

# Department of Health



**2017/2018**

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**Annual Report**



# **Annual Departmental Report**

**by**

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**Director of Health**

## **Vision:**

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

## **Mission:**

The Department of Health 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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## HEALTH OF THE COMMUNITY

### Population Indices

The mid-year population of Hong Kong in 2017 was 7.39 million. The annual growth rate of the population averaged 0.7% over the period 2008 – 2017.

The crude birth rate in 2017 was 7.7 per 1 000 population with 56 890 registered live births. The crude death rate was 6.2 per 1 000 population, with 45 883 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 2017, 16.4% of the population were aged 65 and above, the elderly dependency ratio being 228 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1997 was 10.3% and that for 2007 was 12.6%. By 2027 and 2037, the figures are projected to be 24.1% and 29.5% respectively.

**Figure 1 : Population Pyramid, 1997, 2017 and 2037**



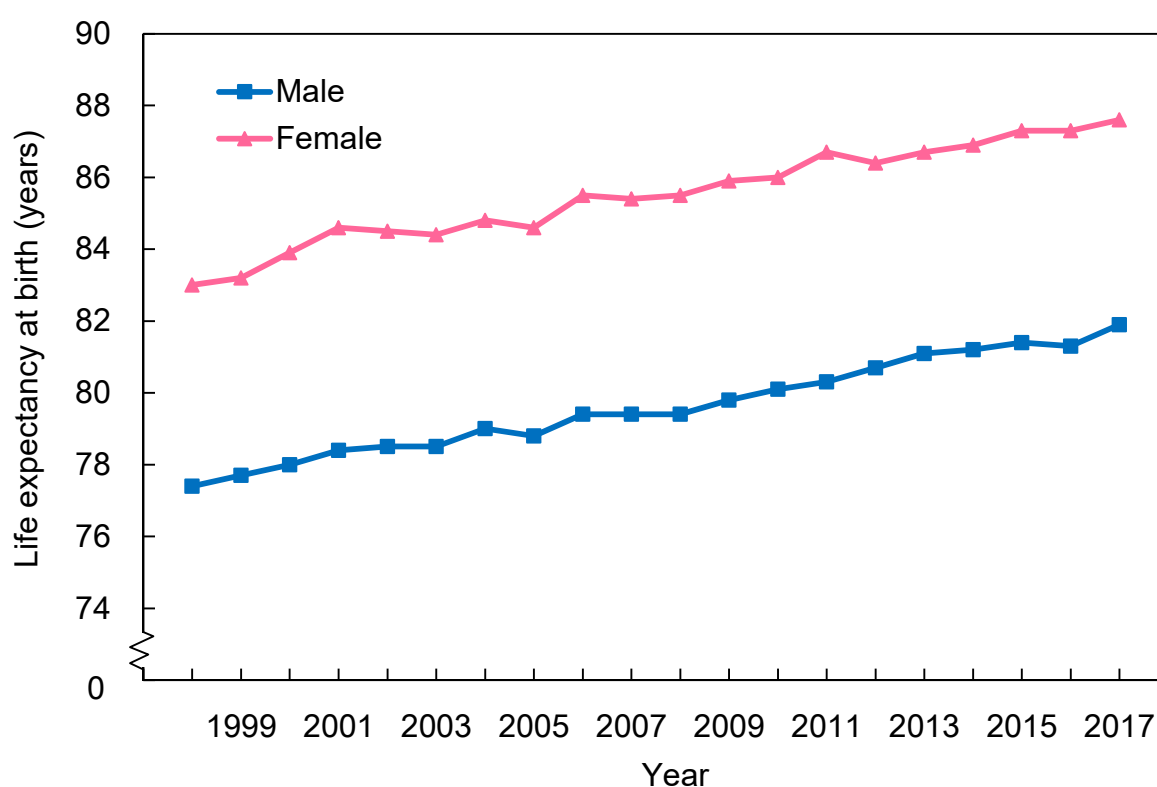
## Health Indicators

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 2017 could expect to live 81.9 years and a baby girl 87.6 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 1.8 and 2.1 respectively in 2017 (Figure 3). Our infant mortality rate ranked among the lowest in the world (Table B).

The maternal mortality ratio has remained low for the past two decades. In 2017, there was only one case of registered maternal death reported and the maternal mortality ratio was 1.8 per 100 000 registered live births.

**Figure 2 : Life Expectancy at Birth (Male and Female), 1998 – 2017**





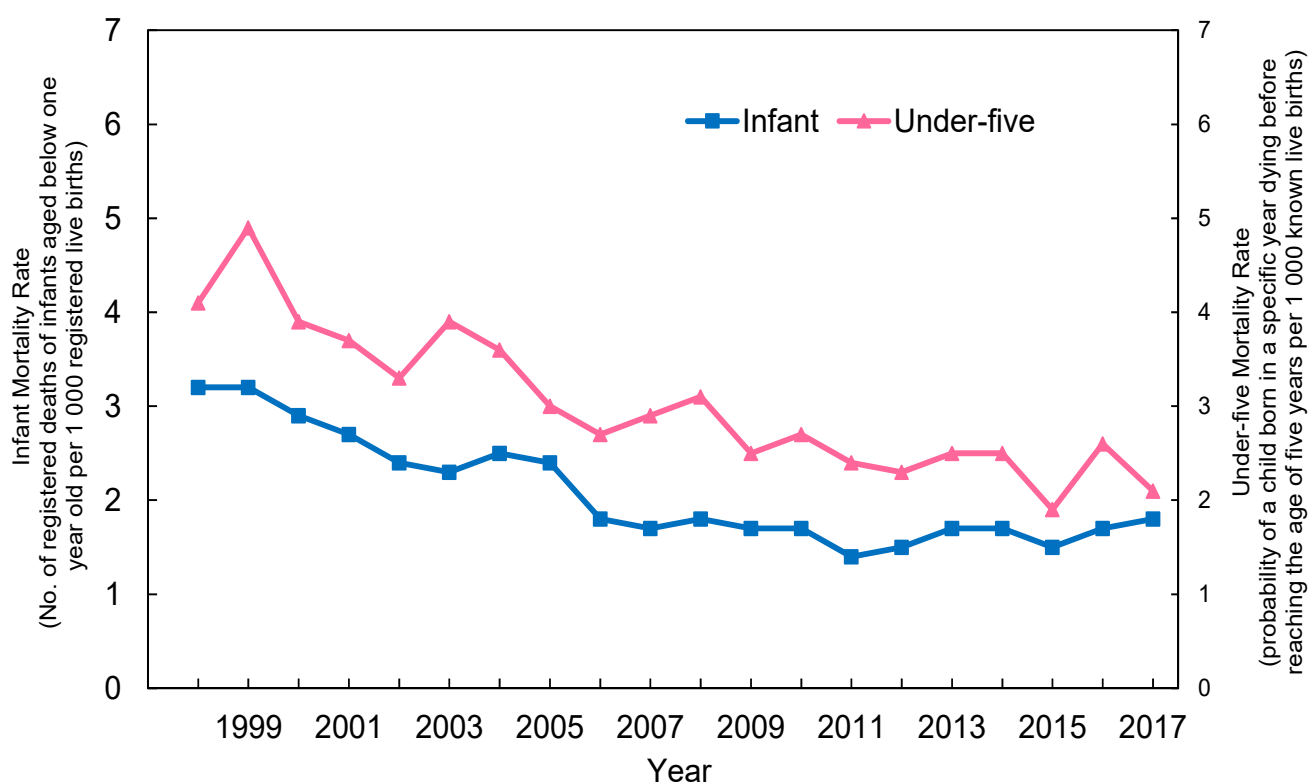


**Table A : Life Expectancy at Birth in Hong Kong and Selected Countries**

Country/Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	81.9 (2017)	87.6 (2017)
Japan	81.1 (2017)	87.3 (2017)
Singapore	80.9 (2017)	85.4 (2017)
UK	79.4 (2017)	83.1 (2017)
USA	76.1 (2017)	81.1 (2017)

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

**Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1998 – 2017**





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

<b>Country/Territory</b>	<b>Infant Mortality Rate (No. of registered deaths of infants aged below one year old per 1 000 registered live births)</b>
Hong Kong	1.8 (2017)
Japan	1.9 (2017)
Singapore	2.2 (2017)
UK	3.9 (2017)
USA	5.8 (2017)

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.

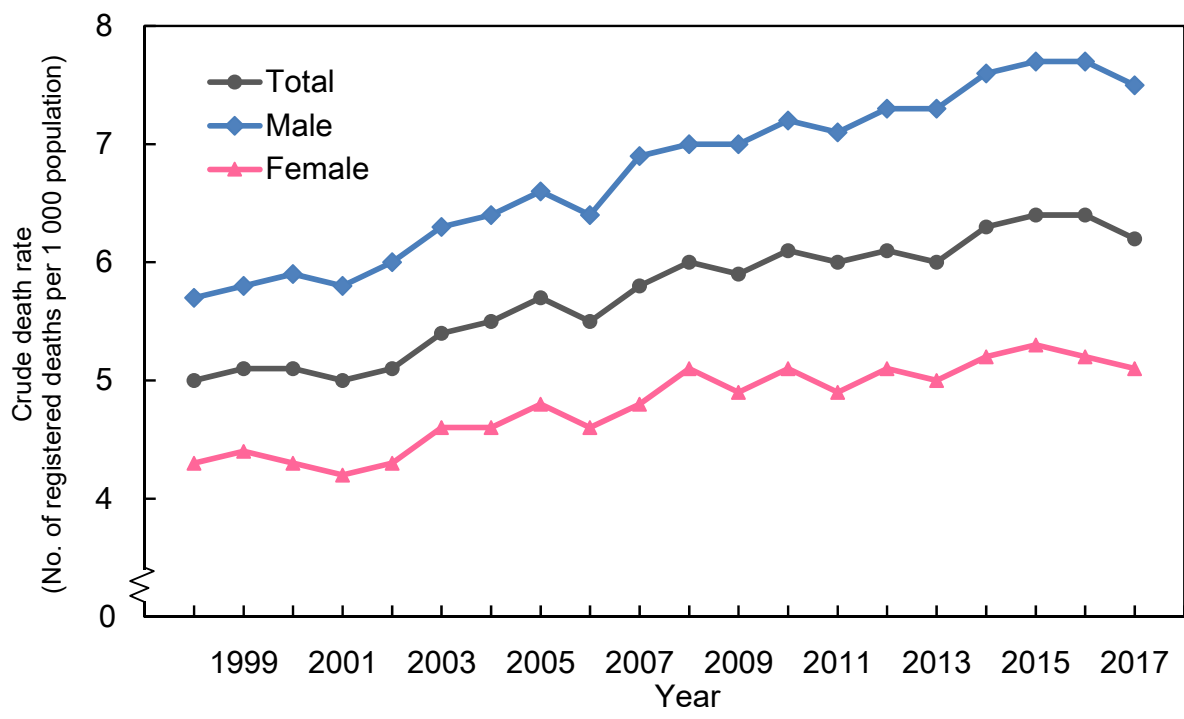
## Mortality Rate

The crude death rate in 2017 was 6.2 per 1 000 population with 45 883 registered deaths (Figure 4). The age-standardised death rate has been dropping steadily (Figure 5), from 4.2 per 1 000 standard population\* in 1998 to 2.8 in 2017. Compared with 1998, the age-standardised death rates for males and females were reduced by 33.3% and 35.8% respectively.

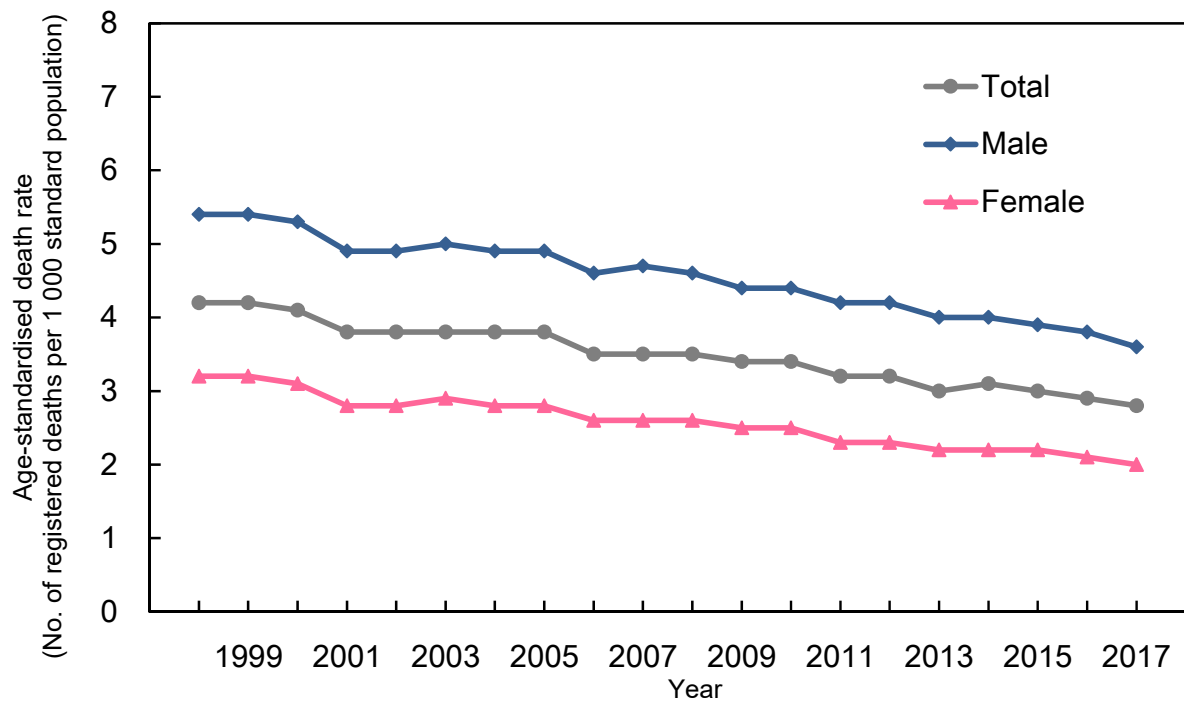
\*Based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.



**Figure 4 : Crude Death Rate by Sex, 1998 – 2017**



**Figure 5 : Age-standardised Death Rate by Sex, 1998 – 2017**



## Leading Causes of Death

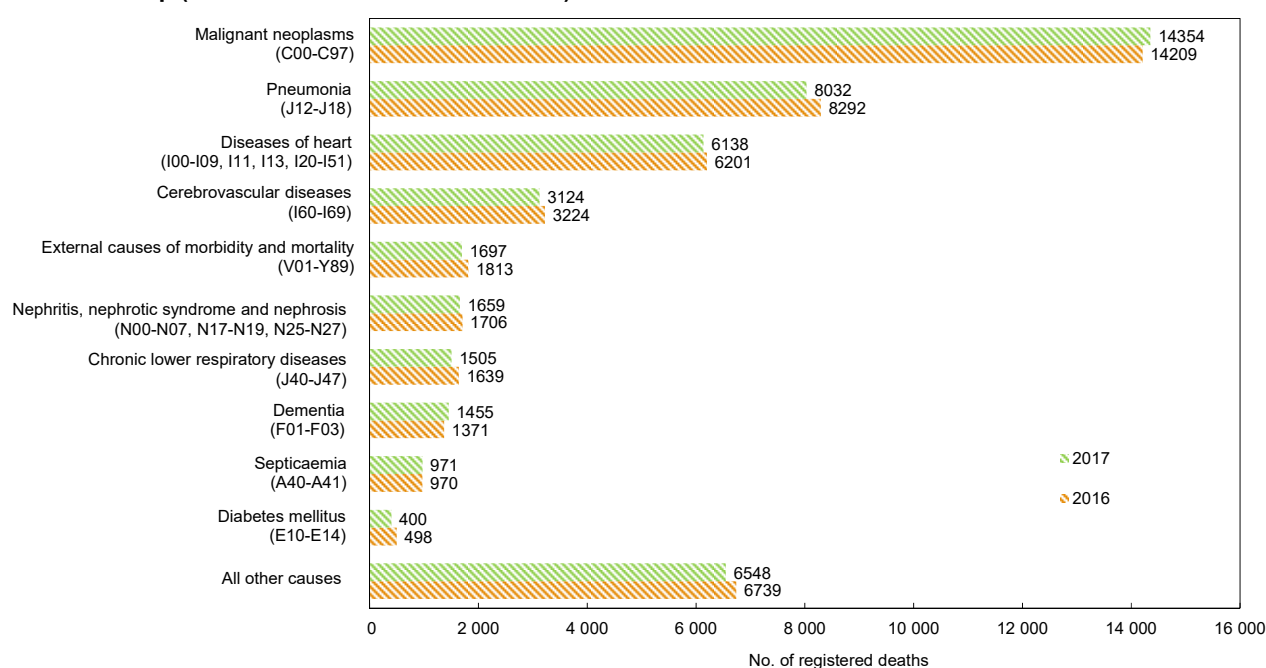
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2017 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 2017 was similar to that in 2016 (Figure 6). The top five leading causes of death in 2017 were malignant neoplasms (cancers), pneumonia, diseases of heart, cerebrovascular diseases and external causes of morbidity and mortality (Table C) shows the ten major causes of cancer deaths in 2017.

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

**Figure 6 : Number of Registered Deaths by Leading Causes of Death, 2016-2017**

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



Note : Ranking is based on the number of registered deaths in 2017.



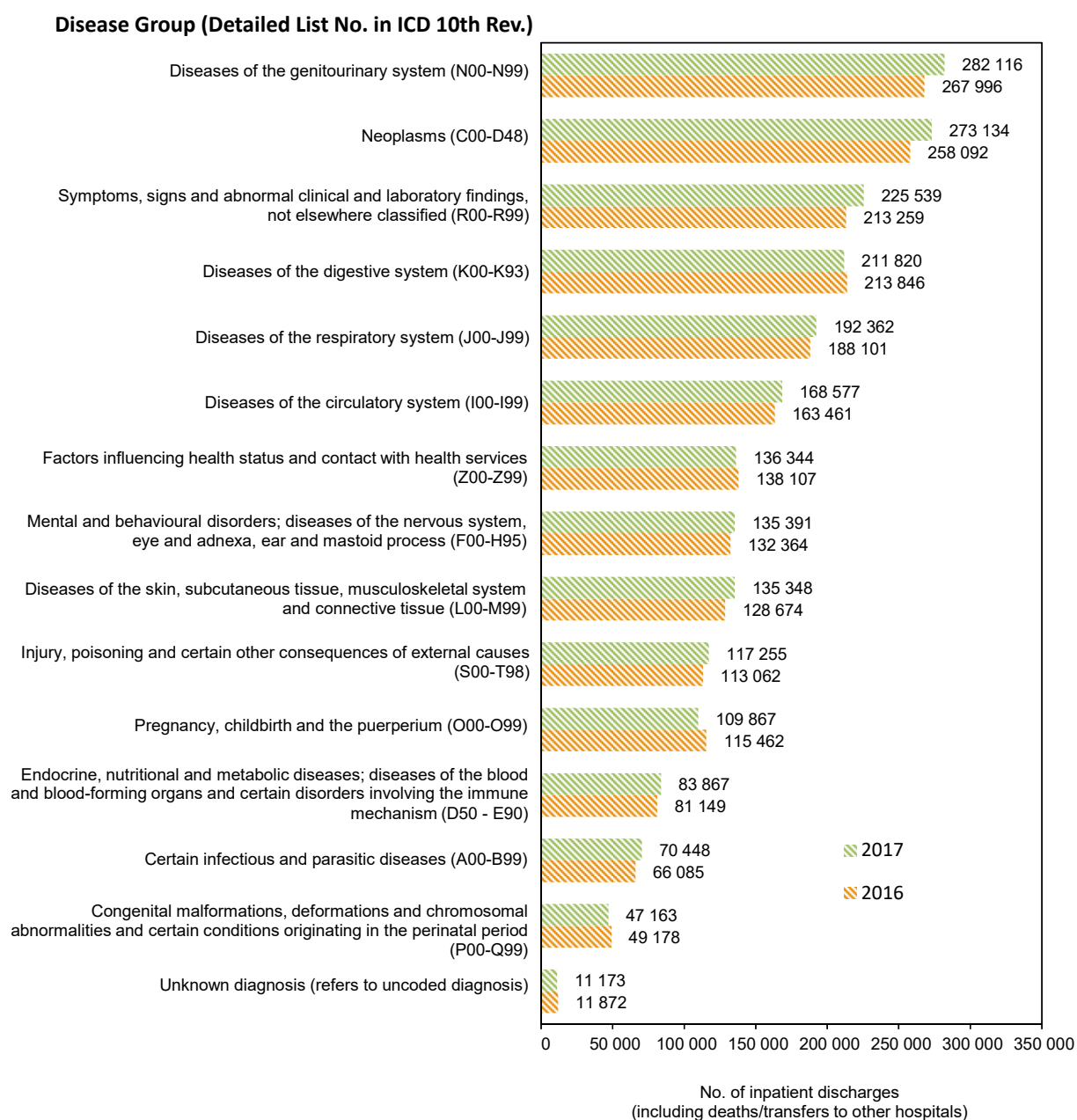
**Table C : Ten Major Causes of Cancer Deaths, 2017**

<b>Site (Detailed List No. in ICD 10th Rev.)</b>	<b>No. of Registered Deaths</b>
Trachea, bronchus and lung (C33 - C34)	3 890
Colon, rectum and anus (C18 - C21)	2 138
Liver and intrahepatic bile ducts (C22)	1 552
Breast (C50)	724
Pancreas (C25)	690
Stomach (C16)	682
Prostate (C61)	443
Non-Hodgkin lymphoma (C82 - C85)	395
Leukaemia (C91 - C95)	314
Oesophagus (C15)	297
Others	3 229

# Hospitalisation Data

Information on hospitalisation collected from public and private hospitals is an important source of morbidity data. The total number of inpatient discharges (including deaths and transfers to other hospitals) in 2017 was 2 200 404. The leading causes of hospitalisation reported in 2017 were similar to those in 2016 (Figure 7).

**Figure 7 : Leading Causes of Inpatient Discharges by Disease Group, 2016-2017**



Note : Ranking is based on the number of inpatient discharges in 2017.



## 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 50 notifiable infectious diseases in 2017 (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 infectious diseases.

In 2017, a total of 18 459 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2017 were chickenpox (9 347 cases), tuberculosis (4 250 cases) and scarlet fever (2 353 cases) constituting 86.4% of these notifications. The number of notifiable infectious diseases recorded in 2017 increased by 7.5% as compared with 17 166 cases in 2016.

Below are some selected notifiable infectious diseases of public health concern in 2017.

### Avian influenza

In December 2013, Hong Kong confirmed its first human case of avian influenza A (H7N9). Up to December 2017, Hong Kong confirmed a total of 21 human cases of avian influenza A (H7N9), which were all considered to be sporadic imported cases upon investigation. The last imported case in Hong Kong was reported on 7 March 2017. The 'Serious Response Level' under the Government's Preparedness Plan for Influenza Pandemic had been activated on 13 January 2017. It was lowered to 'Alert Response Level' on 15 February 2017 and remained activated in 2017. DH had implemented a comprehensive range of response measures.



**Table D : List of Notifiable Infectious Diseases, 2017**

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

## Chickenpox

There were 9 347 notifications of chickenpox in 2017. The number increased by 5.2% as compared with 8 879 cases in 2016. Similar to previous years, the majority (66.4%) of cases occurred among children aged under ten.

## Dengue fever

There were 102 dengue fever (DF) cases recorded in 2017, as compared with a range of 30 to 124 cases per year in the past ten years (2007 – 2016). The majority of the DF cases (101 cases, 99.0%) were imported infections. The four most common countries patients had travelled to during the incubation period were Thailand (20), the





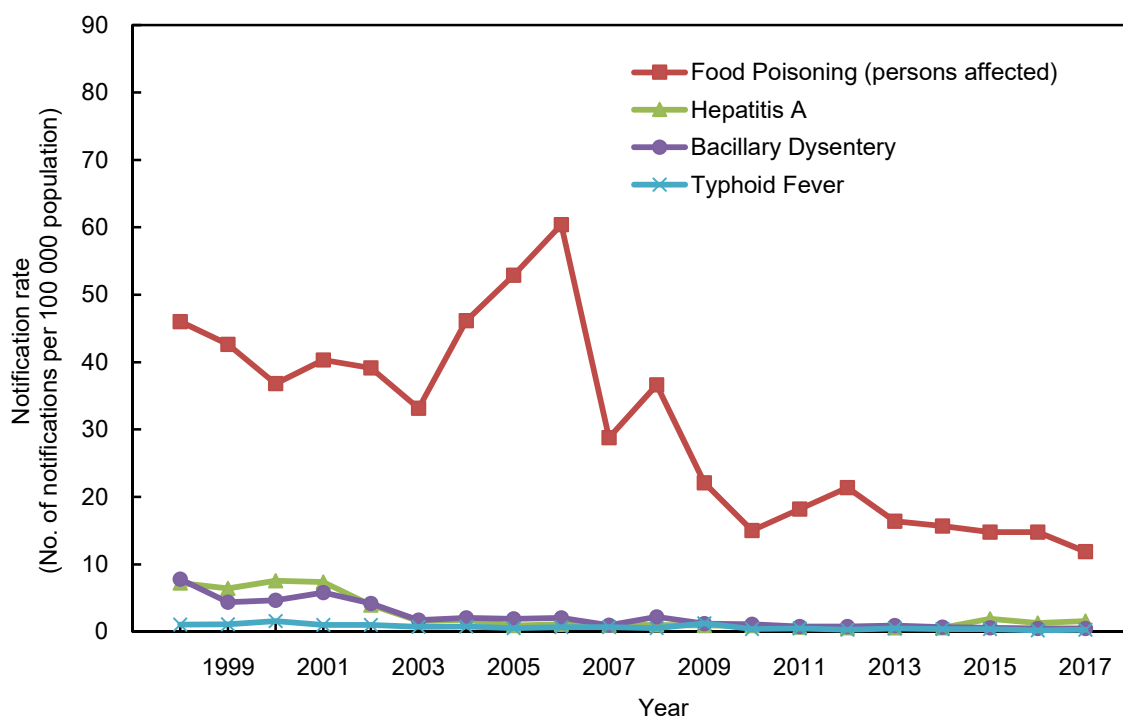
Philippines (13), Sri Lanka (12) and Vietnam (12). One local case was recorded in 2017.

## Foodborne diseases

In 2017, the Centre for Health Protection (CHP) recorded 214 food poisoning cases with 883 persons affected, 37 cases of bacillary dysentery, 21 cases of typhoid fever, 8 cases of paratyphoid fever and 14 cases of listeriosis.

Among all food poisoning cases, 40% were confirmed. Bacteria remained the major cause of confirmed food poisoning cases (accounting for 61%), followed by biotoxins (27%) and viruses (9%). Among confirmed cases of bacterial cause, the commonest causative agents were Salmonella (75%) and Vibrio parahaemolyticus (21%). Among confirmed cases of viral cause, norovirus was the sole agent that could be identified. Food poisoning cases caused by chemicals were also recorded. (Figure 8) shows the trends of common foodborne diseases.

**Figure 8 : Notification Rates of Common Foodborne Diseases, 1998 – 2017**





## **Invasive pneumococcal disease**

Invasive pneumococcal diseases (IPD) was made notifiable in January 2015 and there were 186 confirmed cases reported to the CHP in 2017, compared to 189 in 2016. Among these cases, 44 (24%) were children aged under 18 years old while 142 (76%) were adults. Among the adult cases, 83 (58%) were aged 65 years and above.

## **Japanese encephalitis**

There were five Japanese encephalitis cases recorded in 2017, as compared with a range of zero to six cases per year in the past ten years (2007-2016). All five cases acquired the infection locally. Four of the cases were mosquito-borne while the remaining case was the first local case acquiring the infection by blood transfusion.

## **Seasonal influenza**

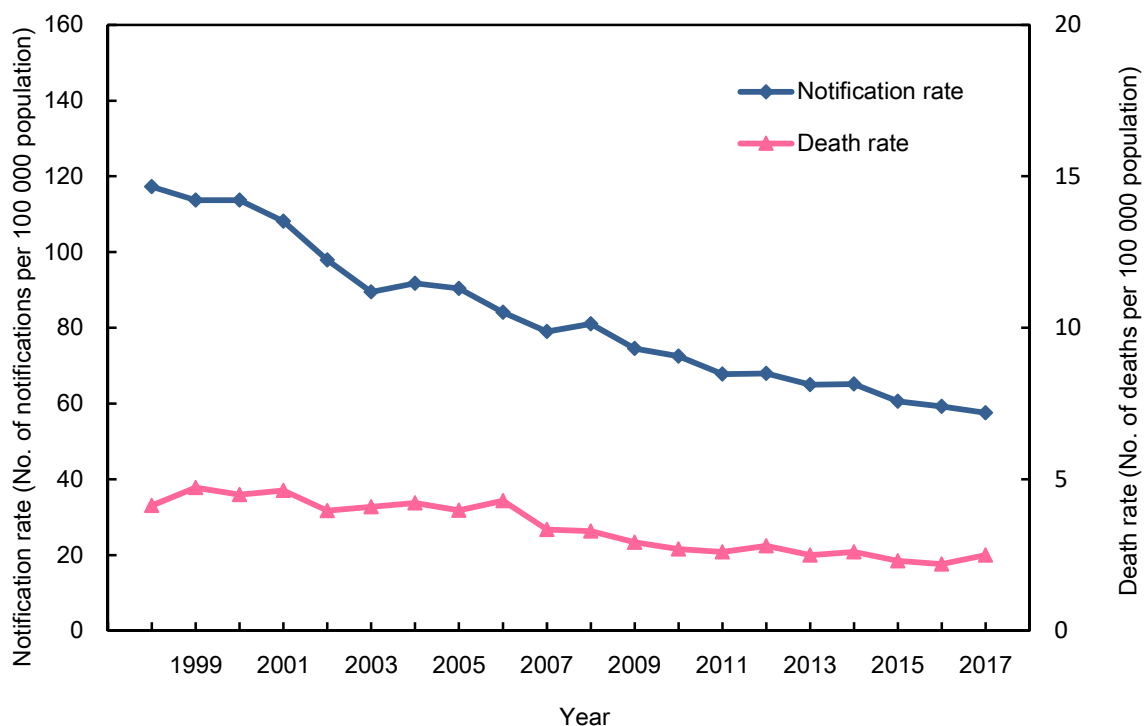
Hong Kong generally experiences two influenza seasons – the winter season which usually occurs between January and March/April and another summer season which usually occurs in July and August. In 2017, Hong Kong entered the winter influenza season in mid-February and the season only lasted for a few weeks until early April. It was a mild season with influenza A (H3N2) being the most common detected virus subtype. The summer influenza season was a major one instead, which lasted from mid-May to late August with a peak occurring in mid-July. The predominating virus in this season was also influenza A (H3N2).

## **Tuberculosis**

In 2017, the number of tuberculosis notifications was 4 250 and the notification rate was 57.5 per 100 000 population. Compared with 2016, the number of notifications had decreased by 2.2% and the notification rate had decreased by 1.7% (Figure 9).



**Figure 9 : Notification and Death Rates of Tuberculosis, 1998– 2017**



### **Viral hepatitis**

There were 232 notifications of viral hepatitis in 2017, of which 117 were hepatitis A, 33 were hepatitis B, 18 were hepatitis C and 64 were hepatitis E. Compared with 2016, the number of hepatitis A cases increased by 19.4% while that of hepatitis B, hepatitis C and hepatitis E decreased by 10.8%, 53.8% and 33.3% respectively.

### **Zika virus infection**

Zika virus infection was included as a notifiable infectious disease with effect from 5 February 2016. One imported case was recorded in 2017. The patient had travelled to multiple countries (including Ecuador and Peru) during the incubation period. No local case was recorded in 2017.



## 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 2017, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 9 091 and 1 857 respectively. Sexual transmission continued to be the most important mode of spread of the infection, which contributed to 85% of all reported HIV cases in 2017.

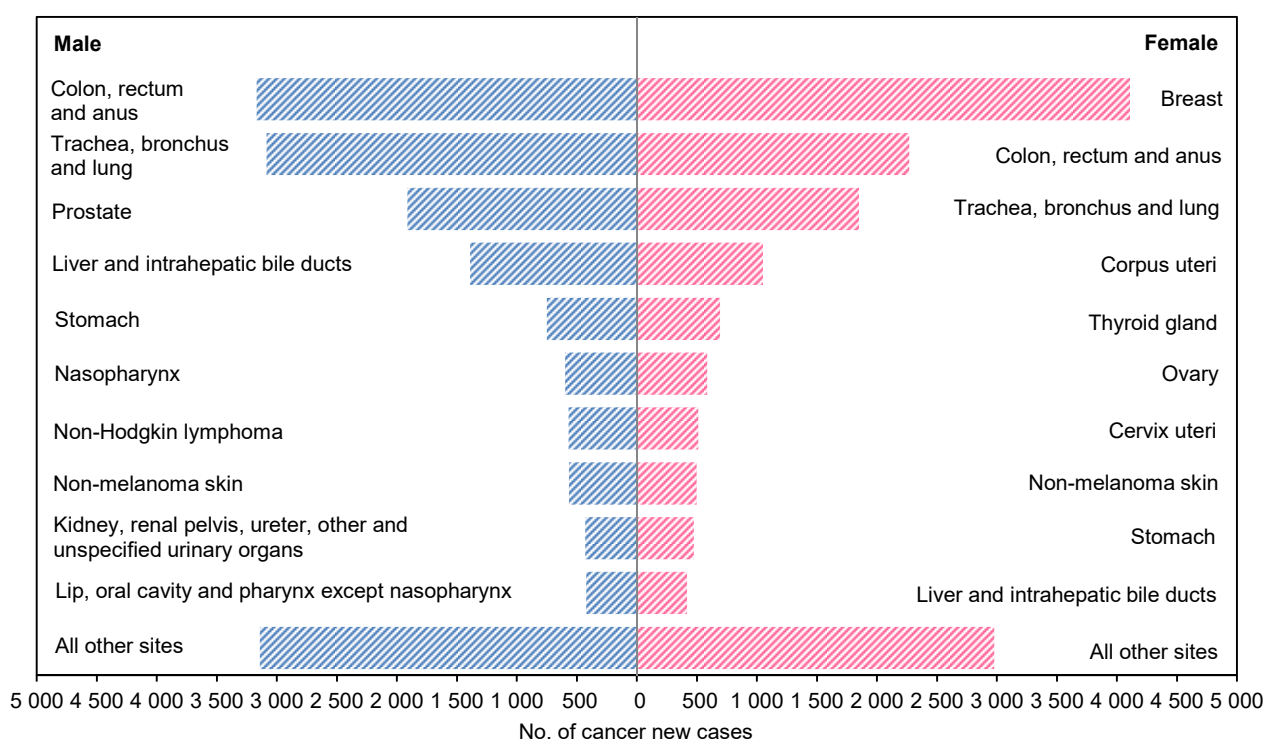
Sentinel surveillance system is in place in Hong Kong to monitor influenza-like illness (ILI), hand, foot and mouth disease (HFMD), acute conjunctivitis (ACJ) and acute diarrhoeal diseases (ADD) at different community settings. One of the system networks includes over 110 sentinel General Out-patient Clinics in the public sector and private medical 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 (HA). 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 2017, there were upsurges in ILI activity during the winter and summer influenza seasons. The HFMD activity followed the usual epidemiological pattern with a summer peak from June to August and a smaller peak from October to December. The consultation rates for ADD remained stable in 2017 without any prolonged upsurge. The activity of ACJ fluctuated at the baseline in 2017 without any prolonged upsurge detected.

## Cancer

The Hong Kong Cancer Registry under the Hospital Authority has provided population-based cancer incidence data. Among the 31 468 cancer new cases notified to the Hong Kong Cancer Registry in 2016, colorectal cancer and breast cancer were the commonest cancers diagnosed in males and females respectively (Figure 10).

**Figure 10 : Number of Cancer New Cases Notified to the Hong Kong Cancer Registry by Sex by Site, 2016**



Source : Hong Kong Cancer Registry, Hospital Authority.

## Poisoning Incidents Notification

DH received a total of 177 notifications in 2017. After investigation, 71.2% of the notifications were determined to be poisoning incidents. These incidents were mainly related to oral products containing undeclared Western medicines (37.3%), Chinese medicines (16.7%) and slimming products (15.9%)

## 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 2017, there were 304 cases of confirmed occupational diseases (including monaural hearing loss), decreasing by 30 cases as compared with 334 in 2016. The most common occupational diseases were occupational deafness, silicosis and tenosynovitis of the hand or forearm. Relevant figures of the cases of confirmed occupational diseases are set out in (Table E).

**Table E : Confirmed Cases of Occupational Diseases, 2016 and 2017**

Disease	Number of Cases	
	2016	2017
Occupational deafness	184	177
Silicosis	43	54
Tenosynovitis of the hand or forearm	63	39
Mesothelioma	7	16
Tuberculosis	6	9
Occupational dermatitis	11	3
Asbestosis	4	2
<i>Streptococcus suis</i> infection	1	1
Compressed air illness	0	1
Gas poisoning	14	1
Others	1	1
<b>Total</b>	<b>334</b>	<b>304</b>

Source : Occupational Health Service of the Labour Department.

## HIGHLIGHTS OF THE YEAR 2017

### January

- Organised Ad Hoc Clinical Infection and Public Health Forum : Avian Influenza A (H7N9) Infection : An Update on 11 January.



### February

- Organised a workshop for preparedness of bioterrorism on 16-17 February to prepare staff on bioterrorism in work place.



- Published the 'Module on Parent Empowerment – Booklet on Child Care Tips' under the 'Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings', which was promulgated via the website of the Primary Care Office and a series of parent seminars.



- Hosted a seminar on 'Next Generation Sequencing', providing a platform for knowledge update and experience sharing between overseas and local experts.

- Introduced an Automated Sputum Smear Microscopy System, which utilizes artificial intelligence to replace manual screening for detection of acid-fast bacilli in sputum smears.

## March

- To support the World Oral Health Day (20 March) declared by FDI World Dental Federation, a 'World Oral Health Day Carnival' was held on 12 March. In addition, a number of activities were conducted in kindergarten primary, secondary and schools for children with intellectual disabilities as a part of the work with other countries and regions to promote oral health awareness in the community.



- Workshop on Sterilisation and Infection Control related to Operating Theatre was held on 1-2 March, with a site visit to the Central Sterile Supplies Department and Endoscopy Unit in Tuen Mun Hospital.



- Participated in the walk-through of Quarantine Centre Operation on 22 March.





- Conducted Infection Prevention and Control Workshop for officers of the relevant departments and DH staff who would be responsible for quarantine centre operations on 28 March.



- Organised a workshop for physicians with an aim to build capacity among physicians providing smoking cessation service.

## April

- Launched a publicity and public education campaign named 'Depression matters: Let's stand together' to echo 2017 World Health Day and its theme 'Depression'.



- Launched the Community Carers Capacity Building Programme through the train-the-trainer approach to equip frontline caregivers (formal carers and volunteers) with skills and knowledge pertaining to home-based elderly care and to facilitate elders to age in place. The first collaborator is The Senior Citizen Home Safety Association.



- Co-hosted 'The WHO Working Groups on Surveillance of Influenza Antiviral Susceptibility and Reverse Transcriptase Polymerase Chain Reaction'.
- Introduced an Automated Bacteria Enumeration System to replace traditional manual method in the enumeration of hygiene indicator organisms in food samples.

## May

- Organised Recognition Ceremony of the 'I'm So Smart' Community Health Promotion Programme (the Programme) 2016/2017 on 19 May to acknowledge the contributions of stakeholders to the Programme. The Programme aims to enhance community partnership on health promotion, with the core themes of promoting healthy diet and regular physical activity.



- A Cooperation Arrangement was signed between DH and Institute of Chinese Materia Medica (ICMM) of the China Academy of Chinese Medical Sciences.
- A Memorandum of Collaboration was signed between DH and with the Royal Botanic Gardens, Kew of the United Kingdom.

- The CHP, in collaboration with relevant government departments and organisations, organised a public health exercise code-named 'MOONSTONE' to test the preparedness for possible detection of a source of Zika virus infection on 12 May.



- An Infectious Disease and Infection Control (IDIC) Forum: Update on Management of Malaria and Sharing on the Overseas Training in Infection Control / Infectious Disease was held on 2 May.



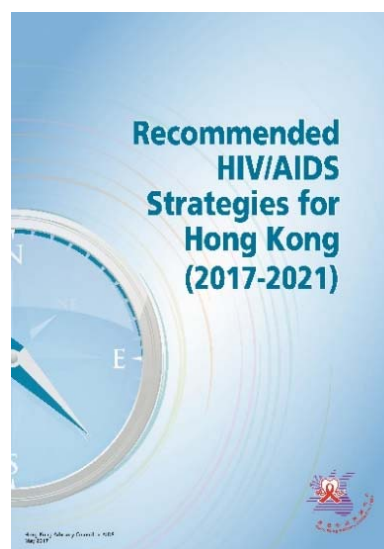
- To echo WHO's theme Fight antibiotic resistance – it's in your hands, CHP organised hand hygiene campaign on Hand Hygiene Awareness Day (5 May), to heighten awareness of healthcare workers and general public on the importance of good hand hygiene as one of the major components to combat antimicrobial resistance (AMR).



- Exhibition counter was set in Hospital Authority convention on 16-17 May to promote hand hygiene. A questionnaire survey has also been conducted to collect information on perception of patient participation (patient involvement in fostering of hand hygiene best practices) in healthcare setting as reference for promotion planning in the future.



- Promulgated the 'Recommended HIV / AIDS Strategies for Hong Kong (2017-2021)'.



- Held a sharing session of the World No Tobacco Day 2017. The theme for World No Tobacco Day 2017 is 'Tobacco – a threat to development', with the aim of demonstrating the threats posed by tobacco to the world's sustainable development.



## June

- The Private Healthcare Facilities Bill was introduced to the Legislative Council proposing to regulate four categories of private healthcare facilities, namely hospitals, day procedure centres, clinics and health services establishments.

- Held the tenth International Advisory Board meeting of the Hong Kong Chinese Materia Medica Standards.

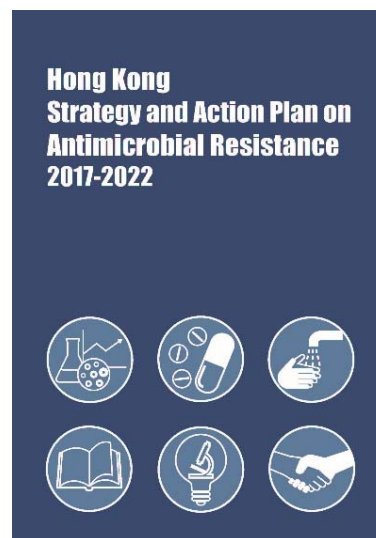


## July

- Held an event to celebrate World Breastfeeding Week (WBW) 2017 with a view to raising the community's awareness on breastfeeding and calling for their support. The theme for this year was 'Sustaining Breastfeeding Together'.
- The eligibility age for the Elderly Health Care Voucher Scheme was lowered from 70 to 65.
- Held Infectious Disease Forum : A Revisit before the Peak Season on 13 July.



- Promulgated the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022).



- Conducted Hand Hygiene Ambassador Program and Implemented Directly Observed Hand Hygiene Among Residents in ten residential care homes of elderly to understand its effect on environmental contamination by multidrug resistant organisms.
- Held a training course on smoking cessation for health care staff to equip them with better skills to help smokers quit smoking.

## August

- In response to the first confirmed local case of dengue fever this year, health education on preventive measures and publicity were stepped up via different channels including dedicated website and Facebook fanpage, etc.



- Conducted infection prevention and control training for Mainland health care professionals on 28 August.

## September

- Launched the 'Salt Reduction Scheme for School Lunches' under the 'EatSmart@school.hk' Campaign, which aims to gradually reduce the average sodium level of school lunches to not more than 500mg in ten years.

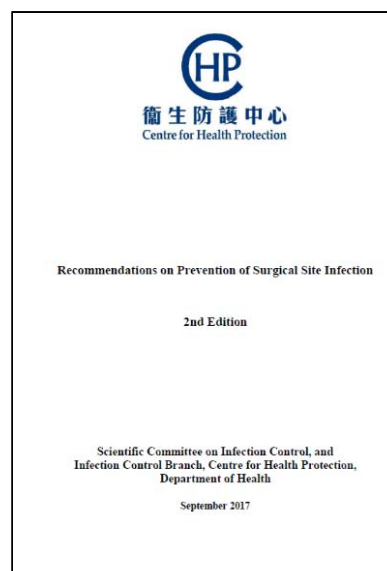


- Hosted the third World Health Organization Consultation on Quality Control of Herbal Medicines.





- Revised and updated the Recommendations on Prevention of Surgical Site Infection by the Scientific Committee on Infection Control and Infection Control Branch, CHP.



- Published the 'Module on Cognitive Impairment' under the 'Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings'.



## October

- In the 2017/18 season, the Vaccination Subsidy Scheme (VSS) and the Government Vaccination Programme (GVP) were launched on 18 and 25 October respectively. Publicity actions and health education were strengthened accordingly.





- Revamped the online Hong Kong Training Portal on Infection Control and Infectious Disease to make it more user-friendly for viewers.
- Pre-service training on basic infection prevention and control was conducted for Chinese medicine practitioners of the Hospital Authority on 11 October.
- Conducted pilot Prevalence Survey of Catheter Associated Urinary Tract Infection in public hospitals to monitor the point prevalence of infection, to understand the policy of urinary catheter care in public hospitals and to monitor the compliance to recommendations of urinary catheter care.
- Organised the fifth Fellowship Programme on Tobacco Control.



## November

- A three-day course 'Advanced Training for Infection Control Nurses' was held on 1-3 November.



- The Antibiotics Awareness Week was held from 13 to 19 November. The theme of the year was ‘Seek advice from a qualified healthcare professional before taking antibiotics’. It aimed to increase awareness of global AMR and to encourage best practices among the general public, health workers and policy makers to avoid further emergence and spread of AMR.
- The Antibiotic Awareness Week 2017 cum seminar on antibiotic stewardship programme in primary care and hospital setting was held by CHP on 13 November 2017. The Antibiotic Stewardship Programme (ASP) in Primary Care and the revised edition of the Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy (IMPACT) guidelines have been launched as part of its ongoing efforts to implement key measures of the Hong Kong Strategy and Action Plan on AMR. Healthcare professionals from public and private sectors were invited to join the seminar and their representatives had shared their views and experiences in implementing the ASP in the public and private sectors.



- Held Ad Hoc Clinical Infection and Public Health Forum : Plague Outbreak in Madagascar on 28 November.



- The CHP, in collaboration with relevant government departments and organisations, organised a public health exercise code-named 'GARNET' to test the preparedness for possible detection of a novel influenza case on 30 November.



## December

- Launched the revamped CHP website to assist members of the public to get health information more easily.
- Acquired ISO 9001:2015 certification accreditation on the quality management of the operation of public mortuaries.
- Collaborated with Hong Kong Medical Association to organise nine briefing sessions from December 2017 to March 2018 for medical doctors in Hong Kong to promulgate the Antibiotic Stewardship Programme in Primary Care and Guidance Notes.



- Participated in the annual Guangdong, Hong Kong, Macau, Shenzhen and Zhuhai Health Quarantine, Animal and Plant Quarantine and Food Safety Control Meeting to exchange experience on health quarantine issues.

- Launched the two-year Pilot Public-Private Partnership Programme on Smoking Cessation.
- Organised a conference and technical meeting on 'Testing and Regulating Novel Tobacco Products'.

## Pilot Public-Private Partnership Programme on Smoking Cessation

*Quit Smoking Now*  
Family Doctors Show You How



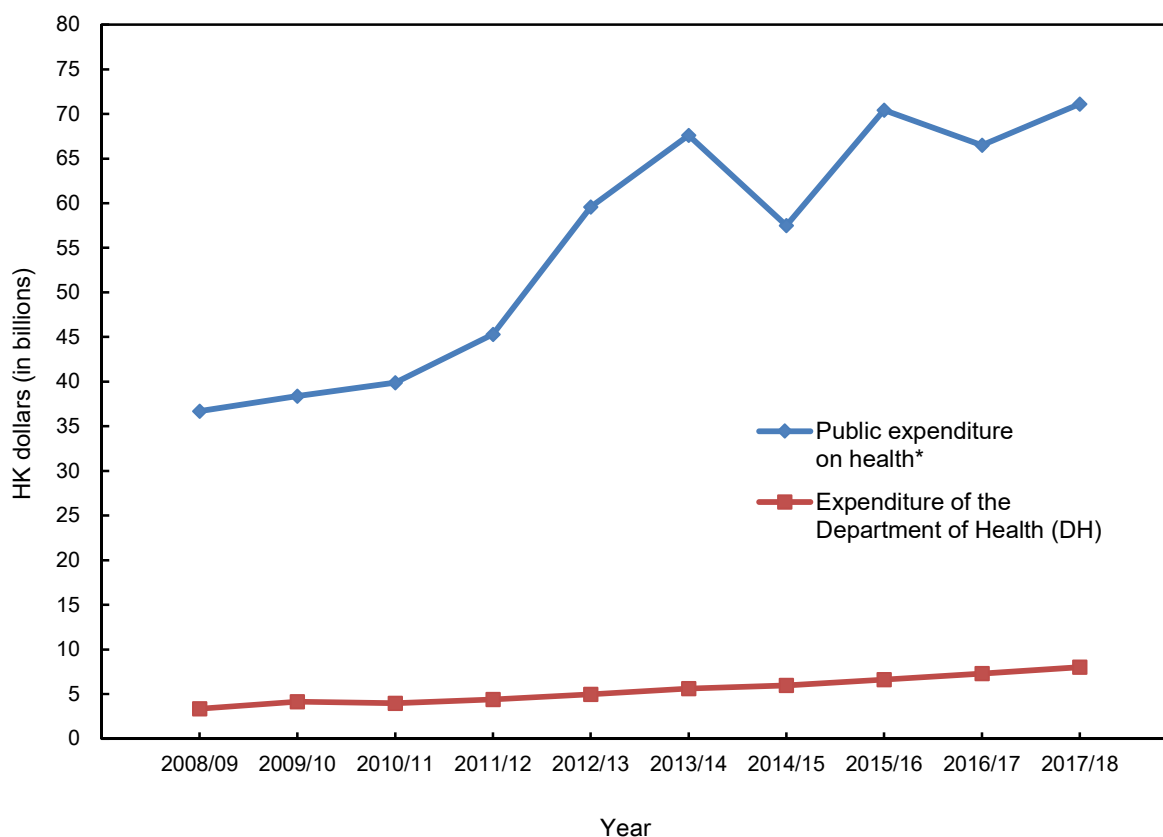
## EXPENDITURE AND MANPOWER

### Expenditure

The expenditure of DH for 2017/18 was \$8.0 billion which represented 11.3% of the total public expenditure on health for the year. There was an increase of 9.6% over that for 2016/17 (Figure 11).

Total public expenditure on health, which included expenditure of DH and HA, increased by 7.0% in the same period.

**Figure 11 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2008/09 – 2017/18**



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 2018, DH had a total strength of 6 125 (Table F) which corresponded to an increase of 1.9% over that in 2017.

**Table F : Strength of the Department of Health as at 31 March 2018**

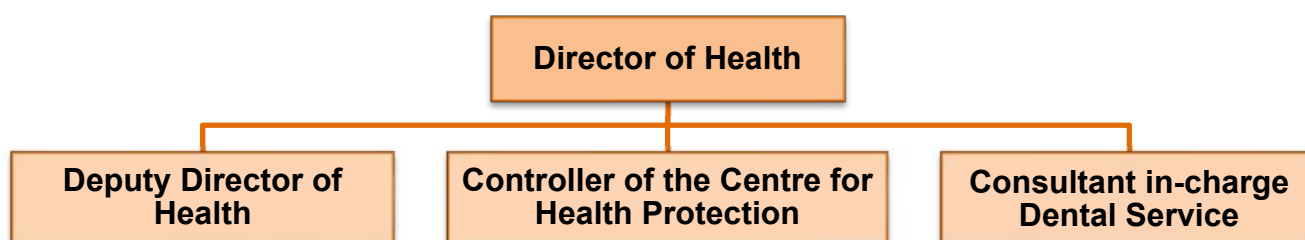
	Number	Percentage
<b>Departmental Staff</b>		
Medical and Health Officer Grade	464	7.6
Nursing and Allied Grades	1 411	23.0
Dental Officer Grade	324	5.3
Para-Dental Grades	670	10.9
Supplementary Medical Grades	758	12.4
Other Departmental Grades	798	13.0
<b>Non-departmental Grades Staff</b>	1 700	27.8
<b>Total *</b>	6 125	100.0

Note : \*In addition, there were 408 full-time contract staff as of 31 March 2018.

## 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
- Office for Regulation of Private Healthcare Facilities
- Primary Care Office
- Special Health Services which include Medical Device Control Office, Narcotics and Drug Administration Unit, 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 the Chinese Medicine Ordinance (Cap. 549), which was passed by the Legislative Council in July 1999. The Ordinance provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese medicines.

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

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 2017, there were 7 463 registered Chinese medicine practitioners (including 38 registered Chinese medicine practitioners with limited registration) and 2 623 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 (GMP Certificate) 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 2017, there were a total of 7 055 Chinese medicines traders licences, including 18 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 18 132 applications for proprietary Chinese medicines registration were received as at end of 2017.

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 the Chinese Medicine Division 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 VIII involving 275 herbs had been published in HKCMMS Volume 1 to 8 since 2005.



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 targeted at completing and publishing reference standards of about 28 to 30 CMMs every 12 to 18 months. DH has also initiated 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, now named as the Government Chinese Medicines Testing Institute (GCMTI), will specialise in the testing of, and scientific research on, Chinese medicines with a view to setting internationally recognised reference standards for the safety, quality and testing methods of Chinese medicines. Pending the establishment of the permanent GCMTI, a temporary institute has been set up in the Hong Kong Science Park and has commenced operation in phases from March 2017. The targets and functions of GCMTI include continuing to formulate the reference standards for the Chinese medicines, setting up a number of advanced and internationally recognised accredited laboratories to embark on high-tech scientific research and develop testing methods, establishing a Chinese medicines herbarium of international standards and develop a related digitalised herbarium, setting up a training and technology transfer centre and further strengthening international collaboration.

CMD was designated as the World Health Organization (WHO) Collaborating Centre (CC) for Traditional Medicine in April 2012, and it was re-designated for another four years from April 2016. It focused on assisting the WHO to formulate policies and strategies as well as setting regulatory standards for traditional medicine. The CC was also responsible for organising WHO consultation meetings for developing guidelines in the field of traditional medicine.

## **Drug Office**

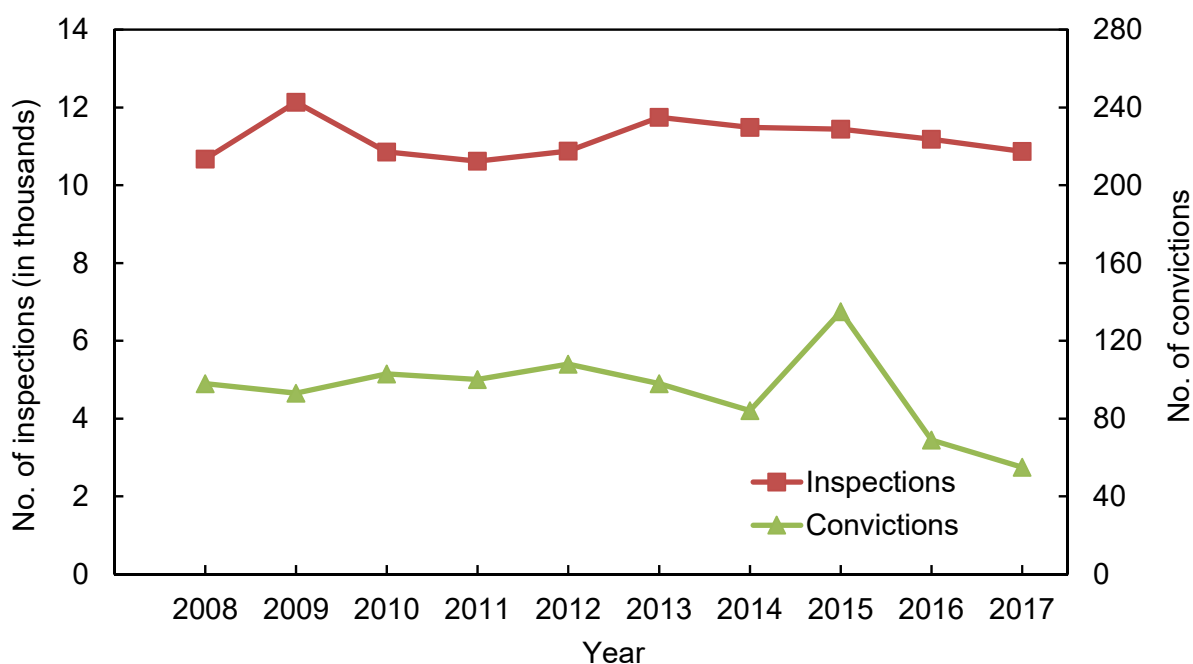
The Drug Office (DO) is responsible for formulating plans on drug regulation and directing the implementation of various measures to enhance the regulation of pharmaceutical products in Hong Kong relating to drug safety, efficacy and quality for the protection of public health. DO also provides professional 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, wholesalers and retailers; investigation based on intelligence and by way of test purchases; sampling of registered products on the market for analysis; and initiation of prosecutions against offenders. It is also responsible for the audit of drug manufacturers to ensure their compliance with the Pharmaceutical Inspection Co-operation Scheme (PIC/S) Good Manufacturing Practice Guide. In 2017, the number of inspections conducted and convictions handled by the Drug Office were 10 873 and 55 respectively (Figure 12).

**Figure 12 : Number of Inspections conducted and Convictions handled by Drug Office\*, 2008 – 2017**



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 UMAO aims to protect the public from being induced by advertisements to seek improper self-medication or treatment, instead of consulting relevant healthcare professionals. In 2017, 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. The 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. Overall, the 18 Elderly Health Centres recorded around 45 000 enrolments and 178 000 attendances for health assessment and medical consultation in 2017.

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, etc., as well as other staff training needs. In 2017, the Visiting Health Teams made around 294 000 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, EHS will strengthen its efforts in empowering the elderly and their carers, and enhance 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. The Service 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 2017 is shown in (Table G).

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; providing education and capacity building for healthcare professionals, postnatal care workers and breastfeeding peer counsellors; supporting and promulgating breastfeeding friendly public places and workplaces; operating the breastfeeding hotline; and providing professional counselling and skills support on breastfeeding and lactation problems.



**Table G : Immunisation Programme for Children in Hong Kong, 2017**

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		MMRV <sup>1</sup>	
Varicella						Varicella			
Hepatitis B (Hep B)	Hep B	Hep B			Hep B				
Pneumococcal conjugated vaccine (PCV)			PCV	PCV	PCV	PCV			

1. Primary one students born on or after 1 January 2013 will receive the MMRV (measles, mumps, rubella, varicella) vaccine.

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.

Under the Comprehensive Child Development Service (CCDS), a joint initiative of the Labour and Welfare Bureau, Education Bureau, DH, Hospital Authority and Social Welfare



Department, the MCHCs of DH act as one of the service platform to identify, at an early stage, the various health and social needs of children (aged 0 to 5) and their families so as to foster healthy development of children. During service provision, medical and nursing staff of MCHCs will identify at-risk pregnant women, mothers with antenatal/postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc. Needy children and families identified will be referred to appropriate health and/or social services for future management.

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

In 2017, about 94% 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, 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 years of age who have ever had sex. In 2017, there were about 103 000 attendances to 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. Health problems detected included breast cancer, cervical cancer, raised blood cholesterol, hypertension, diabetes mellitus, and other gynaecological problems, etc. In 2017, about 14 400 women registered with the Woman Health Service.

## **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, eligible elders are given annually, through an electronic system, health care vouchers to subsidise their use of primary care services provided by various private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. The eligibility age for the Scheme has been lowered from 70 to 65 since 1 July 2017. The annual voucher amount and financial cap for each eligible elder in 2017 was \$2,000 and \$4,000 respectively.

To provide one more service point for Hong Kong elders to use their vouchers and facilitate those who reside on the Mainland or places near Shenzhen (e.g. the North District in the New Territories) to seek necessary medical services, 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 15 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.

## **Health and Administration and Planning Division**

The Pilot Accredited Registers Scheme for Healthcare Professions (Pilot Scheme) was launched in end 2016 to enhance the current society-based registration arrangements for



healthcare professions currently not subject to statutory registration, with a view to providing more information to the public so as to facilitate them to make informed decisions and ensuring the professional competency of relevant healthcare professionals.

The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong (JCSPHPC) has been appointed as the independent Accreditation Agent (AA) of the Pilot Scheme. The Pilot Scheme was open for application in the end of December 2016. A total of 20 applications from 15 healthcare professions were received. Among these applications, five healthcare professions were preliminarily assessed to meet the criteria for accreditation in phases under the Pilot Scheme, namely speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians.

Taking into account the pilot nature of the Scheme and the readiness of healthcare professions to be accredited, the AA first proceeded with the speech therapists profession for the relevant accreditation procedures according to the accreditation standards, which include governance, operational effectiveness, risk management and quality improvement, standards for registrants, educational and training requirements, and management of the register of the professional body. The AA would submit accreditation results to the DH for consideration.

The first accreditation result under the Pilot Scheme was expected to be announced in Q2 2018. The accreditation assessment for the other four healthcare professions assessed to have met the criteria would be conducted in phases in 2018, depending on the readiness of each profession.

The AA will review the effectiveness of the Pilot Scheme and report to the DH with recommended measures to improve the Scheme.

## **Office for Regulation of Private Healthcare Facilities**

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 was re-organised into the Office for Regulation of Private Healthcare Facilities (ORPHF) in DH in April 2016 to cater for the expanded licensing and registration work of private healthcare facilities (PHFs) and for the legislative review. ORPHF consists of two Sections, namely the Licensing Section and the Planning and Development Section.

The Licensing Section 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 2017, 298 inspections to a total of 12 private hospitals, 65 nursing homes and ten maternity homes registered under Cap. 165 were conducted. There were 91 clinics registered under Cap. 343. The Office had also handled 63 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.



The Planning and Development Section is to support the legislative review exercise, implement interim measures and undertake preparatory work for a new registration system for private healthcare facilities, as well as to support Food and Health Bureau in promoting private hospital development. It also monitors the compliance with health services-related land grant conditions of private hospitals and Service Deeds for new private hospitals.

## 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.

Development of the Reference Frameworks (RFs) for care of chronic diseases (diabetes and hypertension) and different population groups (children and older adults) in primary care settings is one of the key priorities of PCO. The RFs provide common reference to primary healthcare professionals to facilitate the provision of continuing, comprehensive and evidence-based care in the community. Through the RFs, it is also intended to support primary healthcare professionals in dissemination of health promotion messages to the public, as well as empowering their patients with chronic diseases and their carers in self-management skills. The RFs are being reviewed and updated regularly in accordance with latest scientific evidence, and training activities have been organised to encourage the use of RFs among primary care doctors.

The Primary Care Directory is a web-based electronic database containing practice information and professional qualification of primary care providers in the community to facilitate the public to search for suitable 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. As at end of 2017, there were 1 705 doctors, 426 dentists and 1 868 CMPs listed in the Directory.

To complement existing smoking cessation services, PCO launched the two-year Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP) in December 2017 to test a new model of free and opportunistic smoking cessation services provided by private primary care doctors. The pilot programme aims to improve access to smoking cessation service for smokers who may be hard to reach by other means.



# 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 332 device listing applications, processed 1 201 safety alerts and 40 adverse incident reports, and conducted 9 workshops/seminars in 2017.

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 from September 2015 to September 2016 in response to the views and recommendations of the Working Group on Differentiation between Medical Procedures and Beauty Services. The study outcome and the details of the legislative proposal were reported to the Legislative Council Panel on Health Services in January 2017. Subsequently, the Government engaged stakeholders to listen to their further views on the proposed legislation.



## **Narcotics and Drug Administration Unit**

DH operates an outpatient methadone maintenance as well as a detoxification programme for opiate drug abusers. There are 19 Methadone Clinics in Hong Kong. Clinics open daily including Sundays and public holidays. In 2017, the average number of clients registered with the scheme was around 5 800 and the average daily attendance was around 4 300.

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 supportive services, such as counselling by doctors, social workers and peer counsellors, referral to other treatment and rehabilitation services, and tetanus, hepatitis B and influenza 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.

## **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. It serves as the executive arm of the Radiation Board to exercise control on radioactive substances and irradiating apparatus under the Radiation Ordinance (Cap. 303, Laws of Hong Kong) and safeguard occupational and public health through licensing control and inspection. It also provides radiation monitoring service and arrange health surveillance service for persons engaged in radiation work and provides precision calibration service on reference radiological dosimetry instruments to radiation metrology laboratories.



In 2017, RHU assessed and processed 14 613 licences and permits applications and provided monitoring service to 12 047 persons engaged in work involving ionising radiation. The average radiation exposure of those persons engaged in work involving ionising radiation was 0.11mSv against an annual statutory limit of 20mSv.

In 2017, RHU participated in the 4th International Symposium on the System of Radiological Protection and attended the Meeting with Central Authorities on Nuclear Emergency Matter organised by the National Nuclear Emergency Response Office of Beijing.

## **Tobacco Control Office**

Smoking is the single most preventable cause of death and diseases in Hong Kong. In February 2001, DH established a Tobacco Control Office (TCO) to coordinate and enhance Government's tobacco control efforts. The Government's established policy on tobacco control is to discourage smoking through a progressive and multipronged 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 in 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 proactive inspections to locations requiring enhanced inspections. 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 18 354 complaints against smoking violations and 2 987 enquiries in 2017. Tobacco control inspectors conducted a total of 33 159 inspections to no smoking areas, and 149 summonses and 9 711 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, TCO screened 1 826 printed publications. The Office received 80 complaints, and issued 93 warning letters against 64 cases of illegal tobacco advertisements during the same period.

In 2017, TCO conducted 11 seminars on Smoking (Public Health) Ordinance (Cap. 371) with 262 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 220 000 pieces of health education materials to venue managers and the public in 2017, 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 2017, TCO conducted 27 smoking cessation seminars with over 1 000 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 7 355 telephone calls and enquiries in 2017. 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 2017, it had served the public for 40 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 2017, the number of new clients received were 10 438 and a total of 37 423 attendances at child assessment centres was recorded.

CAS continued 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 the website of CAS.

## **Clinical Genetic Service**

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 testing. 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 5 450 family attendances in 2017.

The Genetic Screening Unit operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 73% of neonates were screened by the Genetic Screening Unit in 2017, including nearly all newborns delivered in public institutions and 17% of newborns delivered in private hospitals. The remaining 83% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.5% of male and 0.4% of female infants. The incidence of congenital hypothyroidism was one in 923 in 2017.

Besides, the Genetic Screening Unit collaborated with HA 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) and was successfully completed on 31 March 2017. Over 15 100 babies



participated in the Pilot Study, with nine being diagnosed with Inborn Errors of Metabolism. The Inborn Errors of Metabolism screening service further extended to Prince of Wales Hospital in October 2017. The territory-wide programme was named as 'Newborn Screening Programme for Inborn Errors of Metabolism'. From 1 April to 31 December 2017, a total of 8 810 newborn babies received the Inborn Errors of Metabolism screening service.

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 2017, some 7 900 post-mortem examinations, 580 clinical medico-legal examinations and 26 400 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.

The PDQA comprises the Administrative Unit and six clinics, namely Education and Training Centre in Family Medicine, Hong Kong Families Clinic, Kowloon Families Clinic, Chai Wan Families Clinic, New Territories Families Clinic and Fanling Families Clinic. Clients include civil service eligible persons and patients referred to the Education and Training Centre in Family Medicine.

During 2017, in addition to providing clinical services, the PDQA provided 37 Basic Life Support Provider Courses for 615 officers and organised nine continuing medical education activities for 566 medical professionals.

The 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 (Std HS) 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 Std HS 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, scoliosis, psychosocial health and behaviour; individual counselling; health education and vaccination. Students found to have health problems are referred to a Special Assessment Centre, specialist clinic of Hospital Authority or other appropriate organisation for detailed assessment and follow-up.

During the school year 2016/17, a total of 626 262 students from 1 175 primary and secondary schools enrolled in Std HS, representing a participation rate of 91.8% and 99.2% 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 non-government organisations' (NGOs') social worker facilitators in classrooms.

In 2016/17 school year, the Adolescent Health Programme served 314 schools, reaching out to more than 65 500 students and around 300 teachers and parents. Through collaborating with different organisations and institutions, the team reached to over 900 teachers, parents and other co-workers of students to promote mental health and healthy use of Internet in the community.

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 been collaborating with the World Health Organization and sent representative to its meetings on public health implications of mental and behavioural disorders associated with excessive use of Internet and electronic devices since 2014.

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. DH published and promulgated recommendations and health tips on healthy use of Internet and electronic screen products. Std HS has developed and maintained a designated website since 2014 to promote relevant messages and make reference to International authorities with timely updates. Targeting different age groups, parents and relevant co-workers, Std HS produced cartoon animation, motion graphics and booklets with detailed information. Moreover, video clips, infographics and posters on prevention and handling of cyber bullying were disseminated through the designated website and other channels to schools, NGOs and other relevant persons.

To echo DH's 'Joyful@HK Campaign', Std HS produced an online source of practical



information and relaxation skills in 2017, the 'Emotional Health Tips' for students, parents, teachers and other general public to tackle the stress associated with school opening, examination, result release, interpersonal relationship, etc. To further reach out to adolescents to promote positive thinking and mental well-being, Std HS has launched a new website YouthCan.hk since August 2017. Through monthly upload of different themes wrapping around school life, 'infotainment', that is, information present in entertaining ways, were used to deliver what the teens need and care about including health knowledge, basic life skills as well as community resources.



# CENTRE FOR HEALTH PROTECTION

The Controller, Centre for Health Protection has the overall responsibility for the work of 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

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.

ERIB maintains close communication with professional associations (such as those of doctors, nurses and pharmacists) and NGOs, such that these organisations can help mobilise volunteers as surge capacity 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 'MOONSTONE' on 12 May 2017 at Container Terminal 8 West, Kwai Chung (Container Terminal). The exercise was aimed at assessing the interoperability of government departments and agencies in response to the detection of a source of Zika Virus Infection at the Container Terminal, as well as enhancing the alertness and readiness of relevant stakeholders in guarding Hong Kong against Zika Virus Infection and the threat of the spread of communicable disease.



ERIB organised a public health emergency exercise, code-named 'GARNET' on 30 November 2017 at Wo Che Plaza, Shatin. The exercise was aimed at assessing the interoperability of government departments and organisations in response to the detection of a case of novel influenza, testing their execution of the Preparedness Plan for Influenza Pandemic, as well as enhancing the alertness and readiness of relevant stakeholders in guarding Hong Kong against novel influenza and the threat of the spread of communicable disease.







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.

## **Port Health Office**

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

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

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

## **Electronic Health Record Management Team**

The Electronic Health Record Management Team develops and maintains a patient-centric and fully integrated Clinical Information Management System (CIMS) for DH. The CIMS supports client registration, appointment booking, as well as clinical workflows such as drug prescription and laboratory test ordering and reporting for six clinical services. Since March



2016, the CIMS has been sharing patient records with the territory-wide Electronic Health Record Sharing System (eHRSS).

## 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 setup of Centre for Health Protection (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.

The Antimicrobial Resistance (AMR) Office was set up in 2016 under Infection Control Branch to serve as an executive arm to the High Level Steering Committee and the Expert Committee on AMR to coordinate formulation of comprehensive and multisectoral policies to combat AMR.

To echo the new theme for Hand Hygiene Campaign 2017 of the World Health Organization 'Clean your hands at the right times and stop the spread of antibiotic resistance', ICB produced relevant publicity materials and disseminated to services of DH, the hospitals under HA, private hospitals and community health care settings. Hand hygiene messages were promulgated to healthcare workers through trainings, workshops and Hospital Authority Convention. ICB continued to conduct the hand hygiene audit programme to improve and sustain hand hygiene compliance in the clinical services of DH.

In July 2017, by adopting a 'One Health' approach, the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) was launched by the Government. It outlines



key areas, objectives and actions to contain the growing threat of AMR in Hong Kong. One of its key areas is to optimise the use of antibiotics for treating infections in both hospital and community settings through the implementation of antibiotic stewardship programme (ASP).

ICB rolled out a series of health promotion activities to tie in with the third World Antibiotic Awareness Week of the World Health Organization from 13 to 19 November 2017. The Antibiotic Stewardship Programme (ASP) in Primary Care and the revised edition of the Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy (IMPACT) guidelines were launched as part of the Branch's ongoing efforts to implement key measures of the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (AMR). Besides, a TV Announcement – Clean Your Hands Frequently To Keep The Germs Away was also publicised in 2017 to promote awareness of maintaining hand hygiene and fight against AMR among general public.

ICB continued to work with the key stakeholders in infection control and academia to update and develop the territory-wide infection control and clinical guidelines spanning across community, institutional and healthcare settings. ICB also collaborated with HA in developing recommendations on the clinical management of emerging infectious diseases of public health importance such as seasonal and novel influenza, Ebola Virus Disease, Zika virus, dengue fever and other vector-borne and zoonotic diseases.

To reduce the burden of healthcare associated infections (HAIs), ICB continued to collaborate with the HA to formulate a standardised report of selected antibiotic resistant bacteria of both healthcare and public health importance under the health information system of HA. ICB also conducted on-going surveillance of the healthcare associated infection (e.g. Methicillin-Resistant Staphylococcus aureus (MRSA), surgical site infection (SSI) surveillance etc.) in public hospitals. Based on strategies of the Scientific Committee on Infection Control, ICB made recommendations for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria.

Starting from 2013/14, ICB launched a successive 3-year projects to counter the emergence of multi-drug resistant organisms (MDROs) such as Vancomycin-Resistant Enterococcus (VRE), Carbarpenamase-producing Enterobacteriaceae (CPE) and multi-drug resistant Acinetobacter (MDRA) in elderly homes in Hong Kong. The initiatives rolled out in the community included:



- serial follow up on transmission risk of VRE and CPE in Residential Care Homes for the Elderly (RCHEs);
- enhancement of hand hygiene and MDRO prevention and control in RCHEs; and
- To prevent outbreaks in RCHEs, data on RCHE outbreaks in 2015-2017 were reviewed and analysed. As part of situation analysis, nine RCHEs with the most frequent outbreaks and nine RCHEs without outbreaks were selected for visit in 2018. Education and training was provided as necessary, while risk factors and protective factors were explored.

To enhance the capability of healthcare professionals in the public and private healthcare settings on infection control and infectious disease management, the training strategies were focused more on programme-based high end training, for example, combatting MDROs and controlling HAIs in special patient population. International experts have been invited to share their successful experience. Besides, ICB continued 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: Avian Influenza A (H7N9) Infection'. In 2017, ICB held 85 training activities with a total of around 8 400 attendances.

In addition, ICB promulgated the use of the IT Training Portal to provide a platform for timely dissemination of relevant information on infection control and infectious diseases. Materials complementing training forums and news in infection prevention and control were regularly updated online and were freely open to both healthcare professionals and the general public alike.

## **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 plans, implements and evaluates the Government's vaccination programmes and subsidy schemes. It coordinates and provides secretariat support to the scientific advisory structure of CHP and the Council for the AIDS Trust Fund. It coordinates



research and training activities for healthcare professionals, and liaises with international and regional health authorities to facilitate collaboration activities. It also coordinates the planning, activation and operation of quarantine centres for the asymptomatic close contacts of infectious diseases as well as isolation and evacuation of residents from affected buildings/premises.

The Vaccination Office of PMPDB is responsible for the planning and implementation of the Government Vaccination Programme (GVP), which provides free seasonal influenza vaccination (SIV) to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 and above at public hospitals and clinics. Since 2016/17, the scope of GVP has been expanded to include children between the age of six years and under 12 years or studying in primary schools who have financial difficulties and persons receiving Disability Allowance.

The Residential Care Home Vaccination Programme (RVP), as part of GVP, provides free SIV and pneumococcal vaccination to eligible residents, boarders and staff in RCHEs and Residential Care Homes for Persons with Disabilities (RCHDs) through Visiting Medical Officers (VMOs). Meanwhile, free SIV was also provided to non-institutionalized persons with intellectual disabilities (PID) from designated institutions under the RVP. To strengthen the prevention of pneumococcal infection, starting from 2017/18, in addition to the continuous provision of 23-valent pneumococcal polysaccharide vaccine (23vPPV) to eligible residents of RCHEs and RCHDs, the Government has provided an extra dose of 13-valent pneumococcal conjugate vaccine (PCV13) to these residents depending on their past vaccination history.

In 2017/18, the Government provided about 482 000 doses of free SIV to eligible persons and about 169 200 doses of free pneumococcal vaccination to eligible persons under GVP.

The Vaccination Office is also responsible for the planning, implementation and administration of Vaccination Subsidy Scheme (VSS). The VSS is delivered through private doctors enrolled in the scheme. In line with the recommendation of the Scientific Committee of Vaccine Preventable Disease (SCVPD), eligible groups for subsidized SIV in VSS 2017/18 included (i) children aged six months to under 12 years or attending primary schools in Hong Kong, (ii) pregnant women, (iii) persons with intellectual disability; (iv) persons receiving disability allowance; and (v) elderly aged 65 and above. For pneumococcal vaccinations, the target group was elderly aged 65 and above. In addition



to 23vPPV, the Government also provides subsidized PCV13 for elderly with high risk conditions starting from this season. Elderly aged 65 and above who had never received pneumococcal vaccination before and with high risk conditions should receive one dose of PCV 13 followed by one dose of 23vPPV a year later. For elderly without high risk conditions, they only need one dose of 23vPPV.

The subsidy for SIV and 23vPPV was \$190 per dose. For PCV13, the subsidy was \$730 per dose. Under the VSS, the Government would reimburse the enrolled doctors the subsidy for vaccinations provided to eligible groups at their clinics or through outreach vaccination activities. In 2017/18, around 1 700 private doctors from 2 500 clinics enrolled in the VSS to provide subsidised vaccination services. Under VSS, about 300 000 eligible persons received about 337 000 doses of subsidised SIV. For subsidized pneumococcal vaccination, about 16 600 doses of 23vPPV and about 20 600 doses of PCV13 vaccination were administered to eligible elderly.

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

The scientific advisory structure serves as a platform for members to meet regularly for deliberation and professional exchange, so as to formulate effective strategies that reinforce the local health protection system. In 2017, a total of 18 Board of Scientific Advisers meeting/Scientific Committee meetings were held and 17 scientific papers were discussed. A wide range of public health issues were deliberated and 16 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.



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 and secretariat support for the Council. In 2017, 55 ongoing programmes/projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 47 new submissions for grants in 2017/18. Among them, 31 applications were under the category of Medical and Support Services, of which 13 of them were approved. 16 applications were under the category of Publicity and Public Education, of which nine were approved. The Council also received and approved 26 claims for additional ex-gratia payment.

PMPDB serves as the hub for liaison with international and regional health authorities, facilitates collaboration activities and coordinates visits to CHP by healthcare professionals from different countries. In 2017/18, delegations of The University of Sydney, International Federation on Ageing and Tohoku University Hospital were received. CHP is one of the founding members of the International Association of National Public Health Institutes (IANPHI) and PMPDB facilitates connection with over 100 national public health agencies through IANPHI. Apart from international agencies, PMPDB establishes networks and promotes exchanges between professionals in Hong Kong and the Mainland. A total of eight visit programmes were conducted in 2017/18 with 138 visitors received, including Mainland Journalists, delegates of the Shenzhen Municipal Health and Family Planning Commission, Beijing Municipal Health and Family Planning Commission, Guangzhou Municipal Health and Family Planning Commission, National Health and Family Planning Commission, Chinese Center for Disease Control and Prevention, participants of the 'Eleventh Workshop for Managerial Cadres on Public Health Emergencies' of the National Health and Family Planning Commission and the officials of Hubei Province.

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 2017/18, a total of seven training programmes were organised or co-organised, which involved 350 participants, mainly the public health students and healthcare professionals.

PMPDB is responsible for manning the DH Task Force on Camp Confinement for the operation of quarantine centre (QC) and assisting in drawing up and updating the related protocols. PMPDB closely liaises with Leisure and Cultural Services Department (LCSD) and other related departments to make ready the government holiday camps designated for use as QCs and to enhance quarantine facilities for outbreak preparedness.

To enhance quarantine operation and infection control and minimize the disruption to normal users of the government holiday camps, it was proposed that a block of Lei Yue Mun Park (LYMP) of LCSD be renovated as a dedicated quarantine facility. PMPDB has been working closely with relevant departments and providing professional inputs for the planning and design of the renovation project.

PMPDB organised an infection control workshop in March 2018. Participating departments included Auxiliary Medical Service (AMS), Civil Aid Service (CAS), LCSD, Food and Environmental Hygiene Department, Hong Kong Police Force, Social Welfare Department, Infection Control Branch and Professional Development and Quality Assurance of DH. PMPDB also collaborated with CAS and AMS to ensure that regular testing and training on the use of personal protective equipment were conducted for the frontline staff of QC operation. PMPDB will continue to work with relevant parties for continual upkeep and improvement of operational readiness of QC operation.

## **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 specialties including 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 HA 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 World Health Organization 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.

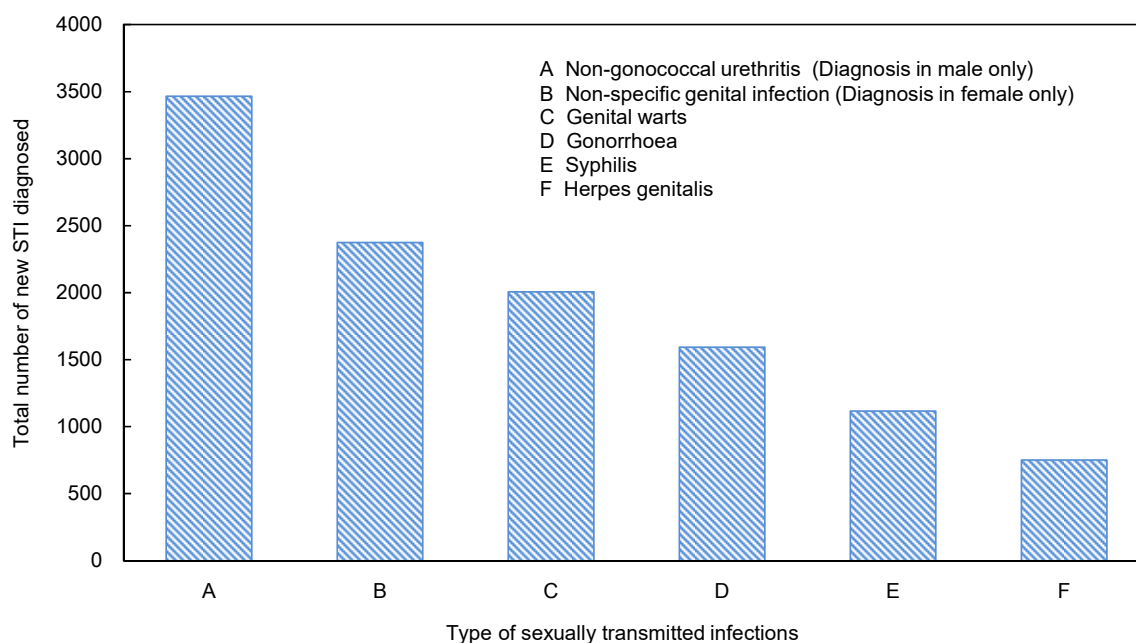
## Social Hygiene Service

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 2017, there were 151 277 total attendances and 24 991 new attendances at Social Hygiene Clinics<sup>1</sup>. Among the new attendances in 2017, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 13).

**Figure 13 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2017**



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

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



The dermatology clinics provide specialised outpatient care for patients referred for skin conditions. They are equipped with phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2017, there were 16 535 new attendances and 172 171 total attendances.

## **Special Preventive Programme**

The Special Preventive Programme (SPP) is responsible for the prevention, surveillance and clinical management of HIV/AIDS, as well as 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.

The 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, and dermatology and genitourinary medicine consultations. The HIV treatment service is mainly provided at the Integrated Treatment Centre at Kowloon Bay Health Centre. In 2017, the total clinical attendance at the SPP was 30 801, with a 4.9% increase compared with the figure of 29 357 in 2016.

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, the SPP also collaborates with community agencies in undertaking a number of projects such as the 'Red Ribbon in Action' AIDS Education Funding Scheme.

In response to the HIV epidemic predominately affecting men who have sex with men (MSM), RRC has actively participated in local lesbian, gay, bisexual and transgender (LGBT) events such as Hong Kong Lesbian and Gay Film Festival, the Hong Kong Pride Parade and Pink Dot to enhance HIV and sexually transmitted diseases prevention among target populations. RRC continued to organise LGBT movie sharing and discussion forum in eight universities in September and October 2017, to promote HIV prevention to students.



To echo UNAIDS' initiatives and to commemorate the World AIDS Day on 1 December, RRC organised World AIDS Campaign every year. In 2017, RRC collaborated with Family Planning Association Hong Kong to launch the Creative School Projects programme under the theme 'Know AIDS • No AIDS' to raise awareness on AIDS. Activities included a Student Ambassador Campaign and student-led school projects. The programme also engaged about 100 students from eight secondary schools and two universities in workshops held in July and August, which covered knowledge of HIV/AIDS and STI prevention and proper use of condom for safer sex. After the training, students organised creative activities on their own to promote AIDS awareness in campuses. A ceremony 'World AIDS Campaign 2017 – 'Know AIDS • No AIDS' Creative School Projects on HIV/AIDS Prevention Award Presentation Ceremony' was held at the podium of i-SQUARE in Tsim Sha Tsui on 18 November 2017. The event was to let the students share their works in the projects and a video composing highlights of all participating school's projects was shown. Health promotion activities were also held at a Light Rail Transit stations in Tin Shui Wai on the World AIDS Day and near Tsuen Wan MTR station on 7 December 2017 with

distribution of souvenirs and condoms.



As regards policy development, the SPP provides secretariat and operational support to the Hong Kong Advisory Council on AIDS (ACA) which advises on the overall AIDS programme in Hong Kong. The new 'Recommended Strategies for HIV/AIDS for Hong Kong (2017-2021)' was published by ACA and was announced at a press conference on 22 May 2017.

The 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 2017's World Health Organization World Hepatitis Day was 'Eliminate hepatitis'. Viral Hepatitis Preventive Service organised a Seminar on Viral Hepatitis for Nurses and Allied Health Professionals at the Hong Kong Central Library on 1 June 2017, which covered various topics related to prevention and treatment of viral hepatitis in healthcare environment. A roving exhibition on Viral Hepatitis was held in June and August to promote public awareness on prevention of viral hepatitis.

## **Tuberculosis and Chest Service**

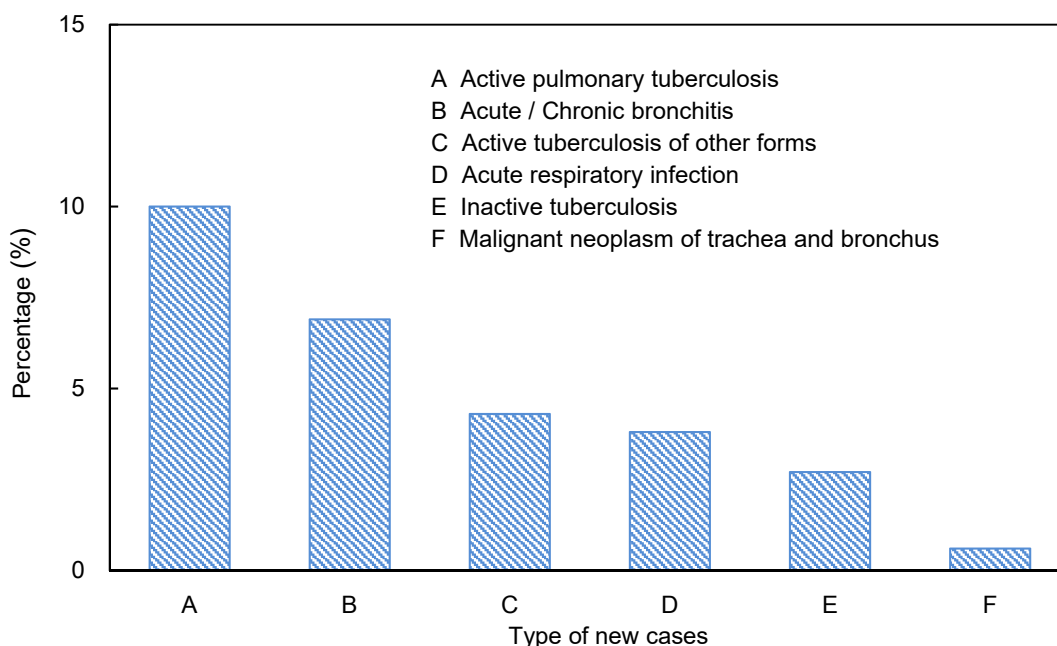
The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, Bacillus Calmette-Guerin (BCG) vaccination programme for newborns and children aged under 15, as 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 of patients with pneumoconiosis or mesothelioma, and offers related healthcare services.

The total attendance at Chest Clinics was 669 500 in 2017. 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, 2017**



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

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

## Surveillance and Epidemiology Branch

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

## Communicable Disease Division

The Communicable Disease Division (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 CDD 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, CDD 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 the 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 17th Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Communicable Diseases was held in Macau in July 2017.

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 complete rollout in 2016, 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.

CDD 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, CDD 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 (NCDs) of significance to the Hong Kong population, including the formulation of strategies in relation to cancer prevention, promotion of physical activity, reduction of alcohol-related harm, prevention of injury and promotion of men's health, etc.

The Steering Committee on Prevention and Control of Non-communicable Diseases was established in 2008 to deliberate on and oversee the overall roadmap and strategy for the prevention and control of NCDs. 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 December 2017, among the 16 actions, nine had targets achieved and seven were in progress. To stand united in the global fight against NCDs, a task force underpinning the Steering Committee was set up in 2016 to support by deliberating and proposing a set of local NCD targets and indicators based on World Health Organization guidance and making recommendations on systems, programmes and actions required to achieve effective NCD prevention and control. In January 2018, the Steering Committee formulated



and endorsed a strategy and action plan for prevention and control of NCD by 2025 which defines a set of 9 local NCD targets to be achieved by 2025.

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. DH has been in collaboration with the healthcare sector to promote cervical screening since 2004. The messages have been promulgated via 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. 'Cervical Screening Information System' has been established to serve 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.

Colorectal Cancer Screening Pilot Programme provided subsidised screening to asymptomatic Hong Kong residents in phases to prevent colorectal cancer.

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.

NCDD collects health information on health status and health-related behaviours of Hong Kong adult population through regular household surveys. The information is useful for monitoring the trend of health-related risks, which is important for planning, implementing and evaluating health promotion and disease prevention programmes. The territory-wide household-based Health Behaviour Survey (HBS) was commenced in April 2018. The HBS results were expected to be released in 2020

The second territory-wide Population Health Survey (PHS) was conducted from 2014 to 2016 to collect up-to-date information on health status and health-related issues through face-to-face household interviews and health examination. The survey had successfully



enumerated 12 022 land-based non-institutional people aged 15 or above from 5 435 domestic households with an overall household response rate of 75.4%. The findings of the PHS have been released in November 2017. Report of the PHS has been uploaded to the Centre for Health Protection website (<https://www.chp.gov.hk/en/static/51256.html>).

The 'HealthyHK' website, which was launched in February 2005, continued 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.

The Toxicovigilance Section was established in 2007, which 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 was launched in 2006/07 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 was launched in 2008. 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 pre-school children in kindergartens and childcare centres.

CHEU officially launched the 'Joyful@HK' territory-wide mental health promotion campaign in January 2016, with an aim to increase public's engagement in promoting mental well-being and to enhance their knowledge and understanding about mental health. Besides carrying out a series of mass media advertising and publicity activities, CHEU also established partnership and explored collaboration with relevant stakeholders. The 'Joyful@Healthy Workplace' programme jointly organised by DH and the Occupational Safety and Health Council was launched in August 2016 to assist employers and employees to create a joyful and healthy working environment. The 'Joyful@School' Campaign jointly organised by the Education Bureau and DH has also been launched since the 2016/17 school year in all secondary and primary schools in Hong Kong to enhance students' awareness and understanding of mental health.

Regarding the prevention of communicable diseases, CHEU disseminated health messages through various channels including the CHP website, CHP Facebook fanpage and YouTube channel, 24-hour Health Education Hotline, newspapers and media interviews, broadcasting APIs in TV/radio stations, production and distribution of health education materials to relevant stakeholders. 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 influenza season, confirmed local dengue fever and Japanese encephalitis cases and increased local scarlet fever activity, CHEU collaborated with relevant parties to enhance various publicity activities accordingly. Other health topics of public concern e.g. avian influenza, hand, foot and mouth disease, Zika virus infection, Legionnaires' Disease and vaccination schemes of 2017/18 were also the foci of publicity work.

To echo World Health Organization's World Health Day 2017, the DH ran a territory-wide



publicity and public education campaign to raise awareness of the general public about the identification and treatment of depression and to encourage those who suspect they have depression to seek help as early as possible.

CHEU, in collaboration with the Hospital Authority and relevant NGOs, has been making continuous efforts over the years to promote organ donation and encourage registration at the Centralised Organ Donation Register (CODR). In 2016, the Government set up the Committee on Promotion of Organ Donation to further promote organ donation and also introduced the Organ Donation Promotion Charter. Besides supporting activities organised by the Charter signatories, CHEU also organised large-scale activities with them, including the celebration of the Organ Donation Day and the anniversary of the launching of the CODR in November 2017.

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.

CHEU launched the revamped CHP website in December 2017 to assist members of the public to get health information more easily.

In training of personnel, CHEU organises training programmes for health promotion practitioners both within and beyond DH.

CHEU also conducts various research projects in order to evaluate the effectiveness of ongoing programmes and to assess the needs of health promotion strategies.

## **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 the Department 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 to provide information and updates about diseases of public health concern and seeks their support in disseminating health messages through their community networks. In 2017, to enhance



awareness about mosquito-borne diseases, CLD briefed members of DCs about updates on vector-borne diseases including Dengue Fever and Zika virus infection. In May and October 2017, CLD participated in the anti-mosquito public education events organised jointly by the FEHD and District Offices of the Home Affairs Department under the District-led Actions Schemes for local residents and school representatives in Eastern District, Tsuen Wan District and Tai Po District. In November, CLD disseminated health advice on prevention of seasonal influenza through setting up a game booth and distributing health education materials at a health promotion event titled [流感止埔], which was jointly organised by the Tai Po Safe and Healthy City, Alice Ho Miu Ling Nethersole Hospital and Tai Po Hospital.

CLD works with the Healthy Cities Projects (HCPs) and community groups to promote healthy living in the community through participating in their steering committees/working groups to provide 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 activity to combat the growing problem of non-communicable diseases. It aims to enhance community partnership on health promotion and to encourage community partners to 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 2017/18, the ISS Programme placed a focus on promoting 'alcohol-free healthy diet'; it also covered the topic of 'depression' to echo the theme of World Health Day 2017.

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 experiences and good practices among HCPs, community partners and health professionals. In June 2017, a sharing forum was organised under the theme of 'Beware of Marketing Traps'. Another forum on 'Depression – to echo the theme of World Health Day 2017' was organised in November 2017.

CLD 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 or telephone enquiry made to OHEU during office hours.

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 2017, OHEU produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was more than 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](http://www.schooldental.gov.hk)) to provide information on the Service 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 the 2016/17 school year, 336 539 primary school children from 626 schools enrolled in SDCS, accounting for 97% of the total primary school children population in Hong Kong. Of all school children who enrolled in 2016/17, 82.1% 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 40 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 766 354 visits by civil servants and dependents, and 102 223 visits by general public patients in 2017.



## Oral Maxillofacial Surgery and Dental Units

Curative dental services are also provided to public hospital patients and prisoners/inmates of correctional institutions. The 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 HA 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 2017, a total of 11 596 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. DH is 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 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 2017, arrangements were made for 147 officers to attend training and attachment programmes in places outside Hong Kong and 1 897 officers to receive departmental sponsorships for local courses. Over 2 600 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 communication skills, 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. DH is 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, 2 078 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 114 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2017.

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 encourages staff's suggestions to enhance the quality of services. To help staff cope with stress and anxiety arising from work pressure and personal reasons, 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 RELATIONS

DH maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in overseas conferences in 2017:

- In May, the Director of Health, as a member of the People's Republic of China delegation, attended the 70<sup>th</sup> World Health Assembly of the World Health Organization held in Geneva, Switzerland.
- In October, the Director of Health attended the 68<sup>th</sup> session of the World Health Organization Regional Committee for the Western Pacific held in Brisbane, Australia.
- DH also arranged officers to attend overseas conferences and visits, covering a broad spectrum of health-related topics. In 2017, 185 officers participated in 93 overseas conferences/duty visits held outside Hong Kong.

## COLLABORATION WITH MAINLAND AND MACAO

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

- In July, the Director of Health attended the 17<sup>th</sup> Tripartite Meeting on Prevention and Control of Communicable Diseases in Macao to share the latest information and experience in the prevention and control of communicable diseases with the health authorities of Guangdong, Hong Kong and Macao.
- In August, the Director of Health visited the National Health and Family Planning Commission, the China Food and Drug Administration and the State Administration of Traditional Chinese Medicine in Beijing to foster collaboration and discuss public health and traditional Chinese medicines issues with the health authorities.
- In December, the Director of Health visited Haikou, Hainan Province, to attend the 16<sup>th</sup> Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao organised by National Health and Family Planning Commission. The Meeting provided a platform for senior medical and health officials and experts of the Mainland, Hong Kong and Macao to share experiences and exchange views on public health and medical issues.



## 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.

The Environmental Report is available on our website :

[https://www.dh.gov.hk/english/pub\\_rec/pub\\_rec\\_er/pub\\_rec\\_er\\_previous.html](https://www.dh.gov.hk/english/pub_rec/pub_rec_er/pub_rec_er_previous.html)

## FUTURE DEVELOPMENT

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

- In order to reduce the sugar intake of preschoolers, a new initiative will be introduced to promote healthy drinks at schools.
- Develop 28 to 32 reference standards for Chinese Materia Medica (CMM) under the Hong Kong Chinese Materia Medica Standards Project every 12 to 18 months.
- Establish the Government Chinese Medicines Testing Institute at the permanent site.
- Strengthen the secretariat support to the Medical Council of Hong Kong and the Dental Council of Hong Kong in handling complaints and conducting inquiries.
- Launch a three-year programme in collaboration with NGOs to provide dental care services for adult persons with intellectual disabilities.
- 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.
- Support the Food and Health Bureau in the review of the regulation of private healthcare facilities.
- Build a new Radiological Dosimetry Calibration Laboratory and replace the existing Standard Radiological Dosimetry Calibration Facility to increase productivity on calibration, improve radiation safety and expand available reference energy calibration points to widen the scope of accuracy testing on radiation dosimeters.



- Extend the smoking ban to cover three additional bus interchanges leading to expressways or tunnels including Aberdeen Tunnel Bus Interchange, Lantau Toll Plaza Bus Interchange, and Tuen Mun Road Bus Interchange.
- Pass the Dutiable Commodities (Amendment) Bill 2017 in order to prohibit commercial sale and supply of alcohol to minors in Hong Kong.
- Continue to work on the legislative amendment on the requirements of the graphic health warnings on tobacco products, including to expand the coverage of health warning from 50% to 85% of two largest surfaces of the packet or the retail container.



## 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 CHP. Through this means of communication, DH hopes that readers could get to understand CHP better and be able to align values, beliefs and practices in support of health protection in Hong Kong.

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

Non-Communicable Diseases Watch is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of CHP's commitments in responsive risk communication and addressing the growing threats of non-communicable 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 2017. The publications issued by different services in 2017 are listed below.

- AIDS Newsletter, No.70 – 71
- Avian Influenza Report, Vol. 13, No.1 – 52
- CHP Newsletter, Issues 40 – 41
- Communicable Diseases Watch, Vol. 14, No. 1 – 26
- Community Health Partnership Communication, Issue No.19 – 21
- Cooking Happily For 1 to 2 Persons, 1st Edition (only available in Chinese)
- CookSmart, Issue No.25 – 26
- Dental Service Newsletter, Issue No.62 – 65
- EatSmart@restaurant.hk Newsletter, 2017 Issue No.1 – 3
- ESS Monthly eNewsletter, January – June, September – December 2017
- EV Scan, Week 1 – 52
- Flu Express, Vol. 14, No.1 – 52
- HIV Surveillance Report – 2016 Update



- Hong Kong Chinese Materia Medica Standards, Vol. 8
- Hong Kong STD/AIDS Update, Vol. 23, No.1 – 4
- Joyful Fruit Month eNewsletter
- Networking Voice, Vol. 23
- Newsletter of Elderly Health Service, No.44 – 46 (only available in Chinese)
- Poisoning Watch, Vol. 10, No.1
- Red Ribbon Bulletin, No.54 – 56 (only available in Chinese)
- Red Ribbon Centre Yearbook 2016
- Report on Invasive Pneumococcal Disease, No. 1 – 12
- Surveillance of Viral Hepatitis in Hong Kong – 2016 Update Report
- The Node, Vol. 19, No.1 – 2
- Travel Health Bulletin, Issue No.14



## Medical Institutions on Hong Kong Island (As at 31 March 2018)

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 2018) (Cont'd)

<b>Institutions with Services Provided by Department of Health</b>	<b>District Council District</b>
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

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
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 2018)

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 (elderly health centre)	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 , child assessment centre 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 (methadone clinic)	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 2018) (cont'd)

<b>Institutions with Services Provided by Department of Health</b>	<b>District Council District</b>
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

<b>Health Centres in Correctional Services Department</b>	<b>District Council District</b>
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 2018)

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 2018) (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 2018)

Institutions with Services Provided by Department of Health	District Council District
1. Castle Peak Hospital (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	Tsuen Wan
8. North Kwai Chung Clinic (maternal and child health centre)	Kwai Tsing
9. Princess Margaret Hospital (dental clinic)	Kwai Tsing
10. Sheung Kwai Chung Government Dental Clinic	Kwai Tsing
11. South Kwai Chung Jockey Club Polyclinic (maternal and child health centre, chest clinic and student health service centre)	Kwai Tsing
12. Tai Lam Dental Clinic	Tuen Mun
13. Tin Shui Wai Health Centre (maternal and child health centre)	Yuen Long
14. Tsing Yi Cheung Hong Clinic (maternal and child health centre)	Kwai Tsing
15. Tsuen Wan Government Offices Dental Clinic/Central Health Education Unit (Tsuen Wan Office)	Tsuen Wan
16. Tsuen Wan Maternal & Child Health Centre	Tsuen Wan
17. Tuen Mun Clinic (methadone clinic and student health service centre)	Tuen Mun
18. Tuen Mun Eye Centre (social hygiene clinic)	Tuen Mun
19. Tuen Mun Hospital (child assessment centre and dental clinic)	Tuen Mun
20. Tuen Mun School Dental Clinic	Tuen Mun
21. Tuen Mun Wu Hong Clinic (maternal and child health centre and elderly health centre)	Tuen Mun
22. Yan Oi Polyclinic (maternal and child health centre, chest clinic, dental clinic and woman health centre)	Tuen Mun
23. 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 2018) (cont'd)

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

# Appendix IV

## Statement of Expenditure by Programme 2017/18

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	886.8	0.0	886.8
2. To prevent and control diseases and reduce preventable diseases and premature deaths	4,142.2	97.6	4,239.8
3. To promote health and increase health awareness in the community and among specific target groups	269.5	92.2	361.7
4. To provide specialised out-patient treatment for various illnesses	1,009.3	3.5	1,012.8
5. To provide comprehensive assessment for children with developmental problems and disabilities	123.8	0.0	123.8
6. To contribute to Government's overall strategy for the control of drug abuse	51.9	123.8	175.7
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	1,513.7	0.0	1,513.7
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	9.6	0.0	9.6
<b>Total</b>	<b>8,006.8</b>	<b>317.1</b>	<b>8,323.9</b>

# Appendix V

## Government Medical Subventions to Voluntary Institutions 2017/18

Government Medical Subvention	Subventions for 2017/18 (\$)
<b>Recurrent Subvention</b>	
Caritas Hong Kong	8,035,041
Family Planning Association of Hong Kong	57,664,846
Hong Kong Council on Smoking and Health	23,869,886
Hong Kong Red Cross	1,395,000
Hong Kong St. John Ambulance	16,270,981
Society for the Aid and Rehabilitation of Drug Abusers	104,266,386
Tung Wah Group of Hospitals – Chinese Medicine Clinics	3,476,000
Hong Kong Christian Service	10,171,436
Tung Wah Group of Hospitals–Smoking Cessation Programme	34,000,000
Pok Oi Hospital	7,200,000
Po Leung Kuk	1,532,433
The Lok Sin Tong Benevolent Society, Kowloon	2,655,900
United Christian Nethersole Community Health Service	2,900,000
Life Education Activity Programme	2,367,250
Cartias Dental Clinics Limited – Outreach Dental Care Programme for the Elderly (ODCP)	806,560
Chi Lin Nunnery - ODCP	3,242,770
Christian Family Service Centre Dental Services Limited - ODCP	1,724,500
Haven of Hope Christian Service - ODCP	626,545
The Hong Kong Tuberculosis, Chest & Heart Diseases Association - ODCP	1,286,390
H.K.S.K.H. Lady MacLehose Centre - ODCP	483,925
Pok Oi Hospital - ODCP	4,763,630



Project Concern Hong Kong - ODCP	344,600
Tung Wah Group of Hospitals Dental Services Limited - ODCP	3,734,440
Yan Chai Hospital - ODCP	1,423,640
Yan Oi Tong - ODCP	20,745,357
<b>Total Recurrent Subventions</b>	<b>314,987,516</b>
<b>Capital Subvention</b>	
Family Planning Association of Hong Kong	760,094
Society for the Aid and Rehabilitation of Drug Abusers	1,156,180
Caritas Hong Kong	122,911
<b>Total Capital Subventions</b>	<b>2,039,185</b>