

Department of Health



2012/2013

Annual Report



Annual Departmental Report

by

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Director of Health




FOREWORD

I am delighted to present this 2012/13 Annual Report of the Department of Health, which summarises our work and achievements during that year. This report documented the combined efforts of all service units in the Department towards the shared goal of promoting public health in Hong Kong.

As an organisation aspired to be an international renowned public health authority, the Department attaches great importance to fostering partnership with international health agencies. In April 2012, the Tobacco Control Office of the Department was designated by the World Health Organization (WHO) to set up the WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence. It is the first of its kind in the theme of smoking cessation and it provides support to WHO and in particular the Western Pacific Region in various initiatives on smoking cessation and treatment of tobacco dependence. In April 2012, the Chinese Medicine Division of the Department of Health was designated by WHO as the Collaborating Centre for Traditional Medicine in Hong Kong. It is the first of its kind in the world as the Centre which focuses on assisting the WHO to formulate policies and strategies as well as setting regulatory standards for traditional medicine. The establishment of these two WHO Collaborating Centres further enhanced our collaboration with WHO and contribution in health issues in the region.

To better prepare for handling major outbreaks of communicable diseases in Hong Kong, the Department continued its efforts in enhancing the capacity through updating contingency plans, and conducting exercises and drills. In that year, an emerging viral respiratory disease caused by a novel coronavirus, which later named as Middle East Respiratory Syndrome, was first identified in Middle East region. Guided by scientific evidence and advice from WHO, appropriate preventive measures have been implemented in Hong Kong. The Department will stay vigilant against this and other emerging and re-emerging diseases.

On non-communicable diseases (NCDs), the Department continued to follow the strategic directions set out in the document “Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases”. In April 2012, the Western Pacific Regional Office of the WHO and the Department jointly organised a meeting titled “World Health Organization Western Pacific Regional Meeting on NCD Prevention and Control through Reduction of Alcohol-related Harm” in Hong Kong. With experience sharing and discussion among local and overseas experts from different sectors, the meeting provided the participants with a forum to review the health, social and economic burdens of NCDs, particularly from alcohol-related harm, in different countries within the Western Pacific region.



On behalf of the Department, I would like to extend my gratitude to all the partners, both local and overseas. I would also like to take this opportunity to thank our colleagues for their dedication to a challenging and meaningful work, and their contribution in bringing healthier lives to the people in Hong Kong.



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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HEALTH OF THE COMMUNITY

Population Indices

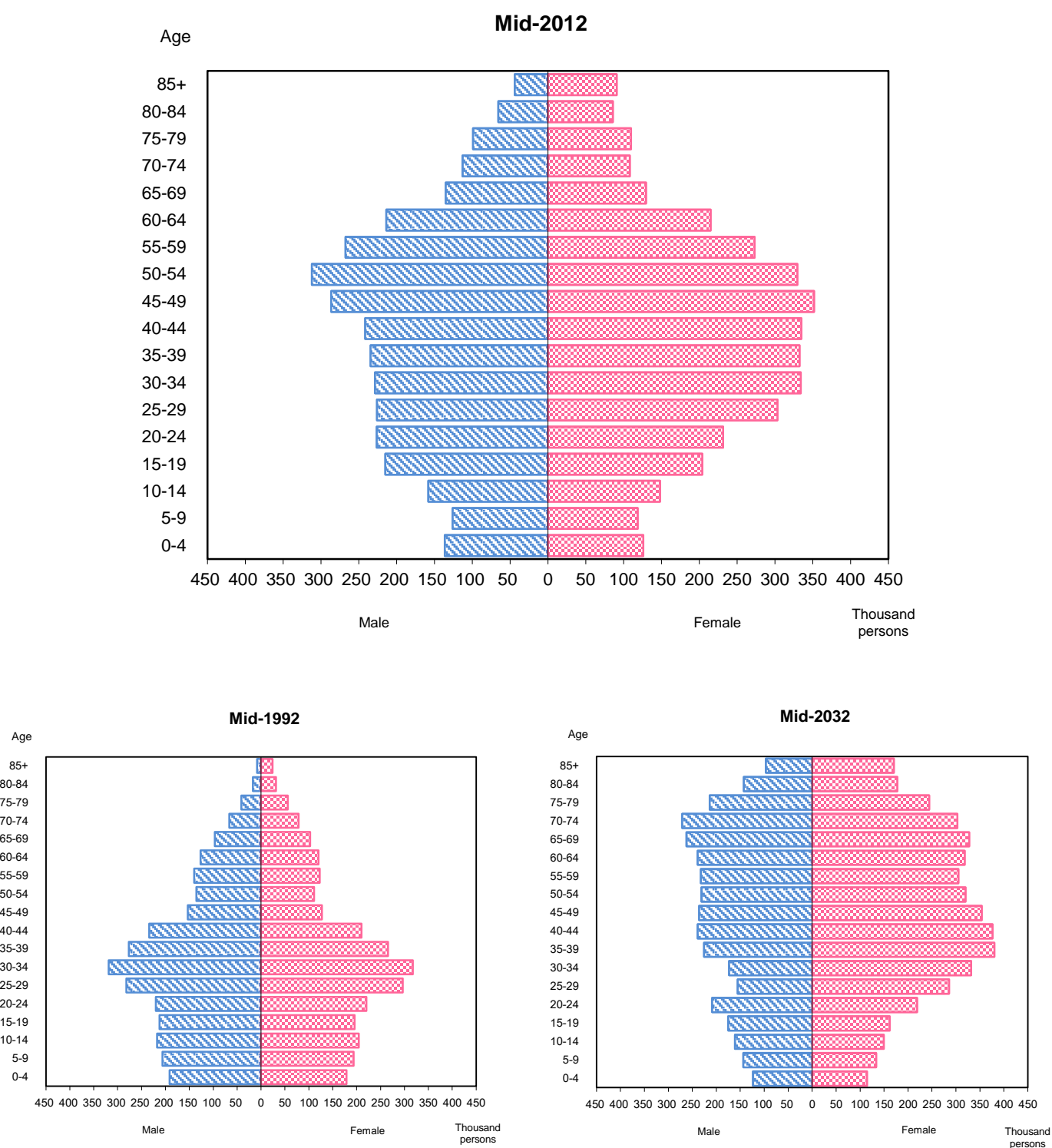
The mid-year population of Hong Kong in 2012 was 7.15 million. The annual growth rate of the population averaged 0.7% over the period 2003 – 2012.

The crude birth rate in 2012 was 12.8 per 1 000 population with 91 343 registered live births. The crude death rate was 6.1 per 1 000 population, with 43 672 registered deaths.

As a result of increasing life expectancy and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2012, 13.7% of the population were aged 65 and above, the elderly dependency ratio being 183 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1992 was 9.0% and that for 2002 was 11.5%. By 2022 and 2032, the figures are estimated to be 19.7% and 26.9% respectively.



Figure 1 : Population Pyramid, 1992, 2012 and 2032





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 2012 could expect to live 80.7 years and a baby girl 86.4 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 1.5 and 2.3 respectively in 2012 (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 2012, there were two cases of maternal death reported and maternal mortality ratio was 2.2 per 100 000 registered live births.

Figure 2 : Life Expectancy at Birth (Male and Female), 1993 – 2012

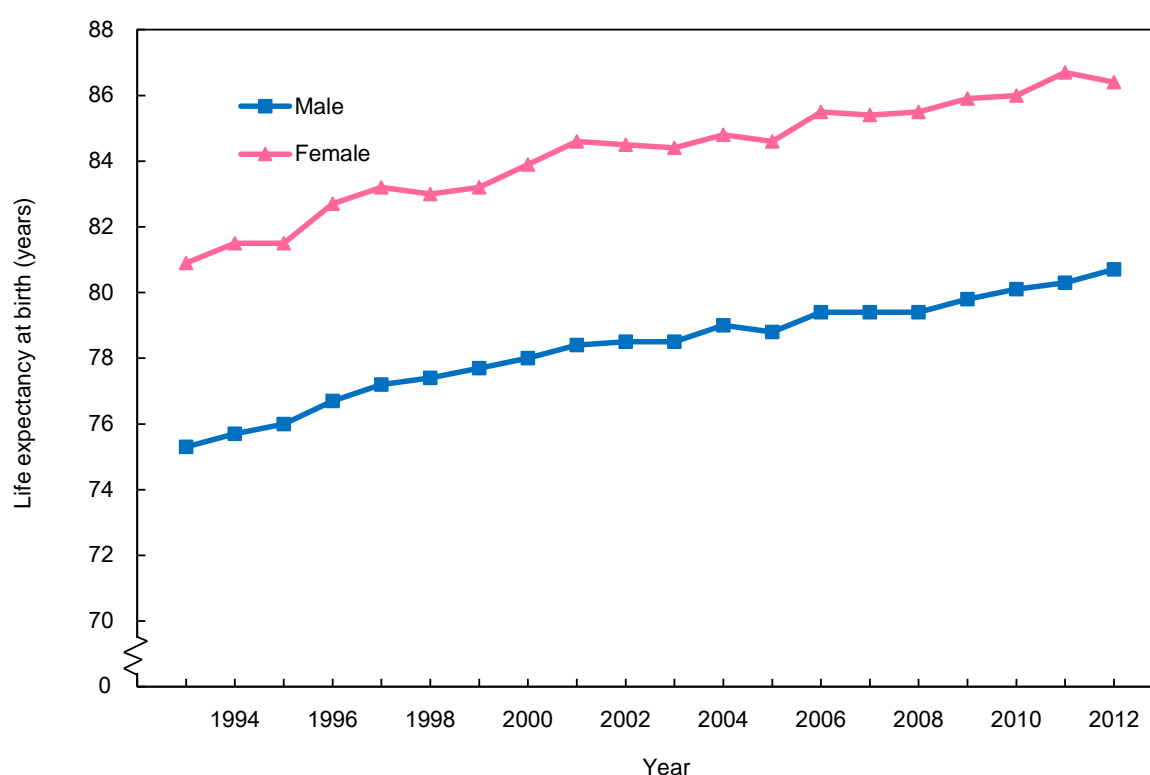




Table A : Life Expectancy at Birth in Hong Kong and Selected Countries

Country / Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	80.7 (2012)	86.4 (2012)
Japan	79.9 (2012)	86.4 (2012)
Singapore	79.8 (2012)	84.3 (2012)
UK	78.8 (2010)	82.7 (2010)
USA	76.4 (2012)	81.2 (2012)

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

Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1993 – 2012

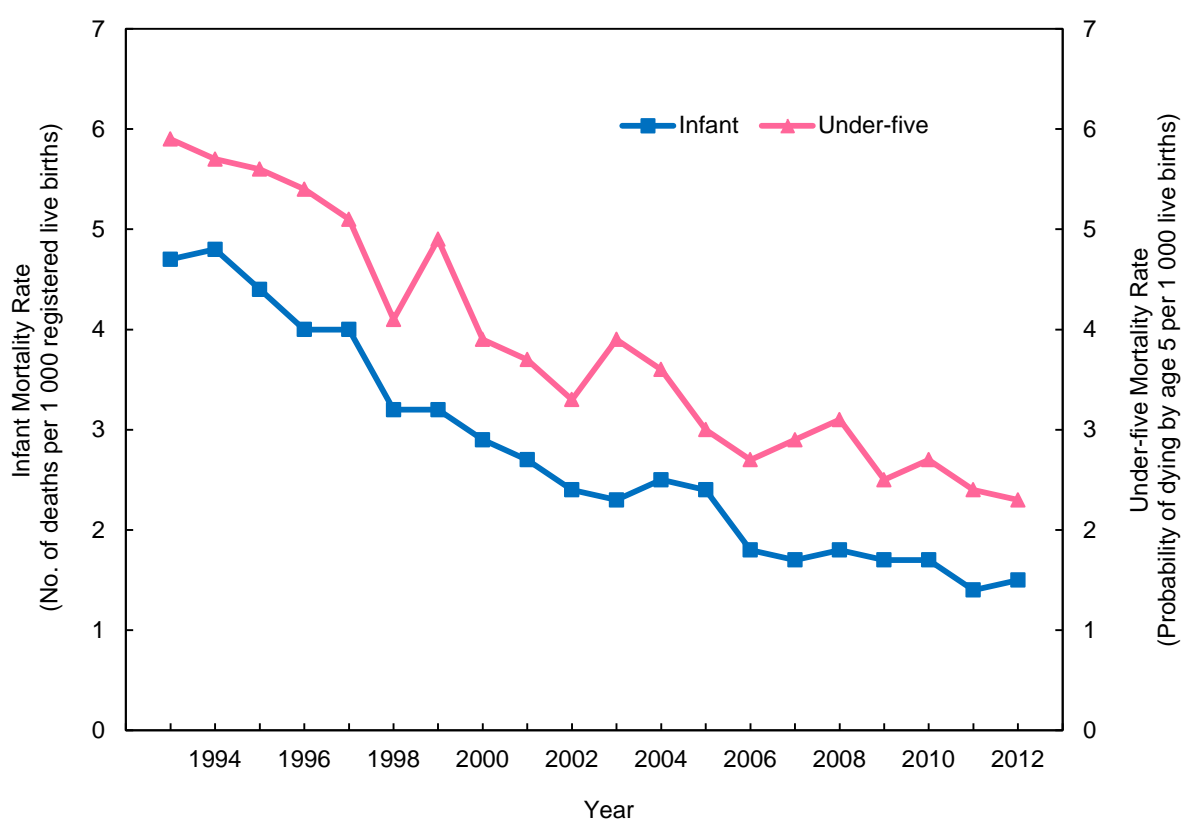




Table B : Infant Mortality Rate in Hong Kong and Selected Countries

Country / Territory	Infant Mortality Rate (No. of deaths per 1 000 registered live births)
Hong Kong	1.5 (2012)
Japan	2.2 (2012)
Singapore	1.8 (2012)
UK	4.1 (2012)
USA	6.0 (2012)

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 2012 was 6.1 per 1 000 population with 43 672 registered deaths (Figure 4). The age-standardised death rate has been dropping substantially (Figure 5), from 4.9 per 1 000 standard population in 1993 to 3.2 in 2012. Compared with 1993, the age-standardised death rates for males and females were reduced by 31.9% and 39.0% respectively.



Figure 4 : Crude Death Rate by Sex, 1993 – 2012

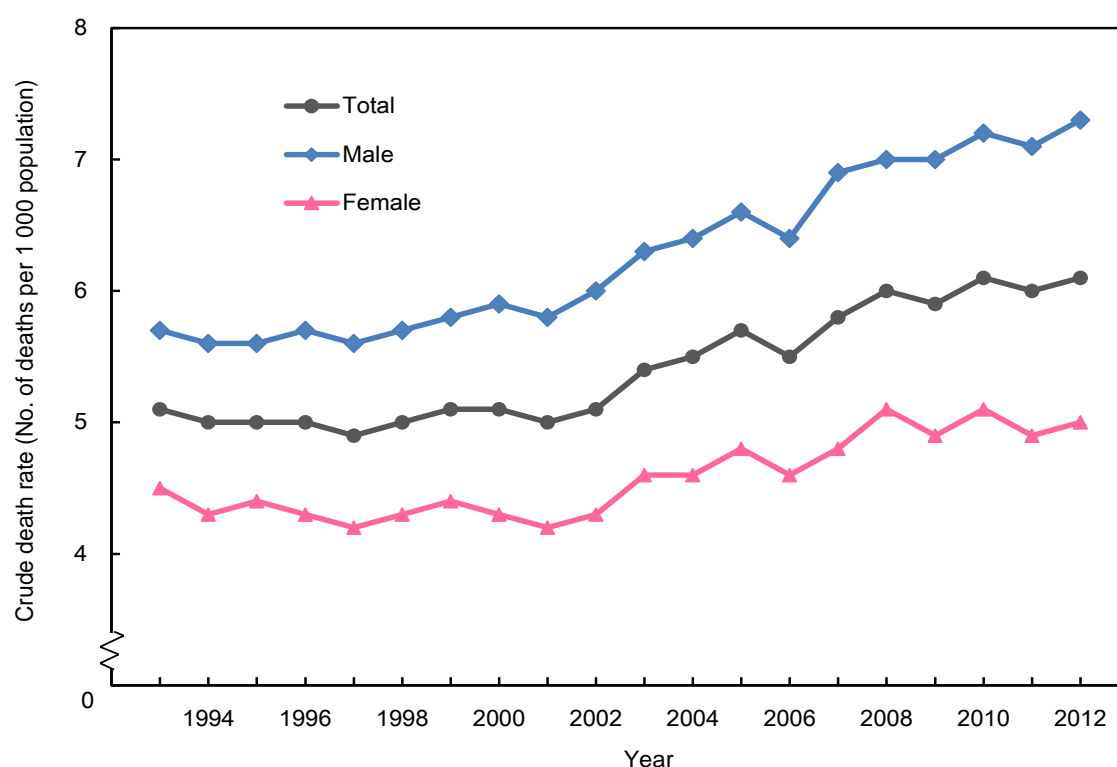
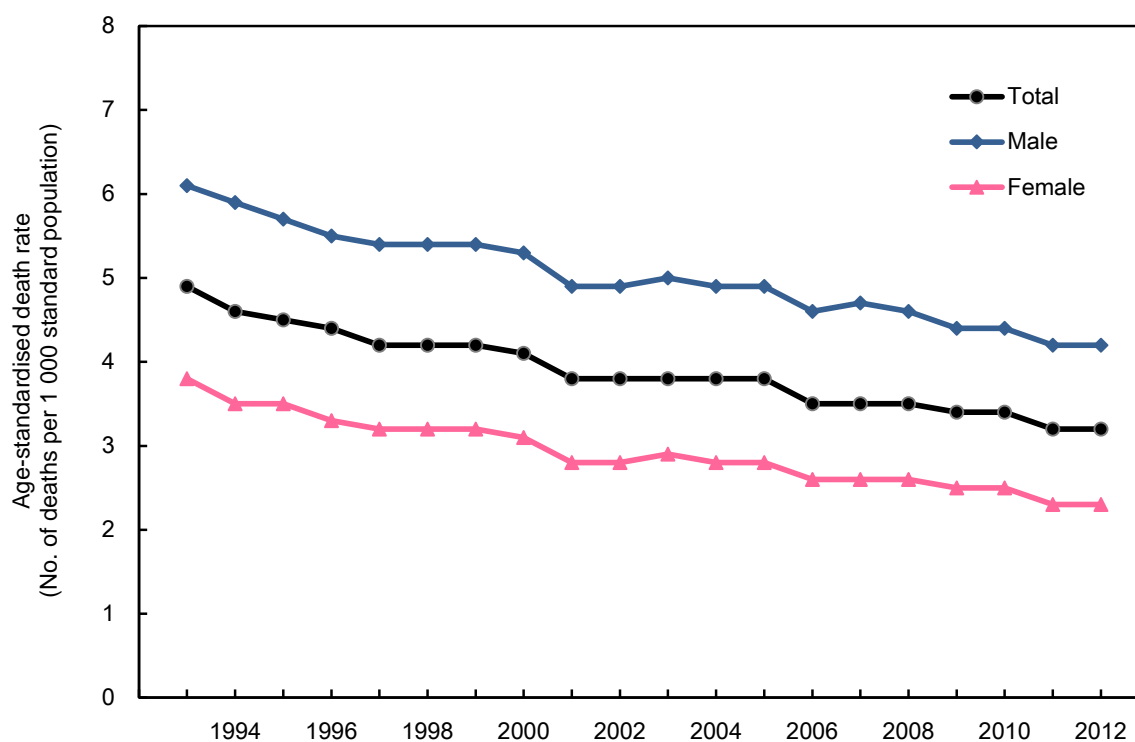


Figure 5 : Age-standardised Death Rate by Sex, 1993 – 2012





Leading Causes of Death

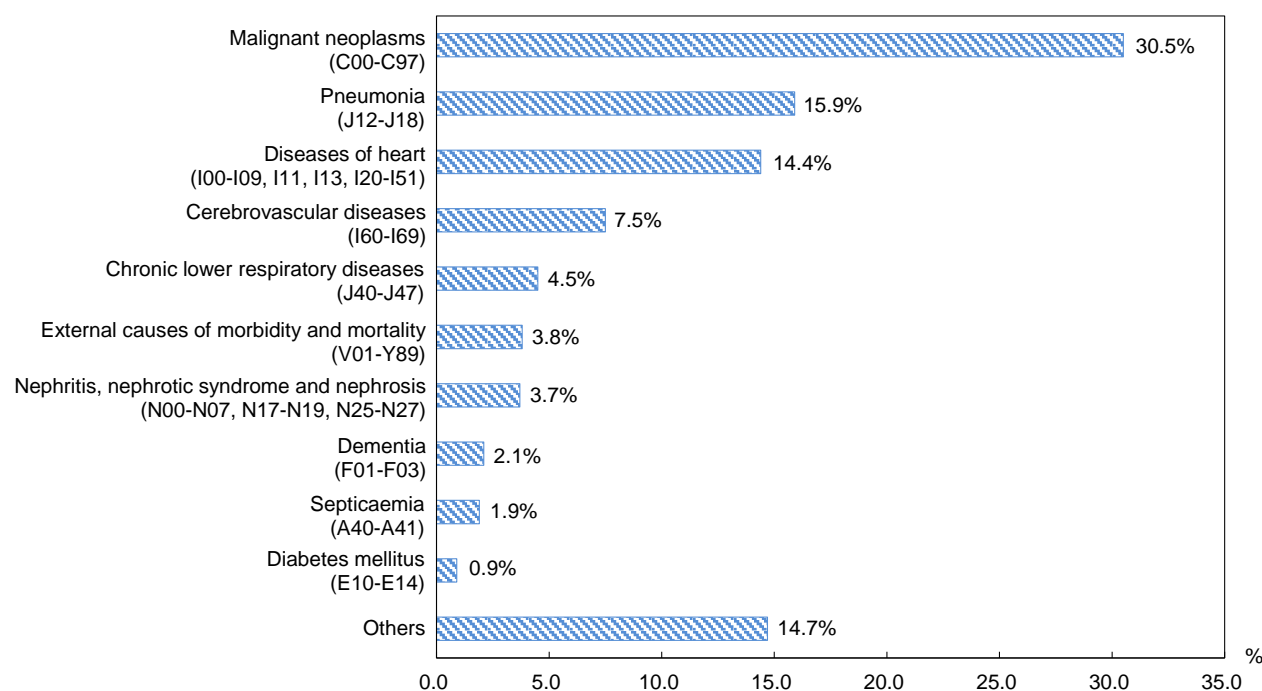
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2012 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 2012 (Figure 6) was similar to that in 2011. The top five leading causes of death in 2012 were malignant neoplasms (cancers) (30.5%), pneumonia (15.9%), diseases of heart (14.4%), cerebrovascular diseases (7.5%) and chronic lower respiratory diseases (4.5%). Table C shows the ten major causes of cancer deaths in 2012.

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

Figure 6 : Ten Leading Causes of Death, 2012

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, 2012

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	29.2
Colon, rectum and anus (C18 - C21)	14.3
Liver and intrahepatic bile ducts (C22)	11.3
Stomach (C16)	4.9
Breast (C50)	4.5
Pancreas (C25)	4.0
Prostate (C61)	2.7
Non-Hodgkin lymphoma (C82 - C85)	2.6
Nasopharynx (C11)	2.5
Oesophagus (C15)	2.3
Others	21.6

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

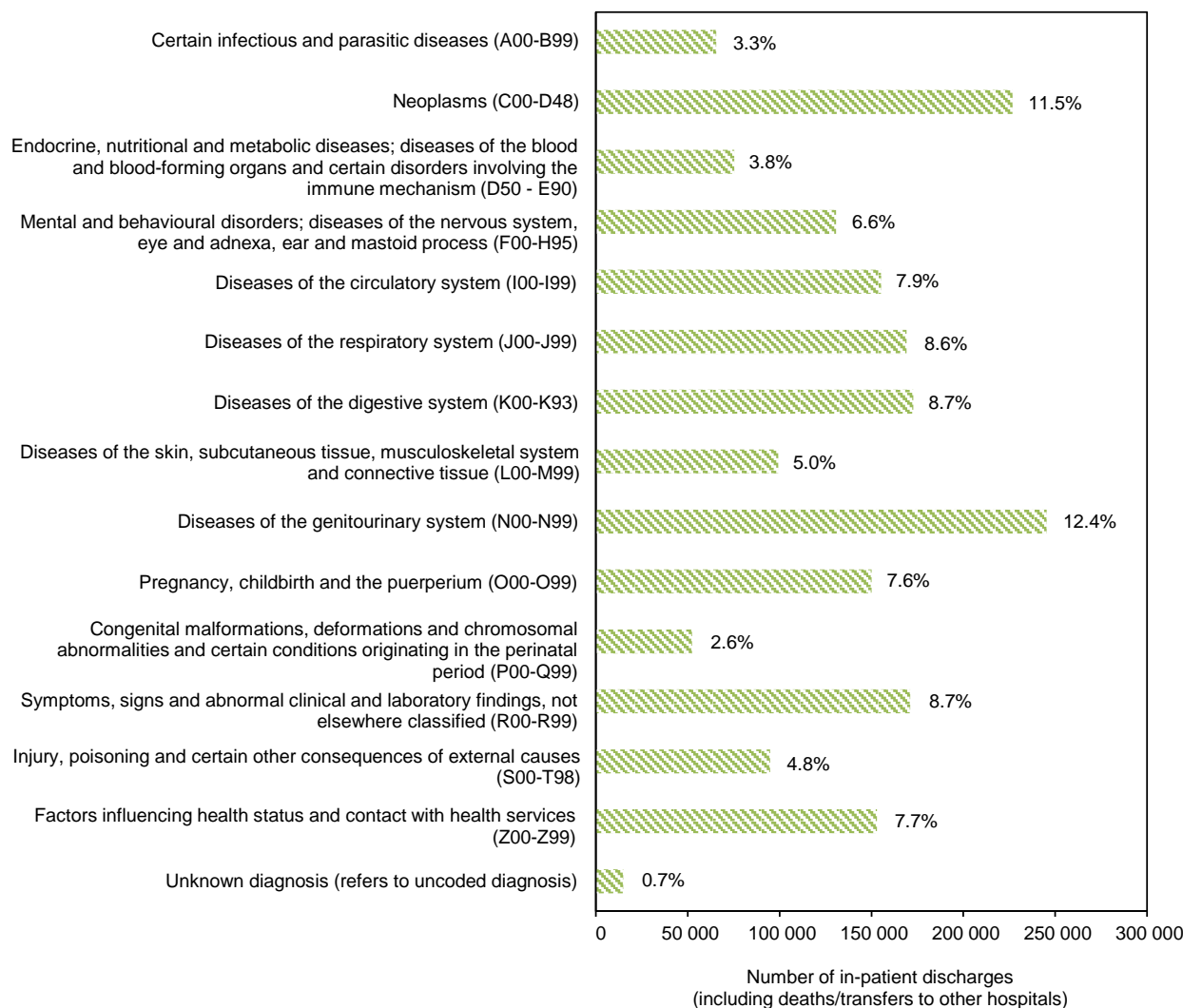
Hospitalisation Data

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 2012 was 1 976 414. The leading causes of hospitalisation reported in 2012 (Figure 7) were similar to those of previous year.



Figure 7 : Leading Causes of Hospitalisation, 2012

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 48 notifiable infectious diseases in 2012 (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, 2012

Acute poliomyelitis	Influenza A(H2), Variant Influenza A(H3N2)*, 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	Severe Respiratory Disease associated with Novel Coronavirus#
Botulism	Leptospirosis	Shiga toxin-producing <i>Escherichia coli</i> infection
Chickenpox	Listeriosis	Smallpox
Chikungunya fever	Malaria	<i>Streptococcus suis</i> infection
Cholera	Measles	Tetanus
Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection	Meningococcal infection (invasive)	Tuberculosis
Creutzfeldt-Jakob disease	Mumps	Typhoid fever
Dengue fever	Paratyphoid fever	Typhus and other rickettsial diseases
Diphtheria	Plague	Viral haemorrhagic fever
Enterovirus 71 infection	Psittacosis	Viral hepatitis
Food poisoning	Q fever	West Nile virus infection
<i>Haemophilus influenzae</i> type b infection (invasive)	Rabies	Whooping cough
Hantavirus infection	Relapsing fever	Yellow fever

Note : * Added to the list of statutory notifiable infectious diseases since 17 August 2012.

Added to the list of statutory notifiable infectious diseases since 28 September 2012.



In 2012, a total of 17 012 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2012 were chickenpox (8 589 cases), tuberculosis (4 858 cases) and scarlet fever (1 500 cases) constituting 87.9% of these notifications. The number of notifiable infectious diseases recorded in 2012 decreased by 22.0% as compared with 21 798 cases in 2011.

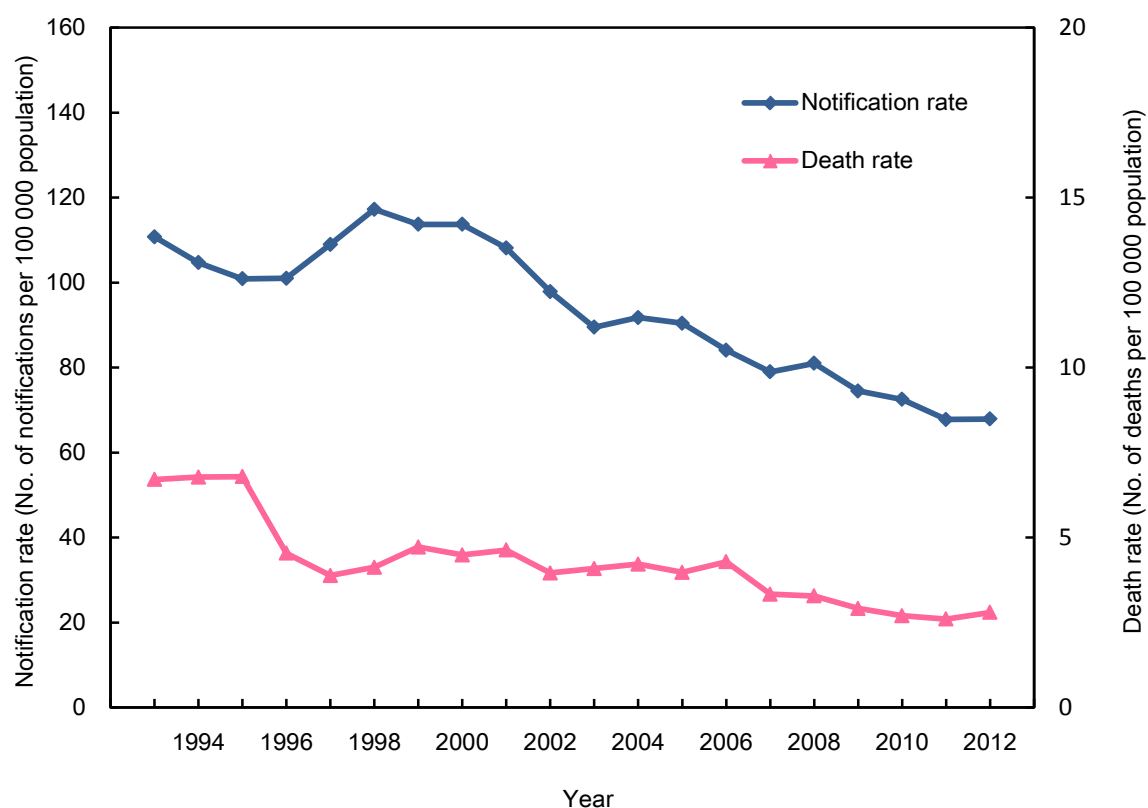
Chickenpox

There were 8 589 notifications of chickenpox in 2012. The number decreased by 37.0% as compared with 13 633 cases in 2011. Similar to previous years, the majority (68.8%) of cases occurred among children aged under ten.

Tuberculosis

In 2012, the number of tuberculosis notifications was 4 858 and the notification rate was 67.9 per 100 000 population. Compared with 2011, the number of notifications increased by 1.3% and the notification rate increased by 0.2% (Figure 8).

Figure 8 : Notification and Death Rates of Tuberculosis, 1993 – 2012





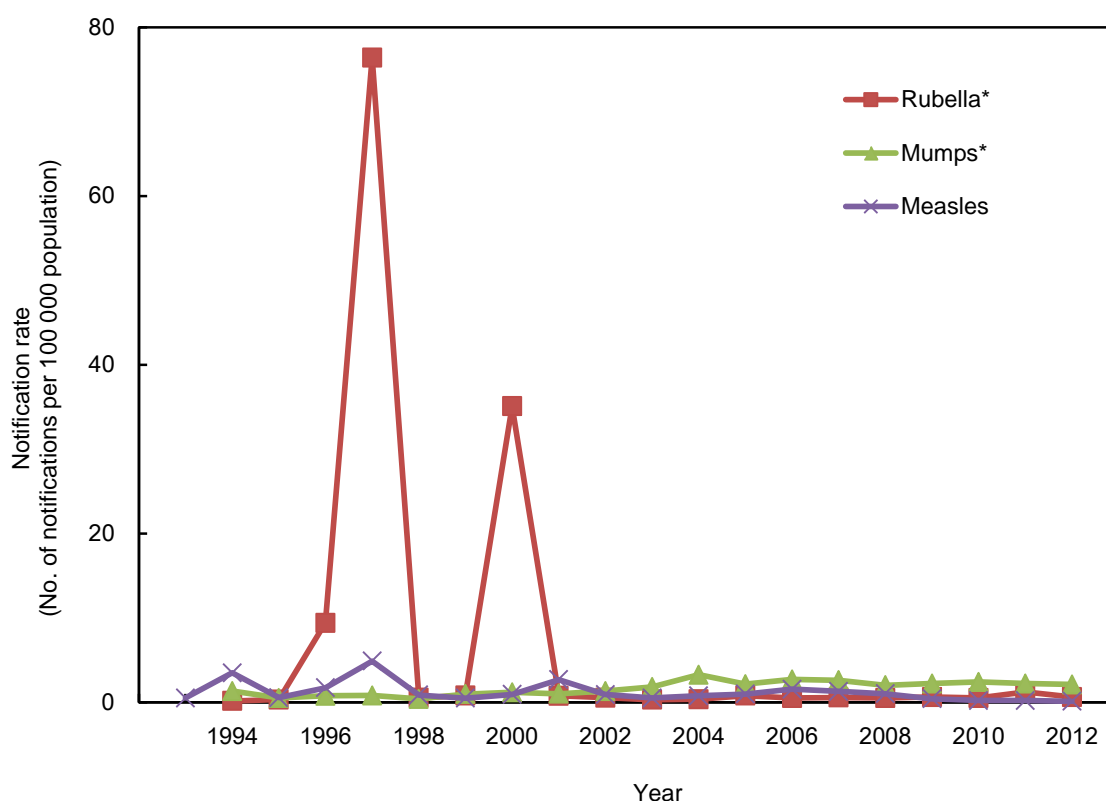
Viral hepatitis

There were 243 notifications of viral hepatitis in 2012, of which 43 were hepatitis A, 47 were hepatitis B, three were hepatitis C and 150 were hepatitis E. Compared with 2011, the number of notifications for hepatitis A, hepatitis B and hepatitis C decreased by 6.5%, 32.8% and 40% respectively. The number of hepatitis E notification increased by 26.1%.

Vaccine preventable diseases

There were 150 cases of mumps, eight cases of measles, 44 cases of rubella, three cases of congenital rubella syndrome, 20 cases of whooping cough and three cases of tetanus notified to the Department of Health in 2012. 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, 1993 – 2012



Notes : * Notifiable since 1994.

Case definition for mumps has been changed in 2003.

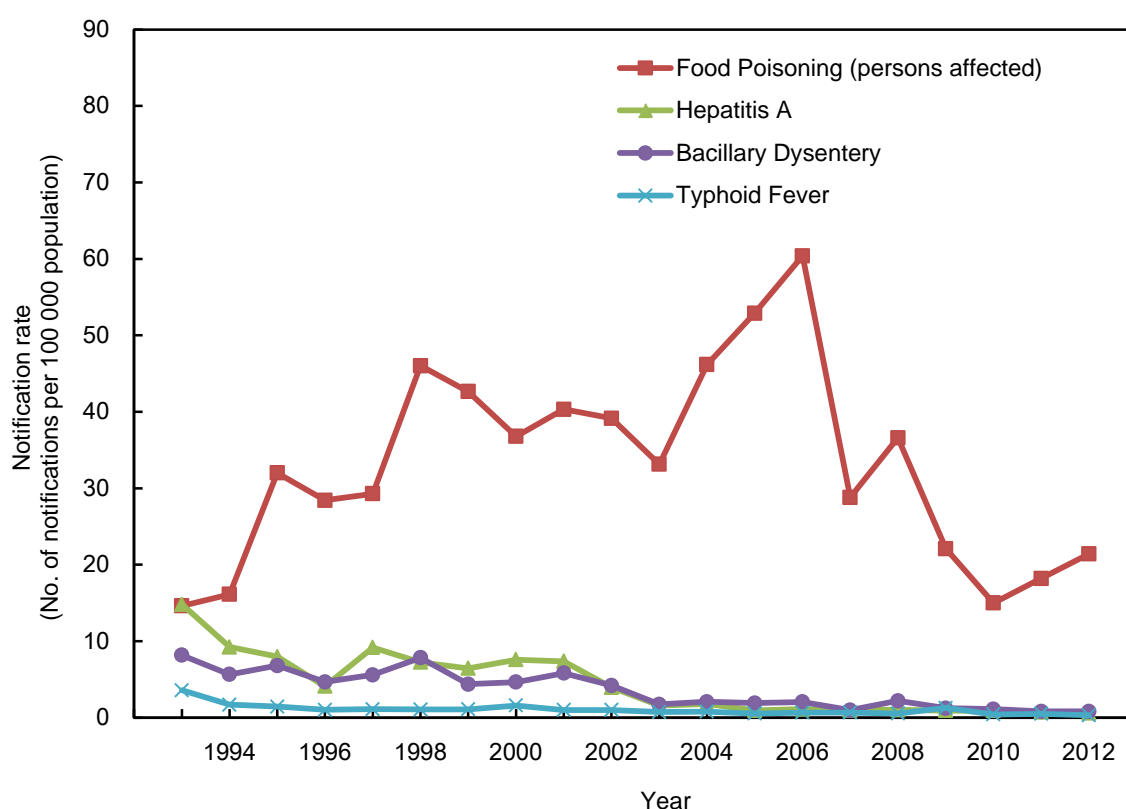


Foodborne diseases

In 2012, there were 378 notifications of food poisoning outbreak, with 1 529 persons affected, 59 cases of bacillary dysentery, 25 cases of typhoid fever, 23 cases of paratyphoid fever, two cases of cholera and eight cases of Shiga toxin-producing *Escherichia coli* infection.

Bacteria remained the major cause of food poisoning outbreaks, accounting for 78.8% of all outbreaks. About 13.0% of all outbreaks were laboratory-confirmed and the three most common causative agents were noroviruses, *Salmonella* species and *Vibrio parahaemolyticus*. Food poisoning caused by chemicals or biotoxins was also reported. There were 10 outbreaks (26 persons affected) caused by ciguatera toxin. Figure 10 shows the trends of common foodborne diseases.

Figure 10 : Notification Rates of Common Foodborne Diseases, 1993 – 2012





Vector-borne diseases

There were 53 dengue fever cases reported in 2012, all of which were imported cases who had mainly travelled to Asian countries and areas such as Thailand, the Philippines and Indonesia.

There were three Japanese encephalitis cases recorded in 2012, two of them were imported cases and one was local case.

As for malaria, 26 cases were reported in 2012. Sixteen cases were caused by *Plasmodium vivax*, eight cases by *Plasmodium falciparum* and one case was caused by *Plasmodium ovale*. There was one case caused by both *Plasmodium vivax* and *Plasmodium falciparum*. All malaria cases in 2012 were imported from other countries, mainly from Southeast Asia (14 cases) and Africa (six cases).

In 2012, there were 44 reported cases of typhus and other rickettsial diseases, with 23 scrub typhus, 10 spotted fever, three urban typhus and eight 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 2012, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 5 783 and 1 353 respectively. Sexual transmission continued to be the most important mode of spread of the infection, which contributed to 77% of all reported HIV cases in 2012.

The sentinel surveillance system to monitor influenza-like illness, hand, foot and mouth disease, acute conjunctivitis, acute diarrhoeal diseases and antibiotic resistance 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. Sentinel surveillance on influenza-like illness, hand, foot and mouth disease, acute conjunctivitis and acute diarrhoeal diseases aims to monitor the disease trend and identify the causative agents of these diseases, whereas sentinel surveillance on antibiotic resistance monitors the trend of antibiotic resistance at the community level. Nasal swabs, throat swabs, mid-stream urine and stools are collected. The results are 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. In 2012, the sentinel surveillance system has been expanded to cover the Accident and Emergency Departments in public hospitals under the Hospital Authority to enhance the monitoring of infectious disease activities in the community. Under the Accident and Emergency Departments Communicable Diseases Syndromic Surveillance System, the Centre for Health Protection collects data on influenza-like illness syndrome group, hand, foot and mouth disease syndrome group, acute gastroenteritis syndrome group and acute conjunctivitis syndrome group from the Accident and Emergency Departments of the public hospitals. The results of 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 2012, there were 280 cases of confirmed occupational diseases, decreasing by 73 cases as compared with 353 in 2011. 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 2012, there were 50 such cases.

Table E : Confirmed Cases of Occupational Diseases, 2011 and 2012

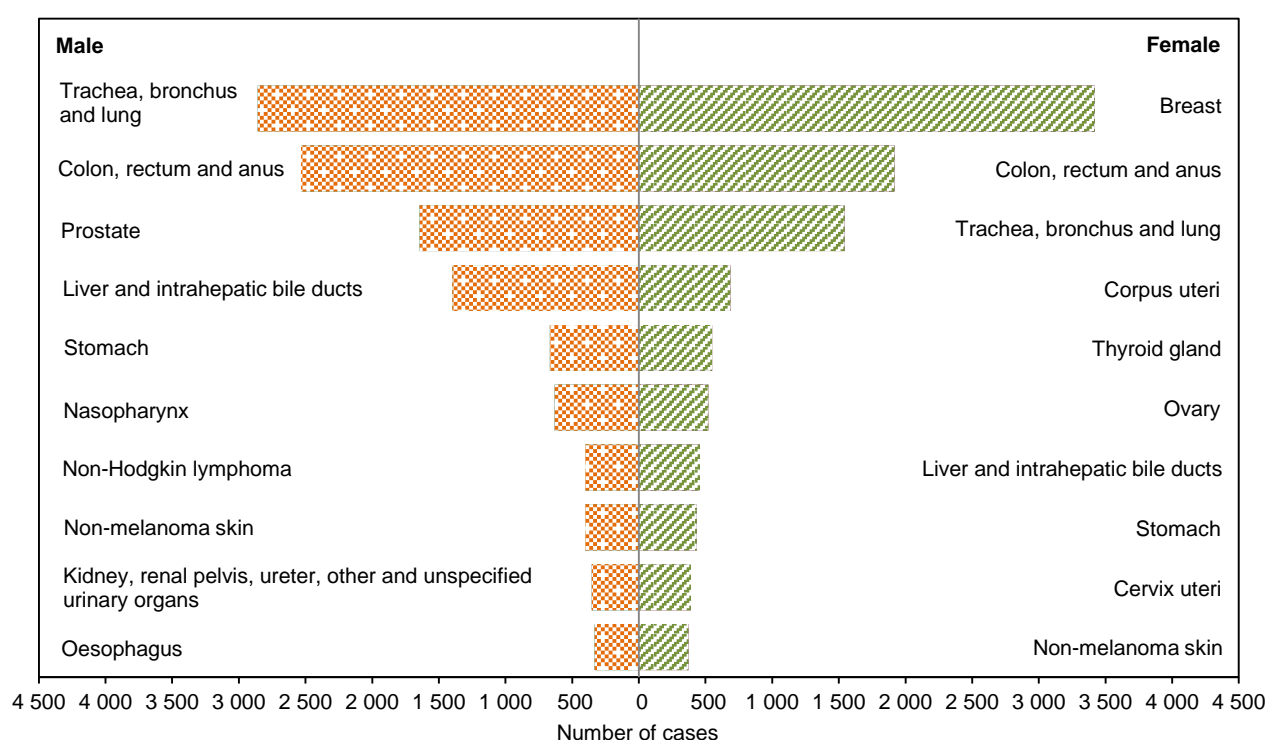
Disease	Number of Cases	
	2011	2012
Occupational deafness	157	99
Tenosynovitis of the hand or forearm	70	69
Silicosis	63	44
Tuberculosis	17	15
Gas poisoning	11	14
Mesothelioma	13	12
Compressed air illness	3	12
Occupational dermatitis	7	3
Asbestosis	9	3
<i>Streptococcus suis</i> infection	1	1
Others	2	8
Total	353	280

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 2011 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, 2011



Source : Hospital Authority.



Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2012 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 (36.6%) of people aged 18 – 64 were overweight / obese; over four-fifths (82.0%) failed to meet the World Health Organization's recommendation of having at least five servings of fruit and vegetables per day; about three-fifths (60.4%) did not meet the World Health Organization's recommended level of physical activity (i.e. at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or at least 75 minutes of vigorous-intensity physical activity throughout the week, or a combination of both); and 6.3% of the respondents reported binge drinking in the past 30 days. In addition, according to the Thematic Household Survey Report No. 53 of the Census and Statistics Department, one in every nine persons (10.7%) aged 15 and above were daily cigarette smokers.

Poisoning Incidents Notification

The Department of Health received a total of 155 notifications in 2012. After investigation, 73.5% 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 2012

January

- Launched the territory-wide 'StartSmart@school.hk Campaign' jointly with the Education Bureau and the Leisure and Cultural Services Department to promote healthy eating and physical activity among preschoolers to prevent childhood obesity.
- Conducted a public health emergency exercise, code-named 'Exercise Jadeite' with other Government departments and organisations to test inter-departmental procedures and government contingency actions for the isolation and evacuation of a building and to enhance preparedness and inter-departmental co-ordination and co-operation.



- Launched the antenatal screening programme for Group B *Streptococcus* with the Hospital Authority for pregnant women attending antenatal services in the public sector.
- Broadcasted an Announcement of Public Interests with a jingle on the theme 'Living a Healthy Lifestyle Starts with YOU' in various TV channels to encourage everyone to spread positive health messages and influence people around them to live a healthier lifestyle.



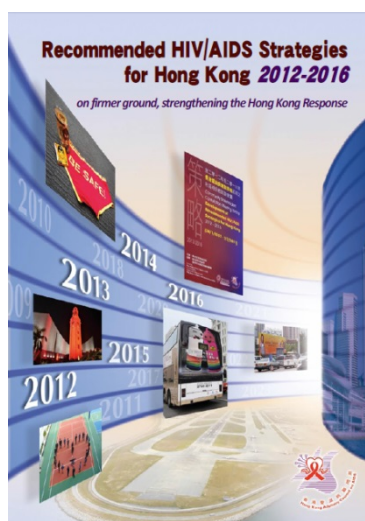
- Conducted two workshops on prevention and control of multi-drug resistant organisms (MDROs) in residential care homes for the elderly (RCHEs) in January and February.

February

- Published the 'Hong Kong Chinese Material Medical Standards Volume IV' and distributed it via the Chinese Medicine Division website.
- Organised a training course on tobacco dependence management which aimed to build capacity among frontline healthcare staff providing smoking cessation service.
- Conducted a workshop on disinfection and sterilisation which focused on the role of environmental surfaces in transmission of MDROs and new technologies of environmental disinfection; disinfection and sterilisation of endoscopes and surgical instruments; and food preparation and handling in healthcare settings.

March

- Published the 'Recommended HIV / AIDS Strategies for Hong Kong 2012-2016'.



- 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.
- Launched a series of year-round roving exhibitions in 18 districts to enhance public's awareness on safe use of Chinese medicines.
- Held a press conference to announce the result of 'A Survey of Infant and Young Child Feeding in Hong Kong'.
- Held a recognition ceremony for the EatSmart Community Programme 2011 to acknowledge the contributions of stakeholders to the Programme.
- Organised the Health Promotion Sharing Forum on 'Primary Care Development in Hong Kong'.

April

- Designated by the World Health Organization to set up the WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence.



- The Chinese Medicine Division of the Department was designated as a World Health Organization Collaborating Centre for Traditional Medicine.



- Organised the World Health Organization Western Pacific Regional Meeting on NCD Prevention and Control through the Reduction of Alcohol-related Harm jointly with the Western Pacific Regional Office of the World Health Organization. The meeting was attended by about 60 participants from 11 countries / areas.
- Launched a new publication 'Exercise' to enhance knowledge on physical activity and exercise, pointing out common misconceptions about exercise, and the prevention and proper management of injuries.



- Launched the Accident and Emergency Departments Communicable Diseases Syndromic Surveillance System.
- In collaboration with Licensing Office of Residential Care Homes for the Elderly of Social Welfare Department, six training courses on infection control were conducted in April and June for staff of RCHEs.

- Participated in 'Exercise Checkerboard' which tested the response capability and coordination of more than 30 bureaux and departments in the event of a serious incident causing radiological release at the nuclear power stations at Daya Bay.

May

- Hosted the World Health Organization International Classification of Traditional Medicine Annual Network Meeting to discuss and develop the International Classification of Traditional Medicine project.
- Hosted the 'Regional Launching and Workshop on the Implementation of the Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020)'. Its aims were to launch the new strategy regionally, to share the best practices in ensuring safety, quality and efficacy for the use and practice of traditional medicine in the region, as well as to discuss priority actions to implement the strategy.
- Hosted the Second World Health Organization Working Group Meeting on Traditional Medicine Strategy to discuss and develop the next World Health Organization traditional medicine global strategy.
- Launched a new media publicity campaign to promulgate the definition of central obesity, the health hazards of obesity and the correct way to keep a healthy weight, so as to encourage the public to make wise choice for health.



- Held the award presentation ceremony of the themed competition entitled 'Primary Care-Family Doctor as Your Health Partner' on 19 May to commemorate the World Family Doctor Day. The competition was organised in collaboration with the Education Bureau and the Hong Kong College of Family Physicians to raise awareness of the general public about primary care and the family doctor concept. One of the winning designs was adopted for poster production by the Primary Care Office of the Department.



- Held the Health@work.hk Pilot Project Recognition Ceremony cum Sharing Forum to give recognition to 19 participating organisations for their efforts made in developing a healthy workforce.
- Conducted two rounds of infection control training programme for staff working in RCHEs in May and July.

June

- 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.



- Published the 'Simplified Tai Chi Chuan-24 Forms for Healthier Body and Mind', a DVD supplementary learning package in June for those who have basic knowledge on Tai Chi Chuan or are learning simplified Tai Chi Chuan-24 Forms with a Tai Chi Chuan instructor.

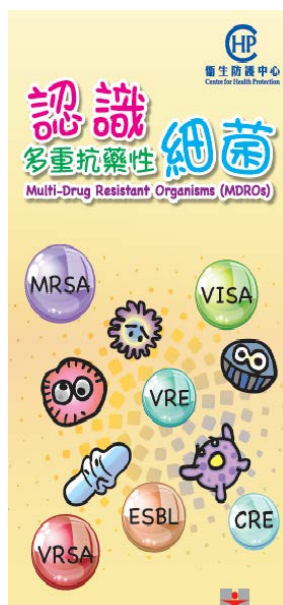


- In collaboration with Licensing Office of Residential Care Home for the Elderly of Social Welfare Department, four training workshops were organised in June, July and December for staff of RCHes, covering topics like drug management, dementia care, terminal care, wound care, use of physical restraint, handling of medical waste and occupational health tips for prevention of back injuries, etc.
- The Director of Health, Dr LAM Ping-yan retired in June 2012 and succeeded by Dr CHAN Hon-yee, Constance.

July

- Subvented the Lok Sin Tong Benevolent Society, Kowloon to deliver a workplace smoking cessation programme.
- Conducted a series of infection control training programmes for staff working in residential care homes and day care centres for persons with disabilities.
- Conducted a workshop on malaria for laboratories in the Hospital Authority and private hospitals in Hong Kong.

- Conducted a training class on infection control for Auxiliary Medical Service Cadet Corps.
- Launched an educational pamphlet on MDROs for public information.



August

- Promulgated the Preparedness Plan for Influenza Pandemic 2012. The plan was an updated version based mainly on the framework of the previous plan having regard to experience in recent years including the human swine influenza pandemic in 2009.



- Launched a book 'Stories of Quit Smoking', in both printed and electronic forms, which described the difficulties, the benefits and the techniques of quitting smoking, through the stories of ten elderly persons who had successfully quitted smoking, together with factual information on quitting smoking.



- Co-organised a series of Exercise Prescription Certificate Courses in various districts with the Hong Kong Medical Association, with the support from Physical Fitness Association of Hong Kong China and the Hong Kong Physiotherapy Association. The training course aimed to strengthen primary care doctors' capacity in prescribing exercise to their clients for non-communicable disease prevention.
- Organised the Workshop on Public Health for Media Workers which aimed to increase the media's understanding of public health and related work, and foster a closer working relationship between media partners and Centre for Health Protection's staff, thereby enhancing health communication to members of the public.

September

- Launched two vaccination subsidy schemes namely Childhood Influenza Vaccination Subsidy Scheme and Elderly Vaccination Subsidy Scheme 2012/13 on 24 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 2013. Subsidised pneumococcal vaccination for the elderly were provided throughout the year.



- Held a gathering to commemorate the 15th anniversary of Red Ribbon Centre on 20 September. The ceremony was joined by Mrs Regina LEUNG, the Patron of Red Ribbon Centre, and Dr KO Wing-man, Secretary for Food and Health.
- Held a joint press briefing featuring World Heart Day 2012 with the Hong Kong College of Cardiology. People were encouraged to eat more fruit and vegetables to reduce the risk of developing cardiovascular diseases.
- Commissioned Life Education Activity Programme to deliver smoking prevention programme at secondary schools.
- Launched the 'I'm So Smart' Community Health Promotion Programme to enhance community partnership on health promotion, with the core themes of healthy diet and regular physical activity.

- Organised a conference 'Maternal and Child Health: The Foundation of Population Health' to commemorate 80 years of Maternal and Child Health Service in Hong Kong.
- Participated in the 2011 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong / Lingao Nuclear Power Stations.
- Held a training course on smoking cessation for medical professionals to equip them with better skills to help smokers quit smoking.

October

- The Director of Health, Dr Constance Chan, appeared in a short video titled 'Annual Seasonal Influenza Vaccination Programme' to appeal to staff of the Department to receive seasonal influenza vaccination.



- Launched a 4-month public consultation on the draft 'Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children'.
- Launched the Chinese medicine practitioners sub-directory 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.
- Organised the Health Promotion Sharing Forum on 'Traditional Chinese Medicine and the Prevention of non-communicable Diseases in Hong Kong'.

- Launched the Love Teeth Campaign ‘Let’s act for our teeth’ to promote good dental habits among the community.



- Conducted a series of infection control training courses for staff of Home Affairs Department in preparation of the threat of Severe Respiratory Disease associated with Novel Coronavirus.



November

- Hosted the Third World Health Organization Working Group Meeting on Traditional Medicine Strategy to get an update on participating countries’ progress in the development of traditional medicine and seek expert views on devising the next global strategy to meet new challenges.

- 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.
- Published the 'Hong Kong Chinese Materia Medica Standards Volume V' and distributed it via the Chinese Medicine Division website.
- Celebrated the fourth anniversary of the launch of the Centralised Organ Donation Register at the first Hong Kong Transplant and Dialysis Games.



- Held a press conference to emphasise the importance of safe use of antibiotics to combat antimicrobial resistance to echo the Antibiotic Awareness Day. Antibiotic Awareness Day is marked annually in Hong Kong on 18 November as a public health initiative to promote prudent antibiotic use.
- Jointly organised with Radio Television Hong Kong the Premiere cum Kick-off Ceremony of World AIDS Day 2012 and launched the microfilm 'Love, Zero AIDS'.
- Conducted an Infectious Disease Desktop Simulation Exercise at the Hong Kong International Airport with Airport Authority to enhance capacity in responding to public health incidents.

- Conducted an Aircraft Crash and Rescue Exercise at the Hong Kong International Airport with Airport Authority to enhance emergency response to aircraft accidents.



December

- Launched the reference frameworks for preventive care for children and older adults in primary care settings. The reference frameworks aimed 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.
- Held the Seventh International Advisory Board Meeting on Hong Kong Chinese Materia Medica Standards for examination of standards for Chinese herbs.
- Held a Ceremony of Infection Control Stewardship Programme in Residential Care Homes of the Elderly to recognise the joint effort paid by elderly homes and collaborators from different fields. Speakers from hospital, social welfare sector, and elderly home shared about infection control related matters in the ceremony.

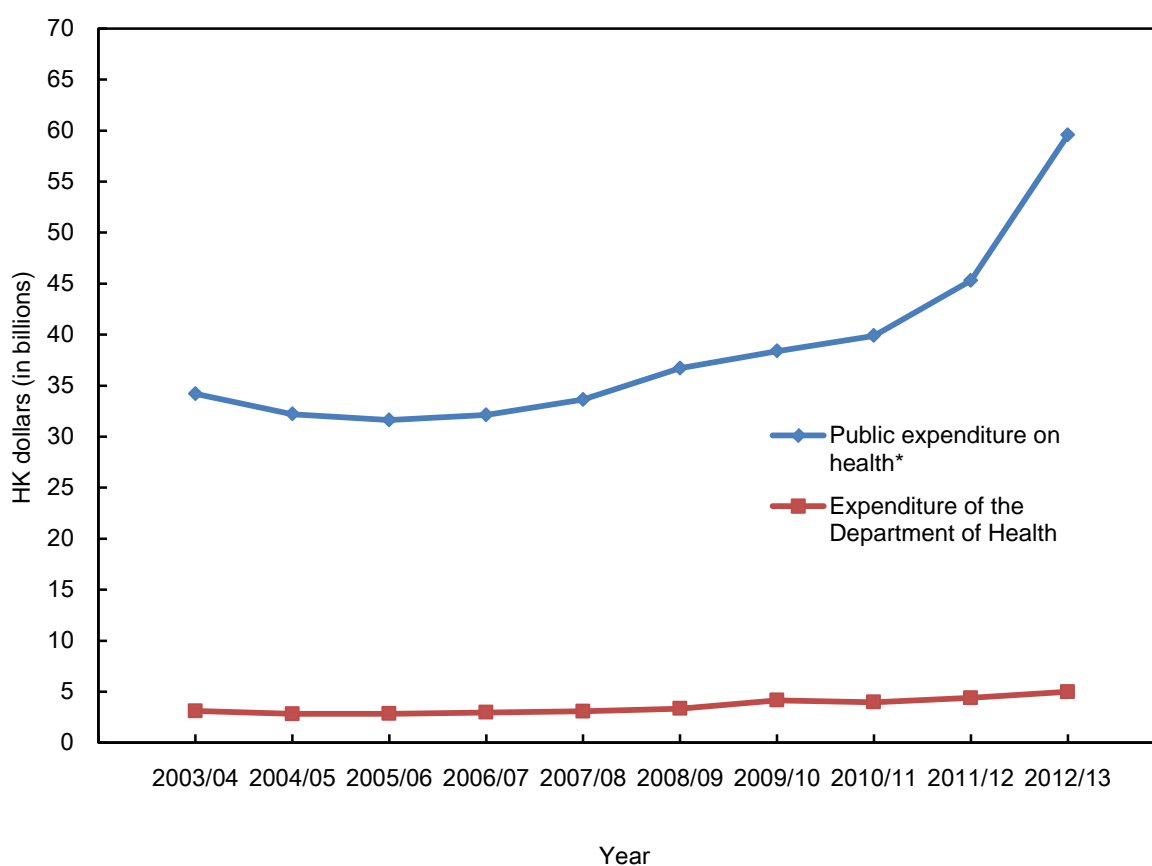
EXPENDITURE AND MANPOWER

Expenditure

The expenditure of the Department of Health for 2012/13 was \$5.0 billion which represented 8.4% of the total public expenditure on health for the year. There was an increase of 13.6% over that for 2011/12 (Figure 12).

Total public expenditure on health, which included expenditure of the Department of Health and the Hospital Authority, increased by 31.5% in the same period.

Figure 12 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2003/04 – 2012/13



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 2013, the Department of Health had a total strength of 5 675 (Table F) which corresponded to an increase of 3.1% over that in 2012.

Table F : Strength of the Department of Health as at 31 March 2013

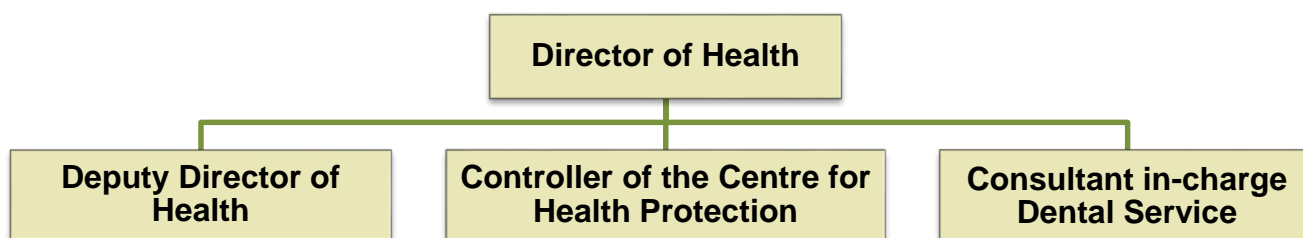
	Number	Percentage
Departmental Staff		
Medical and Health Officer Grade	468	8.2%
Nursing and Allied Grades	1 340	23.6%
Dental Officer Grade	268	4.7%
Para-Dental Grades	640	11.3%
Supplementary Medical Grades	670	11.8%
Other Departmental Grades	799	14.1%
Non-departmental Grades Staff	1 490	26.3%
Total *	5 675	100.0%

Note : *In addition, there were 778 full-time contract staff as of 31 March 2013.

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 Office for Registration of Healthcare Institutions
- Primary Care Office
- Special Health Services which include Medical Device Control Office, Narcotics and Drug Administration Unit, Port Health Office, Radiation Health Unit and Tobacco Control Office
- Specialised Services which include Child Assessment Service, Clinical Genetic Service, Forensic Pathology Service, Professional Development and Quality Assurance and Student Health Service



Chinese Medicine Division

The Chinese Medicine Division 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 2012, there were 6 639 registered Chinese medicine practitioners (including 74 registered Chinese medicine practitioners with limited registration) and 2 733 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 2012, 12 357 licence and 18 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 17 561 applications for proprietary Chinese medicines registration were received as at end of 2012.

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 eight research institutions, namely, the University of Hong Kong, the Chinese University of Hong Kong, the City University of Hong Kong, the Hong Kong University of Science and Technology, the Hong Kong Baptist University, the Hong Kong Polytechnic University, the National Institutes for Food and Drug Control of the People's Republic of China and the China Medical University of Taiwan. The research results of Phase I to V involving 140 herbs were published in HKCMMS Volume I in 2005, Volume II in 2008, Volume III in 2011, Volume IV and V in 2012. The publication of Volume VI 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 from 60 Chinese Materia Medica to about 200 by 2012. The Department of Health had



already completed the research work of setting standards for around 200 herbs as at the end of 2012.

The World Health Organization designated the Chinese Medicine Division of the Department as the Collaborating Centre for Traditional Medicine in April 2012. It was the first of its kind in the world as the Centre will focus on assisting the World Health Organization to formulate policies and strategies as well as setting regulatory standards for traditional medicine.

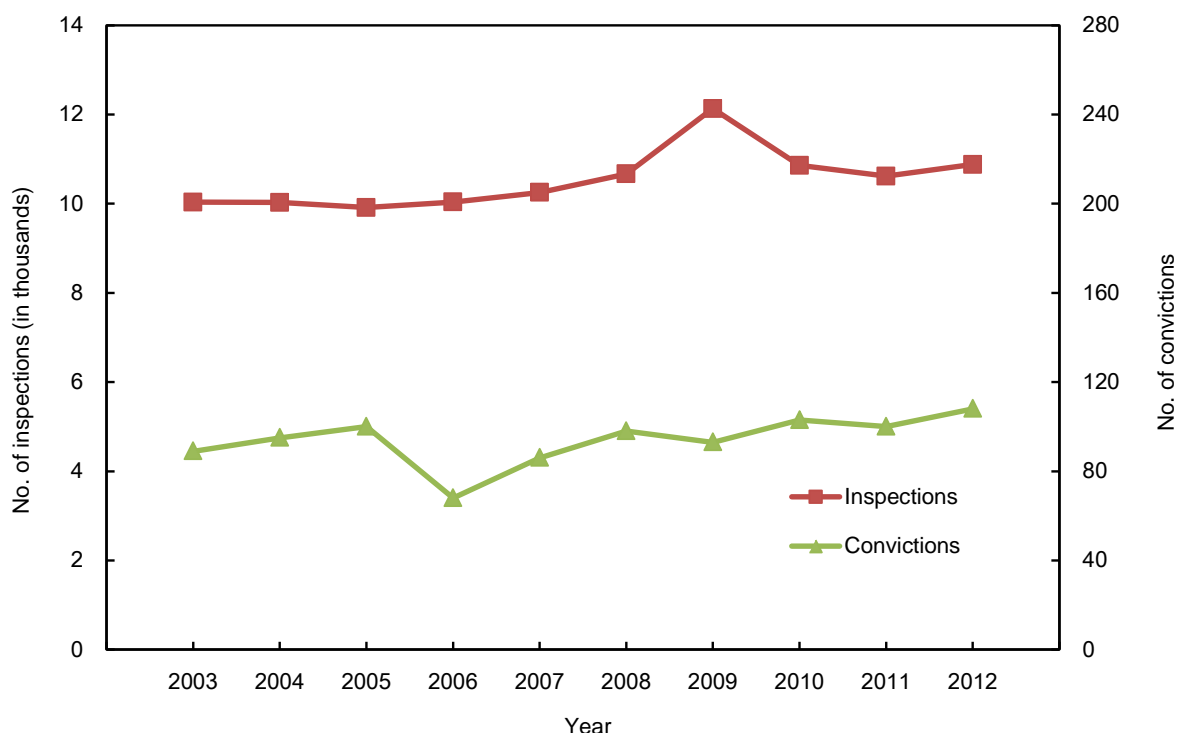
Drug Office

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 2012, the number of inspections conducted by the Traders Licensing and Compliance Division and the number of convictions were 10 881 and 108 respectively (Figure 13).



Figure 13 : Number of Inspections by Traders Licensing and Compliance Division of the Drug Office* and Number of Convictions, 2003 – 2012



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 2012, the Elderly Health Centres recorded 38 927 enrolments and 172 369 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 2012, Visiting Health Teams made 308 850 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 2012 is shown in Table G.



Table G : Immunisation Programme for Children in Hong Kong, 2012

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 2012, about 78% of all local newborns and 34% 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 2012, there were about 98 000 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 2012, about 19 100 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. Starting from 1 January 2012, the annual voucher amount for each eligible elder has been increased from \$250 to \$500 and optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) have been included in the Pilot Scheme to facilitate the greater use of preventive care services concerning eye conditions by the elderly.

Health Administration and Planning Division

Office for Registration of Healthcare Institutions

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

The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under these two Ordinances and to ensure that the institutions are fit for the services to be provided. Compliance of registered institutions with statutory requirements is monitored through field inspections; scrutiny of the institution activities and complaint statistics; issuing advice and warning; and direct handling of complaints lodged by public against the institutions. In 2012, 237 inspections to a total of 11 private hospitals, 50 nursing homes and 10 maternity homes registered under Cap. 165 were conducted. There were 116 clinics registered under Cap. 343. The Office had also handled 42 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-2012, seven private hospitals were awarded accreditation.

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

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 435 device listing applications, processed 1 498 safety alerts and 18 adverse incident reports, and conducted 10 workshops / seminars in 2012.

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 completed in January 2013.

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 2012, the number of



clients registered with the scheme was around 8 000 and the average daily attendance was around 6 100.

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 counselors; 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.

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 2012, the Unit assessed and processed 13 429 licences and permits and provided monitoring service to 11 117 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.11mSv against an annual statutory limit of 20mSv.

In 2012, the Unit participated in the 2011 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong / Lingao Nuclear Power Stations.

Tobacco Control Office

Smoking is the single most preventable cause of death and diseases in Hong Kong. In February 2001, 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 18 291 complaints against smoking violations and 4 327 enquiries in 2012. Tobacco control inspectors conducted a total of 26 209 inspections to no smoking areas, and 179 summonses and 8 019 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, the Office screened over 1 600 printed publications. The Office received 20 complaints, and issued two summonses and 11 warning letters against 11 cases of illegal tobacco advertisements during the same period.

In 2012, the Office conducted 13 seminars on Smoking (Public Health) Ordinance with over 200 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 610 000 pieces of health education materials to venue managers and the public in 2012, 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 2012, the Office conducted 36 smoking cessation seminars with over 950 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 13 262 telephone calls and enquiries in 2012.



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.

Since July 2012, the Office has collaborated with the Lok Sin Tong Benevolent Society, Kowloon to develop an outreaching smoking cessation programme at workplace. It was the first free outreaching programme which was specially designed to target smokers in the working population. Since September, the Office has also collaborated with the Life Education Activity Programme to deliver smoking prevention programme at secondary schools.

In April 2012, the Office was designated by the World Health Organization as the Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence. The Centre serves as a hub to support smoking cessation training and programme evaluation of the Western Pacific Region. In addition, it coordinates local training activities and engages a consortium of service providers in Hong Kong as key smoking cessation partners.

Specialised Services

Child Assessment Service

The Child Assessment Service came into operation with its first child assessment centre at Arran Street in 1977. By 2012, it had served the public for 35 years. The 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 2012, the number of new clients received were 8 773 and a total of 63 800 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 developed fact sheets on ten common childhood developmental problems, one series for professional education and information, and another series for information to public. The fact sheets for public were made available on the 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 4 646 family attendances in 2012.

The Genetic Screening Unit operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 52.4% of neonates were screened by the Genetic Screening Unit in 2012, including nearly all newborns delivered in public institutions and 6.6% of newborns delivered in private hospitals. The remaining 93.4% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.3% of male and 0.5% of female infants. The incidence of congenital hypothyroidism was one in 1 448 in 2012.

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 2012, some 7 660 post-mortem examinations, 780 clinical medico-legal examinations and 25 080 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 2012, in addition to providing clinical services, the PDQA provided 96 Basic Life Support Provider Courses for 531 officers and organised four continuing medical education activities for 366 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.

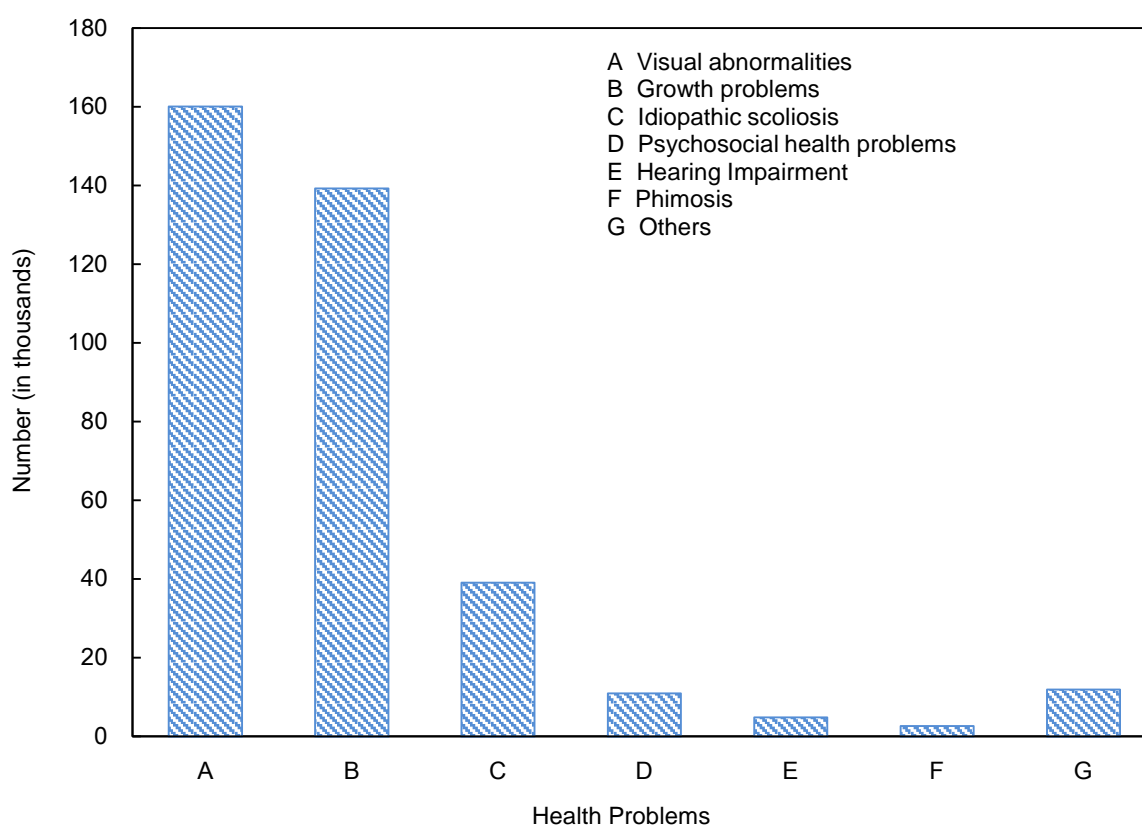
The aim of the Service is to safeguard the physical and psychological health of school children through comprehensive, promotive, and preventive health programmes and enable them to gain the maximum benefit from the education system and develop their full potentials. Enrolled students will be given an 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 2011/12, a total of 696 122 students from 1 174 primary and secondary schools enrolled in the Student Health Service, representing a participation rate of 88.3% 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 2011/12



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 2011/12 school year, the Adolescent Health Programme served 321 schools, reaching out to more than 79 630 students as well as 2 130 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. The Preparedness Plan for Influenza Pandemic 2012 was launched in August 2012.

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.

The Government raised the influenza response level under the Framework of Government's Preparedness Plan for Influenza Pandemic from 'Alert' to 'Serious' Response Level on 1 June 2012 upon detection of a human case of influenza A (H5). The response level was lowered from 'Serious' to 'Alert' on 22 June 2012.

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 organised a multi-agency exercise, code-named 'Exercise Jadeite', on isolation and evacuation of a building on 9 January 2012 to test the coordinated response of relevant departments and organisations to an outbreak of disease where evacuation of a building was necessary. The aim of the exercise was to test the inter-departmental procedures and Government contingency actions on a novel disease as well as to enhance preparedness and inter-departmental coordination and cooperation. Around 200 participants from Government departments and organisations took part in the exercise, with 18 experts from the Mainland and Macao health authorities acting as observers. The ERIB also conducted a 'Exercise Jadeite' II in May 2012 to test the operation and the fallback of the Emergency Response Centre.

In February 2012, the ERIB published two DVDs on previous public health exercises code-named Hua Shan and Nephrite which were conducted in 2010.

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.

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.

In celebration of the Hand Hygiene Awareness Day and to sustain the hand hygiene practices, the ICB developed a series of promotional materials to remind healthcare workers in public and private medical sectors, and long term care facilities of the importance of the five moments for hand hygiene and seven steps for hand rubbing.

The ICB also continued to promote antibiotic awareness. The Branch formed partnership with private hospitals via the Working Group of Collaboration between the CHP and Private Hospitals on Safe Use of Antibiotics and Infection Control to regularly discuss and review the safe use of antibiotics and infection control. A new series of promotional materials on safe use of antibiotics were developed, including a 30-second animation in video format to promulgate the health messages to the public.

To reduce the burden of healthcare associated infections, the ICB conducted on-going surveillance of the healthcare associated infection (e.g. Methicillin-resistant



Staphylococcus aureus (MRSA), surgical site infection surveillance, etc.) in public hospitals, and based on strategies of the Scientific Committee on Infection Control, the Branch made recommendations on controlling the transmission of healthcare associated infections and antibiotic resistant bacteria. The Branch had also undertaken a number of quality improvement programmes and studies for reduction of healthcare associated infections and control of MDROs in public hospitals and the community e.g. a study on MRSA admission screening study in acute care hospitals in Hospital Authority; and a study on transmission risk of vancomycin-resistant *enterococcus* (VRE) and efficacy of chlorine dioxide environmental coating in reducing VRE environmental contamination.

To enhance infection control practices in RCHEs and to gain understanding on the current burden of infectious diseases in the RCHE population, the Branch had launched a Pilot Infection Control Stewardship Programme in RCHEs by phases since 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 33 RCHEs in Tsuen Wan and Kwai Tsing district enrolled in the Programme. The closing ceremony of this 2-year Pilot Programme was held on 7 December 2012. Preliminary findings showed significant improvement of participants' knowledge after attending the training modules, and periodic observation scores on the RCHE environmental hygiene and facilities at the end of the Programme.

The ICB continues to provide regular and right-on-time infection control training programmes for healthcare workers of 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 2012, the ICB held 80 training activities with a total of 7 800 attendees.

In addition, the ICB seeks to promulgate the use of the IT Training Portal which provides a platform for timely dissemination of information on infection control and infectious disease management. Websites and training materials are being developed to compliment the training programmes.



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 2012, a total of 16 Scientific Committee meetings were held and 20 scientific papers were discussed. A wide range of public health issues were deliberated and 9 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 13 visit programmes were conducted and 291 visitors were received in 2012.

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 2012, the PMPDB continued to coordinate on-going research projects in hand.

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 2012, a total of six training programmes were organised and co-organised, with 141 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 2012, 27 ongoing programmes / projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 28 new submissions for grants. Among them, 18 applied for the Medical and Support Services fund, of which five of them were approved. Ten applied for the Publicity and Public Education fund, of which eight were approved. The Council also received and approved 27 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 2012/13, free seasonal influenza vaccination was provided to about 230 000 high risk persons. In addition, free pneumococcal vaccination was provided to about 14 000 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 2012/13. 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 subsidy for seasonal influenza vaccination taken from enrolled private doctors. Starting from 2012/13, the subsidy level per dose under CIVSS has been increased from \$80 to \$130. 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 2012/13, around 1 600 private doctors / 2 100 clinics enrolled in the CIVSS and EVSS to provide subsidised vaccination services. Under CIVSS, about 81 300 doses of seasonal influenza subsidised vaccination were administered to about 60 400 children. Under EVSS, about 141 700 doses of seasonal influenza vaccination and about 18 000 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.

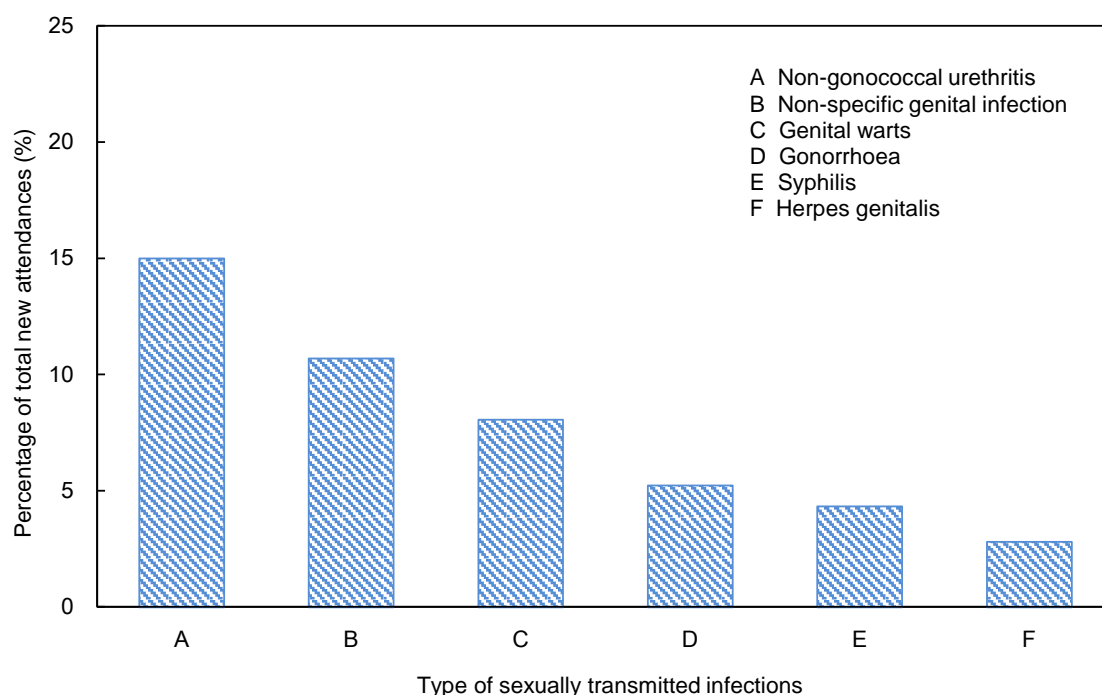
In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education 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 2012, there were 155 416 total attendances and 23 339 new attendances at Social Hygiene Clinics¹. Among the new attendances in 2012, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 15).

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



Figure 15 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2012



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 2012, there were 19 636 new attendances and 172 616 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 2012, the total clinical attendance at the SPP was 24 968, with a 19.6% increase compared with the figure of 20 869 in 2011.

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.

The year 2012 marked the 15th anniversary of RRC. To commemorate this milestone, gathering was organised on 20 September.

To let young students learn more about HIV, RRC organised a concert 'I Care, I Concern' which was held on 25 November.



As part of the World AIDS Day 2012 activities, the RRC collaborated with Radio 2 of Radio Television Hong Kong (RTHK) to launch a series of AIDS-related programmes under the theme 'I Care, I Concern'. Representatives from different sectors of the community were



involved in the radio programme to promote HIV prevention and care and support for people living with HIV. RRC and RTHK also produced a microfilm 'Love, Zero AIDS' and jointly organised a Premiere cum Kick-off Ceremony of World AIDS Day 2012 on 30 November.



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 2012, three 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

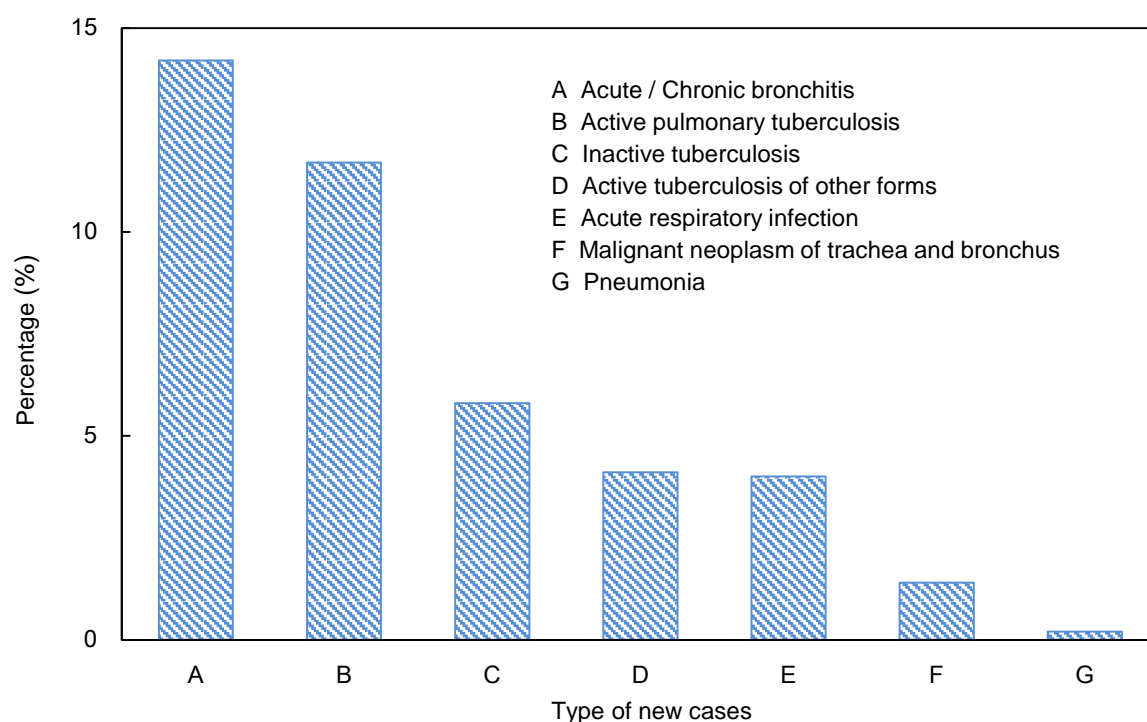
The Tuberculosis and Chest Service plays a key role in the prevention and control of tuberculosis. Its main activities cover the surveillance of tuberculosis and case finding, directly observed treatment, Bacillus Calmette-Guerin (BCG) vaccination programme for newborns and children aged under 15, and 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 715 005 in 2012. The common types of new cases seen included acute / chronic bronchitis (14.2%), active pulmonary tuberculosis (11.7%), inactive tuberculosis (5.8%), active tuberculosis of other forms (4.1%), acute respiratory infection (4.0%) and malignant neoplasm of trachea and bronchus (1.4%), pneumonia (0.2%) (Figure 16).

Figure 16 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2012



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

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

The Communicable Disease Information System, with its components and their integration 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 Committee, including the Scientific Committee on Emerging and Zoonotic Diseases, Scientific Committee on Enteric Infections and Foodborne Diseases, Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Vector-borne Diseases. In addition, the Division also provides secretariat support to the National Committee for the Certification of Wild Poliovirus Eradication in Hong Kong and the National Verification Committee for Measles Elimination in Hong Kong.

Non-communicable Disease Division

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

The Steering Committee on Prevention and Control of NCD was established in 2008 to deliberate on and oversee the overall roadmap and strategy for the prevention and control



of non-communicable diseases. The Working Group on Diet and Physical Activity was set up under the Steering Committee in 2008 to tackle the imminent problems caused by unhealthy dietary habits, physical inactivity and obesity, followed by the establishment of the Working Group on Alcohol and Health and the Working Group on Injuries in 2009 and 2012 respectively to make recommendations on the development, implementation and evaluation of the action plans for respective areas. The Working Group on Injuries comprises 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 avian influenza, Severe Respiratory Disease associated with Novel Coronavirus and influenza, updated messages were disseminated to the public and various stakeholders.

In tackling obesity, the Unit launched a new media publicity campaign in May 2012 to promulgate the definition of central obesity, the health hazards of obesity and the correct way to keep a healthy weight, so as to encourage the public to make wise choice for health.



Moreover, 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 seventh 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 fifth year, restaurants continued to provide healthy options to their customers so as to help the general public observe healthy eating principles when dining out. The territory wide 'StartSmart@school.hk Campaign' was implemented in January 2012 in collaboration with the Education Bureau and the Leisure and Cultural Services Department, to promote healthy eating and physical activity in pre-primary institutions. The Health@work.hk Project entered its second phase in 2012 with the aim of developing a sustainable and cost-effective model for application in the wider business community. A total of 18 organisations with around 3 300 staff participated in the second phase of the Project. A core component of the project was healthy eating promotion.

In response to the outbreak of Severe Respiratory Disease associated with Novel Coronavirus in the Middle East in 2012, the Unit in collaboration with various parties produced a set of health education materials including factsheet, poster and pamphlet. Related printed health education materials were distributed to the public and relevant stakeholders. A miniweb was launched and relevant information was updated on the CHP website.

The Unit continues to provide support for the promotion of organ donation. A variety of publicity channels, including TV and radio Announcement of Public Interests, thematic organ donation website, Facebook fanpage and posters, were deployed with support from the Hospital Authority and non-governmental organisations to increase public awareness and facilitate donor registration online.

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 2012/13, 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 assess the needs of health promotion strategies. Examples include the evaluation of the mass media campaign on obesity awareness and assessment of dietary pattern of students in primary schools in Hong Kong.

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 2012, 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 2011/12 school year, 307 458 primary school children from 616 schools enrolled in the Service, accounting for 95.0% of the total primary school children population in Hong Kong. Of all school children who attended in 2011/12, 84.2% were rendered dentally fit.



Government Dental Clinics

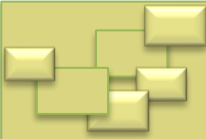
The Dental Service also fulfills the Government's contractual obligation to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). Services are rendered through 38 Government dental clinics. In 11 of the Government dental clinics, free 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 606 008 visits by civil servants and dependents, and 95 070 visits by general public patients in 2012.

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 & 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 2012, a total of 10 086 patients with special oral healthcare needs were treated at these units.



STAFF TRAINING AND RELATIONS

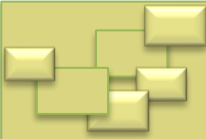
Training and Development

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 2012, arrangements were made for 130 officers to attend training and attachment programmes in places outside Hong Kong and 1 488 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 2 693 officers benefited from commissioned programmes of the Department.

To better prepare professional staff for effectively communicating with the public, a corporate media training workshop was organised for middle and senior officers of the Department in 2012.

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.

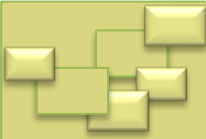


Besides, 2 362 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 188 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2012.

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.



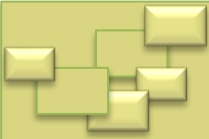
INTERNATIONAL RELATIONS

The Department of Health maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in 2012:

- In March, the Director of Health attended the 15th World Conference on Tobacco or Health 2012 held in Singapore.
- In September, the Director of Health attended the 63rd session of the WHO Regional Committee for the Western Pacific in Hanoi, Vietnam.
- In November, the Director of Health visited the Ministry of Health and Health Sciences Authority of Singapore.
- The Department also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2012, 216 officers participated in 109 conferences / duty visits held outside Hong Kong.

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

- In May, the Director of Health attended the Bilateral Meeting with State Administration of Traditional Chinese Medicine held in Fujian.
- In August, the Director of Health visited the Ministry of Health, the State Food and Drug Administration, the State Administration of Traditional Chinese Medicine, the State General Administration of Quality Supervision, Inspection and Quarantine, and the Beijing Municipal Bureau of Health.
- In September, the Director of Health attended the 11th Joint Meeting of Senior Officials of the Mainland, Hong Kong and Macao, which was held in Macao.
- In October, the Director of Health visited the Guangdong Province Health Department, Guangdong Entry-Exit Inspection and Quarantine Bureau, and Shenzhen Entry-Exit Inspection and Quarantine Bureau to exchange views of quarantine measures between Hong Kong and Shenzhen to meet with Mainland authorities on medical and healthcare,



Chinese medicine, food supply and food safety.

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

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.

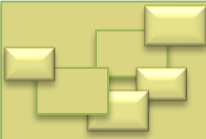
In June 1996, the Department issued a policy statement on environmental protection and assigned a Departmental Green Manager to promote corporate green culture within the Department, remind staff of the Department's environmental policy, enhance their awareness in green housekeeping practices, inspire 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.

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



and Green Action Teams in clinics / units have been set up to promote green office culture.

Waste management

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 2012/13, a total load of 6 772 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.

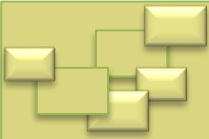
The Department follows the guidelines issued by the Environmental Protection Department in segregation, packaging, labelling and storage of clinical wastes and chemical wastes. Clinical wastes, chemical wastes and domestic wastes arising from clinics or laboratories are segregated from each other. Clinical 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 official website.

Green purchase

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

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

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

Energy conservation

The Department has adopted the following energy saving measures:

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



operation of essential medical services will not be affected.

Air quality improvement

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

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

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

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



FUTURE DEVELOPMENT

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

- Promote fruit eating during Joyful Fruit Month (April).
- Publish the 'Hong Kong Chinese Materia Medica Standards Volume VI'.
- Publish the results of the territory wide Oral Health Survey 2011 to provide important and reliable information for the Government, the dental profession and relevant stakeholders in planning and development of future activities related to oral health education, research and services.
- Produce a DVD on 'Lifting and Transfer Techniques' for caregivers.
- Collaborate with Social Welfare Department to enhance dementia knowledge and management skills of social workers and frontline staff of elderly institutions.
- Extend the Comprehensive Child Development Service to all Maternal and Child Health Centres.
- Launch a 2-year pilot programme in collaboration with non-governmental organisations to provide subsidised health assessment to 10 000 elders aged 70 or above.
- Complete the business impact assessment on the proposed framework for statutory control of medical devices and report the latest development of the legislative proposal to the Legislative Council Panel on Health Services.
- Launch a mobile application to promulgate the reference frameworks for preventive care in primary care settings among healthcare professionals.
- Launch the Primary Care Directory mobile application which includes a map function to allow users to visualise the practice location of nearby doctors, dentists and Chinese medicine practitioners displayed on a map.



- Jointly organise a regional meeting in Hong Kong with the Western Pacific Regional Office of the World Health Organization to address the harmful use of alcohol by young people.
- Start a smoking cessation programme for ethnic minorities and new immigrants.
- Organise the World Health Organization Fellowship Programme on Tobacco Control.
- Study the effectiveness of hand hygiene educational programme in kindergartens and kindergarten-cum-child care centres in lowering the illness-related absenteeism rate, etc.
- Commission a 3-year new initiatives to counter the rapid emergence of multi-drug resistant organisms in elderly homes, hospitals and the general community in Hong Kong.

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.

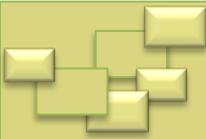
In line with the Government's green initiatives to economise the use of paper, the Department makes use of on-line publications to disseminate our timely health messages. Examples are CHP Newsletter, Communicable Diseases Watch, Non-Communicable Diseases Watch and Poisoning Watch.

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.



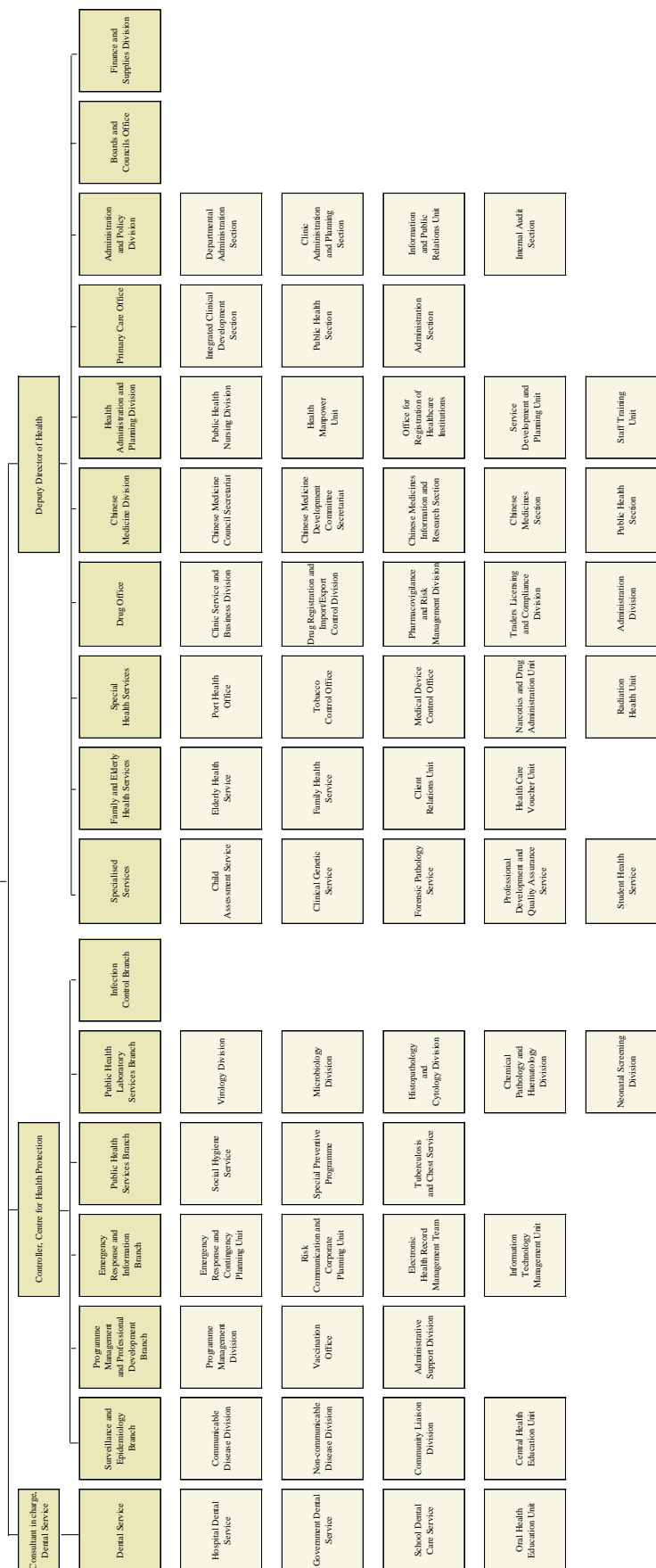
Apart from the regular publications, a number of ad hoc reports were published in 2012. The publications issued by different services in 2012 are listed below.

- AIDS Newsletter, No.60 – 61 (only available in Chinese)
- Avian Influenza Report, Vol. 8, No.1 – 52
- CHP Newsletter, Issues 30 – 31
- Communicable Diseases Watch, Vol. 9, No.1 – 26
- Compendium of Pharmaceutical Products 2012
- CookSmart, Issues No. 13 – 14
- Dental Service Newsletter, Issue No.42 – 45
- EV Scan, Week 1 – 5, 13 – 37
- EatSmart@restaurant.hk Newsletter, 2012 Issue 1 – 3
- Flu Express, Vol. 9, No.1 – 52
- HIV Surveillance Report – 2011 Update
- Hong Kong STD / AIDS Update, Vol. 18, No.1 – 4
- Networking Voice, Vol. 18, No.1 – 2 (only available in Chinese)
- Newsletter of Elderly Health Service, Issue No. 34 – 35 (only available in Chinese)
- Non-Communicable Disease Watch, January – December 2012
- Poisoning Watch, Vol. 5, No.1
- Public Health and Epidemiology Bulletin, Vol. 21, No.1 – 3
- Red Ribbon Bulletin, No.39 – 41 (only available in Chinese)



- Red Ribbon Centre Year Book 2011
- Report of Behavioural Risk Factors Survey, April 2012
- Surveillance of Viral Hepatitis in Hong Kong – 2011 Update Report
- The Node, Vol.14, No.1 – 3
- Tobacco Control Bulletin, Issue No.20
- Travel Health Bulletin Issue No. 8

Director of Health



Appendix III

Medical Institutions on Hong Kong Island (As at 31 March 2013)

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 2013) (Cont'd)

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

Health Centres in Correctional Services Department	District Council District
25. Cape Collinson Correctional Institution	Eastern
26. 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 2013)

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 2013) (cont'd)

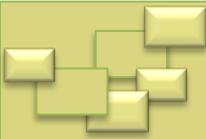
Institutions with Services Provided by Department of Health	District Council District
22. West Kowloon Health Centre (maternal and child health centre and dermatology clinic) / Cheung Sha Wan Government Offices Dental Clinic / Port Health Travel Health Centre	Sham Shui Po
23. Wu York Yu Health Centre (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



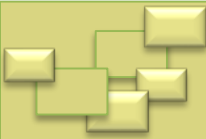
Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2013)

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 2013) (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 2013)

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 2013) (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 2012/13

Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	609.0	0.0	609.0
2. To prevent and control diseases and reduce preventable diseases and premature deaths	2,168.4	45.6	2,214.0
3. To promote health and increase health awareness in the community and among specific target groups	222.8	76.4	299.2
4. To provide specialised out-patient treatment for various illnesses	773.2	3.0	776.2
5. To provide comprehensive assessment for children with developmental problems and disabilities	91.0	0.0	91.0
6. To contribute to Government's overall strategy for the control of drug abuse	51.7	99.9	151.6
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	842.9	0.0	842.9
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	7.8	0.0	7.8
Total	4,766.8	224.9	4,991.7

Appendix V

Government Medical Subventions to Voluntary Institutions 2012/13

Government Medical Subvention	Subventions for 2012/13 (\$)
Recurrent Subvention	
Caritas Hong Kong	6,548,585
Family Planning Association of Hong Kong	44,076,475
Hong Kong Council on Smoking and Health	20,745,339
Hong Kong Red Cross	1,037,000
Hong Kong St. John Ambulance	13,946,246
Society for the Aid and Rehabilitation of Drug Abusers	85,459,704
Tung Wah Group of Hospitals–Chinese Medicine Clinics	3,044,000
Hong Kong Christian Service	7,892,251
Tung Wah Group of Hospitals–Smoking Cessation Programme	26,473,334
Pok Oi Hospital	6,000,000
Po Leung Kuk	1,650,000
The Lok Sin Tong Benevolent Society, Kowloon	1,362,000
Total Recurrent Subventions	218,234,934
Capital Subvention	
Family Planning Association of Hong Kong	1,472,947
Hong Kong St. John Ambulance	5,184,046
Total Capital Subventions	6,656,993