

# Department of Health



2011/2012

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Annual Report



# **Annual Departmental Report**

**by**

**Dr Constance H.Y. CHAN, JP**

**Director of Health**

It is my pleasure to present this 2011/12 Annual Report of the Department of Health which reviews the work delivered by our Department during that year and summarises the achievements of the service units in the Department.

In 2011/12, the Department of Health continued the strategic directions set out in 'Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases'. We fostered engagement with our health partners to create an environment conducive to promoting health, and promote healthy lifestyles to prevent and delay the onset of non-communicable diseases. In October 2011, we launched the 'Action Plan to Reduce Alcohol-related Harm in Hong Kong', which contains recommendations on actions for all sectors and levels, to curb the rising trend of alcohol use among adults, particularly the younger age groups, and to reduce the disease burden and social consequences attributed to alcohol drinking. In the same year, we stepped up the effort on smoking prevention and cessation among the youth through organising school-based programme against smoking and providing telephone counselling for the youth to quit smoking.

In order to enhance our capacity to respond to and handle public health crisis and major outbreaks of infectious diseases, we had developed and coordinated contingency plans, exercises and drills within and across departments. We also maintained close liaison as well as exchanged intelligence with regional and international health agencies. In 2011, the Radiation Health Unit and Port Health Office of the Department of Health participated in the public education and surveillance activities of the Government's response to the nuclear plant accident of Fukushima, Japan.

As for our regulatory role, in accordance with the recommendations of the Review Committee on Regulation of Pharmaceutical Products in Hong Kong, the Pharmaceutical Service was re-organised into the Drug Office in 2011 to strengthen the organisation capability in drug regulation. With the commencement of the requirements concerning labelling and package inserts of proprietary Chinese medicines in the Chinese Medicine Ordinance in December 2011, the regulatory regime for traditional Chinese medicines was further enhanced.

The accomplishments are attributed to my colleagues' devotion and hard work. I want to express my heartfelt gratitude to them. On behalf of our Department, I would also like to thank our partners, both inside and outside the Government, for their support and assistance. We endeavour to continue to provide top quality health services to the public.



Dr Constance H.Y. CHAN  
Director of Health



# MISSION

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

to execute healthcare policies and statutory functions.

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

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

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## MISSION

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## HEALTH OF THE COMMUNITY

### Population Indices

The mid-year population of Hong Kong in 2011 was 7.07 million. The annual growth rate of the population averaged 0.5% over the period 2002 – 2011.

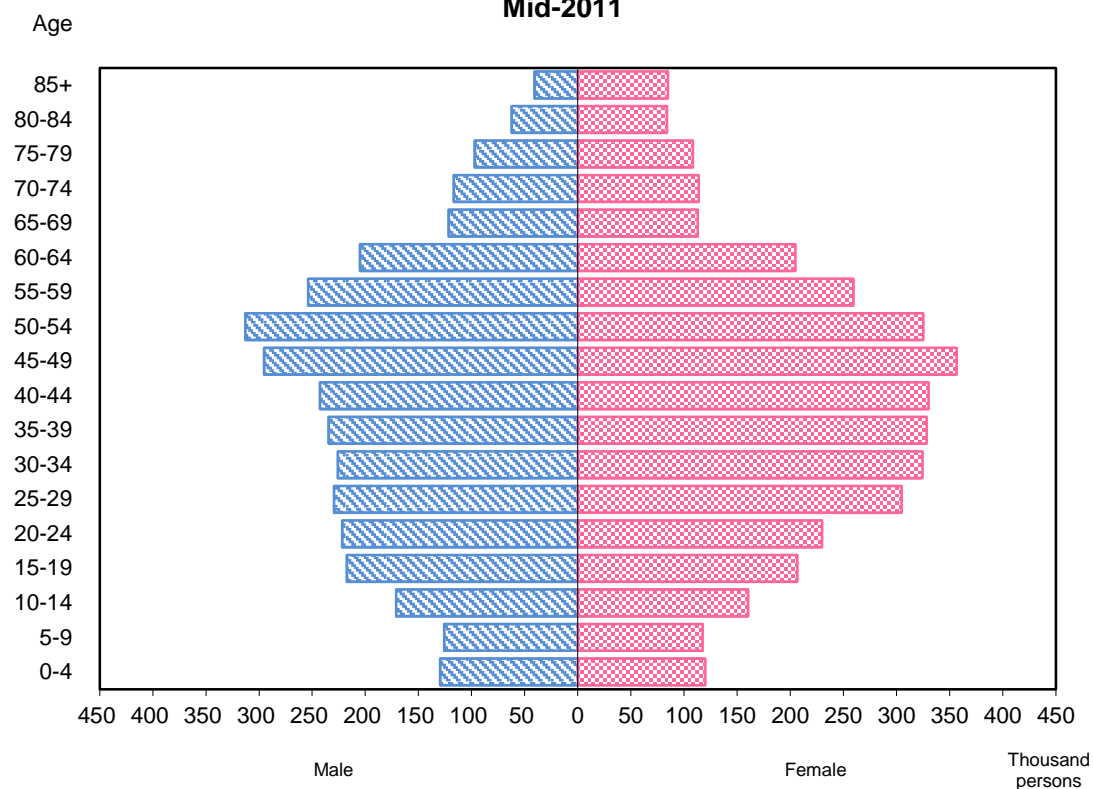
The crude birth rate in 2011 was 13.5 per 1 000 population with 95 348 registered live births. The crude death rate was 6.0 per 1 000 population, with 42 188 registered deaths.

As a result of increasing life expectancy and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2011, 13.3% of the population were aged 65 and above, the elderly dependency ratio being 177 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1991 was 8.7% and that for 2001 was 11.2%. By 2021 and 2031, the figures are estimated to be 18.9% and 26.5% respectively.

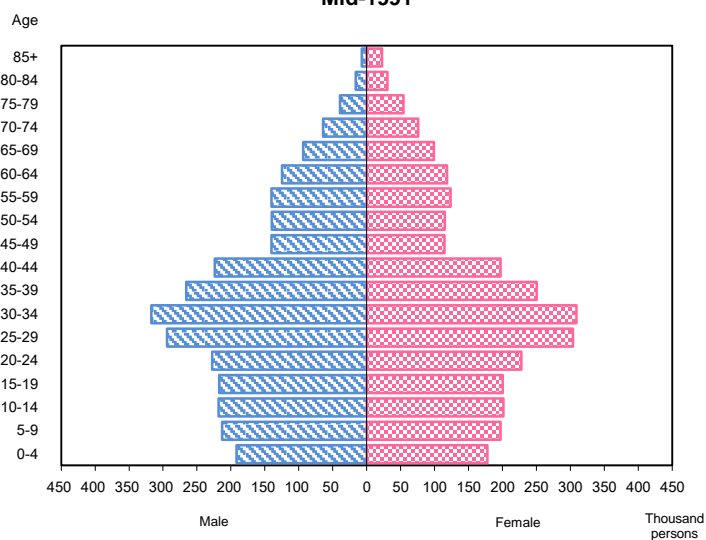


**Figure 1 : Population Pyramid, 1991, 2011 and 2031**

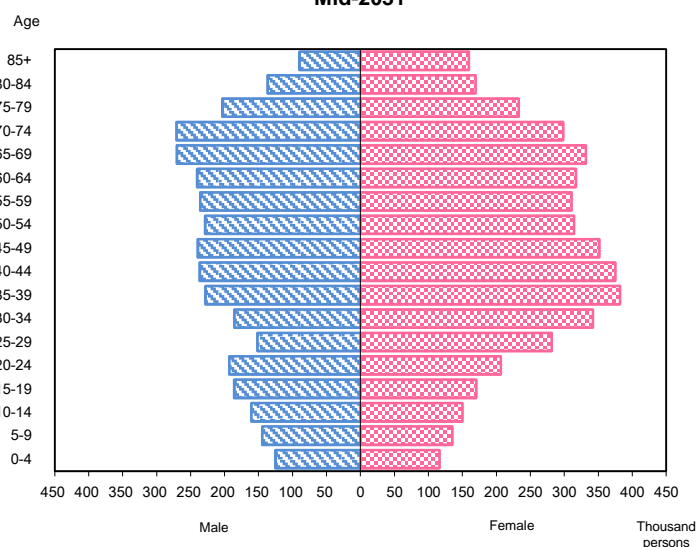
**Mid-2011**



**Mid-1991**



**Mid-2031**



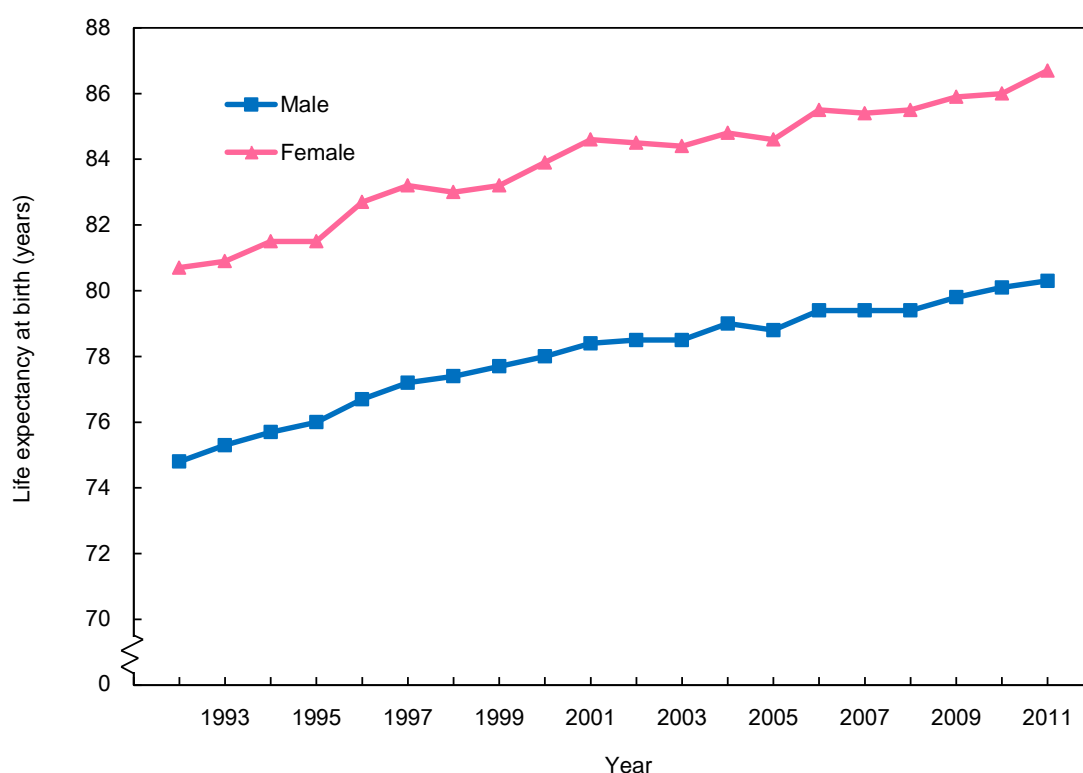
## Health Indicators

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 2011 could expect to live 80.3 years and a baby girl 86.7 years. There has been a steady rise in the life expectancy of our population over the past two decades (Figure 2), and Hong Kong was among the best in the world (Table A).

The infant mortality rate (number of deaths per 1 000 registered live births) and the under-five mortality rate (probability of dying by age 5 per 1 000 live births) in Hong Kong have been declining over the past two decades, and reached a level as low as 1.4 and 2.4 per 1 000 registered births respectively in 2011 (Figure 3). Our infant mortality rate ranked among the lowest in the world (Table B).

Maternal mortality ratio has remained low for the past two decades. In 2011, there was only one case of maternal death reported and maternal mortality ratio was 1.0 per 100 000 registered live births.

**Figure 2 : Life Expectancy at Birth (Male and Female), 1992 – 2011**

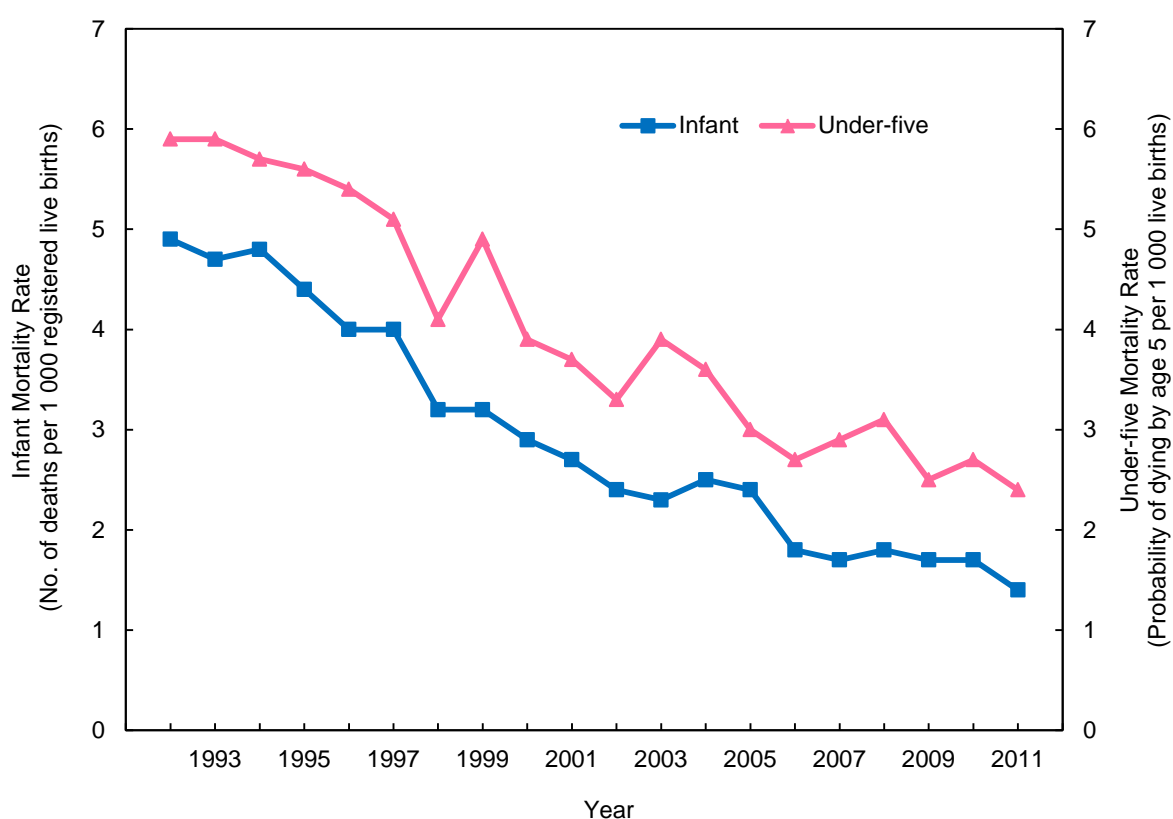


**Table A : Life Expectancy at Birth in Hong Kong and Selected Countries**

Country / Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	80.3 (2011)	86.7 (2011)
Japan	79.4 (2011)	85.9 (2011)
Singapore	79.5 (2011)	84.1 (2011)
UK	78.8 (2010)	82.7 (2010)
USA	76.3 (2011)	81.1 (2011)

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

**Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1992 – 2011**



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

<b>Country / Territory</b>	<b>Infant Mortality Rate (No. of deaths per 1 000 registered live births)</b>
Hong Kong	1.4 (2011)
Japan	2.3 (2011)
Singapore	2.0 (2011)
UK	4.3 (2011)
USA	6.1 (2011)

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

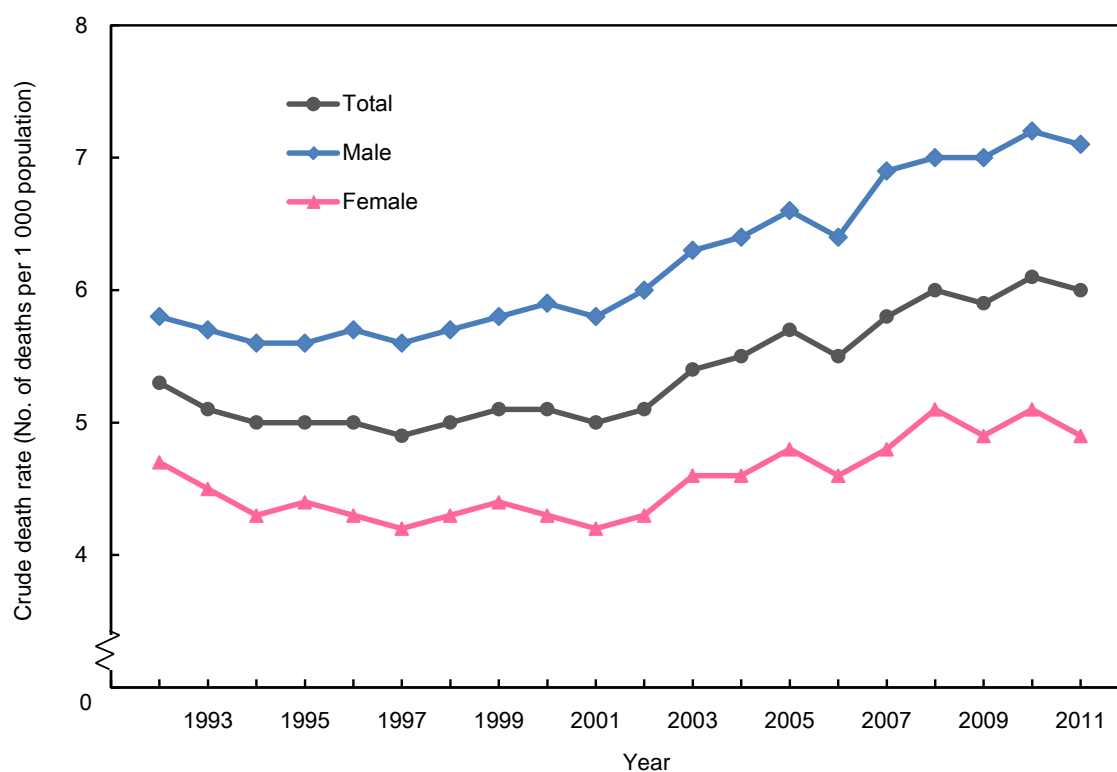
## Mortality Data

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 the Department of Health for coding and analysis.

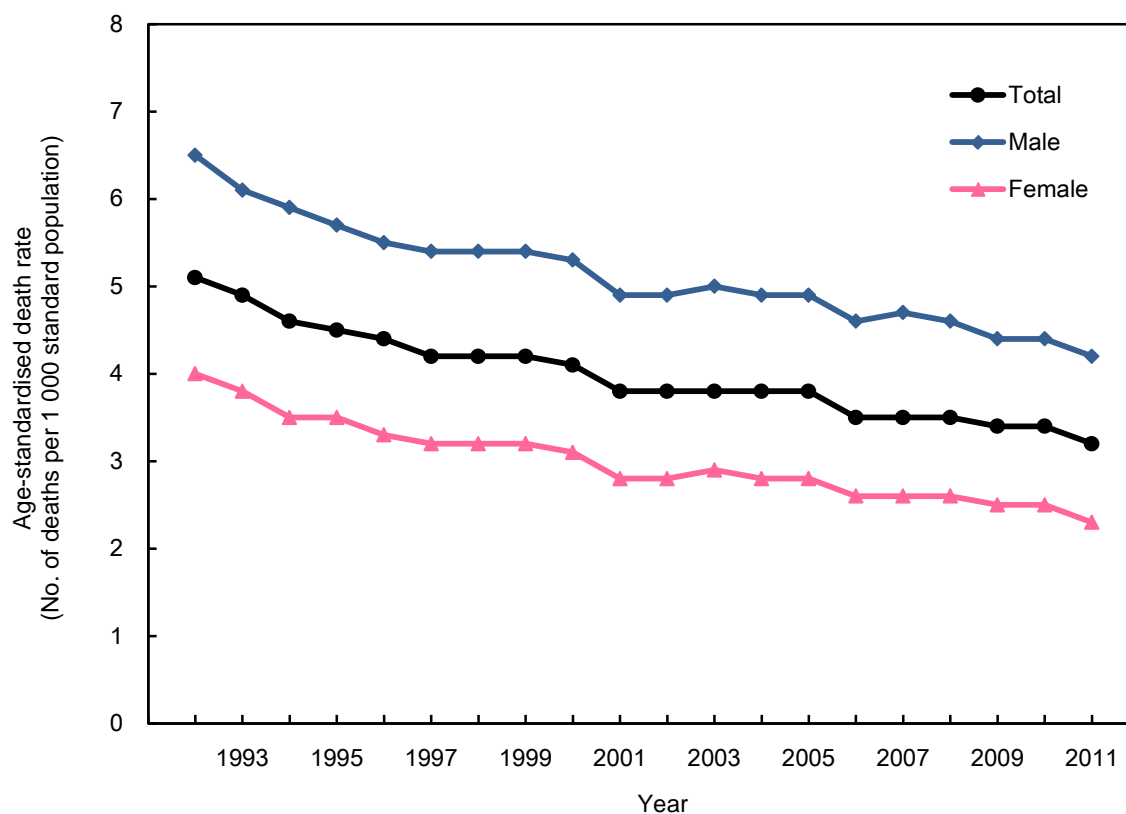
## Mortality Rate

The crude death rate in 2011 was 6.0 per 1 000 population with 42 188 registered deaths (Figure 4). The age-standardised death rate has been dropping substantially (Figure 5), from 5.1 per 1 000 standard population in 1992 to 3.2 in 2011. Compared with 1992, the age-standardised death rates for males and females were reduced by 35.0% and 41.7% respectively.

**Figure 4 : Crude Death Rate by Sex, 1992 – 2011**



**Figure 5 : Age-standardised Death Rate by Sex, 1992 – 2011**



## Leading Causes of Death

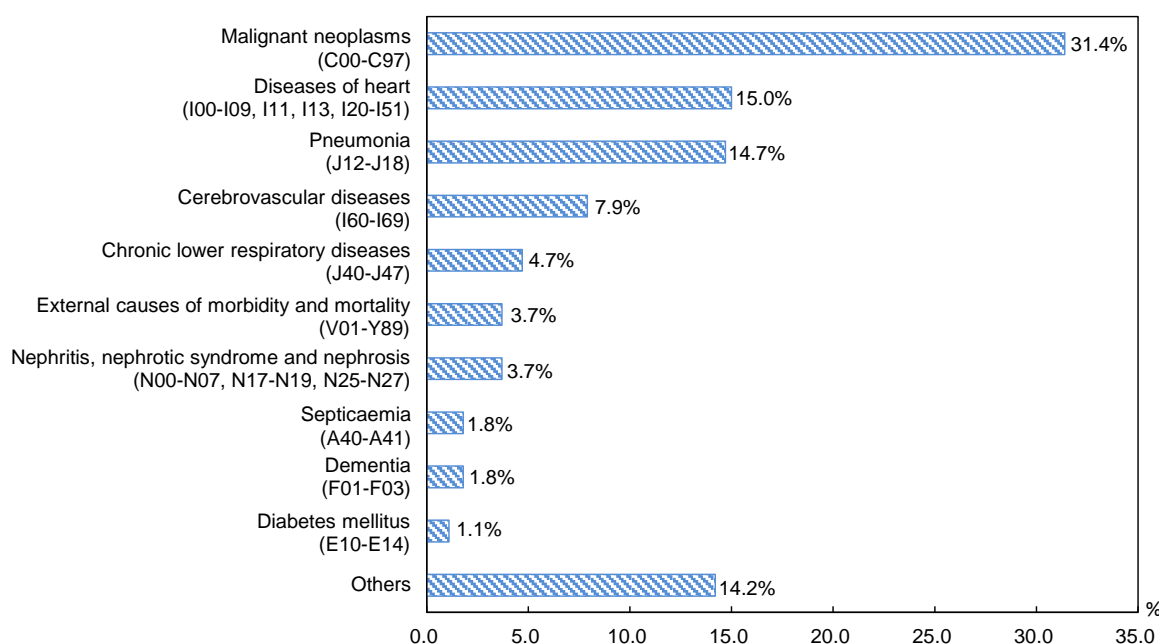
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2011 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 2011 (Figure 6) was similar to that in 2010. The top five leading causes of death in 2011 were malignant neoplasms (cancers) (31.4%), diseases of heart (15.0%), pneumonia (14.7%), cerebrovascular diseases (7.9%) and chronic lower respiratory diseases (4.7%). Table C shows the ten major causes of cancer deaths in 2011.

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

**Figure 6 : Ten Leading Causes of Death, 2011**

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



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

**Table C : Ten Major Causes of Cancer Deaths, 2011**

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	28.6
Colon, rectum and anus (C18 - C21)	14.4
Liver and intrahepatic bile ducts (C22)	11.6
Stomach (C16)	5.2
Breast (C50)	4.2
Pancreas (C25)	3.8
Nasopharynx (C11)	2.7
Oesophagus (C15)	2.5
Leukaemia (C91 – C95)	2.5
Non-Hodgkin lymphoma (C82 - C85)	2.3
Others	22.2

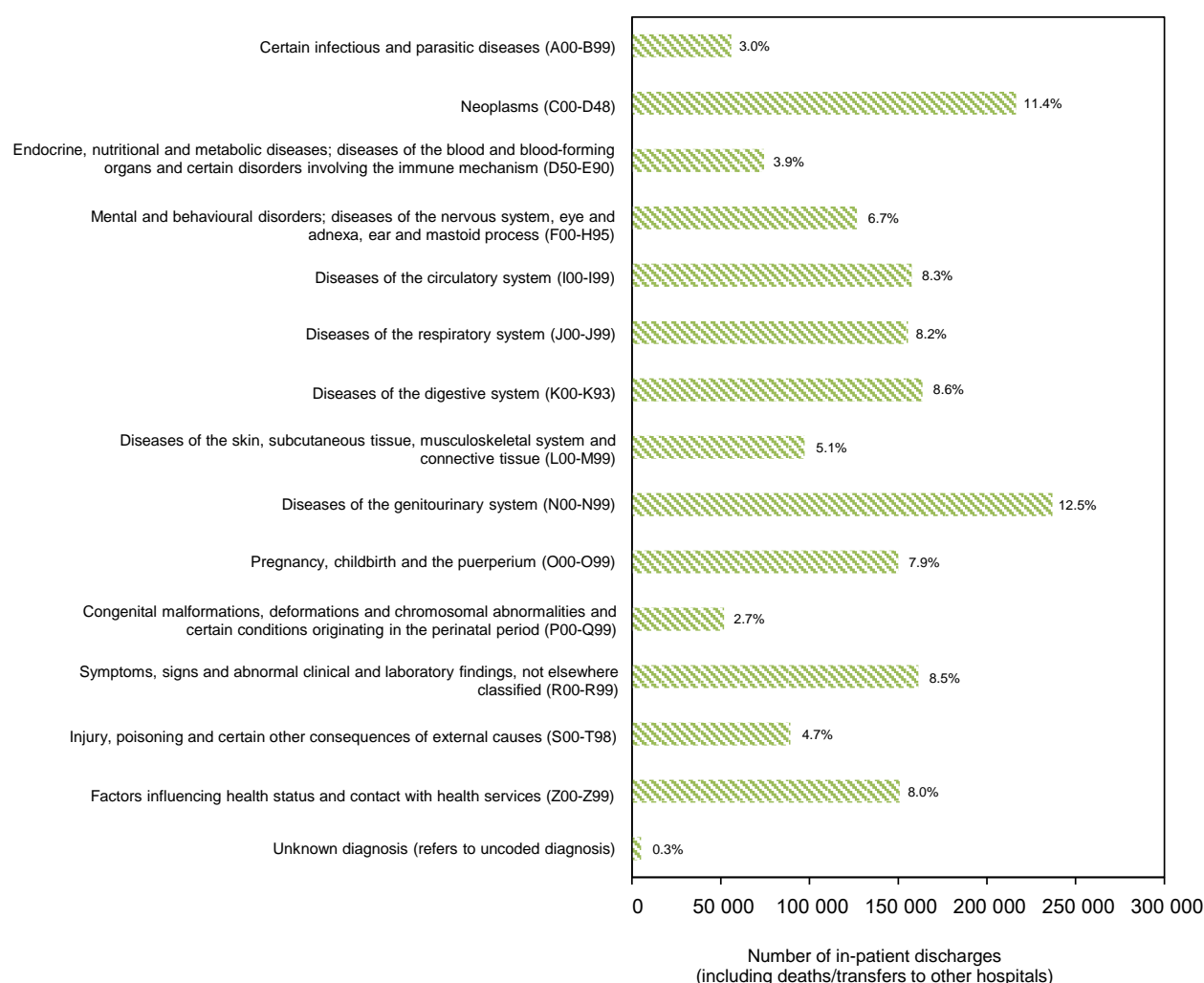
Note : The percentage may not add up to 100% due to rounding.

## Hospitalisation Data

Information on hospitalisation collected from private and public hospitals is an important source of morbidity data. The total number of in-patient discharges (including deaths and transfers to other hospitals) in 2011 was 1 893 985. The leading causes of hospitalisation reported in 2011 (Figure 7) were similar to those of previous year.

**Figure 7 : Leading Causes of Hospitalisation, 2011**

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



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

## Disease Surveillance

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



# Infectious Diseases

## Notifiable Infectious Diseases

According to the Prevention and Control of Disease Ordinance (Cap. 599), there were 47 notifiable infectious diseases in 2011 (Table D). Medical practitioners are required to notify the Department of Health of all suspected and confirmed notifiable infectious diseases. The Department of Health will conduct surveillance and initiate control and prevention of the infectious diseases.

**Table D : List of Notifiable Infectious Diseases, 2011**

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

Note : \* Added to the list of statutory notifiable infectious diseases to replace *Escherichia coli* O157:H7 infection since 10 June 2011.

In 2011, a total of 21 798 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2011 were chickenpox (13 633 cases), tuberculosis (4 794 cases) and scarlet fever (1 526 cases) constituting 91.5% of these notifications. The number of notifiable infectious diseases recorded in 2011 increased by 17.3% as compared with 18 588 cases (excluding the reports of human swine influenza) in 2010.

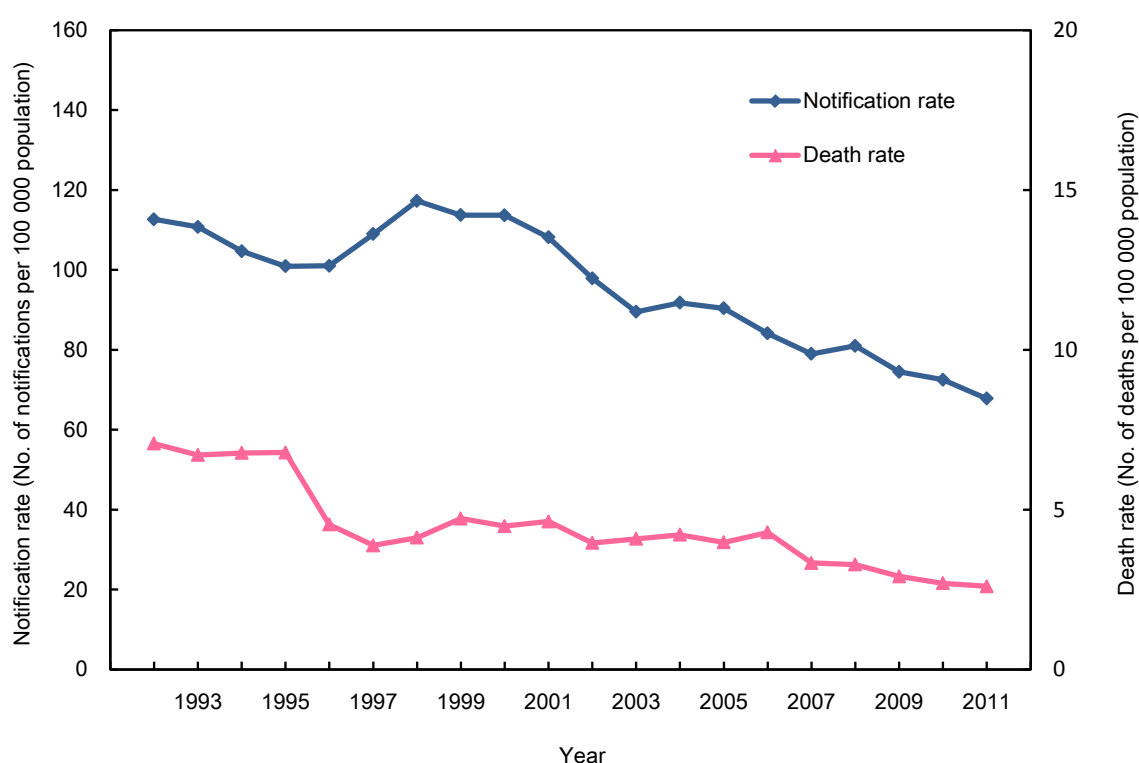
## Chickenpox

There were 13 633 notifications of chickenpox in 2011. The number increased by 17.6% as compared with 11 595 cases in 2010. Similar to previous years, the majority (69.7%) of cases occurred among children aged under ten.

## Tuberculosis

In 2011, the number of tuberculosis notifications was 4 794 and the notification rate was 67.8 per 100 000 population. Compared with 2010, the number of notifications decreased by 5.9% and the notification rate decreased by 6.5% (Figure 8).

**Figure 8 : Notification and Death Rates of Tuberculosis, 1992 – 2011**



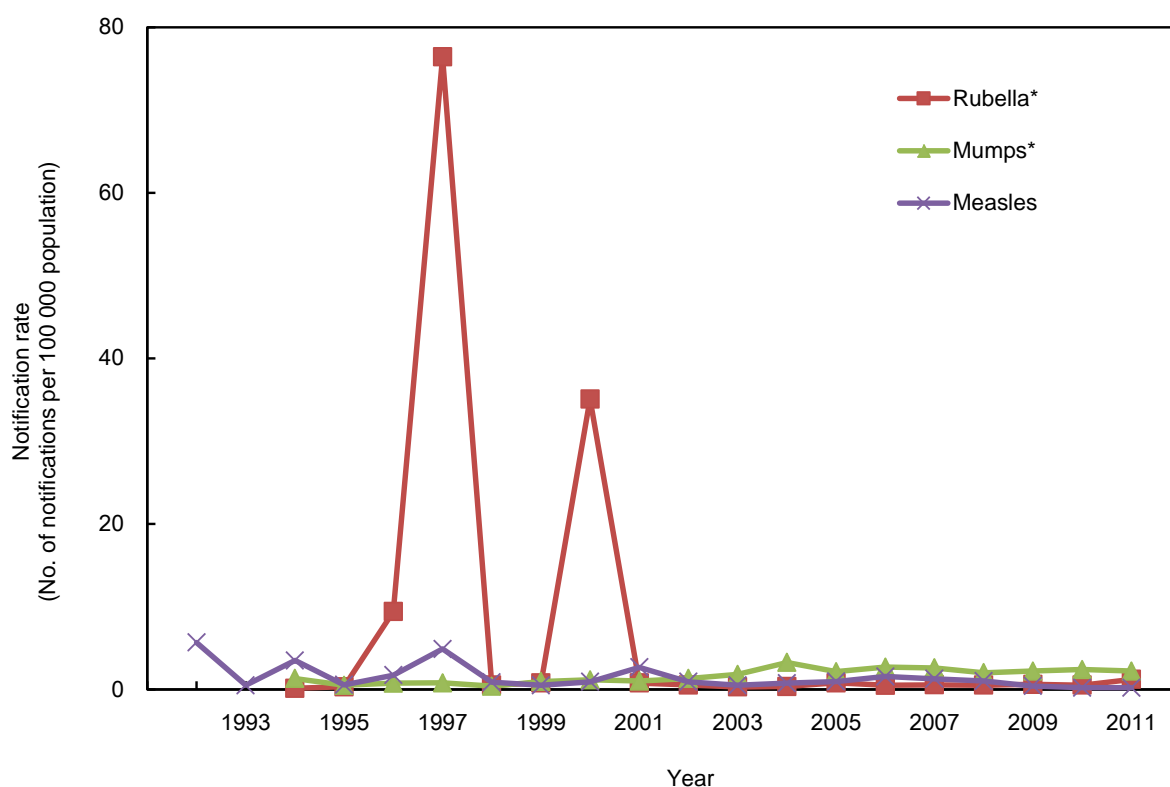
## Viral hepatitis

There were 240 notifications of viral hepatitis in 2011, of which 46 were hepatitis A, 70 were hepatitis B, five were hepatitis C and 119 were hepatitis E. Compared with 2010, the number of notifications for hepatitis A, hepatitis B and hepatitis C decreased by 29.2%, 4.1% and 54.5% respectively. The number of hepatitis E notification was similar to that of 2010.

## Vaccine preventable diseases

There were 153 cases of mumps, 12 cases of measles, 84 cases of rubella, 23 cases of whooping cough and one case of tetanus notified to the Department of Health in 2011. There was no notification for congenital rubella syndrome in 2011. The number of notifications of vaccine preventable diseases remained low. The coverage rates of vaccines included in the childhood immunisation programme were very high. The trends of some vaccine preventable diseases are shown in Figure 9.

**Figure 9 : Notification Rates of Some Vaccine Preventable Diseases, 1992 – 2011**



Notes : \* Notifiable since 1994.

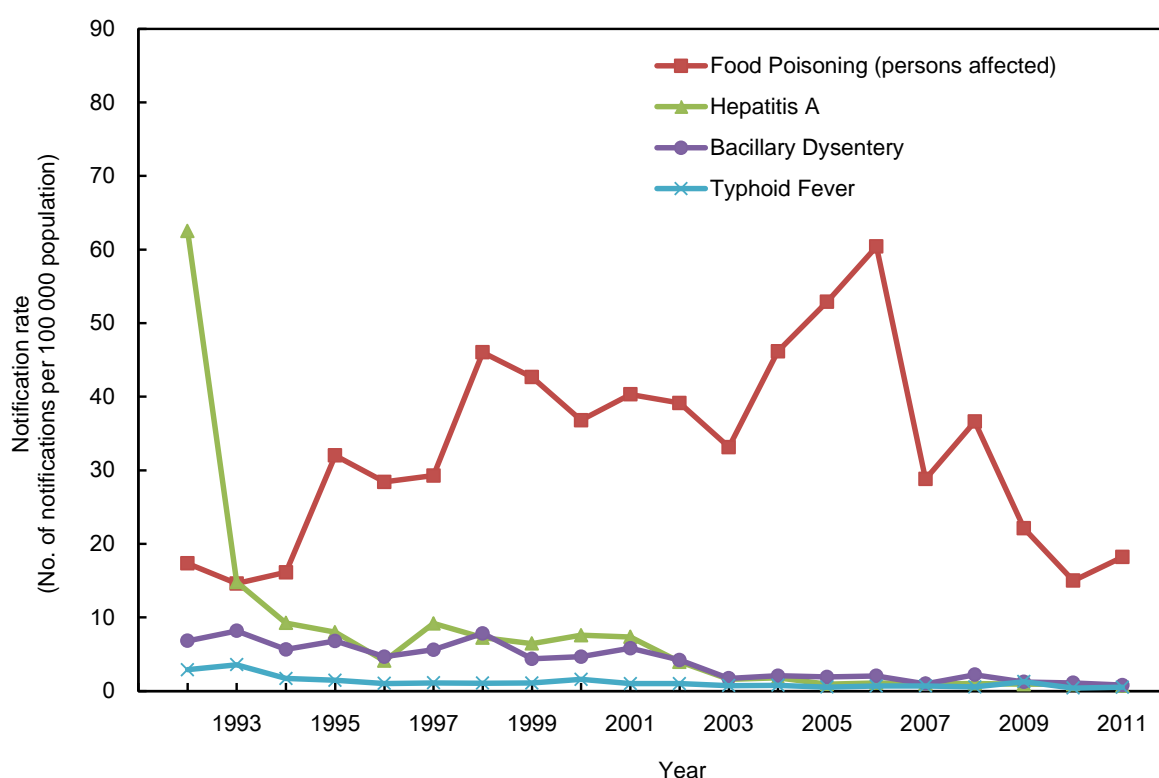
Case definition for mumps has been changed in 2003.

## Foodborne diseases

In 2011, there were 340 cases of food poisoning outbreak, with 1 284 persons affected, 54 cases of bacillary dysentery, 34 cases of typhoid fever, 21 cases of paratyphoid fever, two cases of cholera and three cases of Shiga toxin-producing *Escherichia coli* infection.

Bacteria remained the major cause of food poisoning outbreaks, accounting for 79.1% of all outbreaks. About 12.6% of all outbreaks were laboratory-confirmed and the most common causative agents were *Salmonella* species and *Vibrio parahaemolyticus*. Food poisoning caused by chemicals or biotoxins was also reported. There were 19 outbreaks (43 persons affected) caused by ciguatera toxin. Figure 10 shows the trends of common foodborne diseases.

**Figure 10 : Notification Rates of Common Foodborne Diseases, 1992 – 2011**





## Vector-borne diseases

There were 30 dengue fever cases reported in 2011, all of which were imported cases who had mainly travelled to Asian countries and areas such as the Philippines, Thailand and India.

There was one local case of Japanese encephalitis recorded in 2011.

As for malaria, 41 cases were reported in 2011. Twenty-two cases were caused by *Plasmodium vivax*, 14 by *Plasmodium falciparum*, three by *Plasmodium malariae* and one by *Plasmodium ovale*. There was one case caused by both *Plasmodium vivax* and *Plasmodium falciparum*. All malaria cases in 2011 were imported, mainly from Southeast Asia (19 cases) and Africa (14 cases). Two fatal cases were reported in 2011.

In 2011, there were 39 reported cases of typhus and other rickettsial diseases, with seven scrub typhus, 20 spotted fever, two urban typhus and 10 unclassified cases.

## Other Infectious Diseases

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

The HIV surveillance programme of the Department of Health has an important role in monitoring the trend of HIV infection for the formulation of healthcare and prevention programmes. The surveillance programme collects data regularly through voluntary anonymous reporting system, prevalence studies and behaviour surveys among selected high-risk communities. All personal information is kept confidential. At the end of 2011, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 5 270 and 1 267 respectively. Sexual transmission continued to be the most important mode of spread of the infection.

A sentinel surveillance system is in place in Hong Kong to monitor influenza-like illness, hand, foot and mouth disease, acute conjunctivitis, acute diarrhoeal diseases and



antibiotic resistance. The system operates through the support of a network of some 60 General Out-patient Clinics in the public sector and around 50 doctors in the private sector.

Results of the influenza-like illness sentinel surveillance showed that the peak months in 2011 were around January to March, and that of the hand, foot and mouth disease showed that the disease activity in 2011 was low compared with that of 2010 when there was an upsurge.

Sentinel surveillance on acute conjunctivitis and acute diarrhoeal diseases aims to monitor the disease trend and identify the causative agents of these two diseases. The consultation rates for acute conjunctivitis and acute diarrhoeal diseases remained stable at baseline level throughout 2011.

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

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

## Occupational Diseases

Under the Occupational Safety and Health Ordinance (Cap. 509), all medical practitioners are required to notify the Labour Department of cases of occupational diseases specified in Schedule 2 of the Ordinance. The Occupational Health Service of the Labour Department will, upon receipt of such notifications, investigate the causes of the occupational diseases and advise the employers and employees on necessary remedial and preventive measures. In 2011, there were 353 cases of confirmed occupational diseases, increasing by 124 cases as compared with 229 in 2010. The most common occupational diseases were occupational deafness, tenosynovitis of the hand or forearm, silicosis and tuberculosis. Relevant figures of the cases of confirmed occupational diseases are set out in Table E. The coverage of the Occupational Deafness (Compensation) Ordinance (Cap. 469) has been extended to employees with noise-induced monaural hearing loss in April 2010. In 2011, there were 69 such cases.

**Table E : Confirmed Cases of Occupational Diseases, 2010 and 2011**

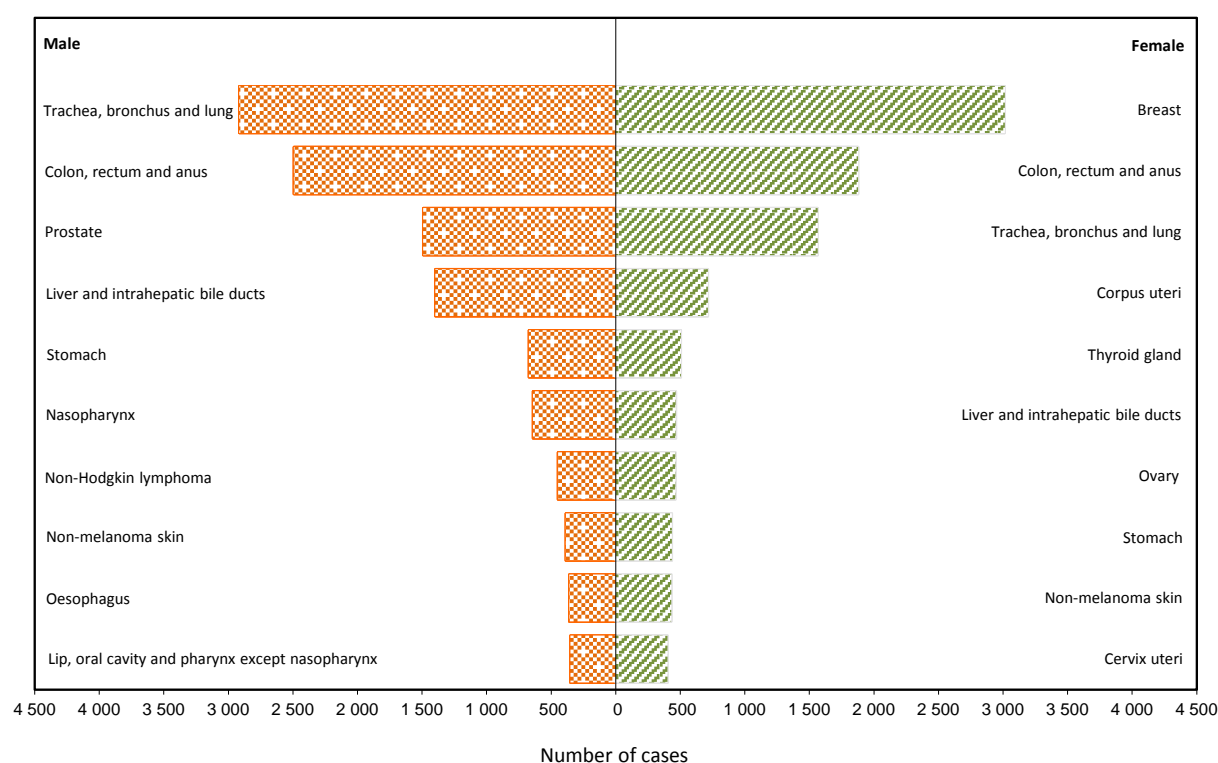
Disease	Number of Cases	
	2010	2011
Occupational deafness	70	157
Tenosynovitis of the hand or forearm	48	70
Silicosis	61	63
Tuberculosis	11	17
Mesothelioma	12	13
Gas poisoning	17	11
Asbestosis	1	9
Occupational dermatitis	5	7
<i>Streptococcus suis</i> infection	3	1
Others	1	5
<b>Total</b>	<b>229</b>	<b>353</b>

Source : Occupational Health Service of the Labour Department.

# Cancer

The Hong Kong Cancer Registry under the Hospital Authority has provided population-based cancer incidence data. The types of cancers with the highest incidence in 2010 are shown in Figure 11. Lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively.

**Figure 11 : Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 2010**



Source : Hospital Authority.

## Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2011 to collect territory-wide data on health related behaviours among the Hong Kong adult population. The survey provided useful information to facilitate planning, initiating, supporting and evaluating health promotion and disease prevention programmes. The survey reported that close to two-fifths (38.0%) of people aged 18 – 64 were overweight / obese; more than half (50.1%) of respondents reported little leisure-time physical activity (less than once a week) and about one-fourteenth (7.4%) of the respondents reported binge drinking in the past 30 days.





## Poisoning Incidents Notification

The Department of Health received a total of 148 notifications in 2011. After investigation, 73.0% of the notifications were determined to be poisoning incidents. These incidents were related to Chinese medicines, heavy metals, slimming products and oral products containing undeclared Western medicines.

## HIGHLIGHTS OF THE YEAR 2011

### January

- Organised the 10th Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Infectious Diseases in Hong Kong. Guangdong, Hong Kong and Macao health authorities had agreed to further strengthen mutual communication and co-operation in combating infectious diseases.
- Launched a designated 'Change for Health' website as one of the important initiatives of the Department of Health in the prevention and control of non-communicable diseases, and launched a poster campaign featuring the health message '食得健康，出力運動，你好叻！' to motivate the public to make changes towards a healthier lifestyle.



- Launched a 2-year Pilot Infection Control Stewardship Programme in residential care homes for the elderly (RCHEs) jointly with the Community Nursing Service, the Community Geriatric Assessment Team and the Department of Microbiology of the Hospital Authority to understand and improve the current infection control practices in RCHEs and to gain further understanding on the current burden of infectious diseases in the RCHE population.

- Organised an organ donation promotion activity with the support of Customs Inspector Hui Sai-man, who donated part of his liver to save the life of a colleague, at the Hong Kong Brands and Products Expo.
- Organised a seminar on 'Strategies and skills to enhance children's language ability through storytelling' to promote the use of storytelling as the platform to facilitate children's language acquisition. Two booklets titled '良方妙法說故事' and '帽子掉了', which were published by speech therapists of Child Assessment Service, were distributed to all participants of the seminar.

## February

- Published the 'Hong Kong Chinese Materia Medica Standards Volume III' and distributed it via the Chinese Medicine Division website.
- Conducted an infection control training for staff working in the beauty industry.

## March

- Collaborated with various Government departments in carrying out impact assessment and public education activities related to the Fukushima Nuclear Plant Accident.
- Hosted the World Health Organization International Classification of Traditional Medicine Annual Network Meeting to discuss and develop the International Classification of Traditional Medicine Project.
- Signed a cooperation agreement with the China Medical University of Taiwan for sample collection and research on Chinese herbs under the Hong Kong Chinese Materia Medica Standards Project.
- Organised a 3-day HIV / AIDS Response Indicator Development Workshop and invited Dr. Tim Brown, Senior Fellow of East-West Center in the University of Hawaii, Honolulu, USA as speaker.

- Organised awareness programmes in collaboration with the Hong Kong Tuberculosis, Chest and Heart Diseases Association and the Hospital Authority, to echo the World TB Day.
- Conducted a two-day workshop on the control of multi-drug resistant organisms (MDROs) in healthcare settings.
- Conducted a sharing session to promote proper use of antibiotics for primary care doctors.

## April

- Held the Launching Ceremony of Primary Care Campaign on 10 April to signify the kick off of a series of health promotion and publicity activities on primary care. The objectives of the Campaign were to enhance public knowledge and understanding of primary care, and to promulgate the message of teaming-up with family doctors and other primary care providers as partners for better health.



- Launched the sub-directories of doctors and dentists of the Primary Care Directory. The Directory is a web-based platform containing personal and practice-based information of different primary care providers to help the public find their primary care providers.
- Co-hosted Expert Consultation on Approaches and Priorities for the Optimal Use of Medical Devices in Hong Kong from 11 to 13 April with the Western Pacific Regional Office of the World Health Organization.

- Organised a round table discussion on strategies of MDROs control jointly with the Hospital Authority on 6 April. Infectious disease specialists, infection control officers and nurses, public health doctors and nurses, as well as the overseas expert, Professor Herman Goossens from the University of Antwerp, Belgium participated in the discussion.
- Collaborated with the Hospital Authority to organise a Ceremony of Celebration on World Health Day on 7 April and a Scientific Symposium on Antimicrobial Resistance to echo the World Health Organization's leadership in fighting against antimicrobial resistance.



- Organised a seminar and workshop on Infection Control Stewardship Programme in RCHEs, in collaboration with the Hospital Authority Infectious Diseases Control Training Centre.
- In collaboration with Licensing Office of Residential Care Homes for the Elderly of Social Welfare Department, training workshops for staff of RCHEs on drug management, infection control, dementia care, elderly abuse, management of emotional problems of staff and staff supervision were organised in April, May, July, September and November.

## May

- Conducted a cross-boundary public health exercise with Shenzhen Entry-Exit Inspection and Quarantine Bureau at Shenzhen Bay Port on 9 May, to enhance communication and coordination between Hong Kong and Shenzhen in the event of a public health incident.



- Launched the 'Sporty Bunny' Community Programme to promote physical activity, such as brisk walking and stair climbing.
- Conducted another territory wide oral health survey after the first one in 2001 to monitor the oral health status of our population.

## June

- Collaborated with the University of Hong Kong's Youth Quitline to provide peer-led counselling.
- Conducted an infectious diseases outbreak management and infection control training programme for staff working in Correctional Service Department.

## July

- Published 'Happy Retirement' for promotion of healthy retirement.
- Co-organised the annual Principal Summit for Primary Schools with the Education Bureau to promote healthy eating in schools. During the summit, awards were presented to schools which had achieved the 'EatSmart School' accreditation.



- Organised the Health Promotion Sharing Forum on the subject of 'Health Promotion for Ethnic Minorities'.

## August

- Commissioned Life Education Activity Programme to organise smoking prevention programme for primary schools through mobile classrooms.

## September

- Reorganised former Pharmaceutical Service into Drug Office to strengthen the organisation capacity in drug regulation.
- Co-organised the 28th International Conference with the International Society for Quality in Health Care, to enhance patient safety and promote hospital accreditation. The theme of the conference was 'Patient safety: Sustaining the Global Momentum'.

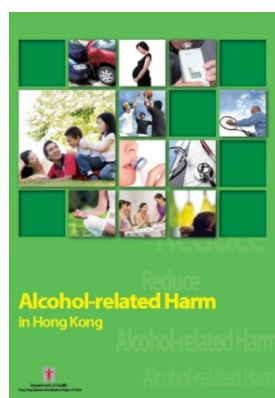


- Launched two vaccination subsidy schemes namely Childhood Influenza Vaccination Subsidy Scheme and Elderly Vaccination Subsidy Scheme 2011/12 on 26 September. Childhood Influenza Vaccination Subsidy Scheme encouraged influenza vaccination among children between the age of six months and less than six years, while Elderly Vaccination Subsidy Scheme encouraged elders aged 65 or above to receive influenza vaccination and pneumococcal vaccination. Eligible persons could receive subsidised influenza vaccination at enrolled private doctors' clinics until 31 July 2012. Subsidised pneumococcal vaccination for the elderly were provided throughout the year.



## October

- 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 'Action Plan to Reduce Alcohol-related Harm in Hong Kong' at the Seminar on Alcohol and Health and disseminated it via the Department of Health and Centre for Health Protection websites.





- Launched the Love Teeth Campaign to promote proper care of teeth by daily flossing, and initiate to seek dentists' advice on gum condition to prevent periodontal disease.



- Organised the 2011 Sentinel Surveillance Seminar for private medical practitioners participating in infectious disease sentinel surveillance system.

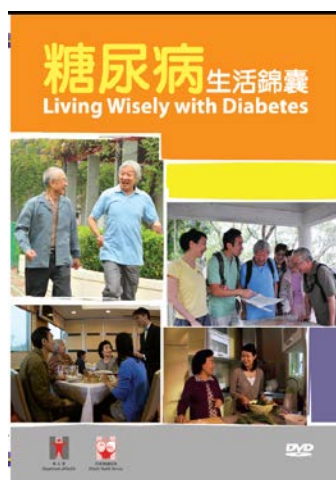
## November

- The National Institutes for Food and Drug Control under the State Food and Drug Administration signed an agreement with the Department of Health to participate in the Hong Kong Chinese Materia Medica Standards Project.



- Launched a free mobile phone application for the 'Hong Kong Chinese Materia Medica Standards Volume I'.

- Launched a new DVD 'Living Wisely with Diabetes', which aimed at promoting a better understanding of diabetic control, including principles of dietary management, exercises, medication, travel tips, daily living skills and psychological adjustment.



- Conducted an Aircraft Crash & Rescue Exercise at the Hong Kong International Airport with Airport Authority to enhance emergency response to aircraft accidents.
- Organised the Symposium on Emergency Preparedness and Management of Mass Fatalities to provide a platform for overseas experts and local professionals to share experiences on mass disaster management.
- Held a Scientific Seminar titled '30 Years of Medical Genetics in Hong Kong' to celebrate the 30th Anniversary of Clinical Genetic Service.
- The Garden of Life at Kowloon Park was unveiled on 12 November to give recognition to organ donors and their families and to encourage the public to support organ donation. The ceremony also marked the third anniversary of the Centralised Organ Donation Register since its launch in 2008.

## December

- Commenced the provisions under the Chinese Medicine Ordinance (Cap. 549) concerning requirements for labelling and package inserts of proprietary Chinese medicines on December 1 as an additional legal measure to protect public health in Hong Kong. All provisions under the Ordinance for regulation of Chinese medicines and Chinese medicine practitioners since then had been put into effect.
- Held the Sixth International Advisory Board Meeting on Hong Kong Chinese Materia Medica Standards.
- Organised a seminar on 'Moving Towards Mother-Baby-Friendliness' cum the launching ceremony of the multimedia self-learning kit on breastfeeding to enhance the capacity of health professionals to promote optimal infant and young child feeding.



- Organised the Seminar on Tobacco Control and invited eminent international experts to give presentations on tobacco control and cessation services.
- Acquired ISO 9001:2008 certification accreditation on the quality management of the operation of public mortuaries.
- Organised the World AIDS Day 2011 Kick-off Ceremony and concert 'Getting to Zero'.

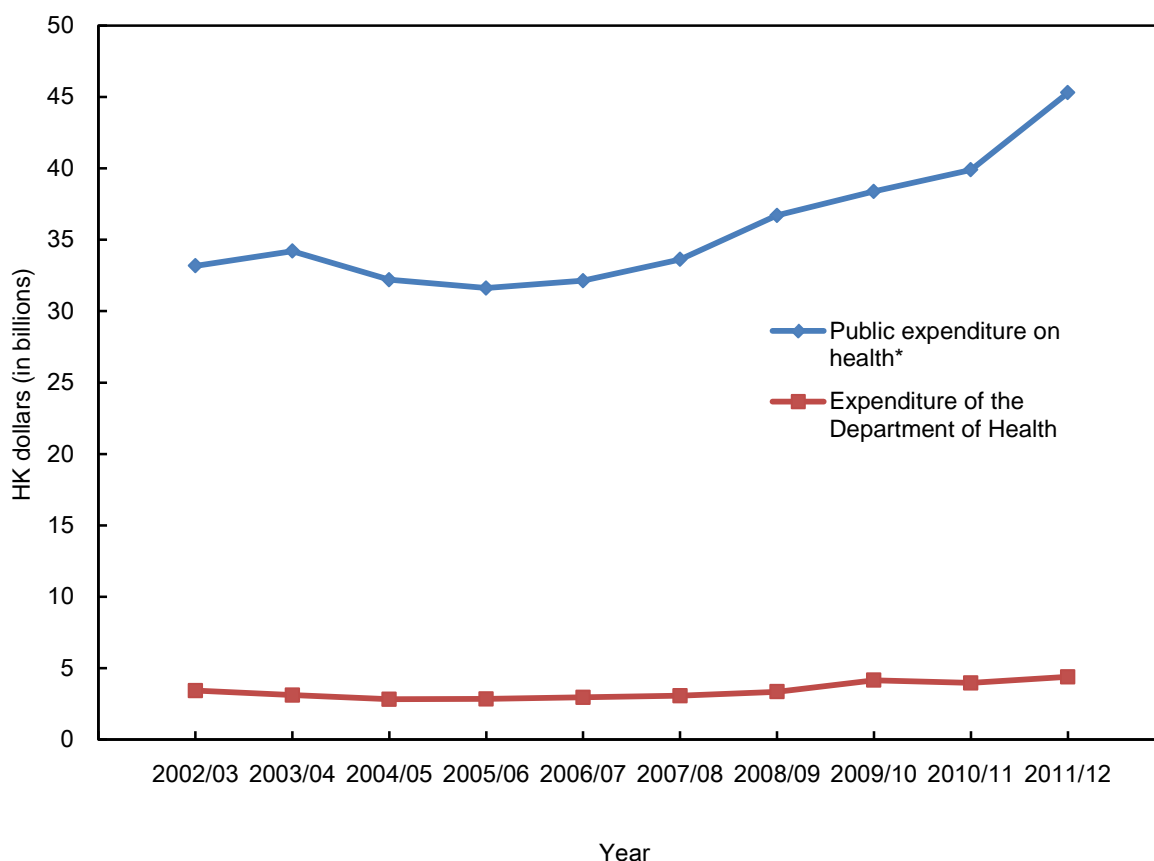
## EXPENDITURE AND MANPOWER

### Expenditure

The expenditure of the Department of Health for 2011/12 was \$4.4 billion which represented 9.7% of the total public expenditure on health for the year. There was an increase of 10.8% over that for 2010/11 (Figure 12).

Total public expenditure on health, which included expenditure of the Department of Health and the Hospital Authority, increased by 13.6% in the same period.

**Figure 12 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2002/03 – 2011/12**



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 2012, the Department of Health had a total strength of 5 507 (Table F) which corresponded to an increase of 2.3% over that in 2011.

**Table F : Strength of the Department of Health as at 31 March 2012**

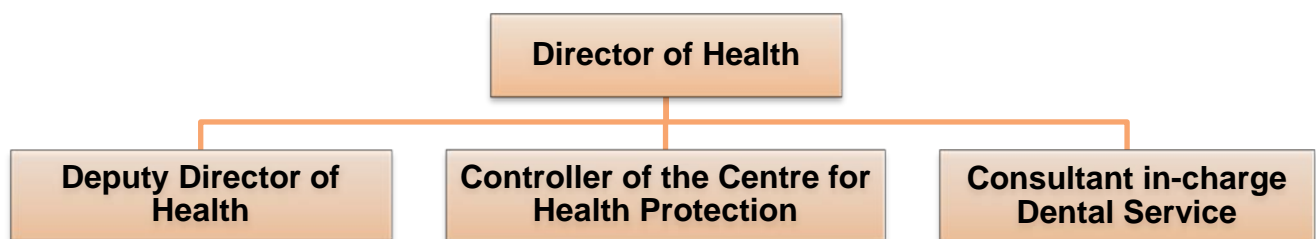
	Number	Percentage
<b>Departmental Staff</b>		
Medical and Health Officer Grade	461	8.4%
Nursing and Allied Grades	1 346	24.4%
Dental Officer Grade	261	4.7%
Para-Dental Grades	632	11.5%
Supplementary Medical Grades	633	11.5%
Other Departmental Grades	704	12.8%
<b>Non-departmental Grades Staff</b>	1 470	26.7%
<b>Total *</b>	<b>5 507</b>	<b>100.0%</b>

Note : \*In addition, there were 878 full-time contract staff as of 31 March 2012.

## HEALTH SERVICES REVIEW

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


The organisation structure



## REGULATORY AFFAIRS AND HEALTH SERVICES

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

- Chinese Medicine Division
- Drug Office
- Family and Elderly Health Services which include Elderly Health Service, Family Health Service and Health Care Voucher Unit
- Health Administration and Planning Division which includes Narcotics and Drug Administration Unit, Office for Registration of Healthcare Institutions and Tobacco Control Office
- Primary Care Office
- Special Health Services which include Electronic Health Record Management Team, Medical Device Control Office, Port Health Office and Radiation Health Unit

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

## Chinese Medicine Division

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

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

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

By the end of 2011, there were 6 484 registered Chinese medicine practitioners (including 70 registered Chinese medicine practitioners with limited registration) and 2 746 listed Chinese medicine practitioners in Hong Kong.

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

A registered Chinese medicine practitioner must hold a valid practising certificate while practising Chinese medicine. In general, a practising certificate is valid for three years. All registered Chinese medicine practitioners must fulfill the continuing education in Chinese



medicine requirements set by the 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 must first apply for a relevant licence from the Chinese Medicines Board of Chinese Medicine Council of Hong Kong, and licensed proprietary Chinese medicines manufacturers may apply to the Chinese Medicines Board for a certificate for manufacturer to certify that they follow the requirements of good practices in manufacture and quality control of proprietary Chinese medicines. The Chinese Medicine Council of Hong Kong implemented the licensing system for Chinese medicines traders on 5 May 2003. As at end of 2011, 11 706 licence and 16 Good Manufacturing Practice (GMP) certificate applications were received. Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 17 180 applications for proprietary Chinese medicines registration were received as at end of 2011.

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 and safety standards for commonly used Chinese herbs in Hong Kong. The research and laboratory work was undertaken by six local universities, namely the University of Hong Kong, the Chinese University of Hong Kong, the City University of Hong Kong, the Hong Kong University of Science and Technology, the Hong Kong Baptist University and the Hong Kong Polytechnic University. The project was conducted in phases covering 140 herbs. The research results of Phase I to IV involving 98 herbs were published in HKCMMS Volume I, II, III and IV in 2005, 2008, 2011 and 2012 respectively. The publication of Volume V which comprises 42 herbs was





underway.

The Chief Executive highlighted in his 2009 Policy Address that in order to facilitate the development of Chinese medicine, the coverage of HKCMMS Project would be expanded to about 200 herbs by 2012. The research work for these remaining 60 herbs was in progress and would be completed according to the schedule by 2012.

In order to strengthen research efforts for the HKCMMS Project, co-operation agreements were signed in 2011 with the National Institutes for Food and Drug Control, under the State Food and Drug Administration of the People's Republic of China, and the China Medical University of Taiwan.

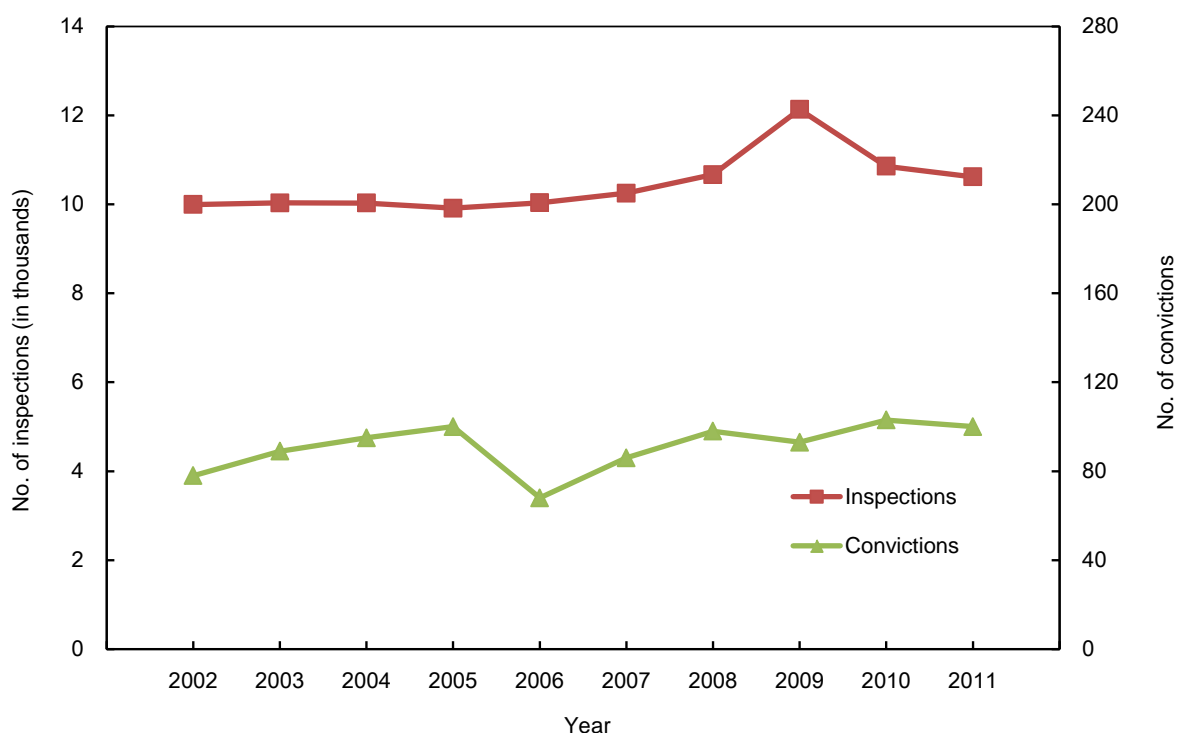
## Drug Office

In accordance with the recommendation of the Review Committee on Regulation of Pharmaceutical Products in Hong Kong calling for the establishment of a dedicated office to strengthen the organisation capability in drug regulation, the Pharmaceutical Service has been re-organised into the Drug Office with effect from 1 September 2011. The Drug Office 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. The Drug Office also provides professional support to and carries out the decisions of the Pharmacy and Poisons Board and its Committees established under the Pharmacy and Poisons Ordinance (Cap. 138) on licensing and regulatory control as well as registration of pharmaceutical products. It comprises the following four Divisions.

The Traders Licensing and Compliance Division is responsible for the enforcement of the provisions of the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance (Cap. 137), and the Dangerous Drugs Ordinance (Cap. 134) through inspection and licensing of drug manufacturers, importers, wholesalers and retailers; investigation by way of test purchases; sampling of products for analysis; and initiation of prosecutions against offenders. It is also responsible for the upgrade of Hong Kong's current GMP licensing standards to the Pharmaceutical Inspection Co-operation Scheme standards. In 2011, the

number of inspections conducted by the Traders Licensing and Compliance Division and the number of convictions were 10 618 and 100 respectively (Figure 13).

**Figure 13 : Number of Inspections by Traders Licensing and Compliance Division of the Drug Office\* and Number of Convictions, 2002 – 2011**



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 (Cap. 231). The Ordinance aims to protect the public from being induced by advertisements to seek improper self-medication or treatment, instead of consulting relevant healthcare professionals.

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, manufacturing and dispensing. The Drug Procurement and Manufacturing Unit under the Division works with the Government Logistics Department in the evaluation and selection of medicines and other pharmaceutical items for use in the Department. It is also responsible for manufacturing liquid medicines, ointments and creams. Another important function of the Drug Procurement and Manufacturing 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 the Department.

## **Family and Elderly Health Services**

### **Elderly Health Service**

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

Elderly Health Centres provide comprehensive primary healthcare programmes encompassing health assessment, counselling, curative treatment and health education. Elderly aged 65 and above can enrol as members of the centres. In 2011, the Elderly Health Centres recorded 38 985 enrolments and 172 215 attendances for health assessment and medical consultation.

Visiting Health Teams outreach into the community and residential care setting to provide health promotion programmes for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, self-care ability, and to enhance the quality of caregiving. Targeting the specific training needs of caregivers,



comprehensive and tailor-made skills training was also provided by Visiting Health Teams and the allied health professionals of the Service to caregivers in elderly homes. In 2011, Visiting Health Teams made 294 141 client-contacts.

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

Elderly Health Service will continue its mission of improving primary healthcare for the elderly in Hong Kong. In addition to being a provider of health education, Elderly Health Service will put emphasis on empowerment of the elderly and their carers through the production of health education resources in the form of printed and audio-visual materials, and will also enhance its training, benchmarking and health advisory roles in primary healthcare for the elderly so as to benefit the entire community of Hong Kong.

## **Family Health Service**

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

## **Maternal and Child Health Service**

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

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

A comprehensive immunisation programme is provided to protect infants and children from ten infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2011 is shown in Table G.



**Table G : Immunisation Programme for Children in Hong Kong, 2011**

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

The parenting programme aims to equip parents with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development,

childcare and parenting are provided to parents during the antenatal period and throughout the pre-school years of children in various format. For parents of children with early signs of behavioural problems or those who encounter difficulties in parenting, a structured group training programme on positive parenting skills is also available.

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



Health and Developmental Surveillance consists of a series of routine reviews conducted by health professionals, designed to achieve timely identification and referral of children with health and developmental problems. These include 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.

In addition, the Comprehensive Child Development Service piloted in four districts in 2005 would be extended by phases to all MCHCs. Building on existing services provided by MCHCs, Antenatal Out-patient Clinics of Hospital Authority, pre-primary institutions, Integrated Family Service Centres and other non-governmental organisations, the Service is a community-based programme delivered through the inter-sectoral partnership among



the health, education and social service sectors. It aims to identify and meet the varied needs of children and their families, and make timely referral to appropriate services. The programme is made up of the following components:

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

The maternal health service provides disease prevention and health promotion services through antenatal and postnatal care. The MCHCs collaborate with public hospitals to establish a comprehensive antenatal shared-care programme to monitor the whole pregnancy and delivery process.

Postnatal mothers are provided with physical checkups and advice on family planning. They are also given support to adapt to changes in life through individual counselling. Pregnant and postnatal women with psychosocial problems will be referred to psychiatry departments in hospitals of the Hospital Authority for follow up or to Integrated Family Service Centres to receive social services support as necessary.

In 2011, about 75% of all local newborns and 31% of pregnant women received services from MCHCs.

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

Cervical screening service is provided at all MCHCs for women at or above 25 who have ever had sex. Outreach health talks on cervical cancer and screening were conducted for various women groups as needed. In 2011, there were about 95 000 attendances for the



cervical screening service.

## **Woman Health Service**

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

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

In 2011, about 19 400 women registered with the Woman Health Service. Health problems detected included breast cancer, cervical cancer, raised blood cholesterol, hypertension, diabetes mellitus, and other gynaecological problems, etc.

## **Health Care Voucher Unit**

The Health Care Voucher Unit is tasked to implement and administer the Elderly Health Care Voucher Pilot Scheme. Under the Pilot Scheme, elders aged 70 and above were given annually, through an electronic system, five health care vouchers of \$50 each to partially subsidise their use of primary care services provided by various private healthcare professionals. They included medical practitioners, Chinese medicine practitioners, dentists, nurses, occupational therapists, physiotherapists, radiographers, medical laboratory technologists and chiropractors.





# Health Administration and Planning Division

## Narcotics and Drug Administration Unit

The Department of Health operates an out-patient methadone maintenance as well as detoxification scheme for opiate drug abusers. There are 20 methadone clinics in Hong Kong operating daily including Sundays and public holidays. In 2011, the average number of clients registered with the scheme was around 8 200 and the daily attendance was around 6 200.

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

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

## Office for Registration of Healthcare Institutions

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), any person who intends to operate a private hospital, maternity home or nursing home must obtain registration from the Director of Health. The Medical Clinics Ordinance (Cap. 343) provides for the registration of clinics that are operated on a non-profit making basis. Legislations under Cap. 165 and Cap. 343 were promulgated in 1937 and 1964 respectively. The licensing authority rests with the Director of Health.



The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under these two Ordinances and to ensure that the institutions are fit for the services to be provided. Compliance of registered institutions with statutory requirements is monitored through field inspections; scrutiny of the institution activities and complaint statistics; issuing advice and warning; and direct handling of complaints lodged by public against the institutions. In 2011, 246 inspections to a total of 12 private hospitals, 46 nursing homes and 10 maternity homes registered under Cap. 165 were conducted. There were 119 clinics registered under Cap. 343. The Office had also handled 83 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, the Department of Health has established a sentinel events monitoring and reporting system. All private hospitals and nursing homes are required to report sentinel events to the Department of Health within 24 hours upon occurrence of the event. The primary objective is to identify areas for improvement in the quality and safety of hospital services.

In 2008, the Steering Committee on Hospital Accreditation was formed to oversee the development of a territory-wide hospital accreditation scheme for both public and private hospitals in Hong Kong. A Pilot Scheme on Hospital Accreditation was launched in April 2009, engaging the Australian Council on Healthcare Standards as the accrediting agent. A total of five public hospitals and three private hospitals attained accreditation under the Pilot Scheme. The second phase of the Hospital Accreditation Scheme commenced in end-2011 and covered 15 public hospitals over a period of five to seven years. As of end-2011, seven private hospitals were awarded accreditation.

## Tobacco Control Office

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

The mission of the Tobacco Control Office is to nurture a smoke-free culture in Hong Kong through inter-sectoral collaboration and community mobilisation. After the passage of the Smoking (Public Health) (Amendment) Ordinance 2006, the main service areas of the Office 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 the Department; and
- assisting the policy bureau in reviewing tobacco control legislation.



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

The fixed penalty system came into operation on 1 September 2009. Anyone who smokes or carries a lighted cigarette, cigar or pipe in statutory no smoking areas or on public transport carriers will be issued with a HK\$1,500 fixed penalty notice by enforcement officers.



The Office received a total of 16 418 complaints against smoking violations and 4 723 enquiries in 2011. Tobacco control inspectors conducted a total of 23 176 inspections to no smoking areas, and 170 summonses and 7 637 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, the Office screened over 1 600 printed publications. The Office received 25 complaints, and issued one summons and 11 warning letters against 10 cases of illegal tobacco advertisements during the same period.

In 2011, the Office conducted 10 seminars on Smoking (Public Health) Ordinance with over 250 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.

The Office also distributed over 730 000 pieces of health education materials to venue managers and the public in 2011, 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 2011, the Office conducted 35 smoking cessation seminars with over 900 attendances.

To strengthen smoking cessation service, the Tobacco Control Office has collaborated with Tung Wah Group of Hospitals since 2009 to provide a community based smoking cessation services and with Pok Oi Hospital since 2010 to provide a smoking cessation programme using acupuncture.

In June 2011, the Office has started a collaboration with the University of Hong Kong's Youth Quitline to provide peer-led phone counselling. The Office has also worked with Po Leung Kuk and the Life Education Activity Programme to organise health promotional activities at primary and secondary schools to promote a smoke-free culture.

The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 20 571 telephone calls and enquiries in 2011. Following the increase in tobacco duty by 41.5% in February 2011, the Hotline received an average of 189 calls per day during the first week immediately after the public announcement, which was a five-fold of the average number of calls per day in 2010.

The year 2011 marked a new milestone for the Tobacco Control Office as it celebrated its 10th Anniversary. In September 2011, the Office delightfully received a Meritorious Award in the Law Enforcement Category of the Civil Service Bureau's Civil Service Outstanding Service Award 2011, which acknowledged the efforts of the Office's enforcement officers.



## **Primary Care Office**

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

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

## **Special Health Services**

### **Electronic Health Record Management Team**

The Electronic Health Record Management Team is tasked to develop a patient-centric and fully integrated Clinical Information Management System for the Department and to facilitate sharing of patient records with the territory-wide eHealth Record Sharing System. The Clinical Information Management System will support client registration and appointment booking, as well as clinical workflows such as drug prescription and laboratory test ordering and reporting. It will be developed and launched in various clinical services in the Department by phases. Besides, the Team is also responsible for setting up an immunisation record system for the Department.

### **Medical Device Control Office**

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



- listing of Classes II, III and IV medical devices;
- listing of Class D in-vitro diagnostic medical devices;
- recognition of conformity assessment bodies;
- listing of local manufacturers;
- listing of importers; and
- processing of safety alerts.

The Medical Device Control Office approved 648 device listing applications, processed 1 498 safety alerts and 20 adverse incident reports, and conducted 10 workshops / seminars in 2011.

To prepare for the statutory regulation of medical devices and as requested by the Business Facilitation Advisory Committee, a business impact assessment on the proposed legislative framework for regulating medical devices was started in 2011.

## 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.

## **Radiation Health Unit**

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

In 2011, the Unit assessed and processed 11 480 licences and permits and provided monitoring service to 10 553 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.12mSv against an annual statutory limit of 20mSv.





In 2011, the Unit participated in the 2010 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong / Lingao Nuclear Power Stations.

## **Specialised Services**

### **Child Assessment Service**

The Child Assessment Service, 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, the Child Assessment Service 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 2011, the number of new clients received were 8 476 and a total of 68 498 assessment



sessions were conducted.

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

The Service organised a seminar on 'Strategies and skills to enhance children's language ability through storytelling' in January 2012. The objective of this seminar was to promote the use of storytelling as the platform to facilitate children's language acquisition. Two booklets titled '良方妙法說故事' and '帽子掉了', authored by speech therapists of the Service, were distributed to all participants of the seminar and well received by them.

The Service developed fact sheets on nine 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 Service's website.

## **Clinical Genetic Service**

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

The Genetic Counselling Unit deals with the diagnosis of over a thousand different genetic diseases. It has the support from the Genetic Laboratory in providing cytogenetic, biochemical genetic and molecular genetic investigations. Chromosome studies and molecular genetic investigations formed the main bulk of genetic testings. The common indications for referral were multiple congenital anomalies, recurrent abortions, Down Syndrome, intellectual disability, sex disorder and various single gene disorders. The Genetic Counselling Unit also conducts clinic sessions to provide genetic counselling for families. There were 3 926 family attendances in 2011.

The Genetic Screening Unit operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 51.5% of neonates were screened by the Genetic Screening Unit in 2011, including



nearly all newborns delivered in public institutions and 6.3% of newborns delivered in private hospitals. The remaining 93.7% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.2% of male and 0.5% of female infants. The incidence of congenital hypothyroidism was one in 1 280 in 2011.

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

## **Forensic Pathology Service**

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

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

In 2011, some 7 360 post-mortem examinations, 820 clinical medico-legal examinations and 23 540 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 the Department and primary healthcare services.

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

During 2011, in addition to providing clinical services, the PDQA provided 74 Basic Life Support Provider Courses for 577 officers and organised three continuing medical education activities for 263 officers.

The PDQA has joined the International Society for Quality in Health Care since 2004. The PDQA endeavours to connect with experts around the world and to promote high quality and safe healthcare services. 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 catered for primary and secondary school students in Hong Kong through its 12 Student Health Service Centres and three Special Assessment Centres.

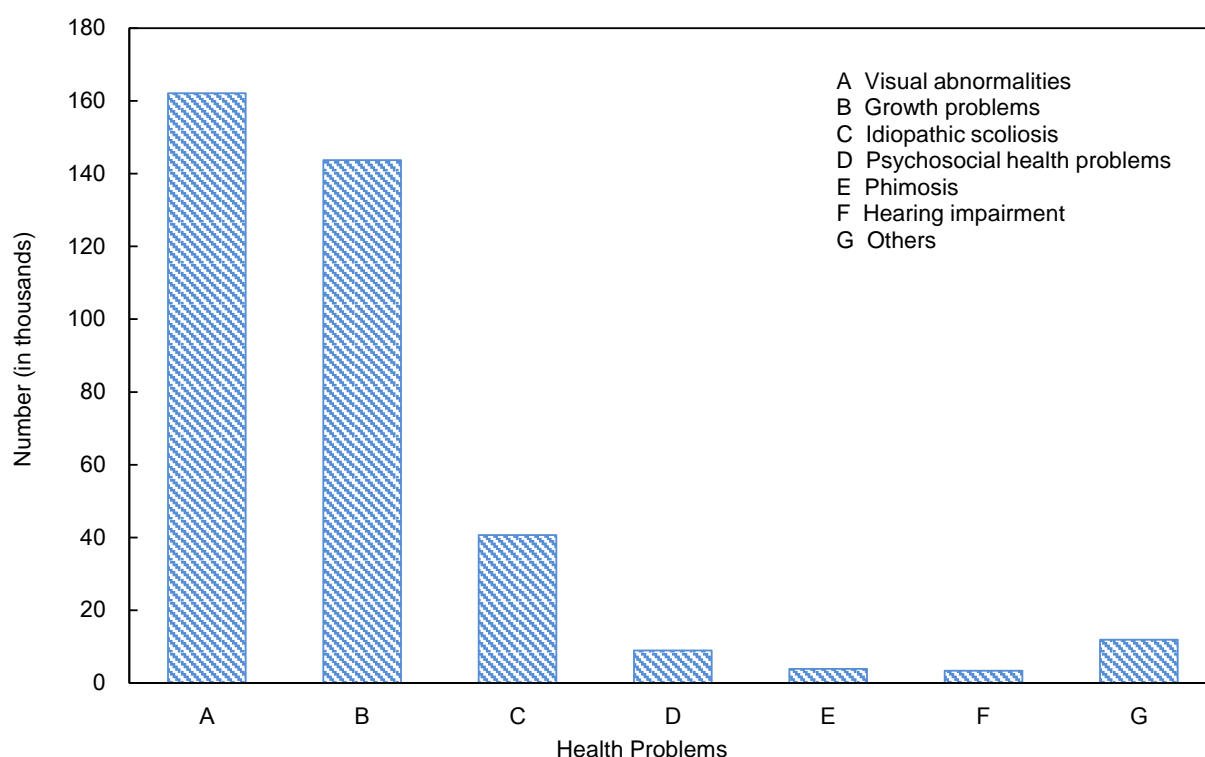
The aim of the Service is to safeguard the physical and psychological health of school children through comprehensive, promotive, and preventive health programmes and enable them to gain the maximum benefit from the education system and develop their full potentials. Enrolled students will be given an annual appointment to attend a Student Health Service Centre for a series of health services designed to cater for the health needs



at various stages of their development. Such services include physical examination; screening for health problems related to growth, nutrition, blood pressure, vision, hearing, spinal curvature, psychosocial health and behaviour; individual counselling and health education. Students found to have health problems are referred to Special Assessment Centres or specialist clinics for detailed assessment and follow-up.

During the school year 2010/11, a total of 690 729 students from 1 181 primary and secondary schools enrolled in the Student Health Service, representing a participation rate of 89.0% and 97.8% respectively. Among students attending the service, common health problems detected included visual abnormalities (e.g. myopia, hyperopia), growth problems (e.g. obesity, wasting, short stature), scoliosis, psychosocial health problems and phimosis (Figure 14).

**Figure 14: Health Problems Detected at Student Health Service Centres in the School Year of 2010/11**



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



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 7, as well as teachers and parents. The programmes received good support and response from students, teachers and parents since launching. Starting in school year 2004/05, Adolescent Health Programme staff began to co-run Basic Life Skills Training programmes with non-governmental organisations' social worker facilitators in classrooms.

In 2010/11 school year, the Adolescent Health Programme served 324 schools, reaching out to more than 90 920 students as well as 1 950 teachers and parents.



# CENTRE FOR HEALTH PROTECTION

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

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

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

## Emergency Response and Information Branch

The Emergency Response and Information Branch (ERIB) is responsible for facilitating emergency preparedness and management of public health crisis, formulating risk communication strategy and co-ordinating the formulation of CHP's objectives and strategies. Working closely with other services of the Department and relevant Government departments and organisations, the ERIB has developed and reviewed Department of Health contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong. For example, the ERIB continued to update the 'Framework of Government's Preparedness Plan for Influenza Pandemic', taking into account the experience gained in responding to the 2009 H1N1 influenza pandemic and the latest global developments.

In collaboration with professional associations (such as that of doctors, nurses and pharmacists) and non-governmental organisations, surge capacity has been built up so as to facilitate mobilisation of volunteers in times of emergencies. In enhancing the role of the Emergency Response Centre as the Department's nerve centre in times of major public health emergencies, the ERIB will continue to equip the Emergency Response Centre 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, the 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. The ERIB conducted a cross-boundary public health emergency exercise code-named 'Exercise Jasper' with Shenzhen Entry-Exit Inspection and Quarantine Bureau at Shenzhen Bay Port on 9 May 2011, to enhance communication and coordination between Hong Kong and Shenzhen in the event of a public health incident. The exercise tested the response of the two sides in the event of an infectious disease outbreak during the Universiade period. Around 130 participants from Government departments and organisations from Hong Kong and Shenzhen took part in the exercise, with 200 experts from the Mainland and Macao health authorities acting as observers.







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

Since the set up of the CHP in 2004, the ICB has been playing a pivotal role in infection control in Hong Kong. The Branch works 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 ICB and the Central Health Education Unit collaborated to launch a new series of territory-wide publicity campaign on Safe Use of Antibiotics from late March to May 2011 through a variety of channels. The ICB continued to actively promote hand hygiene. The Hand Hygiene Awareness Day emphasised the World Health Organization Five Moments of Hand Hygiene in the control of multi-drug resistant organisms.

The ICB had developed, updated and promulgated various infection control guidelines in 2011. These included:

- Production of the second edition of 'Infection Control Guidelines on the Nephrology Services in Hong Kong' was underway and a Chinese version of this guideline would be prepared in parallel;
- Revision of the 'Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disability' after first publication in 2004;
- Revision of the 'Guidelines on Infection Control Practice in the Clinic Setting';

- 
- Development of the guidelines on infection control related to acupuncture; and
  - Revision of the 'Guidelines on Prevention of Communicable Diseases in Schools / Kindergartens / Kindergartens-cum-Child Care Centres / Child Care Centres'.

To reduce the burden of healthcare associated infections, the ICB continues to collaborate with the Hospital Authority to strengthen emerging infections preparedness through enhancement of surveillance (surgical site infection surveillance, Key Performance Indicators, Quality Performance Indicators, prevalence survey) in public hospitals to enable rapid detection and confirmation of emerging and re-emerging infections.

The Branch had also undertaken a number of quality improvement programmes and studies for control of multi-drug resistant organisms in public hospitals and the community.

To enhance the infection control practices in RCHEs and to gain understanding on the current burden of infectious diseases in the RCHE population, the Branch launched a 2-year Pilot Infection Control Stewardship Programme in RCHEs by phases since January 2011. The Programme included outreach visits to offer evidence-based tailor made infection control advice and training to RCHEs; vaccination promotion programmes for staff and residents of RCHEs; infection control hotline and provision of various promotional materials. A total of 32 RCHEs in Tsuen Wan and Kwai Tsing district enrolled in the Programme.

The ICB continues to provide regular and right-on-time infection control training programmes for healthcare workers of the public and private sectors, healthcare-related personnel, Government departments and the community. The Branch also conducts tailor-made infection control training programmes for institutions / community / Government departments from time to time. In 2011, ICB held 80 training activities with a total of 7 800 attendees.



## Programme Management and Professional Development Branch

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

The PMPDB provides administration support to the scientific advisory structure of the 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 2011, a total of 18 Scientific Committee meetings were held and 31 scientific papers were discussed. A wide range of public health issues were deliberated and 15 recommendations were made.

The PMPDB is the hub for liaison with international and regional health authorities and facilitates collaboration activities. The CHP is also a founding member of the International Association of National Public Health Institutes. Apart from international agencies, the PMPDB establishes networks and promotes exchanges of professionals between Hong Kong and various provinces and cities of the Mainland. Overall, a total of 17 visit programmes were conducted and 151 visitors were received in 2011.

Under the purview of the Food and Health Bureau, the Health and Medical Research Fund was set up in 2011 by consolidating the former Health and Health Services Research Fund and the Research Fund for the Control of Infectious Disease, with a broadened scope for



funding health and medical research in Hong Kong. The PMPDB is responsible for coordinating research commissioned by the CHP, facilitating the submissions to the Health and Medical Research Fund Grant Review Board, and monitoring the progress of research activities. In 2011, funding was approved for two research projects commissioned by the CHP.

In order to build the professional expertise of healthcare professionals, a wide range of training programmes and seminars were organised in collaboration with various parties. Topics covered included current practice of the Department in controlling disease outbreaks, basic life support training, etc. In 2011, a total of seven training programmes were organised and co-organised, with 178 participants, mainly healthcare professionals.

The AIDS Trust Fund, administered on the advice of the Council for the AIDS Trust Fund, was established on 30 April 1993 with an initial capital of HK\$350 million by a Declaration of Trust under the Financial Secretary Incorporation Ordinance (Cap. 1015) to finance payments for the purposes of making ex-gratia payments for haemophiliacs and others who were infected with HIV through the transfusion of contaminated blood or blood products in Hong Kong prior to August 1985; to fund projects which seek to provide medical and support services for HIV patients; and to conduct promotion and education on AIDS. The PMPDB provides administrative support for the Council. In 2011, 21 ongoing programmes / projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 26 new submissions for grants. Among them, 13 applied for the Medical and Support Services fund, of which seven of them were approved. Thirteen applied for the Publicity and Public Education fund, of which nine were approved. The Council also received and approved 29 claims for additional ex-gratia payment.

The Vaccination Office of the PMPDB is responsible for the planning and implementation of the Government Vaccination Programme. In 2011, the target groups under the Programme were expanded to include those aged 50-64 on Comprehensive Social Security Assistance (CSSA), and persons who are both obese (Body Mass Index 30 or above) and on CSSA. In 2011/12, free seasonal influenza vaccination was provided to about 239 000 high risk persons. In addition, free pneumococcal vaccination was provided to about 15 000 eligible elders.



To minimise the chance of hospitalisation in children and elderly caused by seasonal influenza and pneumococcal infection, implementation of the two vaccination subsidy schemes, namely Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) continued in 2011/12. These two Schemes were delivered through private doctors. The Vaccination Office is responsible for the planning, implementation and administration of the Schemes.

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

In 2011/12, around 1 600 private doctors / 1 900 clinics enrolled in the CIVSS and EVSS to provide subsidised vaccination services. Under CIVSS, about 53 500 doses of seasonal influenza subsidised vaccination were administered to about 43 700 children. Under EVSS, about 120 900 doses of seasonal influenza vaccination and about 13 600 doses of pneumococcal vaccination were subsidised.

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

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



services.

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

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

The Virology Division is a specialised unit for the diagnosis and surveillance of viral, chlamydial and rickettsial infections. It is designated by the World Health Organization as the National Influenza Centre, the National Poliovirus Laboratory and the National Measles Laboratory for the Hong Kong Special Administrative Region. The Division is also designated by the World Health Organization as a 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 Division also processes clinical and surveillance specimens from the public and private sectors to screen for infections and monitor immunity. The Division supports the function of the CHP in disease surveillance, prevention and control via regular collection of baseline laboratory epidemiological data and timely laboratory diagnostic service for outbreak investigation.



## Public Health Services Branch

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

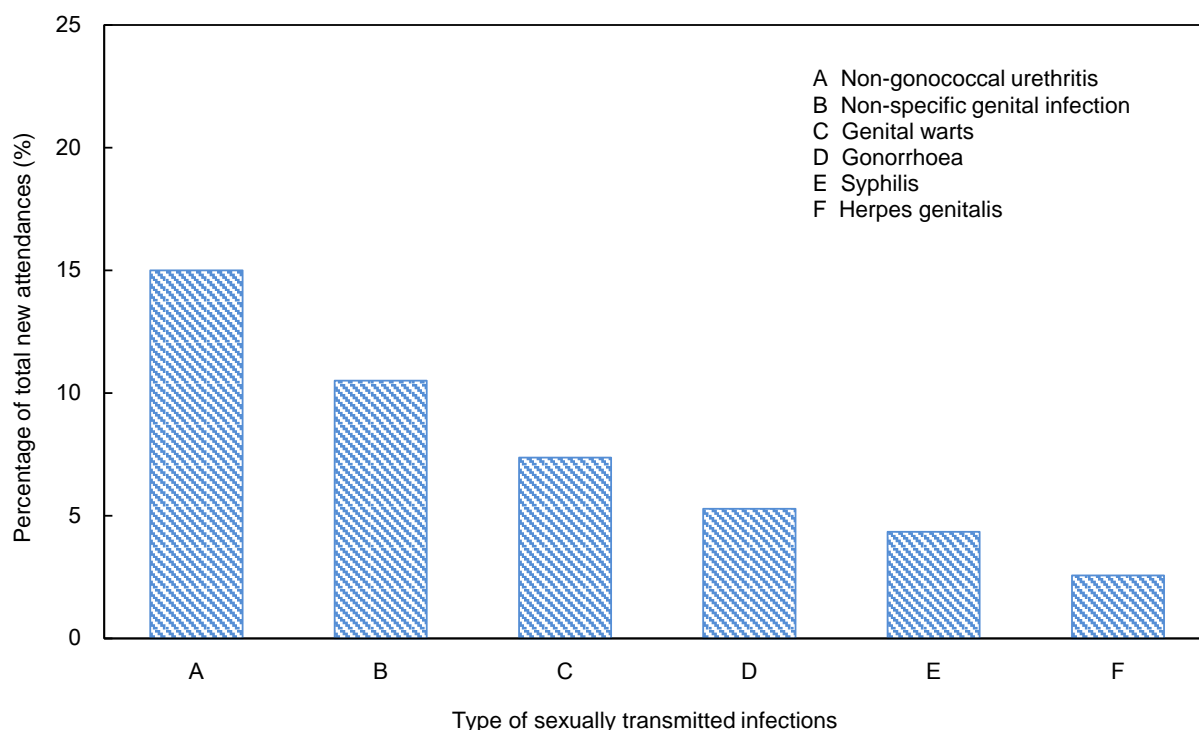
In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education 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 2011, there were 150 703 total attendances and 22 771 new attendances at Social Hygiene Clinics<sup>1</sup>. Among the new attendances in 2011, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 15).

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<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.

**Figure 15 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2011**



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

The dermatology clinics provide specialised outpatient care for patients referred for skin conditions. They are equipped with modern phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2011, there were 20 361 new attendances and 175 993 total attendances.

## Special Preventive Programme

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

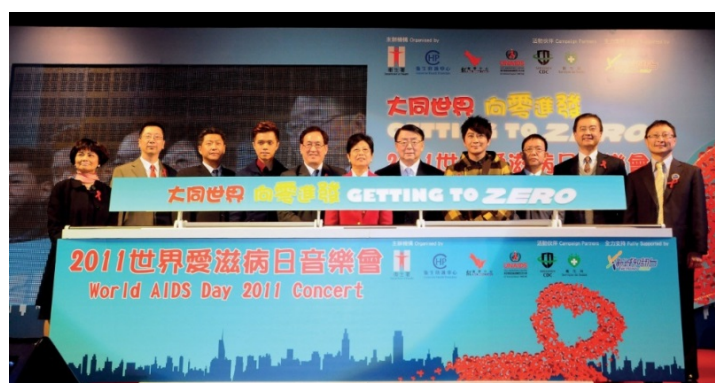
The SPP's clinical programme specialises in the delivery of services to people living with HIV / AIDS. The services range from AIDS Hotline, AIDS Counselling and Testing, clinical



consultation and treatment, nursing care to psychosocial support. Other clinical activities include management of needle-stick injuries, dermatology and genitourinary medicine consultations. The HIV treatment service is mainly provided at the Integrated Treatment Centre at Kowloon Bay Health Centre. In 2011, the total clinical attendance at the SPP was 20 869, with a 1.0% increase compared with the figure of 20 659 in 2010.

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 and the Lions Red Ribbon Fellowship Scheme. To target risk behaviours, the RRC also organises condom promotion activities and outreach programmes for drug users. Two ongoing large-scale voluntary HIV screening programmes are in operation through the support of the SPP – universal antenatal HIV screening and universal testing of methadone clinic attendees.

As part of the HIV prevention activities to mark the 2011 World AIDS Day, the RRC launched a series of publicity activities under the theme 'Getting to Zero' to increase public knowledge on HIV and to promote acceptance to people living with HIV. In response to the international AIDS campaign 'RED', the Tsim Sha Tsui Clock Tower and the Hong Kong Academy for Performing Arts were illuminated in red lighting at the night of 1 December 2011 to raise public awareness on HIV / AIDS.



In response to the rise in newly reported HIV cases in men who have sex with men, the RRC launched a new mobile application named '1069 試戴樂'. Users could easily search locations where they could have free access to HIV testing services and condoms.

The RRC is the Joint United Nations Programme on HIV and AIDS Collaborating Centre for Technical Support, which provides the framework for interfacing with the Mainland's AIDS programmes and developing regional and international collaboration. The Lions Red Ribbon Fellowship Scheme under the sponsorship of Lions Clubs International District 303 – Hong Kong and Macau is an attachment programme to support mainland professionals to further their professional development or research in HIV / AIDS control. In 2011, four workers were trained under this Scheme.

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

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.



## Tuberculosis and Chest Service

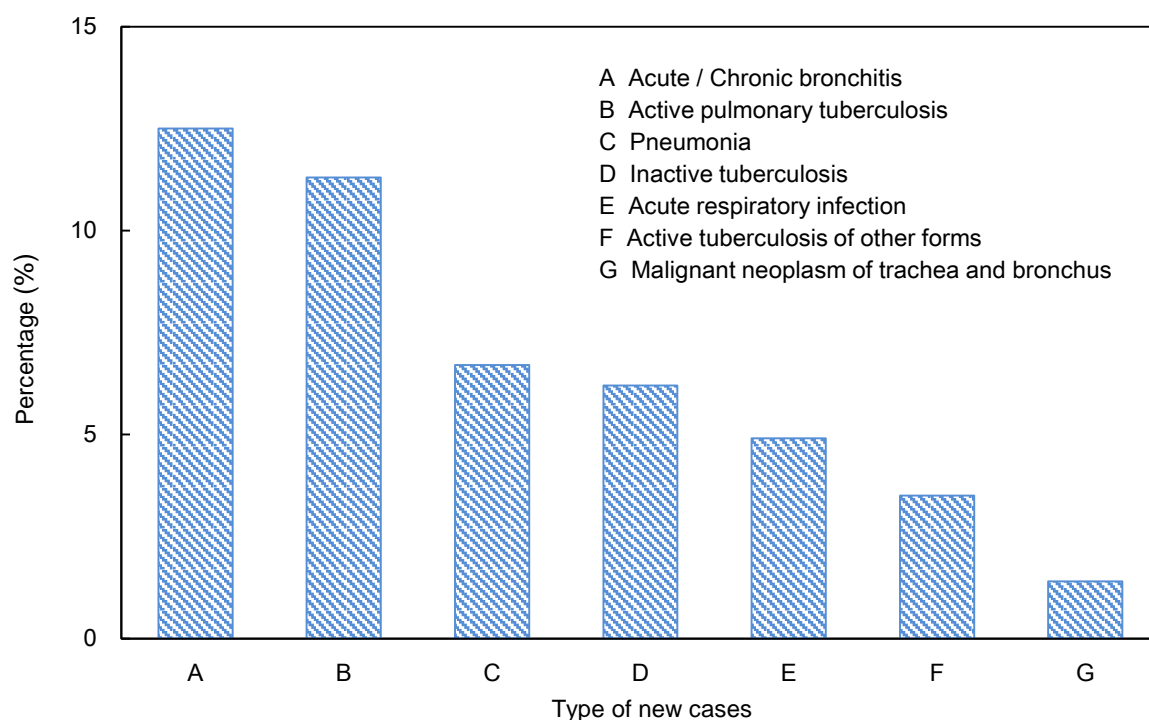
The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, Bacillus Calmette-Guerin (BCG) vaccination programme for newborns and children aged under 15, and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



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

The total attendance at chest clinics was 731 449 in 2011. The common types of new cases seen included acute / chronic bronchitis (12.5%), active pulmonary tuberculosis (11.3%), pneumonia (6.7%), inactive tuberculosis (6.2%), acute respiratory infection (4.9%), active tuberculosis of other forms (3.5%) and malignant neoplasm of trachea and bronchus (1.4%) (Figure 16).

**Figure 16 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2011**



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


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

## Surveillance and Epidemiology Branch

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

## Communicable Disease Division

The Communicable Disease Division maintains a comprehensive network of communicable disease notifications; conducts detailed epidemiological investigation on disease outbreaks;



institutes appropriate control measures and provides health advice to stop disease propagation. It also collects, collates, analyses and disseminates surveillance data on communicable diseases; establishes a central communicable disease information system and generates regular reports; develops and coordinates a communicable disease surveillance system for the Pearl River Delta Region; and develops specialised expertise in the surveillance of targeted infections of public health importance.

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

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 has also developed an electronic notification interface, Notifiable Diseases and Outbreak Reporting System, with Hospital Authority to facilitate notification in public health care system.

Guangdong, Hong Kong and Macao has developed a regular communication mechanism for communicable diseases surveillance data and an emergency notification mechanism. The Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Communicable Diseases is held regularly, to exchange information of important communicable diseases, to discuss joint efforts in the prevention and control measure, and to promote coordinated responses to regional public health emergency. The 10th Tripartite



Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Communicable Diseases was held on 11 – 12 January 2011 in Hong Kong.

The Communicable Disease Information System, with its components and their integration to be developed in phases, is an information technology strategy to facilitate effective communicable disease surveillance and control in Hong Kong. The system will capture and analyse communicable disease data from diverse sources and will have rapid data transfer from stakeholders such as the Hospital Authority.

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

## **Non-communicable Disease Division**

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

The Steering Committee on Prevention and Control of NCD was established in 2008 to deliberate on and oversee the overall roadmap and strategy for the prevention and control of non-communicable diseases. The Working Group on Diet and Physical Activity was set up under the Steering Committee in 2008 to tackle the imminent problems caused by unhealthy dietary habits, physical inactivity and obesity, and the 'Action Plan to Promote Healthy Diet and Physical Participation in Hong Kong' was published in 2010. The Working Group on Alcohol and Health was set up in 2009 to advise on the priority actions for reduction of alcohol-related harm in Hong Kong and the 'Action Plan to Reduce Alcohol-related Harm in Hong Kong' was published in 2011. The Working Group on Injuries was established on 6 February 2012, comprising representatives from community



organisations, academia, healthcare professions, social services sector, public sector and Government departments. The Working Group would advise on the priority actions for health improvement in the area of injury prevention, and make recommendations on the development, implementation and evaluation of action plans for prevention of injuries.

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

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

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

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

The Non-communicable Disease Division is also responsible for the daily operation the Public Health Information System. The aim of the information system is to enhance the ability to collect, analyse and disseminate health information to contribute towards making evidence-based decisions on health and health-related policies, resource allocation, and





the planning, implementation and evaluation of health services.

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

## Central Health Education Unit

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

To raise the public's awareness, change their attitudes and sustain their motivation to reduce health risks, the Unit takes a proactive approach and adopts social marketing strategies to inform and influence the public on options that enhance health. Media interviews are arranged regularly to communicate with the public on the most updated health information. On important local health issues, for instance scarlet fever, shiga toxin-producing *Escherichia coli* and Japanese encephalitis, updated messages were disseminated to the public and various stakeholders.

In tackling obesity, the Unit carried out a series of programmes, in collaboration with other Government departments and organisations to promote healthy eating. Under the 'EatSmart@school.hk' Campaign, which entered its sixth school year, a range of programmes and activities were implemented adopting comprehensive strategies which included education and empowerment, publicity and advocacy, and creating conducive environment to help children adopt a healthy eating habit. Under the 'EatSmart@restaurant.hk' Campaign in collaboration with the catering industry and various stakeholders, which entered its fourth year, restaurants continued to provide healthy options to their customers so as to help the general public observe healthy eating principles





when dining out. A pilot project at 30 pre-primary institutions and the 'Health@work.hk Pilot Project' in 19 workplaces continued to promote healthy eating and active living using a setting-based approach.

Enhancing community health literacy with special attention to the needs of ethnic minority groups is part of our whole-of-community approach to emergency preparedness and the effective containment of disease outbreaks. In 2011 and 2012, a 10-month community-based health promotion programme on prevention of communicable diseases among the six major ethnic minority groups (including the Filipino, Indian, Indonesian, Nepalese, Pakistani and Thai) was organised together with a non-governmental organisation. The Unit also produced health education materials in various languages to raise awareness of the need to prevent communicable diseases and related hygiene measures among the ethnic minorities groups.

The Unit continues to provide support for the promotion of organ donation. The Garden of Life at Kowloon Park was unveiled on 12 November 2011 to give recognition to organ donors and their families and to encourage the public to support organ donation. Moreover, a dedicated page in Facebook was launched to increase public awareness and support of organ donation, particularly among the younger generation.

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

In training of personnel, the Unit organises training programmes for health promotion practitioners both within and beyond the Department. Training courses covering a variety of topics including 'Introduction to Health Promotion' and 'Nutritional Training on Healthy Eating' were conducted in 2011/12, which served more than 1 000 health promotion practitioners.

The Unit conducts various research projects in order to evaluate the effectiveness of ongoing programmes and to explore new approaches in health promotion. Examples include the evaluation of Ethnic Minority Project on Prevention of Communicable Diseases and evaluation of Startsmart@school.hk Pilot Project.



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

The strategic directions for the Central Health Education Unit over the next few years are as follows:

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

## **Community Liaison Division**

The Community Liaison Division is responsible for district health promotion and District Councils liaison. The Division acts as a bridge to facilitate information flow between services in the Department and the community and serves as a focal point for community liaison on matters related to the Department and public health. The Division attends meetings of the District Councils and their relevant sub-committees and working groups, to promulgate departmental policies and provide advice on public health matters. A wide variety of health topics are covered such as prevention and control of communicable and non-communicable diseases, health promotion activities, Department of Health's health services and regulatory activities.

The Division works with community groups / non-governmental organisations in partnership to promote health in the community. The Division supports the promotion of the Healthy Cities movement through participating in the steering committees, sub-committees or working groups of Healthy Cities Projects and provides professional



support, and also organises community health promotion activities in collaboration with Healthy Cities Projects and community non-governmental organisations.

The Division also organises Health Promotion Sharing Forums to provide a platform for community partners and health professionals to share experience and good practices in health promotion.

The Division regularly publishes the 'Community Health Partnership Communication' newsletter to be distributed to local health promotion partners to inform them of key health topics in Hong Kong, so that community leaders can promulgate up-to-date messages through their 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
- School Dental Care Service
- Government Dental Clinics
- Oral Maxillofacial Surgery and Dental Units

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, the Oral Health Education Unit promotes oral health to all sectors of the community by producing oral health education materials, organising publicity campaigns, and engaging in collaborative projects with

non-governmental organisations and professional bodies. There is an annual Love Teeth Campaign to help the public to develop proper oral health habits. Information on oral health is also available to the public through the oral health education website and 24-hour oral health information hotline.

In addition to supporting other health service units, the Unit 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 2011, the Unit produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was 128 000.



## School Dental Care Service

The School Dental Care Service 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 has a 24-hour interactive voice response system and website to provide information on the Service and oral health for the general public.

In 2010/11 school year, 314 701 primary school children from 616 schools enrolled in the Service, accounting for 95.1% of the total primary school children population in Hong Kong. Of all school children who attended in 2010/11, 84.4% were rendered dentally fit.



## Government Dental Clinics

The Dental Service also fulfills Government's contractual obligation to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). Services are rendered through 38 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 603 059 visits by civil servants and dependents, and 95 823 visits by general public patients in 2011.

## Oral Maxillofacial Surgery and Dental Units

Curative dental services are also provided to public hospital patients and prisoners / inmates of correctional institutions. The Oral Maxillofacial Surgery and Dental Units in seven public hospitals provide specialist oral maxillofacial surgery and dental treatment for hospital in-patients, patients with special oral health care needs and dental



emergency. Such specialist services are provided through referral by the Hospital Authority or private practitioners. Consultation appointments are arranged for patients according to the urgency and nature of their conditions. Patients with emergency needs, such as cases of dental trauma, will be provided with immediate consultation and treatment.

In 2011, a total of 10 130 patients with special oral healthcare needs were treated at these units.

## STAFF TRAINING AND RELATIONS

### Training and Development

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

Professional training is one of the focus areas, which is vital to the delivery of quality public health service. In 2011, arrangements were made for 176 officers to attend training and attachment programmes in places outside Hong Kong and 1 903 officers to receive departmental sponsorships for local courses. Apart from inviting overseas and local experts to conduct seminars and lectures, the Department commissioned a local university to organise a course on Foundation of Public Health as well as a series of continuous professional development seminars which provided current updates on specific public health topics for our staff. Over 1 713 officers benefited from commissioned programmes of the Department.

Providing quality client-oriented service has been an important goal of the Department. Since 2005, handling of complaints has been decentralised from the Headquarters to individual services and branches. As part of our continuous effort to foster a quality service culture in the Department, a re-run of workshop on client-oriented service skills using case study approach was organised in 2011.

The Department of Health continued to be accredited by the Medical Council of Hong Kong as the provider and administrator of the Continuing Medical Education (CME) Programme for practising doctors who are not taking CME programme for specialists. We were also accredited by the Dental Council of Hong Kong as the provider and administrator of the Continuing Professional Development (CPD) Programme for practising dentists. The CME and CPD Programmes aim to encourage practising doctors and dentists to pursue continuous professional development with a view to strengthening their professional





competencies and standard.

Besides, 2 517 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 69 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2011.

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

## **Staff Relations**

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

## INTERNATIONAL RELATIONS

The Department of Health maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in 2011:

- In March, the Director of Health attended the Regional High-level Meeting on Scaling Up Multisectoral Actions for Non-communicable Diseases Prevention and Control held in Seoul, Korea and served as a Temporary Adviser in the meeting.
- In May, the Director of Health attended the Pharmaceutical Inspection Co-operation Scheme 40th Anniversary 2011 Symposium in Geneva.
- In May, the Controller, Centre for Health Protection attended, as member of the People's Republic of China delegation, the 64th World Health Assembly held in Geneva, Switzerland.
- In October, the Director of Health represented Hong Kong, China to attend the 62nd session of the WHO Regional Committee for the Western Pacific in Manila, Philippines.
- The Department also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2011, 282 officers participated in 132 conferences / duty visits held outside Hong Kong.

The Department of Health also continued to maintain a strong tie with the Mainland:

- In June, the Director of Health participated in the Bilateral High-level Meeting with State Food and Drug Administration held in Chengdu.
- In August, the Director of Health attended the 中國醫院協會第二屆全國會員代表大會 held in Beijing.
- In September, the Director of Health participated in the 11th Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Infectious



## Diseases held in Macao.

- In October, the Director of Health attended the 2011 北京中醫藥國際發展與合作交流會議 held in Beijing.
- In November, the Director of Health attended the 10th Joint Meeting of Senior Officials of the Mainland, Hong Kong and Macao, which was held in Beijing.
- Under the Staff Exchange Programme between the Government of Hong Kong Special Administrative Region and the Mainland Provincial counterparts, the Department received one government official responsible for health administration from Shanghai.
- Dr Chen Zhu, Minister of Health, led a delegation of seven senior officials to visit the Red Ribbon Centre in June. During the meeting, the Controller of Centre for Health Protection, the Chairman of Advisory Council on AIDS, the Convener of Community Forum on AIDS and representatives from AIDS-related non-governmental organisations discussed about the work of government and civil society for HIV prevention.

## CORPORATE ENVIRONMENTAL PROTECTION

### Environmental policy and objectives

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

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

### Staff participation

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

Since 2005, individual Services of the Department have assigned energy wardens to monitor energy consumption in workplace and the implementation of various green housekeeping measures in offices and clinic units under their purview. In this regard, over 200 energy wardens have been assigned.



## Waste management

To enhance public awareness in separate waste recycling, the Department has participated in the Waste Separation and Recycling Campaign since 2002. Waste separation bins are placed in clinics and office floors of the Department to enable separate collection of waste paper, aluminium cans and plastic bottles by waste collectors for recycling. In 2011/12, a total load of 7 122 kg of waste papers were collected for recycling. In addition, empty toner cartridges of colour printers and laser printers have been separately collected for recycling.

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

To comply with the Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C), chemical wastes arising from clinics or laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by clinic staff and collected by the licensed collectors for disposal. Domestic wastes are placed in normal black plastic waste bags for disposal.

## Economical use of paper

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

- Use blank side of used papers for printing or writing to reduce paper consumption;
- Reuse envelopes and file jackets;

- Use both sides of a paper for drafting and double-sided copying as far as possible;
- Rollout eLeave system for staff with electronic mail account to replace printed leave application form;
- Avoid using fax leader page as far as possible;
- Encourage staff to make better use of electronic means in disseminating health messages such as uploading publications onto departmental website to keep printed publications to the minimum;
- Maximise the use of Internet and electronic mail facilities for communication to replace hardcopies;
- Send greeting cards in festive seasons by electronic means;
- Cease internal circulation of hardcopies of clinic timetable, telephone directory, etc. to reduce paper consumption; and
- E-forms for various licensing applications of the Department have been made available to the public on Government's websites.

## Green purchase

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

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




materials and are capable of safely incineration;

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

## Energy conservation

The Department has adopted the following energy saving measures:

- De-lamping lights to the minimum required for illumination and switching off lights and non-essential electrical appliances while not in use;
- Conducting energy audit survey for individual clinic buildings of high energy consumption to identify practical and effective energy saving measures;
- Modifying group lighting switches to individual switches;
- Installing air curtains at clinic entrances to prevent infiltration of un-treated hot and cold air from outside;
- Replacing magnetic ballasts by electronic ballasts and change T8 fluorescent tubes to the more efficient T5 fluorescent tubes;
- Replacing conventional illumination signs of emergency exit in clinics by light-emitting diode signs to step up measures in achieving energy saving; and

- 
- Maintaining indoor temperature at 25.5°C during summer months for general offices and public areas equipped with air-conditioning facilities provided that the normal operation of essential medical services will not be affected.

## Air quality improvement

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

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

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


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



## FUTURE DEVELOPMENT

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

- Accomplish the goal of establishing reference standards for around 200 Chinese herbs.
- Establish the World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence.
- Publish the reference frameworks for preventive care for children and older adults in primary care settings. The reference frameworks aim to provide common reference to healthcare professionals for the provision of continuing, comprehensive and evidence-based care in the community, empower patients and their carers, and raise public awareness on health promotion and disease prevention.
- Launch the Chinese medicine practitioners sub-directory of the Primary Care Directory to help the public find their primary care providers.
- Prepare the details of the proposed statutory control of medical devices, and conduct a business impact assessment on the proposed regulatory framework.
- Jointly organise a regional meeting in Hong Kong with the Western Pacific Regional Office of the World Health Organization to discuss the prevention and control of non-communicable diseases through reduction of alcohol-related harm.
- Strengthen the networks with the ethnic minority populations to ensure that need-based, socially appropriate and culturally relevant interventions are implemented to enhance health literacy of ethnic minorities.
- Promote safe use of antibiotic e.g. hold Antibiotic Awareness Day; collaborate with private hospitals to establish infrastructure to collect and analyse data on antibiotic resistance and to provide expert advice on infection control measures; to promote



awareness of antimicrobial resistance, safe use of antibiotics and personal hygiene among senior secondary students by specifically developed teaching materials for Liberal Studies, etc.; and develop a mobile application of the IMPACT as a reference tool for healthcare professionals in reinforcing the appropriate use of antimicrobial drugs.

## Publications

The Department of Health actively takes part in conducting scientific researches and contributes manuscripts for publication in a number of journals in health sector. To enhance the professional development of healthcare professionals in Hong Kong, the Department also regularly publishes bulletins and newsletters 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, the Department makes use of on-line publications to disseminate our timely health messages. Examples are CHP Newsletter, Communicable Diseases Watch, Non-Communicable Diseases Watch and Poisoning Watch.

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

Communicable Diseases Watch aims at providing the public and healthcare professionals with up-to-date infectious disease news and knowledge relevant to Hong Kong. It is also an indication of the 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 the 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.

Apart from the regular publications, a number of ad hoc reports were published in 2011.



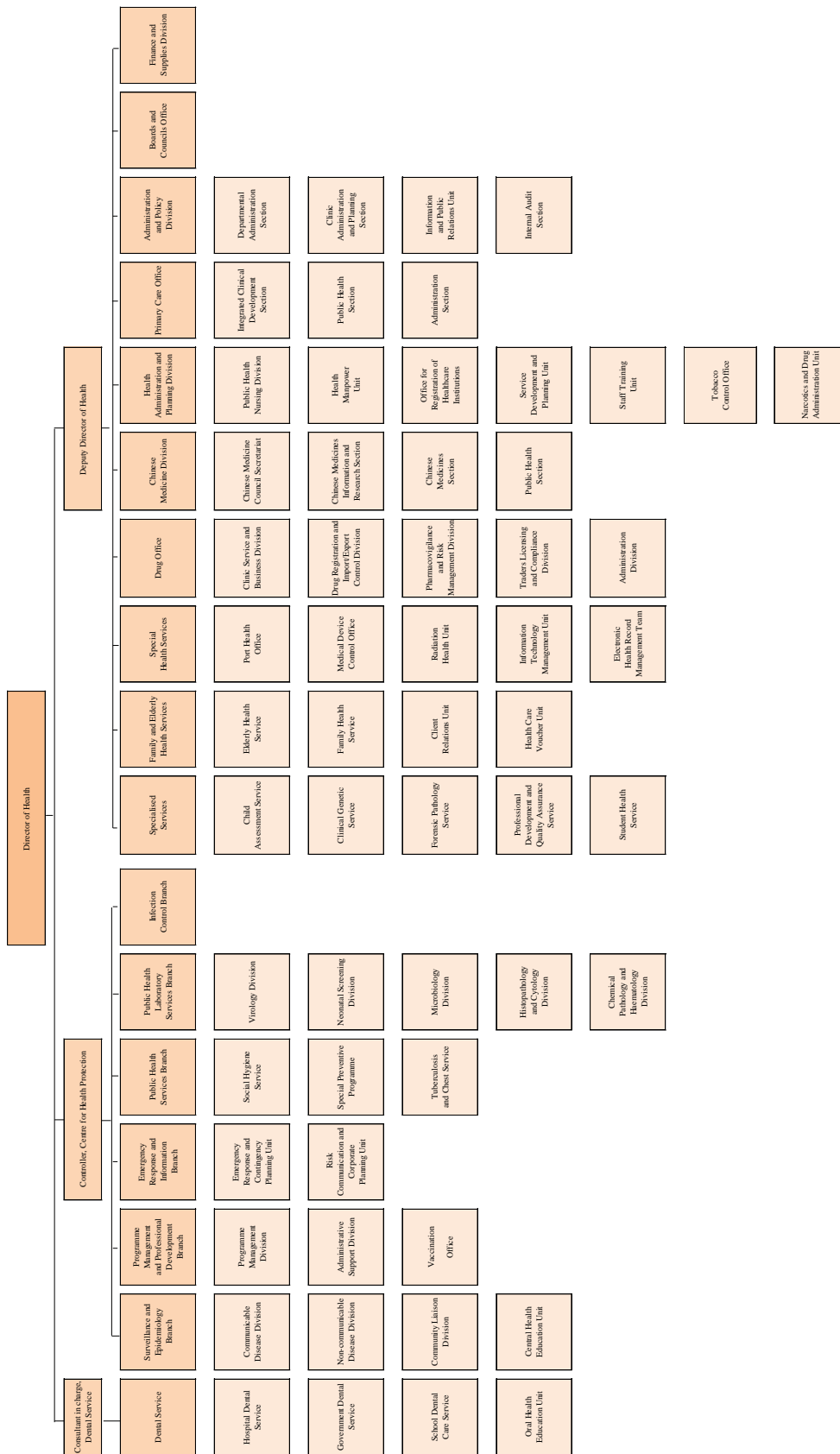
The publications issued by different services in 2011 are listed below.

- AIDS Newsletter, No.58 – 59 (only available in Chinese)
- Avian Influenza Report, Vol. 7, No.1 – 52
- CHP Newsletter, Issues 28 – 29
- Communicable Diseases Watch, Vol. 8, No.1 – 26
- Compendium of Pharmaceutical Products 2011
- CookSmart, Issues No. 10 – 12
- Dental Service Newsletter, Issue No.38 – 41
- EV Scan, Week 1, 21 – 53
- EatSmart@restaurant.hk Newsletter, 2011 Issue 1 – 3
- Flu Express, Vol. 8, No.1 – 52
- HIV Surveillance Report – 2010 Update
- Hong Kong STD / AIDS Update, Vol. 17, No.1 – 4
- Networking Voice, Vol. 17, No.1 – 2 (only available in Chinese)
- Newsletter of Elderly Health Service, Issue No. 32 (only available in Chinese)
- Non-Communicable Disease Watch, January – December 2011
- Poisoning Watch, Vol. 4, No.1
- Public Health and Epidemiology Bulletin, Vol. 20, No.1 – 3
- Red Ribbon Bulletin, No.36 – 38 (only available in Chinese)
- Report of Behavioural Risk Factors Survey, April 2011



- Surveillance of Viral Hepatitis in Hong Kong – 2010 Update Report
- The Node, Vol.13, No.1 – 3
- Tobacco Control Bulletin, Issue No.19
- Travel Health Bulletin Issue No. 7

**Organisation Chart of the Department of Health (Position as at 31 March 2012)**



# Appendix III

## Medical Institutions on Hong Kong Island (As at 31 March 2012)

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 (health education centre)	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 2012) (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. Lai Chi Rehabilitation Centre	Eastern
27. Ma Hang Prison	Southern
28. Pak Sha Wan Correctional Institution	Southern
29. Stanley Prison	Southern
30. Tung Tau Correctional Institution	Southern





## Medical Institutions in Kowloon (As at 31 March 2012)

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

## Medical Institutions in Kowloon (As at 31 March 2012) (cont'd)

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

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

## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2012)

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

## Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2012) (cont'd)

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



## Medical Institutions in New Territories West (As at 31 March 2012)

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



## Medical Institutions in New Territories West (As at 31 March 2012) (cont'd)

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

# Appendix IV

## Statement of Expenditure by Programme 2011/12

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	551.8	0.0	551.8
2. To prevent and control diseases and reduce preventable diseases and premature deaths	1,796.6	39.5	1,836.1
3. To promote health and increase health awareness in the community and among specific target groups	213.5	59.7	273.2
4. To provide specialised out-patient treatment for various illnesses	691.4	3.0	694.4
5. To provide comprehensive assessment for children with developmental problems and disabilities	84.9	0.0	84.9
6. To contribute to Government's overall strategy for the control of drug abuse	47.0	95.1	142.1
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	803.9	0.0	803.9
8. To discharge the personnel management responsibility for the civil servants working in the Hospital Authority, to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants	7.1	0.0	7.1
<b>Total</b>	<b>4,196.2</b>	<b>197.3</b>	<b>4,393.5</b>

# Appendix V

## Government Medical Subventions to Voluntary Institutions 2011/12

<b>Government Medical Subvention</b>	<b>Subventions for 2011/12 (\$)</b>
<b>Recurrent Subvention</b>	
Caritas Hong Kong	6,082,162
Family Planning Association of Hong Kong	38,178,869
Hong Kong Council on Smoking and Health	14,915,180
Hong Kong Red Cross	951,000
Hong Kong St. John Ambulance	12,656,094
Society for the Aid and Rehabilitation of Drug Abusers	81,281,762
Tung Wah Group of Hospitals – Chinese Medicine Clinics	2,960,000
Hong Kong Christian Service	7,309,223
Tung Wah Group of Hospitals – Smoking Cessation Programme	21,000,000
Pok Oi Hospital	5,750,000
Po Leung Kuk	1,200,000
<b>Total Recurrent Subventions</b>	<b>192,284,290</b>
<b>Capital Subvention</b>	
Family Planning Association of Hong Kong	1,364,359
Hong Kong St. John Ambulance	3,205,362
Society for the Aid and Rehabilitation of Drug Abusers	400,293
<b>Total Capital Subventions</b>	<b>4,970,014</b>