and above and persons with intellectual disabilities (PIDs) as clients in public clinics or hospitals. The Residential Care Home Vaccination Programme (RVP), as part of GVP, had been providing free seasonal influenza vaccination and pneumococcal vaccination to eligible residents, boarders and staff in Residential Care Homes for the Elderly (RCHEs) and Residential Care Homes for Persons with Disabilities (RCHDs) through Visiting Medical Officers (VMOs). In 2015/16, free seasonal influenza vaccination was also provided to non-institutionalized persons with intellectual disabilities (PID) from designated institutions, including designated day centres, sheltered workshops and special schools under the RVP. In 2015/16, as at 6 March 2016, free seasonal influenza vaccination was provided under GVP to about 382 000 high risk persons. In addition, free pneumococcal vaccination had been provided to about 14 900 eligible elders.

For better protection of elderly from possible summer influenza season and prevent outbreak in RCHEs, DH conducted a one-off exercise under the existing GVP from May to August 2015 to provide one dose of free vaccination of 2015 Southern Hemisphere Seasonal Influenza Vaccination (2015 SH SIV) to residents of RCHEs through the VMOs, as well as the community elders aged 75 years old and above through general / specialist outpatient clinics or hospitals of Hospital Authority, or designated Elderly Health Centres of DH. Some 100 000 doses of vaccine were administered accordingly.

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 2015/16. The Government has also launched the Persons with Intellectual Disability Vaccination Subsidy Scheme (PIDVSS) on a trial basis to encourage persons with disabilities to receive seasonal influenza vaccination. These three schemes are delivered through private doctors, while 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 \$160 per dose from enrolled private doctors. Under EVSS, elders aged 65 and above could receive Government subsidised influenza vaccination and pneumococcal vaccination at \$160 and \$190 per dose respectively from enrolled private doctors. Under PIDVSS, persons with intellectual disabilities could receive Government subsidised influenza vaccination at \$160 per dose from enrolled private doctors.

In VSS 2015/16, as of 6 March 2016, around 1 700 private doctors/2 300 clinics have enrolled in the CIVSS, EVSS and PIDVSS to provide subsidised vaccination services. Under VSS, over 176 000 eligible persons received over 185 000 doses of subsidised seasonal influenza vaccination. Under EVSS, about 13 100 doses of subsidized pneumococcal vaccination were administered to eligible elders.

To minimise invasive pneumococcal disease of young children, the Government launched the Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme by phases between December 2013 and October 2015. It is a one-off booster programme providing a choice for children aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. As part of the Programme, the Vaccination Office of PMPDB is responsible for the planning and implementation of the Childhood Vaccination Subsidy Scheme (PCV13 booster) [CVSS (PCV13 booster)], to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. As at end of the CVSS(PCV13 booster), a total of some 22 000 doses were administered.

Public Health Laboratory Services Branch

The Public Health Laboratory Services Branch of the 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 four functional divisions, namely, Chemical Pathology and Haematology Division, Histopathology and Cytology Division, Microbiology Division and Neonatal Screening 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, 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 DH and Hospital Authority clinics, health centres, hospitals and other healthcare institutions in Hong Kong. The Division also provides laboratory service support to antenatal, elderly, and women health screening programmes.

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 the WHO as National Influenza Centre, National Poliovirus Laboratory and National Measles Laboratory for the Hong Kong Special Administrative Region, Supranational Tuberculosis Reference Laboratory, Regional Reference Laboratory for Measles for the Western Pacific Region, and a global reference laboratory for influenza A (H5) and Severe Acute Respiratory Syndrome.

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

Public Health Services Branch

The Public Health Services Branch aims at strengthening the prevention and control of tuberculosis, 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.

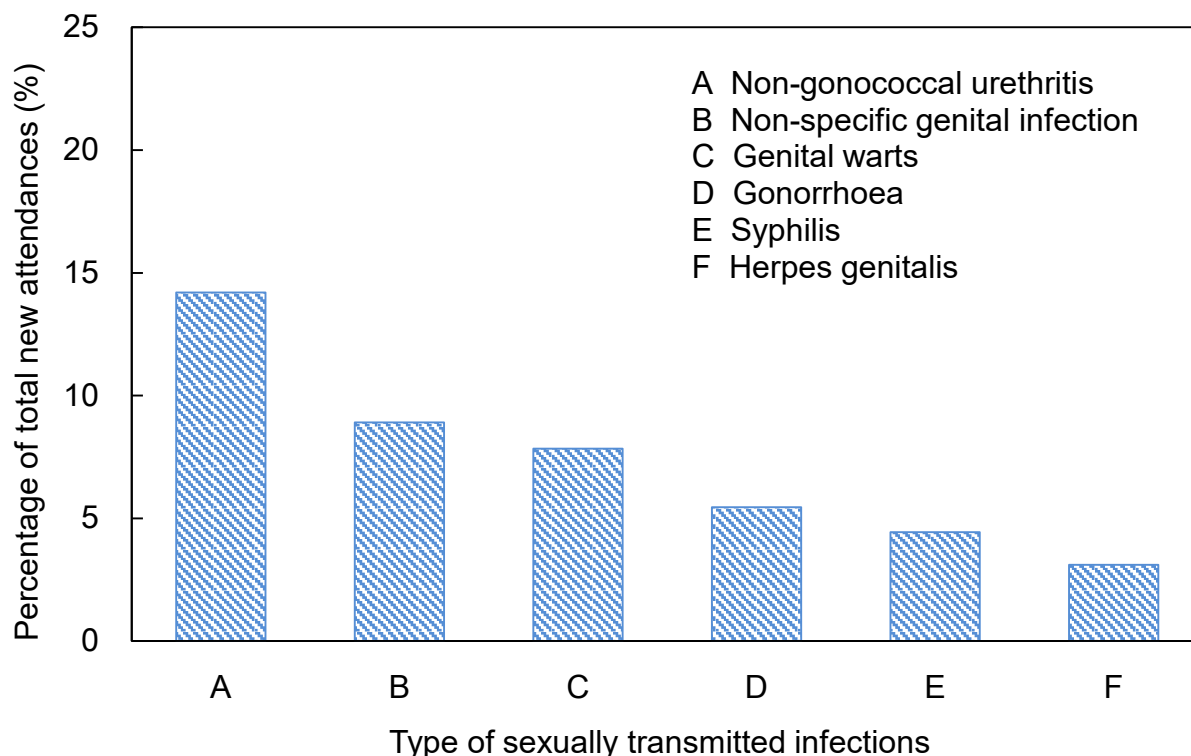
In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education 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 2015, there were 158 575 total attendances and 24 906 new attendances at Social Hygiene Clinics¹. Among the new attendances in 2015, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 13).

¹ Some Social Hygiene Clinics also provide outpatient dermatology service. Figures shown are therefore not limited to attendances uniformly related to sexually transmitted diseases.



Figure 13 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2015



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 2015, there were 17 775 new attendances and 177 148 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 2015, the total clinical attendance at SPP was 28 653, with a 7.7% increase compared with the figure of 26 612 in 2014.

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 the 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.

In response to the rising epidemic of HIV among men who have sex with men (MSM), RRC launched an Announcement in the Public Interests (API) and three episodes of online videos in 2015 to promote safer sex and HIV testing. RRC also made use of The Hong Kong Lesbian and Gay Film Festival and the Hong Kong Pride Parade as platforms to enhance HIV prevention among gay population.

Being the Secretariat of Hong Kong Advisory Council on AIDS, SPP helped in organising the first round consultation for drafting the Recommended HIV / AIDS Strategies for Hong Kong (2017-2021). Eight sessions of Community Stakeholders' Consultation Meeting (CCM) were conducted in October through November 2015. In addition, opinions were collected via email and fax from the public.

To echo UNAIDS' initiatives and to commemorate the World AIDS Day on 1 December, RRC organised World AIDS Campaign every year. In 2015, RRC collaborated with Metro Broadcast Corporation Limited to broadcast AIDS awareness and prevention messages, interviewed people living with HIV (PLHIV) and physician in radio programmes, and organised the "Getting to Zero" Egg Design Competition followed by an award ceremony on 28 November and roving exhibition of winning pieces and designers' pieces on 28-29 November and 5-6 December 2015.



The RRC is the Joint United Nations Programme on HIV and AIDS 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 2015, one worker was trained under this scheme.

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 prevalence system, operating behavioural surveillance mechanism, supporting sexually transmitted infection and HIV genotyping surveillance programme and running a series of registries and cohorts.

Viral Hepatitis Preventive Service of DH provides viral hepatitis health education through various channels including telephone hotline, internet, printed materials, health talks and annual seminar; keeps track of the epidemiology of viral hepatitis in Hong Kong; and provides technical support on issues of hepatitis vaccination.

The theme of 2015's WHO World Hepatitis Day is 'Prevent Hepatitis, Act Now.' Viral Hepatitis Preventive Service organised a Seminar on 14 May 2015 on Viral Hepatitis for Nurses and Allied Health Professionals at the Hong Kong Central Library, which covered various topics related to prevention and treatment of viral hepatitis in healthcare environment. A roving exhibition on Viral Hepatitis was also held in June and August to promote public awareness on prevention of viral hepatitis.



Tuberculosis and Chest Service

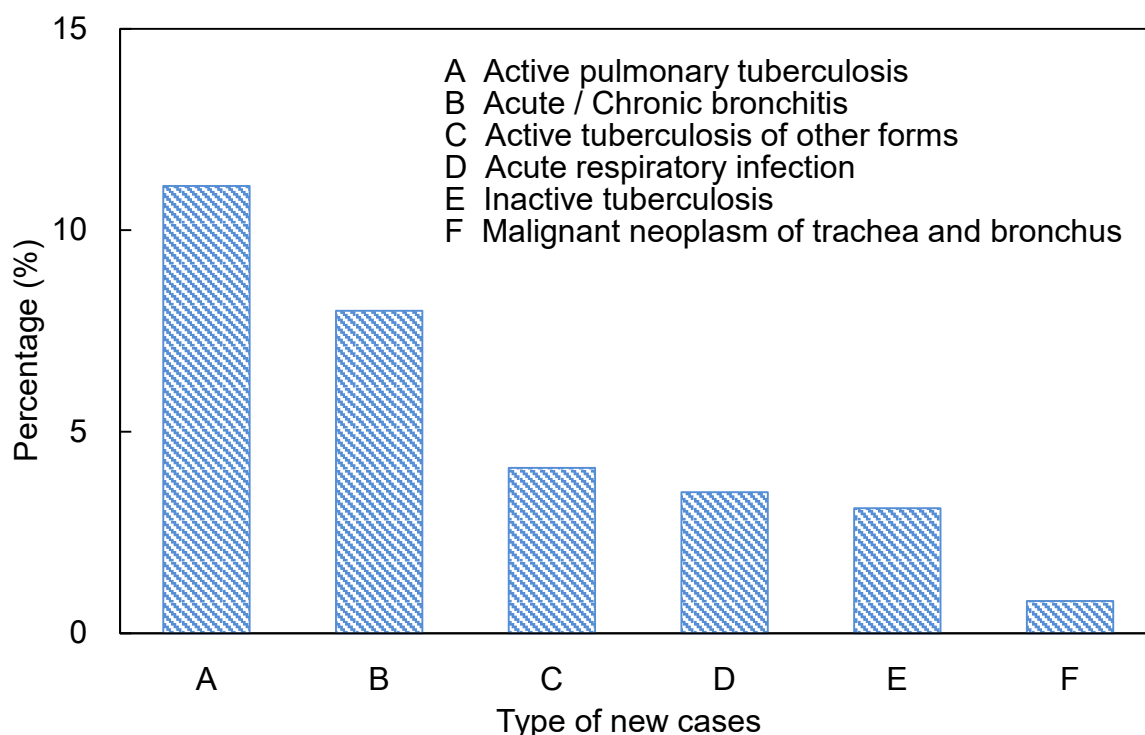
The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, Bacillus Calmette-Guerin (BCG) vaccination programme for newborns and children aged under 15, as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



The Tuberculosis and Chest Service operates 17 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 671 200 in 2015. The common types of new cases seen included active pulmonary tuberculosis, acute / chronic bronchitis, active tuberculosis of other forms, acute respiratory infection, inactive tuberculosis and malignant neoplasm of trachea and bronchus (Figure 14).

Figure 14 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2015



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 have been 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 (CDD) 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 public general out-patient clinics and Accident and Emergency Departments of public hospitals provide data on 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 residents of residential care homes for the elderly. With these valuable data, the Division can keep track of communicable diseases at the community level, enhance surveillance, rapid intervention and responsive risk communication, and take appropriate preventive and control measures.

The Central Notification Office (CENO) has been set up to centralise notifications of communicable diseases and poisoning, and to monitor intelligence related to communicable diseases in Hong Kong. The 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. The 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 has developed a regular communication mechanism for communicable diseases surveillance data and an emergency notification mechanism. The Tripartite Meeting of Guangdong, Hong Kong and 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, with its components and their integration developed in phases, is an information technology strategy to facilitate effective communicable disease surveillance and control in Hong Kong. With its rollout by phases in 2015/16, the system helps to capture and analyse communicable disease data from diverse sources and enables rapid data transfer from stakeholders such as the Hospital Authority.

The Division provides professional input to four Scientific Committee, including the Scientific Committee on Emerging and Zoonotic Diseases, Scientific Committee on Enteric Infections and Foodborne Diseases, Scientific Committee on Vaccine Preventable Diseases and Scientific Committee 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 and the National Verification Committee for Measles Elimination in Hong Kong.

Non-communicable Disease Division

The Non-communicable Disease Division (NCDD) is responsible for surveillance and control of non-communicable diseases of significance to the Hong Kong population, including the formulation of strategies in relation to cancer prevention, promotion of healthy diet and physical activity participation, reduction of alcohol-related harm, prevention of injury and promotion of men's health, etc.

The Steering Committee on Prevention and Control of NCD was established in 2008 to



deliberate on and oversee the overall roadmap and strategy for the prevention and control of non-communicable diseases. The Working Group on Diet and Physical Activity was set up under the Steering Committee in 2008 to tackle the imminent problems caused by unhealthy dietary habits, physical inactivity and obesity, followed by the establishment of the Working Group on Alcohol and Health and the Working Group on Injuries in 2009 and 2012 respectively to make recommendations on the development, implementation and evaluation of the action plans for respective areas. The Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong prepared by the Working Group on Injuries was officially launched on 9 February 2015. The Action Plan outlines five strategic directions, nine recommendations and 16 actions to strengthen injury prevention. As of August 2016, among the 16 actions, three have targets achieved, ten are in progress and the remaining three actions will be commenced in 2017.

The Cancer Coordinating Committee was established in 2001 to steer the direction of work on prevention and control of cancer. The Cancer Expert Working Group on Cancer Prevention and Screening was formed under the Committee in 2002 to regularly review local and international scientific evidence and formulate local recommendations on cancer prevention and screening.

Cervical cancer is one of the most important female cancers in Hong Kong. The territory-wide Cervical Screening Programme was launched in 2004 in collaboration with the healthcare sector. The Programme conducts various promotional and educational activities to enhance public awareness on cervical cancer prevention and the coverage of cervical cancer screening, so as to reduce the incidence and mortality of cervical cancer in the long run. The Programme has established 'Cervical Screening Information System' which serves as a central electronic registry for storing information related to the Programme. The Cervical Screening Programme website provides information on cervical cancer prevention and screening to the general public and healthcare professionals.

DH, with support from the Hospital Authority, is developing the Colorectal Cancer Screening Pilot Programme in collaboration with primary care doctors and other healthcare providers. The taskforce and working groups met regularly and have been making good progress. It is expected the Pilot Programme will be launched in 2016.

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 second territory-wide Population Health Survey (PHS) commenced in December 2014. Household interview part was completed in October 2015, while health examination part was commenced in June 2015. The PHS aims to strengthen the Government's information base to assess the health status of the population and to support effective, evidence-based decision making in health policies, resource allocation and provision of health services and programmes.

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.

NCDD is also responsible for the daily operation the Public Health Information System. The aim of the information system 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.

Toxicovigilance Section was established in 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 DH. 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, as well as promotion of healthy eating, physical activity, organ donation and mental health.

To raise the public's awareness, change their attitudes and sustain their motivation to reduce health risks, CHEU takes a proactive approach and adopts social marketing strategies to inform and influence the public on options that enhance health.

CHEU carried out a series of programmes, in collaboration with other Government departments and organisations to promote healthy eating. The 'EatSmart@school.hk Campaign', which entered its tenth school year, adopts comprehensive strategies which include alliance building, education and empowerment, publicity and advocacy, research and evaluation, as well as creating conducive environment to help children adopt a healthy eating habit. The 'EatSmart@restaurant.hk Campaign' also entered its eighth year. In collaboration with the catering industry and various stakeholders, restaurants continued to provide healthy options to their customers so as to help the general public observe healthy eating principles when dining out. Following the launch of the 'StartSmart@school.hk Campaign' in 2012, CHEU continued to promote healthy eating and active living to the pre-school children in the pre-primary institutions. The second phase of the Health@work.hk Project helped promote healthy lifestyle to employees through the workplace setting, with emphasis on healthy eating, physical activity, avoidance of alcohol use, breastfeeding and no-smoking. The project was successfully completed in 2015. Employees from all participating organisations have benefited from various health promotion initiatives.

CHEU also launched the three-year 'Joyful@HK Campaign' in end January 2016, which aims to increase public's engagement in promoting mental well-being and to enhance their knowledge and understanding about mental health. Other than a series of publicity and



mass media activities, CHEU will establish partnership and explore collaboration with relevant stakeholders.

Regarding the prevention of communicable diseases, CHEU disseminated health messages through various channels including the CHP website, 24-hour Health Education Hotline, newspapers and magazines, broadcasting APIs in TV / radio stations, production and distribution of health education materials to relevant stakeholders. In addition, we have launched a dedicated CHP Facebook Page and a YouTube Channel in February, with a view to further disseminating information on health promotion as well as disease prevention and control to members of the public, especially the younger generation. CHEU took great importance in forming partnership with our stakeholders by updating them of disease status and soliciting their support in disease prevention and control. In response to the very high influenza activity, outbreak of Middle East Respiratory Syndrome in Korea, increasing dengue fever activity in neighbouring areas and confirmed local dengue fever cases, CHEU collaborated with relevant parties to enhance various publicity activities accordingly. Other health topics of public concern e.g. hand, foot and mouth disease, avian influenza, Legionnaires' Disease and vaccination schemes of 2015/16 were also the foci of publicity work.

CHEU continues to provide support for the promotion of organ donation. A variety of publicity channels, including TV and radio API, thematic Organ Donation website and Facebook fanpage, were deployed 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. These materials are widely distributed to different sectors of the population, e.g. schools, NGOs, housing estates, healthcare facilities etc.

In training of personnel, CHEU organises training programmes for health promotion practitioners both within and beyond DH. Training courses which cover a variety of topics including 'Physical Game Workshop for Teachers' and 'Nutritional Training on Healthy Eating' were conducted, 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 assess the needs of health promotion strategies. Examples included 'Study on Fruit Consumption among Primary School Students in Hong Kong', 'Focus Group Study on Organ Donation' and 'Mental Health and Well-being Survey 2015'.

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:

- To develop, monitor and review a strategy for promoting health in Hong Kong;
- To coordinate and strengthen cohesiveness of actions across the health promoting community;
- To build, collect and disseminate evidence for good practices in health promotion;
- To develop and enhance workforce capacity;
- To support effective health communication for disease prevention / control; and
- To involve the community in all aspects of health promotion.

Community Liaison Division

The Community Liaison Division (CLD) is responsible for district liaison and community-based health promotion, serving as a focal point for community liaison on matters related to DH and public health and facilitate information flow between DH services and the community. CLD attends meetings of the District Councils (DCs) and their relevant sub-committees/working groups, to inform DCs about DH's work and provide advice on public health matters. CLD liaises with DCs and community partners, providing information and updates about diseases of public health concern and seeks their support in disseminating health messages through their community networks. In January, February and May 2015, CLD briefed DC members about updates on Ebola Virus Disease. In June



and August 2015, briefings on Middle East Respiratory Syndrome (MERS) were organised for Healthy Cities Projects (HCPs), community NGOs, property management companies and transport operators to enhance the awareness about MERS.

From July to Sept 2015, CLD collaborated with the Hospital Authority, the Hong Kong Medical Association and the Hong Kong Psychological Society to organise health talks for residents of public housing estates affected by the incident of lead-tainted drinking water. These health talks facilitated their understanding about the health effects of lead and how to deal with stress related to the incident.

CLD works with HCPs and community groups to promote healthy living in the community through participating in their steering committees/working groups. CLD provides technical advice and support to their health promotion initiatives, as well as collaborating with community groups in organising health promotion activities. The 'I'm So Smart' Community Health Promotion Programme (ISS Programme) is one of the platforms established for collaborating with community partners. The ISS Programme was launched in 2012, under the core themes of promoting healthy diet and regular physical activities, to combat the growing problem of non-communicable diseases. The Programme aims to enhance community partnership on health promotion and to encourage community partners make use of available local resources for health promotion. With the support of the Hong Kong Housing Authority (HKHA) the Estate Management Advisory Committees of public housing estates under the HKHA and other partner agencies, CLD works with HCPs, NGOs and public housing estates to promote healthy living in the community.

In 2015/16, under the core themes of promoting healthy eating and regular physical activity, the ISS Programme placed a focus on primary prevention of colorectal cancer; and to echo the theme of World Health Day 2015, the 2015/16 ISS Programme covered also the topic of 'food safety'.

To enhance collaboration between different partners in health promotion, CLD organises Health Promotion Sharing Forums on a regular basis to provide a platform for sharing of experiences and good practices among healthy cities projects, community partners and health professionals. In May 2015, a sharing forum was organised under the theme of 'Prevention of Cancer', and in November 2015 a sharing forum was organised on 'Promotion of breastfeeding in workplace and public places'.



The Division regularly publishes the Community Health Partnership Communication newsletter covering key health issues in Hong Kong for distribution to community partners to facilitate them in promulgating health messages via their district networks.



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 (OHEU)
- School Dental Care Service (SDCS)
- Government Dental Clinics
- Oral Maxillofacial Surgery and Dental Units (OMSDU)

The Dental Service also collaborates with the 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, 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 website and 24-hour oral health information hotline. To provide more customized oral health information, telephone enquiry made to OHEU during office hours have been answered by dedicated staff with effect from 29 June 2015, replacing the original 24-hour oral health information hotline on the same date.

In addition to supporting other health service units, 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 2015, OHEU produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was about 130 000.

School Dental Care Service

The 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 dental officers. It operates a website (www.schooldental.gov.hk) to provide information on SDCS and oral healthcare for the general public. Starting from the 2013/14 school year, SDCS was extended to cover students with intellectual disability and / or physical disability studying in special schools until they reach the age of 18.

In 2014/15 school year, 315 563 primary school children from 621 schools enrolled in SDCS, accounting for 96.1% of the total primary school children population in Hong Kong. Of all school children who enrolled in 2014/15, 80.9% were rendered dentally fit.

Government Dental Clinics

The Dental Service also fulfills the 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 39 Government Dental Clinics. 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 719 712 visits by civil servants and dependents, and 96 092 visits by general public patients in 2015.



Oral Maxillofacial Surgery and Dental Units

Curative dental services are also provided to public hospital patients and prisoners / inmates of correctional institutions. OMSDU in seven public hospitals provide specialist oral maxillofacial surgery and dental treatment for hospital inpatients, patients with special oral healthcare needs and dental emergency. Such 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 2015, a total of 10 590 patients with special oral healthcare needs were treated by OMSDU.

STAFF TRAINING AND RELATIONS

Training and Development

Human resource is a valuable asset of DH. We have always been committed to providing suitable training and development for our staff to help them achieve excellence in professional competence and the mission of DH. The scope of our training includes professional knowledge, senior leadership development, management skills, communication and mediation, as well as customer service skills.

Professional training, one of the focus areas, is vital to the delivery of people-oriented public health service. In 2015, arrangements were made for 113 officers to attend training and attachment programmes in places outside Hong Kong and 1 485 officers to receive departmental sponsorships for local courses. Over 1 611 officers benefited from commissioned programmes of DH. Apart from inviting overseas and local experts to conduct seminars and lectures, DH commissioned local universities to organise workshops on specific public health issues, and on research design and data analysis. As part of our continuous effort to foster a quality service culture, DH also organised thematic workshops on leadership and public engagement, legal knowledge and expert witness training in the year.

DH 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 standard and competencies.

Besides, 1 774 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 64 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2015.

Striving for excellence, DH will continue to develop best practices in training and



development to achieve continuous improvement in professionalism and service quality.

Staff Relations

DH 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. DH 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, DH 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. DH keenly supports fund raising activities of charitable organisations. The Departmental Volunteer Team also actively promotes volunteer activities.

INTERNATIONAL AND NATIONAL RELATIONS

DH maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in 2015:

- In January, the Director of Health represented Hong Kong to attend the Second Meeting of the WHO Commission on Ending Childhood Obesity in Geneva, Switzerland.
- In May, the Director of Health, as a member of the People's Republic of China delegation, attended the 68th World Health Assembly of the WHO held in Geneva, Switzerland.
- In October, DH representatives attended the sixty-sixth session of the WHO Regional Committee for the Western Pacific held in Guam, United States of America.
- DH also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2015, 171 officers participated in 77 conferences / duty visits held outside Hong Kong.

DH also continued to maintain a strong tie with the Mainland and Macao:

- In August, the Director of Health attended the International Forum on Traditional Medicine in Macao, China. The forum provided a platform for senior health officials from different places to exchange views on the development of traditional medicine and share experience in formulating the relevant policies.
- In November, the Director of Health attended the 14th Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao to exchange views and share experiences on public health issues.
- In November, DH cohosted the 'Seminar for Beijing-Hong Kong Collaboration in Epidemic Prevention' with Beijing Municipal Health Bureau, as part of the '19th Beijing Hong Kong Economic Cooperation Symposium'.
- In November, the Director of Health and representatives from health authorities of Guangdong and Macao attended the 15th Tripartite Meeting on Prevention and Control of Communicable Diseases held in Guangzhou, with a view to enhancing the co-operation and preparedness of the three places against communicable diseases.

CORPORATE ENVIRONMENTAL PROTECTION

Environmental policy and objectives

In support of the Government's commitment to setting a good example in environmental protection, DH has been implementing the Green Manager Scheme since November 1993 to enhance green housekeeping measures in the workplace.

In June 1996, DH issued a policy statement on environmental protection and designated a Departmental Green Manager to promote corporate green culture within DH, remind staff of the department's environmental policy, enhance their awareness in green housekeeping practices, inspire their participation in green management programmes, initiate 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, DH has incorporated major green management initiatives and performance into its annual departmental reports.

Staff participation

To enable the effective implementation of various green measures, staff's support and vigorous participation are of particular importance. In this regard, DH 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.

Since 2005, individual Services of DH have assigned energy wardens to monitor energy consumption in workplace and the implementation of various green housekeeping measures in offices and clinics/units under their purview.

Since end-2012, as an additional measure to further enhance green management, Services of DH have designated a Service Green Manager to assist in coordinating the green practices and waste avoidance measures within the Service. Besides, a senior officer in each clinic/unit has been assigned as the Venue Green Manager to promote green management measures within the clinic/unit. In addition, "Green Corners" on notice boards and Green Action Teams in clinics/units have been set up to promote green office culture.



Waste management

DH has been participating in the Waste Separation and Recycling Campaign since 2002. Waste separation bins are placed in clinics and office floors of DH to enable separate collection of waste paper, aluminium cans and plastic bottles by waste collectors for recycling. In 2015/16, a total of 9 563 kg of waste paper was collected for recycling. In addition, empty toner cartridges of colour printers and laser printers have also been collected for recycling.


DH 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 generated from clinics and laboratories are segregated for disposal. 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 collection by clinical waste collectors for disposal. The designated area for clinical waste storage is 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 generated from clinics and laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by relevant staff and collected by the licensed waste collectors for disposal.

Economical use of paper

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

- print/photocopy on both sides of clean paper;
- reuse envelopes and file jackets;
- avoid using fax leader page as far as possible;
- roll out e-Leave system to replace printed leave application forms;

- 
- make 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 circulation of circulars and guidelines, clinic timetable, telephone directory, etc. to reduce paper consumption;
 - send greeting cards in festive seasons by electronic means; and
 - make available e-forms for various licensing applications to the public on the government's official website.

Green purchase

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

- use recycled paper;
- use plain paper fax machines instead of thermo fax machines so that making a second copy of the thermo fax paper for filing purpose is not required;
- use energy efficient computer equipment, electrical appliances and office equipment;
- use clinical waste bags and sharps boxes which are not made from polyvinylchloride materials and are suitable for incineration;
- use plastic bags which are made of recycled material;
- incorporate the use of degradable/recycled materials into the tender specifications for arranging outsourced cleansing service;
- use mercury-free blood pressure monitors and thermometers;
- use liquid crystal display monitors to replace old cathode ray tube monitors; and
- use recycled and reusable stationery and other office supplies such as refillable



ballpoint pens, reusable toners and printer cartridges.

Energy conservation

DH has adopted the following energy saving measures:

- de-lamp lights to the minimum required for illumination and switch off lights and non-essential electrical appliances while not in use;
- modify group lighting switches to individual switches;
- install air curtains at clinic entrances to prevent infiltration of untreated air from outside;
- replace aged chillers with energy efficient chillers of central air-conditioning system;
- replace magnetic ballasts with electronic ballasts and change T8 fluorescent tubes to the more efficient T5 fluorescent tubes;
- replace conventional illumination signs of emergency exit in clinics and offices with light-emitting diode signs; and
- maintain indoor temperature at 25.5°C during summer months for general offices and public areas as far as possible.

In 2015/16, DH has conducted energy audit for five clinic buildings of high energy consumption. DH will continue to work closely with Electrical and Mechanical Services Department in implementing practical and effective electricity saving projects.

Air quality improvement

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

From both the green management and the infection control aspects, adequate fresh air



ventilation in clinics and health centres is important for protecting the health of staff and clients. Since 1999, indoor air quality tests and cleaning of air ducts of air-conditioning systems in clinics and offices have been conducted by Electrical and Mechanical Services Department periodically to enhance the operational efficiency of air-conditioning systems and ensure adequate fresh air ventilation. In support of the Government's Indoor Air Quality Certification Scheme, four office premises which meet the participating criteria have been arranged to join the Scheme in 2015. All the participating office premises have attained "Good Class" certification.

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

- encourage staff to make use of public transport while performing outdoor duties;
- instruct all drivers in DH to switch off their car engines while waiting; and
- arrange proper vehicle maintenance and timely replacement of catalytic converters for departmental vehicles.

Smoking and tobacco control

The reduction of smoking prevalence and hence improvement in the air quality and public health is aimed to be achieved by discouraging smoking, educating the public, particularly the young, on the health risks involved, containing proliferation of tobacco use and protecting the public from passive smoking to the maximum possible extent. Since 1 January 2007, the statutory smoking ban has been expanded to cover schools, hospitals, all public indoor areas such as restaurants, workplaces and some outdoor areas including beaches and parks. Starting from 1 July 2009, the smoking ban was extended to all bars, clubs, nightclubs, bathhouses, massage parlours, and mahjong and tin-kau parlours. A fixed penalty system for smoking offences commenced operation on 1 September 2009 to impose a fixed penalty of HK\$1,500 for smoking or carrying a lighted cigarette or pipe in statutory no smoking areas or transport carriers.

Hong Kong's smoking prevalence is among the lowest in the world. According to the Thematic Household Survey conducted by the Census and Statistics Department, the



overall prevalence of smokers in Hong Kong has been on a decreasing trend over the past three decades from 23.3% in early 1980s to 10.5% in 2015. This continuous drop in the percentage is a good indication of the effectiveness of the comprehensive tobacco control measures adopted by the whole society, including legislation, taxation, law enforcement, health promotion and provision of smoking cessation services.

FUTURE DEVELOPMENT

DH will undertake the following new initiatives in the coming years:

- To echo WHO's World Health Day 2016, a series of publicity actions will be organised to increase public's awareness on Diabetes Mellitus and promote healthy lifestyle to prevent Diabetes Mellitus.
- In collaboration with the Hospital Authority and NGOs, DH continues to promote organ donation through a variety of publicity channels, including thematic Organ Donation website and Facebook fanpage.
- Continue the three-year 'Joyful@HK Campaign' to promote mental health and mental well-being to the general public.
- Continue providing professional support for the development of local Healthy Cities projects, as well as promoting healthy eating and regular physical activities in collaboration with community partners including Healthy Cities Projects and community NGOs, through the 'I'm So Smart' Community Health Promotion Programme.
- Publish the 'Hong Kong Chinese Materia Medica Standards Volume VIII'.
- Plan and develop a testing centre for Chinese medicines.
- Produce the best practice manual and oral care training kit for mentally disabled persons and the caregivers.
- Participate in the territory-wide Electronic Health Record Sharing System.



- In line with the policy of 'Ageing in place', the Elderly Health Service will collaborate with NGOs such as Hong Kong Housing Society to implement health promotion activities which are tailored to the needs of the community elders, so as to increase their awareness of various non-communicable diseases and to improve their self care ability.
- To set up a new clinical team in Wan Chai Elderly Health Centre.
- Organise public health exercises to test the preparedness and responsiveness of relevant departments on public health emergency situations.
- Collaborate with medical team of the Department of Medicine of the University of Hong Kong to conduct a joint Epidemiological Study on sudden unexpected death.
- Support epidemiological investigation of unusual infections and nosocomial infections in hospitals, develop infectious disease management protocols and support quality management of infectious diseases with public health perspective.
- Promulgate best practices and support training in infection control and support training in infection control for all levels of healthcare staff and personnel in healthcare settings.
- Continue to promote safe use of antibiotic e.g. to hold Antibiotic Awareness Day, collaborate with private hospitals to establish infrastructure to collect and analyze data on antibiotic resistance and to provide expert advice on control measures, etc.
- Continue to promote hand hygiene e.g. to hold Hand Hygiene Awareness Day, to study effectiveness of Hand Hygiene Educational Programs in Kindergartens and kindergarten-cum-Child Care Centres in lowering the illness-related absenteeism rate, etc.
- Develop systems to provide handy and real time reference on important infection control measures / information via new technology (e.g. mobile applications) for people in need at point of care.



- To cohost with WHO/WPRO the Regional Forum on Protecting Young People from the Harmful Use of Alcohol in April 2016, with participation of representatives of Member States in the Region, to serve the international and local agenda for advocacy for reducing alcohol related problems among young people and launching the Resource Book. A youth forum will be included in the spirit of empowerment and active participation of young people against drinking.
- Enhance the public awareness on primary and secondary prevention of cancers by promotional and educational activities in collaboration with community partners.
- Launch a three-year Colorectal Cancer Screening Pilot Programme for eligible Hong Kong residents aged between 61 and 70.
- Revamp the existing Office for Registraton of Healthcare Institutions into the new Office for Regulation of Private Healthcare Facilities in 2016 so as to enhance the capacity of DH in regulation of healthcare institutions registered under Cap. 165 and Cap. 343 as well as providing dedicated support to the legislative review on regulation of private healthcare facilities.
- Produce a television drama series titled 'My Family Doctor' 2016 to promote the concept of family doctor.
- Start planning on setting up a new families clinic in Sai Kung in 2017.
- Complete the full implementation of the new ECPATH Laboratory Information System for Chemical Pathology and Haematology Laboratory.
- To conduct end-term review of the implementation of the Recommended HIV / AIDS Strategies for Hong Kong (2012-2016), and support the developemnt of the Recommended HIV/AIDS Strategies for Hong Kong (2017-2021).
- Impose smoking ban at eight bus interchanges at tunnel portal areas with effect in 2016.



- Launch a Pilot Accredited Registers Scheme for Healthcare Professions in 2016. The Scheme aims to enhance the existing society-based registration arrangements of healthcare professions currently not subject to statutory regulation under the principle of professional autonomy, with a view to ensuring the professional competency of healthcare personnel and providing more information for the public to make informed decision.

Publications

DH 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, DH also regularly publishes bulletins and newsletters to disseminate information on matters of public health importance relevant to Hong Kong.

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

CHP Newsletter features people and events having an interface with the CHP. Through this means of communication, DH hopes that readers could get to understand the 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 diseases 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.

Drug News provides a summary of safety alerts released by local and overseas drug



regulatory authorities, as well as local risk assessment findings. The local drug recall and adverse incidents may also be included. Drug News aims to update healthcare professionals with the latest drug safety information so that they can provide the most appropriate advice or therapeutic measures to their patients and the public.

Apart from the regular publications, a number of ad hoc reports were published in 2015. The publications issued by different services in 2015 are listed below.

- EV Scan, Week 1 – 52
- Report on Paediatric IPD, Week 1 – 52
- Flu Express, Vol. 12, No.1 – 52
- Avian Influenza Report, Vol. 11, No.1 – 52
- Communicable Diseases Watch, Vol. 12, No.1 – 26
- CHP Newsletter, Issues 36 – 37
- CookSmart, Issue No.22 – 23
- EatSmart@restaurant.hk Newsletter, Issue No.1 – 3
- EatSmart@restaurant.hk Campaign - Guidebook for Managers and Chefs (Revised 11/2015)
- ESS Monthly eNewsletter, January – June and September – December, 2015
- Joyful Fruit Month eNewsletter
- Fruit Dairy Card



- Community Health Partnership Communication, Issue No.13 – 15
- Hong Kong Chinese Materia Medica Standards Volume 7
- Drug News, Issue No.63 – 74
- Compendium of Pharmaceutical Products 2014
- Dental Service Newsletter, Issue No.54 – 57
- Newsletter of Elderly Health Service, No.40 – 41 (only available in Chinese)
- Ten Years Prepared and Committed – Public Health Emergency Exercises
- Non-Communicable Disease Watch, January – December 2015
- Poisoning Watch, Vol. 8, No.1
- Report of Behavioural Risk Factor Survey, April 2015
- Travel Health Bulletin Issue No.12
- BRIDGE Newsletter, Issue No.66 – 68
- 20th Anniversary Booklet of Student Health Service
- HIV Surveillance Report – 2014 Update
- Hong Kong STD/AIDS Update, Vol. 21, No.1 – 4
- Surveillance of Viral Hepatitis in Hong Kong - 2014 Update Report



- Red Ribbon Bulletin, No.48 – 50 (only available in Chinese)
- AIDS Newsletter, No.66 – 67 (only available in Chinese)
- Networking Voice, Vol. 21, No.1 – 2 (only available in Chinese)
- The Node, Vol. 17, No.1 – 2 (only available in Chinese)
- Red Ribbon Centre Yearbook 2014
- Tobacco Control Bulletin, Issue No. 22

Organisation Chart of the Department of Health (Position as at 31 March 2016)



Medical Institutions on Hong Kong Island (As at 31 March 2016)

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. Chai Wan Health Centre (woman health centre, student health service centre and special assessment centre)	Eastern
5. Chai Wan Maternal and Child Health Centre	Eastern
6. Eastern Street Methadone Clinic	Central & Western
7. Harbour Building Dental 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. Rumsey Street Multi-storey Carpark Building (student health service centre and special assessment centre)	Central & Western
15. Sai Wan Ho Health Centre (maternal and child health centre)	Eastern
16. Sai Ying Pun Jockey Club Polyclinic (elderly health centre, maternal and child health centre, chest clinic, dermatology clinic, X-ray survey centre and dental clinic)	Central & Western
17. Shau Kei Wan Jockey Club Clinic (chest clinic, pneumoconiosis clinic, methadone clinic and elderly health centre)	Eastern
18. Southorn Centre / Violet Peel Health Centre (methadone clinic and elderly health centre) / Central Health Education Unit (Wanchai Office)	Wan Chai
19. Stanley Dental Clinic	Southern
20. Tang Chi Ngong Specialist Clinic (maternal and child health centre and social hygiene clinic) / Hong Kong Families Clinic	Wan Chai



Medical Institutions on Hong Kong Island (As at 31 March 2016) (Cont'd)

Institutions with Services Provided by Department of Health	District Council District
21. Victoria Road Dental Clinic	Central & Western
22. Wan Chai Polyclinic (chest clinic and dental clinic)	Wan Chai
23. Western Dental Clinic	Central & Western
24. Wu Chung House (port health travel health centre)	Wan Chai

Health Centres in Correctional Services Department	District Council District
25. Cape Collinson Correctional Institution	Eastern
26. Pak Sha Wan Correctional Institution	Southern
27. Stanley Prison	Southern
28. Tai Tam Gap Correctional Institution	Eastern
29. Tung Tau Correctional Institution	Southern



Medical Institutions in Kowloon (As at 31 March 2016)

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 (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 City Health Centre (maternal and child health centre and dental clinic) / Kowloon Families Clinic	Kowloon City
9. Kowloon Chest Clinic	Kowloon City
10. Kwun Tong Community Health Centre Building (maternal and child health centre and dental clinic)	Kwun Tong
11. Kwun Tong Methadone clinic	Kwun Tong
12. Lam Tin Community Complex (elderly health centre)	Kwun Tong
13. Lam Tin Polyclinic (maternal and child health centre, school dental clinic, woman health centre, student health service centre and special assessment centre)	Kwun Tong
14. Lee Kee Memorial Dispensary (methadone clinic)	Kowloon City
15. Li Po Chun Dental Clinic	Yau Tsim Mong
16. Lions Clubs Health Centre (student health service centre and elderly health centre)	Kowloon City
17. Nam Shan Health Centre (elderly health centre)	Sham Shui Po
18. Ngau Tau Kok Jockey Club Clinic (methadone clinic and Family Medicine Education and Training Centre)	Kwun Tong
19. Queen Elizabeth Hospital (genetic counselling clinic and dental clinic)	Yau Tsim Mong
20. Robert Black Health Centre (maternal and child health centre, methadone clinic and elderly health centre)	Wong Tai Sin
21. Sham Shui Po Public Dispensary (methadone clinic)	Sham Shui Po
22. Shek Kip Mei Health Centre (chest clinic)	Sham Shui Po



Medical Institutions in Kowloon (As at 31 March 2016) (cont'd)

Institutions with Services Provided by Department of Health	District Council District
23. Wang Tau Hom Jockey Club Clinic (maternal and child health centre and Red Ribbon Centre)	Wong Tai Sin
24. 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
25. Wu York Yu Health Centre (maternal and child health centre, methadone clinic and student health service centre)	Wong Tai Sin
26. Yau Ma Tei Jockey Club Polyclinic (chest clinic, social hygiene clinic, dental clinic and elderly health centre)	Yau Tsim Mong
27. Yau Ma Tei Specialist Clinic Extension (maternal and child health centre, dermatology clinic and methadone clinic)	Yau Tsim Mong
28. Yung Fung Shee Memorial Centre (chest clinic, social hygiene clinic dermatology clinic and dental clinic) / Pamela Youde Polyclinic (child assessment centre)	Kwun Tong

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



Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2016)

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) / Fanling Families Clinic	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 2016) (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. Lai Chi Rehabilitation Centre	Islands
22. Lo Wu Correctional Institution	North
23. Nei Kwu Correctional Institution	Islands
24. Pik Uk Correctional Institution	Sai Kung
25. Pik Uk Prison	Sai Kung
26. Sha Tsui Correctional Institution	Islands
27. Shek Pik Prison	Islands
28. Tong Fuk Correctional Institution	Islands



Medical Institutions in New Territories West (As at 31 March 2016)

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. New Territories Families Clinic / Sheung Kwai Chung Government Dental Clinic	Kwai Tsing
8. North Kwai Chung Clinic (maternal and child health centre)	Kwai Tsing
9. Princess Margaret Hospital (dental clinic)	Kwai Tsing
10. South Kwai Chung Jockey Club Polyclinic (maternal and child health centre, chest clinic and student health service centre)	Kwai Tsing
11. Tai Lam Dental Clinic	Tuen Mun
12. Tin Shui Wai Health Centre (maternal and child health centre)	Yuen Long
13. Tsing Yi Cheung Hong Clinic (maternal and child health centre)	Kwai Tsing
14. Tsuen Wan Government Offices Dental Clinic / Central Health Education Unit (Tsuen Wan Office)	Tsuen Wan
15. Tsuen Wan Maternal and Child Health 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 2016) (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 2015/16

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	750.2	0.0	750.2
2. To prevent and control diseases and reduce preventable diseases and premature deaths	3,010.1	87.2	3,097.3
3. To promote health and increase health awareness in the community and among specific target groups	269.7	96.8	366.5
4. To provide specialised out-patient treatment for various illnesses	974.6	3.3	977.9
5. To provide comprehensive assessment for children with developmental problems and disabilities	111.8	0.0	111.8
6. To contribute to Government's overall strategy for the control of drug abuse	56.3	117.1	173.4
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	1,133.2	0.0	1,133.2
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	8.8	0.0	8.8
Total	6,314.7	304.4	6,619.1

Appendix V

Government Medical Subventions to Voluntary Institutions 2015/16

Government Medical Subvention	Subventions for 2015/16 (\$)
Recurrent Subvention	
Caritas Hong Kong	7,419,554
Family Planning Association of Hong Kong	52,076,693
Hong Kong Council on Smoking and Health	22,364,439
Hong Kong Red Cross	1,256,000
Hong Kong St. John Ambulance	15,179,589
Society for the Aid and Rehabilitation of Drug Abusers	98,959,113
Tung Wah Group of Hospitals – Chinese Medicine Clinics	3,320,000
Hong Kong Christian Service	9,409,695
Tung Wah Group of Hospitals – Smoking Cessation Programme	39,140,000
Pok Oi Hospital	7,250,000
Po Leung Kuk	2,179,500
The Lok Sin Tong Benevolent Society, Kowloon	2,270,000
United Christian Nethersole Community Health Service	2,640,000
Life Education Activity Programme	2,284,917
The University of Hong Kong	2,280,000
Evangel Hospital – Elderly Health Assessment Pilot Programme (EHAPP)	568,924
United Christian Nethersole Community Health Service – EHAPP	1,625,594
Chai Wan Baptist Church Community Health Centre Limited – EHAPP	158,372
Po Leung Kuk – EHAPP	186,314
The Lok Sin Tong Benevolent Society, Kowloon – EHAPP	254,442
Hong Kong Sheng Kung Hui Welfare Council – EHAPP	1,221,688



Tung Wah Group of Hospitals – EHAPP	40,943
Sik Sik Yuen – EHAPP	123,324
Haven of Hope Christian Service – EHAPP	202,745
Cartias Dental Clinics Limited – Outreach Dental Care Programme for the Elderly (ODCP)	919,035
Chi Lin Nunnery - ODCP	2,213,350
Christian Family Service Centre Dental Services Limited – ODCP	2,144,813
Haven of Hope Christian Service – ODCP	741,055
The Hong Kong Tuberculosis, Chest and Heart Diseases Association – ODCP	1,079,607
H.K.S.K.H. Lady MacLehose Centre – ODCP	744,420
Pok Oi Hospital – ODCP	3,278,122
Project Concern Hong Kong – ODCP	659,638
Tung Wah Group of Hospitals – Dental Services Limited – ODCP	2,582,640
Yan Chai Hospital – ODCP	1,336,362
Yan Oi Tong – ODCP	14,220,060
Total Recurrent Subventions	302,330,948
Capital Subvention	
Family Planning Association of Hong Kong	706,492
Caritas Hong Kong	1,336,859
Society for the Aid and Rehabilitation of Drug Abusers	12,500
Total Capital Subventions	2,055,851