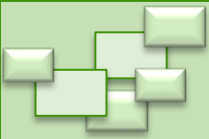


Department of Health



2014/2015

Annual Report

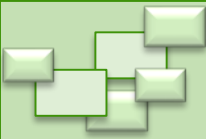


Annual Departmental Report

by

Dr Constance H.Y. CHAN, JP

Director of Health



FOREWORD

I am delighted to present to you the Annual Report of the Department of Health summarising the work that we have done in year 2014-2015. This report reviews the health of our community, introduces the health services delivered by our service units, and outlines the direction of our future work.

Since we redefined our Vision, Mission and Core Values statements in 2013, we have continued to pursue the goal towards creating a healthy community for Hong Kong by promoting public health partnership across different sectors and fostering international collaboration. We will continue to uphold the core values and strive for excellence in public health services.

Emerging and reemerging communicable diseases continue to be a major public health issue globally and locally. In 2014, the outbreak of Ebola virus disease in West Africa infected over 28 000 people, with more than 11 000 fatal cases. In response to this Public Health Emergency of International Concern declared by World Health Organisation, the Centre for Health Protection published “The Government of the Hong Kong Special Administrative Region Preparedness and Response Plan for Ebola Virus Disease (2014)” in August 2014 and activated the Alert Response Level under the Preparedness and Response Plan, followed by a series of measures and public health emergency exercise to prepare different sectors for prevention of and responding to EVD. Furthermore, to be better prepared for the Middle East Respiratory Syndrome which remained active in the Middle East, “The Government of the Hong Kong Special Administrative Region Preparedness Plan for the Middle East Respiratory Syndrome (2014)” was launched in June 2014. Epidemic of human infection of avian influenza A (H7N9) hit the Mainland in the winter of 2014, with sporadic imported cases of H7N9 reported locally. To safeguard the public against these communicable diseases, measures had been implemented to promote awareness of personal hygiene, healthy lifestyle and uptake of government influenza vaccination schemes.

Various initiatives were implemented to address the health impacts brought by non-communicable diseases, aiming to reduce health risk behaviours such as tobacco smoking and harmful use of alcohol at younger age group; as well as to promote healthy habits such as healthy eating, physical activity, dental care, and mental wellness. Moreover, in July 2014, we published the “Report of Advisory Group on Health effects of Use of Internet and Electronic Screen Products” to provide recommendations on healthy use of electronic screen devices for school children, parents and teachers.

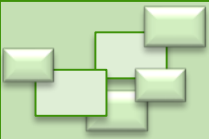


2014 marked the 10th anniversary of the Centre for Health Protection (CHP). To celebrate this landmark, the CHP Symposium 2014 was held on 24 and 23 October 2014 with the theme “CHP ten years on: Challenges and Collaboration in Disease Prevention and Control in the Asia-Pacific Region”. Over 700 overseas and local participants from the healthcare and academic sectors attended the CHP Symposium to learn, share and exchange experience and views on disease prevention and control.

On behalf of the Department of Health, I would like to take this opportunity to extend my heart-felt appreciation to our partners in health, including but not limited to, other Government departments, non-government organisations, professional bodies, academic institutions and the media, for their never failing support, assistance and co-operation. I would also like to express my gratitude to all my colleagues for their devotion and dedication in tackling the challenges that we have come across. I look forward to your continuing support to the Department to build a healthier community in Hong Kong.



Dr Constance H.Y. CHAN
Director of Health



VISION, MISSION and CORE VALUES

Vision:

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

Mission:

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

Core Values:

Professionalism

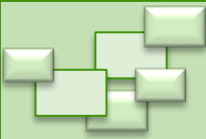
Partnership

Integrity

Continuous Improvement

People-oriented

Accountability



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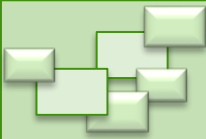
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HEALTH OF THE COMMUNITY

Population Indices

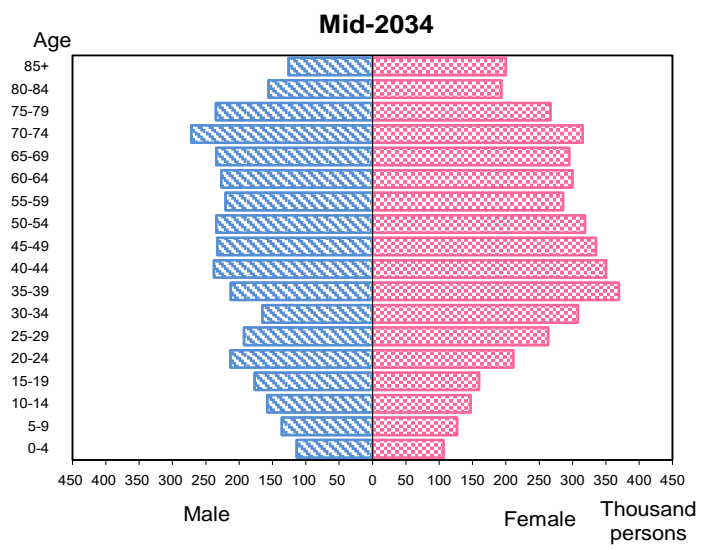
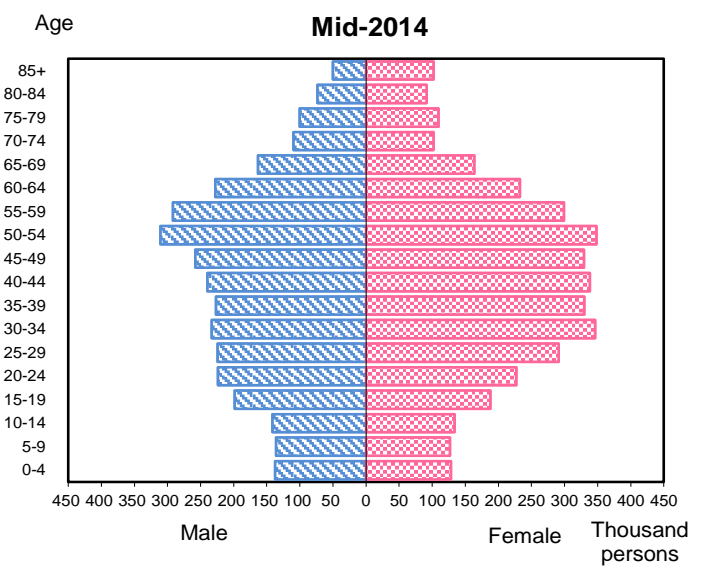
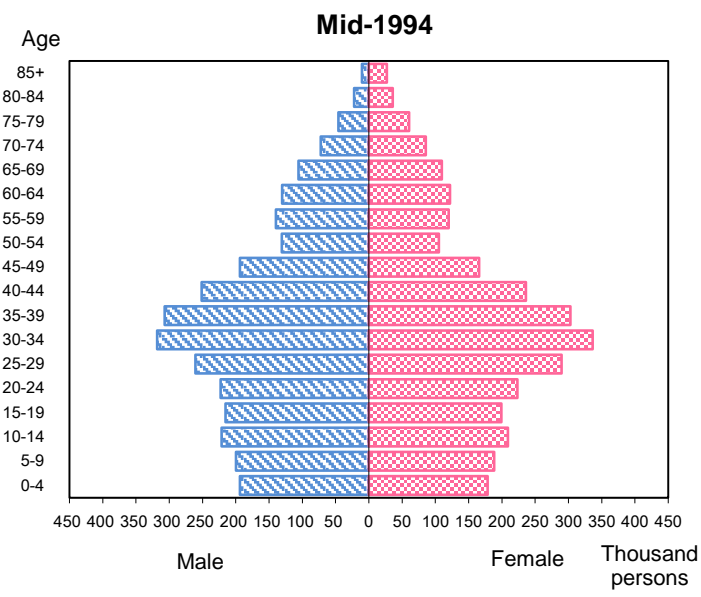
The mid-year population of Hong Kong in 2014 was 7.23 million. The annual growth rate of the population averaged 0.7% over the period 2005 – 2014.

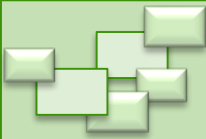
The crude birth rate in 2014 was 8.5 per 1 000 population, with 61 290 registered live births. The crude death rate was 6.3 per 1 000 population, with 45 710 registered deaths.

As a result of increasing life expectancy and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2014, 14.7% of the population were aged 65 and above, the elderly dependency ratio being 198 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1994 was 9.5% and that for 2004 was 12.1%. By 2024 and 2034, the figures are estimated to be 21.6% and 28.3% respectively.



Figure 1 : Population Pyramid, 1994, 2014 and 2034





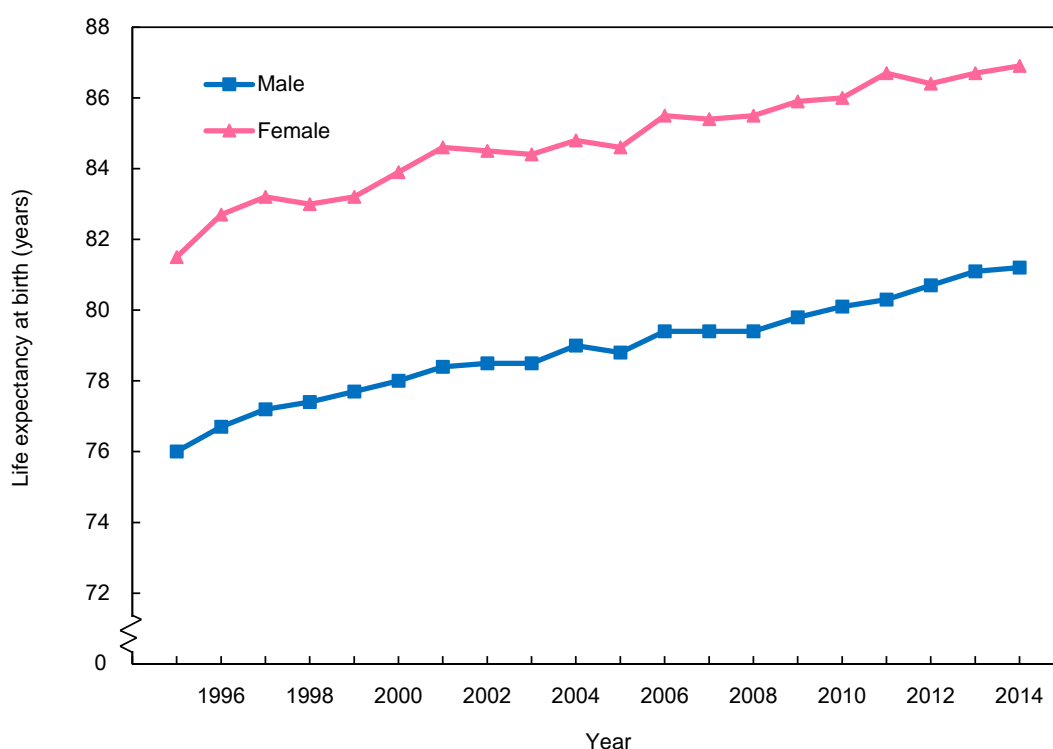
Health Indicators

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 2014 could expect to live 81.2 years and a baby girl 86.9 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 registered deaths of infants aged below one year old per 1 000 registered live births) and the under-five mortality rate (probability of a child born in a specific year dying before reaching the age of five years per 1 000 known live births) in Hong Kong have been declining over the past two decades, and reached a level as low as 1.7 and 2.5 respectively in 2014 (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 2014, there were two cases of maternal death reported and maternal mortality ratio was 3.3 per 100 000 registered live births.

Figure 2 : Life Expectancy at Birth (Male and Female), 1995 – 2014



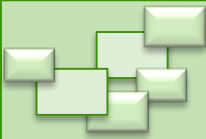
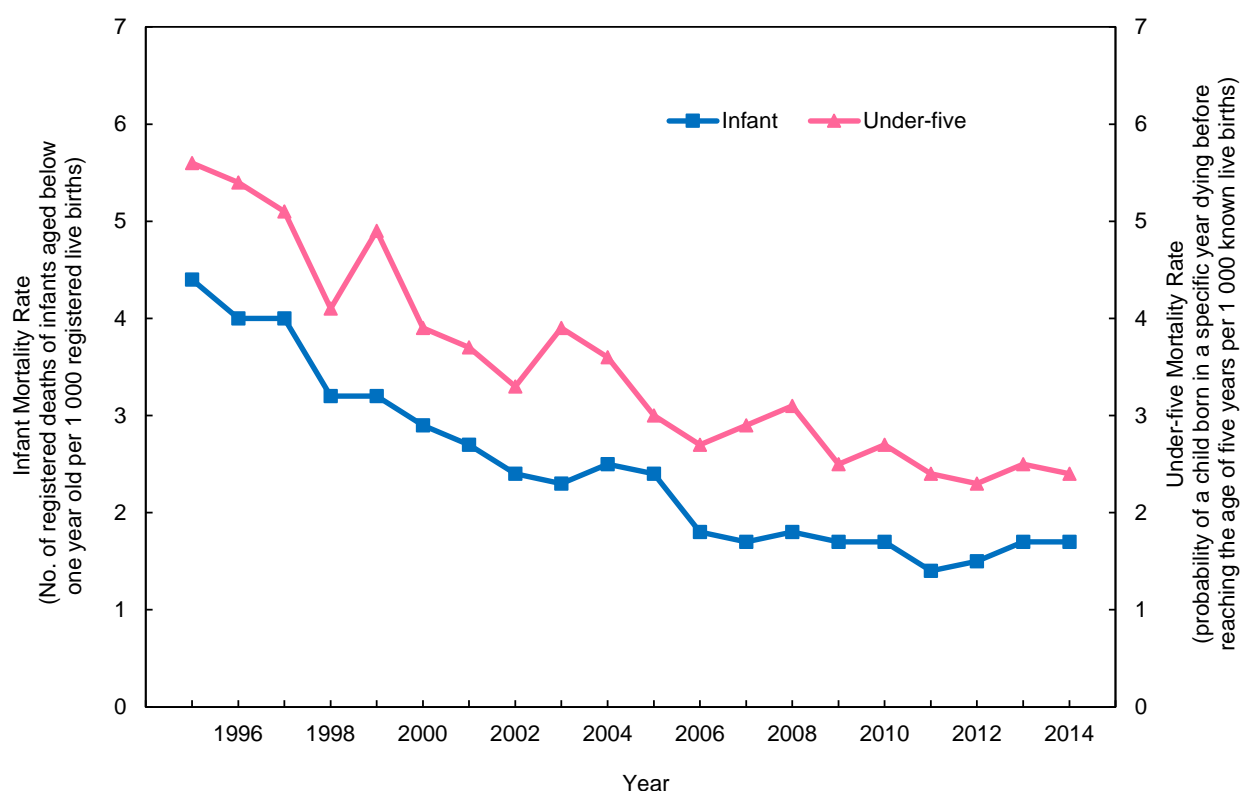


Table A : Life Expectancy at Birth in Hong Kong and Selected Countries

Country/Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	81.2 (2014)	86.9 (2014)
Japan	80.5 (2014)	86.8 (2014)
Singapore	80.3 (2014)	84.8 (2014)
UK	79.1 (2014)	82.8 (2014)
USA	76.5 (2014)	81.3 (2014)

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

Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1995 – 2014



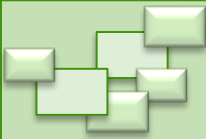


Table B : Infant Mortality Rate in Hong Kong and Selected Countries

Country/Territory	Infant Mortality Rate (No. of registered deaths of infants aged below one year old per 1 000 registered live births)
Hong Kong	1.7 (2014)
Japan	2.1 (2014)
Singapore	1.8 (2014)
UK	3.9 (2014)
USA	5.8 (2014)

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 2014 was 6.3 per 1 000 population with 45 710 registered deaths (Figure 4). The age-standardised death rate has been dropping steadily (Figure 5), from 4.5 per 1 000 standard population* in 1995 to 3.1 in 2014. Compared with 1995, the age-standardised death rates for males and females were reduced by 29.4% and 35.7% respectively.

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

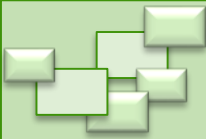


Figure 4 : Crude Death Rate by Sex, 1995 – 2014

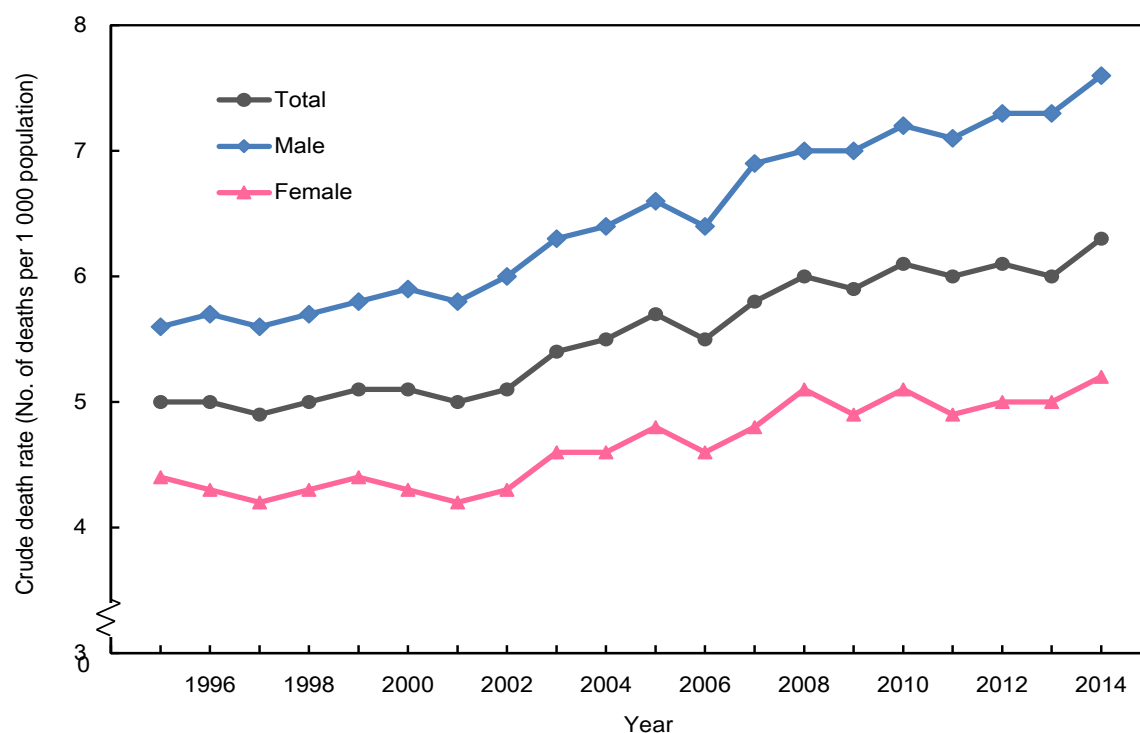
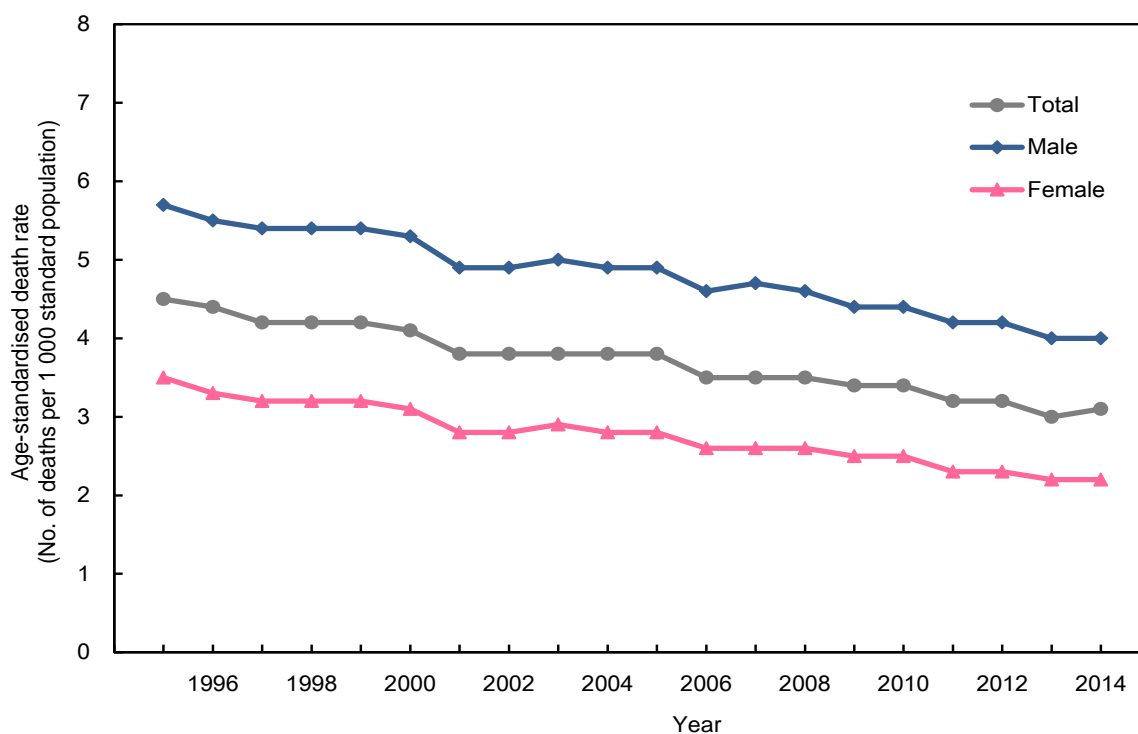
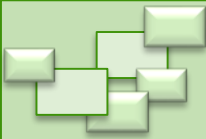


Figure 5 : Age-standardised Death Rate by Sex, 1995 – 2014





Leading Causes of Death

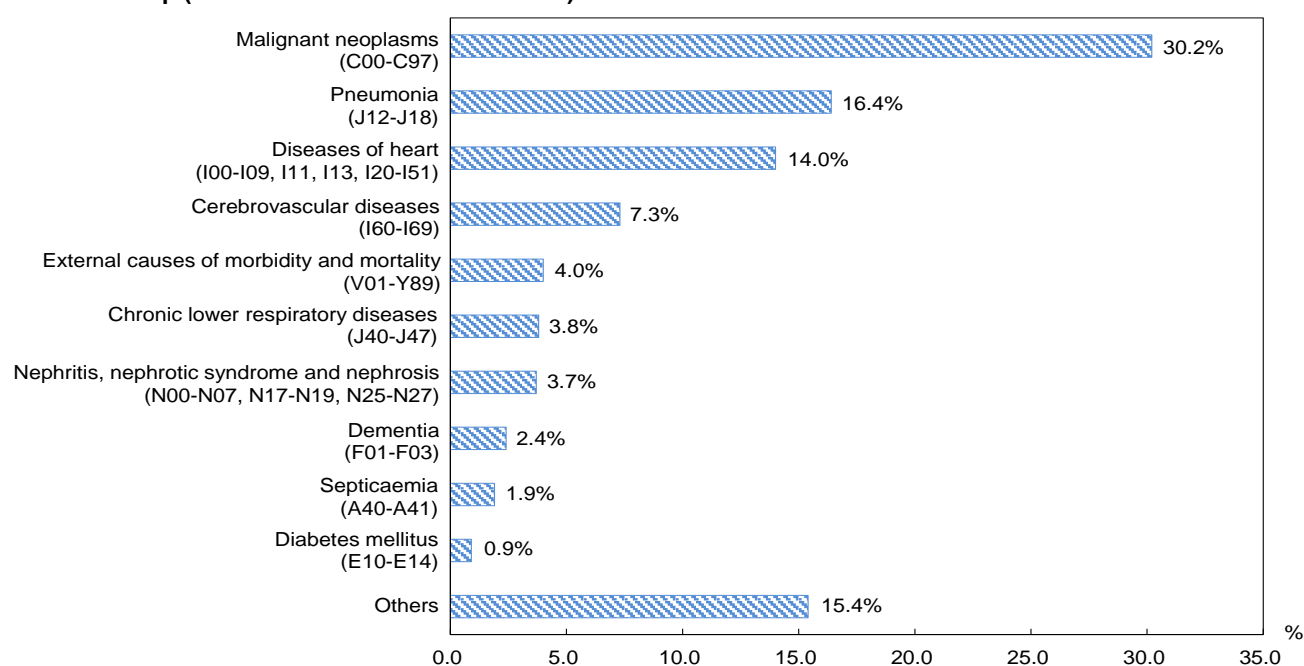
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2014 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 2014 (Figure 6) was similar to that in 2013. The top five leading causes of death in 2014 were malignant neoplasms (cancers) (30.2%), pneumonia (16.4%), diseases of heart (14.0%), cerebrovascular diseases (7.3%) and external causes of morbidity and mortality (4.0%). Table C shows the 10 major causes of cancer deaths in 2014.

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

Figure 6 : Ten Leading Causes of Death, 2014

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



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

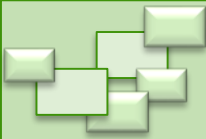


Table C : Ten Major Causes of Cancer Deaths, 2014

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	28.0
Colon, rectum and anus (C18 - C21)	14.7
Liver and intrahepatic bile ducts (C22)	11.5
Stomach (C16)	4.8
Breast (C50)	4.4
Pancreas (C25)	4.2
Prostate (C61)	2.9
Non-Hodgkin lymphoma (C82 - C85)	2.6
Oesophagus (C15)	2.4
Leukaemia (C91 – C95)	2.3
Others	22.3

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

Hospitalisation Data

Information on hospitalisation collected from private and public hospitals is an important source of morbidity data. The total number of inpatient discharges (including deaths and transfers to other hospitals) in 2014 was 2 006 993. The leading causes of hospitalisation reported in 2014 (Figure 7) were similar to those of previous year.

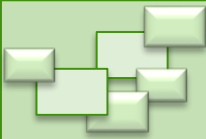
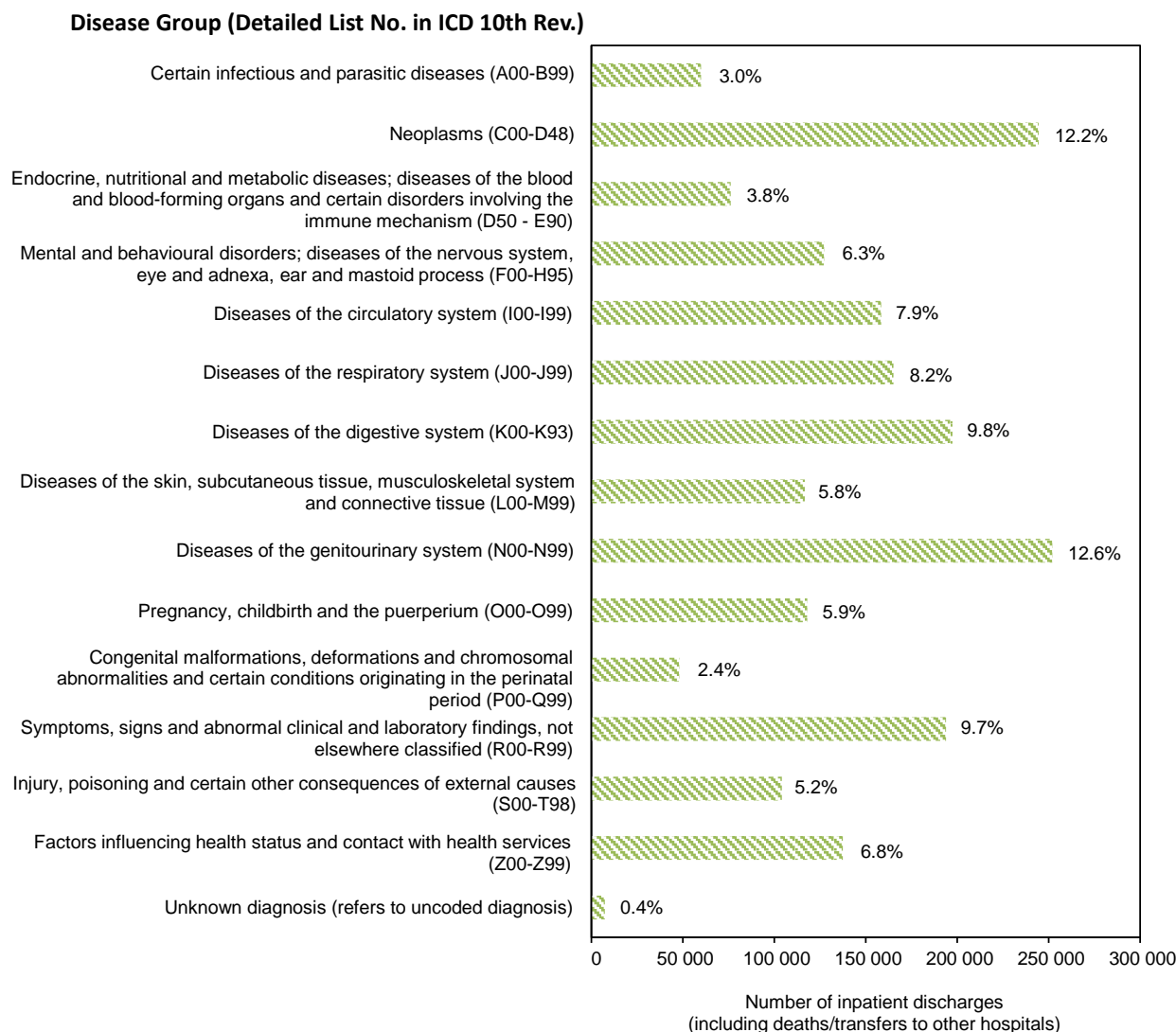


Figure 7 : Leading Causes of Hospitalisation, 2014



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

Disease Surveillance

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

Infectious Diseases

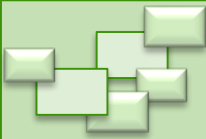
Notifiable Infectious Diseases

According to the Prevention and Control of Disease Ordinance (Cap. 599), there were 48 notifiable infectious diseases in 2014 (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, 2014

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

Note : * Novel influenza A infection was added to the list of statutory notifiable infectious diseases since 21 February 2014 to replace Influenza A (H2), Influenza A (H3N2)v, Influenza A (H5), Influenza A (H7), Influenza A (H9).



In 2014, a total of 15 921 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2014 were chickenpox (7 800 cases), tuberculosis (4 705 cases) and scarlet fever (1 238 cases) constituting 86.3% of these notifications. The number of notifiable infectious diseases recorded in 2014 decreased by 15.3% as compared with 18 807 cases in 2013.

Chickenpox

There were 7 800 notifications of chickenpox in 2014. The number decreased by 28.6% as compared with 10 926 cases in 2013. Similar to previous years, the majority (65.1%) of cases occurred among children aged under 10.

Tuberculosis

In 2014, the number of tuberculosis notifications was 4 705 and the notification rate was 65.0 per 100 000 population. Compared with 2013, the number of notifications increased by 0.9% and the notification rate increased by 0.1%.

Viral hepatitis

There were 192 notifications of viral hepatitis in 2014, of which 46 were hepatitis A, 41 were hepatitis B, 12 were hepatitis C and 93 were hepatitis E. Compared with 2013, the number of notifications for hepatitis A, hepatitis B, hepatitis C and hepatitis E increased by 4.5%, 2.5%, 20% and 3.3% respectively.

Vaccine preventable diseases

There were 111 cases of mumps, 50 cases of measles, 14 cases of rubella and 30 cases of whooping cough notified to the Department of Health in 2014. There was no notification of tetanus and congenital rubella syndrome in 2014. 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 8.

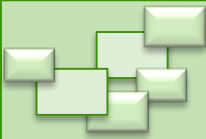
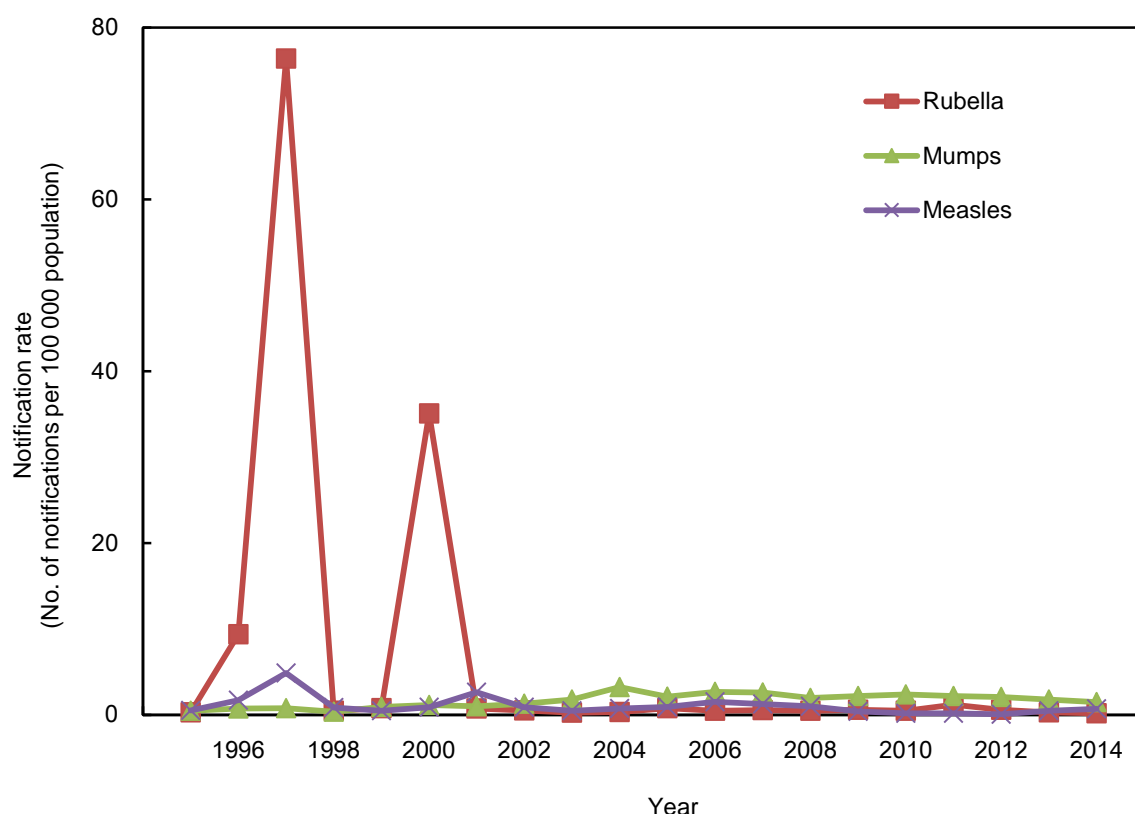


Figure 8 : Notification Rates of Some Vaccine Preventable Diseases, 1995 – 2014



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

Foodborne diseases

In 2014, there were 214 notifications of food poisoning outbreak with 1 134 persons affected, 51 cases of bacillary dysentery, 27 cases of typhoid fever, 26 cases of paratyphoid fever, 22 cases of listeriosis, one case of cholera and two cases of Shiga toxin-producing *Escherichia coli* infection.

About 23% of all food poisoning outbreaks were laboratory confirmed. Bacteria remained the major cause of food poisoning outbreaks, accounting for 72% of all outbreaks. The three most common causative agents were *Vibrio parahaemolyticus*, noroviruses, and *Salmonella* species. Food poisoning caused by chemicals or biotoxins was also reported. There were two outbreaks (three persons affected) caused by ciguatera toxin. Figure 9 shows the trends of common foodborne diseases.

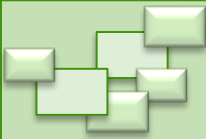
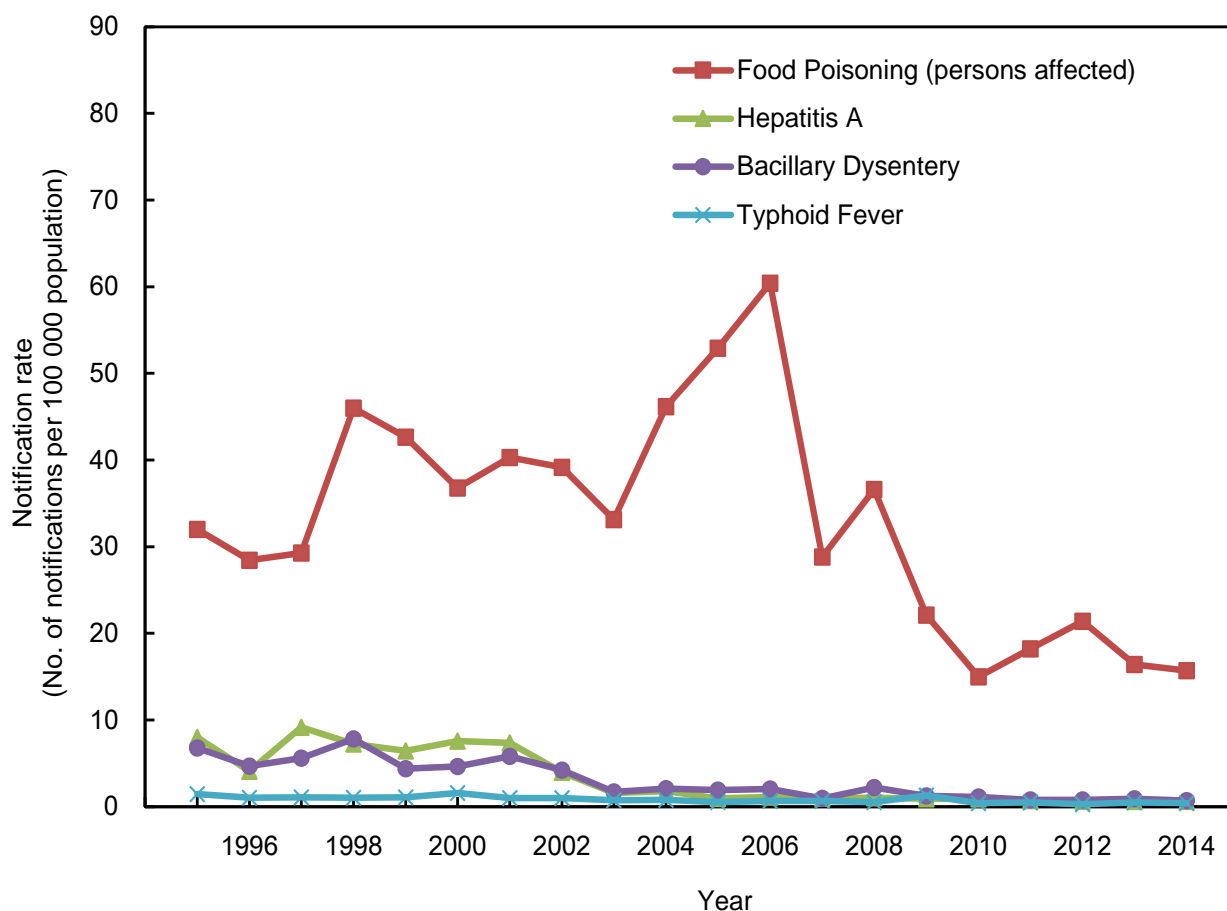


Figure 9 : Notification Rates of Common Foodborne Diseases, 1995 – 2014



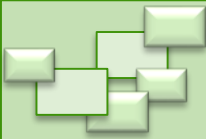
Vector-borne diseases

There were 112 dengue fever cases reported in 2014, comprising three local cases and 109 imported cases who had mainly travelled to Southeast Asian countries such as Indonesia, Mainland, Thailand, Malaysia and the Philippines.

Two cases of chikungunya fever were recorded in 2014, all of which were imported cases who had travelled to Southeast Asian countries.

There were five Japanese encephalitis cases recorded in 2014, two of them were imported cases and three were local cases.

As for malaria, 23 cases were reported in 2014. 12 cases were caused by *Plasmodium falciparum* and 10 cases by *Plasmodium vivax*. There was one case caused by both *Plasmodium vivax* and *Plasmodium falciparum*. All malaria cases in 2014 were imported from other countries, mainly from Africa (13 cases) and Southeast Asia (six cases).



In 2014, there were 45 reported cases of typhus and other rickettsial diseases, with 19 scrub typhus, 17 spotted fever, two urban typhus and seven 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 2014, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 6 993 and 1 545 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 2014.

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

Following a cyclically high level of activity in 2013, the overall hand, foot and mouth disease activity in 2014 turned moderate. Similar to 2013, a seasonal pattern was observed with activity starting to increase in May, peaked in early June, and returned to



baseline in August 2014.

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 2014, there were 267 cases of confirmed occupational diseases, increased by 36 cases as compared with 231 in 2013. The most common occupational diseases were occupational deafness, silicosis, tenosynovitis of the hand or forearm, and mesothelioma. Relevant figures of the cases of confirmed occupational diseases are set out in Table E.

Table E : Confirmed Cases of Occupational Diseases, 2013 and 2014

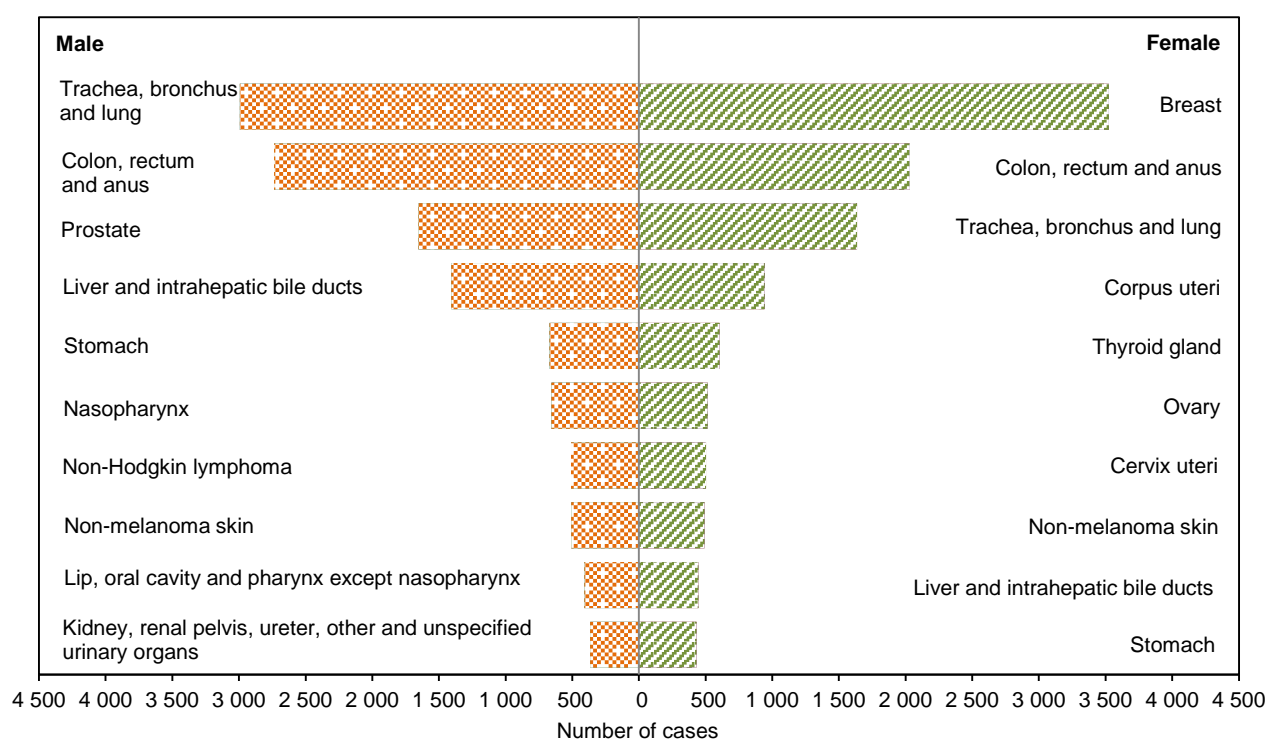
Disease	Number of Cases	
	2013	2014
Occupational deafness	98	102
Silicosis	51	68
Tenosynovitis of the hand or forearm	38	64
Mesothelioma	17	14
Tuberculosis	7	7
Gas poisoning	5	6
Compressed air illness	4	2
Asbestosis	2	2
Occupational dermatitis	2	1
<i>Streptococcus suis</i> infection	0	1
Others	7	0
Total	231	267

Source : Occupational Health Service of the Labour Department.

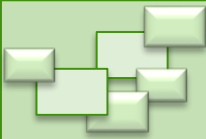
Cancer

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 2013 are shown in Figure 10. Lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively.

Figure 10 : Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 2013



Source : Hospital Authority.

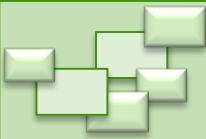


Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2014 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 (39.0%) of people aged 18 – 64 were overweight / obese; over four-fifths (81.0%) failed to meet the World Health Organization's recommendation of having at least five servings of fruit and vegetables per day; about three-fifths (62.5%) 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 6.8% 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 147 notifications in 2014. After investigation, 91.1% of the notifications were determined to be poisoning incidents. These incidents were mainly related to oral products containing undeclared Western medicines (29.1%), slimming products (25.4%), Chinese medicines (20.9%), and heavy metals (3.7%).



CHAPTER TWO

HIGHLIGHTS OF THE YEAR 2014

January

- Launched Android version of 'Snack Nutritional Classification Wizard' mobile app.



- Conducted a health talk on prevention of avian influenza at the Philippine Consulate General in Hong Kong on 26 January.
- The Elderly Health Care Voucher Scheme was converted from a pilot project into a recurrent programme.
- Conducted a series of infection control training programmes to phlebotomists in Hospital Authority on bimonthly basis from January to November (a total of six sessions).



- Conducted a commissioned training programme 'Update Course in Gynaecologic Cytology' for the staff of Public Health Laboratory Service.

February

- Included novel influenza A infection and influenza virus type A (subtype H2, H5, H7 and H10) as scheduled infectious disease and infectious agent respectively under the Prevention and Control of Disease Ordinance (Cap. 599).
- Conducted the programme 'Enhancement of Infection Control Management of Residential Care Homes of the Elderly in Hong Kong' to empower the staff for better infection control practice.



- Dr. Bernard Vallat, Director General of World Organisation for Animal Health, visited the Centre for Health Protection (CHP) on epidemic disease in Hong Kong.



- Held a training course on smoking cessation for healthcare staff to equip them with better skills to help smokers quit smoking.
- Organised a workshop to build capacity among physicians providing smoking cessation service.

March

- Conducted joint event with Ocean Park in Joyful Fruit Month to promote fruit eating to the general public.



- Conducted a public health emergency exercise codenamed 'CORAL' to test the preparedness of the Government for the possible community outbreak of dengue fever.



- Conducted a series of infection control training for allied health students in March, September and November.



- Conducted infection control training for volunteers in Hospital Authority.
- Conducted seminar for Civil Aid Service members/staff on Avian Influenza (H7N9) and infection control measures in Quarantine Centre.
- Organised awareness programmes in collaboration with the Hong Kong Tuberculosis, Chest and Heart Diseases Association and the Hospital Authority, to echo the World TB Day.

April

- Organised a territory-wide publicity and public education campaign to echo World Health Day to arouse public awareness about the threat posed by vectors and vector-borne diseases.



- Launched the 'Health@work.hk' website.
- Held a recognition ceremony for the 'I'm So Smart' Community Health Promotion Programme 2013/2014 to acknowledge the contributions of stakeholders on health promotion, with the core themes of promoting healthy diet and regular physical activity.



- Launched a series of year-round roving exhibitions to enhance public's knowledge on the use of Chinese medicines.

- Co-organised seminars on the topic of dementia for frontline staff of the Housing Department to raise their awareness on the disease and to equip them with the necessary communication skills for handling clients with dementia.
- Commenced a referral system in collaboration with the Suicide Prevention Services for family and friends of suicide losses encountered in public mortuaries for counselling and support services.
- Launched the Hand Hygiene Campaign 2014, with the representatives from Hospital Authority and The Hong Kong Private Hospital Association to support hand hygiene promotion.



May

- Conducted a series of infection control training programmes (a total of 12 sessions) for staff working in residential care homes for the elderly from May to July.



- Developed a miniweb page to promote the Hand Hygiene Awareness Day.



- Produced a five-episode television drama series 'My Family Doctor' in collaboration with Radio Television Hong Kong to promote the messages related to primary care and concepts of family doctors, and to commemorate the World Family Doctor Day 2014. A ceremony was held to announce the launching of the drama series.



- Conducted the Hands-on Training Workshop on Cell Culture Techniques for the Laboratory Diagnosis of Polio / Enteroviruses and Measles / Rubella Viruses in the Western Pacific Region.

June

- Published 'The Government of the Hong Kong Special Administrative Region Preparedness Plan for the Middle East Respiratory Syndrome (MERS) (2014)'.
- Activated the Alert Response Level under the Government's Preparedness Plan for the MERS.

- Organised the Healthy Eating Forum with the Education Bureau to promote healthy eating in schools, and to present awards to schools which had achieved the 'EatSmart School' accreditation.



- Organised the Health Promotion Sharing Forum with the topic of 'Echo the theme of World Health Day 2014 – Vector-borne Diseases' on 5 June.



- Held the Eighth Meeting of the International Advisory Board on Hong Kong Chinese Materia Medica Standards to finalise the setting of reference standards for 33 Chinese Materia Medica commonly used in Hong Kong.



- Conducted a public health emergency exercise codenamed 'OPAL' to test the multi-agency response on the distribution of antiviral stockpile during an influenza pandemic.

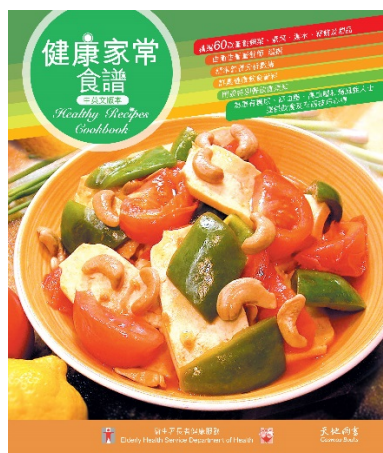


July

- Published the book 'Leisure', which provides evidence-based information on how different kinds of leisure activities can improve health. There are also practical tips on how to choose appropriate leisure activities for people with special needs.

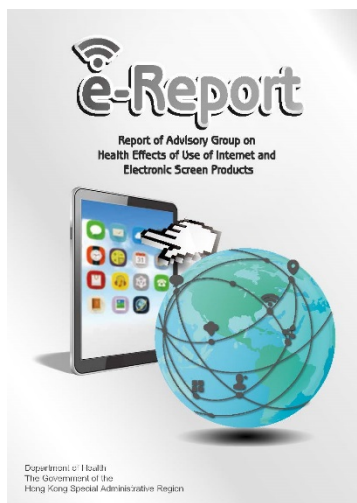


- Published a bilingual revised edition of the 'Healthy Recipes Cookbook'. Each recipe comes with an individual nutrient analysis. In addition, cooking and eating tips are provided for people with diabetes mellitus, hyperlipidaemia, hypertension and gout, so as to meet their health needs.



- Co-organised seminars on the topic of dementia for frontline staff of Mass Transit Railway to raise their awareness on the disease and to equip them with necessary communication skills for handling clients with dementia.
- The varicella (chickenpox) vaccine was incorporated into the Hong Kong Childhood Immunisation Programme. Children born on or after 1 January, 2013 were eligible to receive vaccination at the Maternal and Child Health Centres starting from 2 July.
- Conducted an infection control training programme for staff working in residential care homes and day care centers for persons with disabilities.
- Organised a training programme on radiological protection for the Health Bureau, Macao.

- Published the 'Report of Advisory Group on Health Effects of Use of Internet and Electronic Screen Products', which provides recommendations on healthy use of internet and electronic screen products targeting primary school students, secondary school students, parents and teachers.

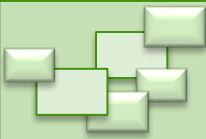


August

- Launched 'The Hong Kong Comprehensive Assessment Scales for Preschool Children'. This was the first-ever locally developed comprehensive diagnostic instrument for Hong Kong preschool children.



- Published 'The Government of the Hong Kong Special Administrative Region Preparedness and Response Plan for Ebola Virus Disease (EVD) (2014)' at the Centre for Health Protection website.



- Activated the Alert Response Level under the Preparedness and Response Plan for the EVD.
- Conducted briefing sessions on the infection control measures for Ebola virus disease and their applications in different government departments.



- Conducted a sharing session on the role of Infection Control Branch for Assistant Lecturers from the Department of Nursing of The University of Hong Kong.
- Provided tailor-made health advice for hotel industry, properties management and public transport and staff in those workplaces on prevention of Ebola virus disease.
- Commenced the Phase I implementation of the new ECPath Laboratory Information System for Chemical Pathology and Haematology Laboratory.
- Announced the increase of Seasonal Influenza Vaccine subsidy amount/level and the use of Quadrivalent Influenza Vaccine under the Government Vaccination Programme and the Residential Care Home Vaccination Programme.

September

- Conducted health talks on prevention of Middle East Respiratory Syndrome to tour groups going to Hajj Pilgrimage in October.



- Commenced the pilot run of the Clinical Information Management System in selected clinics of the Department of Health.
- Conducted seminars on infection control measures of Ebola virus disease for hotel and guesthouse industry.
- Conducted two workshops on infection control measures of Ebola virus disease for the Food and Environmental Hygiene Department.
- Held a briefing to the healthcare workers on recommendations on seasonal influenza vaccination for 2014/15 season by the Scientific Committee on Vaccine Preventable Diseases.



- Made a consensus statement with the medical associations to appeal to the public for seasonal influenza vaccination.



October

- Launched the Childhood Influenza Vaccination Subsidy Scheme and the Elderly Vaccination Subsidy Scheme 2014/15.



- Included plague, smallpox and viral haemorrhagic fever as specified diseases under the Prevention and Control of Disease Regulation (Cap. 599A).

- Conducted a five-phase public health emergency exercise codenamed 'TOPAZ' to test the preparedness and responsiveness of relevant departments to Ebola virus disease. The first phase was conducted in October to test the co-ordination between the Department of Health and the Food and Environmental Hygiene Department in relation to residential disinfection in case a patient was infected with Ebola virus disease.



- Published a report named as 'CHP Ten Years and Beyond' to introduce the roles, functions, major areas of work and the future developments of the Centre for Health Protection.



- Conducted a series of on-site infection control training programmes (a total of 14 sessions) on Ebola virus disease for Immigration Department, Airport, Seaport and Land boundary control points staff from October to November.

- Conducted seminar on preventive measures for handling of dead bodies of suspected / confirmed Ebola virus disease for funeral parlours and undertakers of burials on 29 October.



- Visited by Dr. SHIN Young-Soo, World Health Organization's Regional Director for the Western Pacific.



- Held the Centre for Health Protection Symposium 2014 in commemoration of Centre for Health Protection's 10th anniversary. It provided a forum for public health practitioners and partners in the Asia-Pacific region to learn, share and exchange experience and views on disease prevention and control.



November

- Hosted the Second World Health Organization Consultation on Quality Control of Herbal Medicines to discuss and develop the World Health Organization guidelines on quality control of herbal medicines.



- Conducted the second and third phases of public health emergency exercise codenamed 'TOPAZ' to test the preparedness and responsiveness of relevant departments to Ebola virus disease.



- Conducted series of infection control training programmes on Ebola virus disease for Auxiliary Medical Service and Civil Aid Service.
- Launched 'I Pledge to use antibiotics responsibly' ('I Pledge') campaign on Antibiotic Awareness Day 2014 cum Infection Control Forum. The aims of 'I Pledge' was to support the safe use of antibiotics in combating multi-drug resistant organisms and appealed to all medical, nursing and pharmacist professionals in Hong Kong to take the pledge.



- Organised World Diabetes Day Luncheon Event to raise public awareness on diabetes and its prevention and control.



- Participated in the annual Guangdong, Hong Kong, Macao, Shenzhen and Zhuhai Health Quarantine, Animal and Plant Quarantine and Food Safety Control Meeting to exchange experience on health quarantine issue.
- Launched the Government Vaccination Programme 2014/15 to provide free influenza vaccinations to eligible groups in public hospitals and clinics as well as in residential care homes for the elderly and disabled. In addition, free pneumococcal vaccine was provided to eligible elders / persons if they have not received the vaccination previously.



- Organised the second Fellowship Programme on Tobacco Control.



December

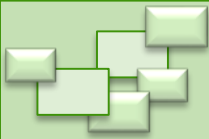
- Launched the Love Teeth Campaign to promote good dental habits in the community as well as to promote effective tooth cleaning methods and the need of seeking advice from a dentist.



- Conducted the fourth and fifth phases of public health emergency exercise codenamed 'TOPAZ' to test the preparedness and responsiveness of relevant departments to Ebola virus disease.



- Continued to be accredited with the ISO 9001:2008 certification on the Quality Management of the Operation of Public Mortuaries.
- Supported the 'Hong Kong Cancer Day 2014' organised by the Hong Kong Anti-Cancer Society. The Healthy League, a group of seven mascots, was created to provide a vivid, positive and lively way to deliver health messages on cancer prevention: Captain Anti-Cancer, Greenie, Airy, Buddy, Bright, Sporty and Joy.
- Conducted a commissioned training programme on 'Safety Management in a Clinical Laboratory'.



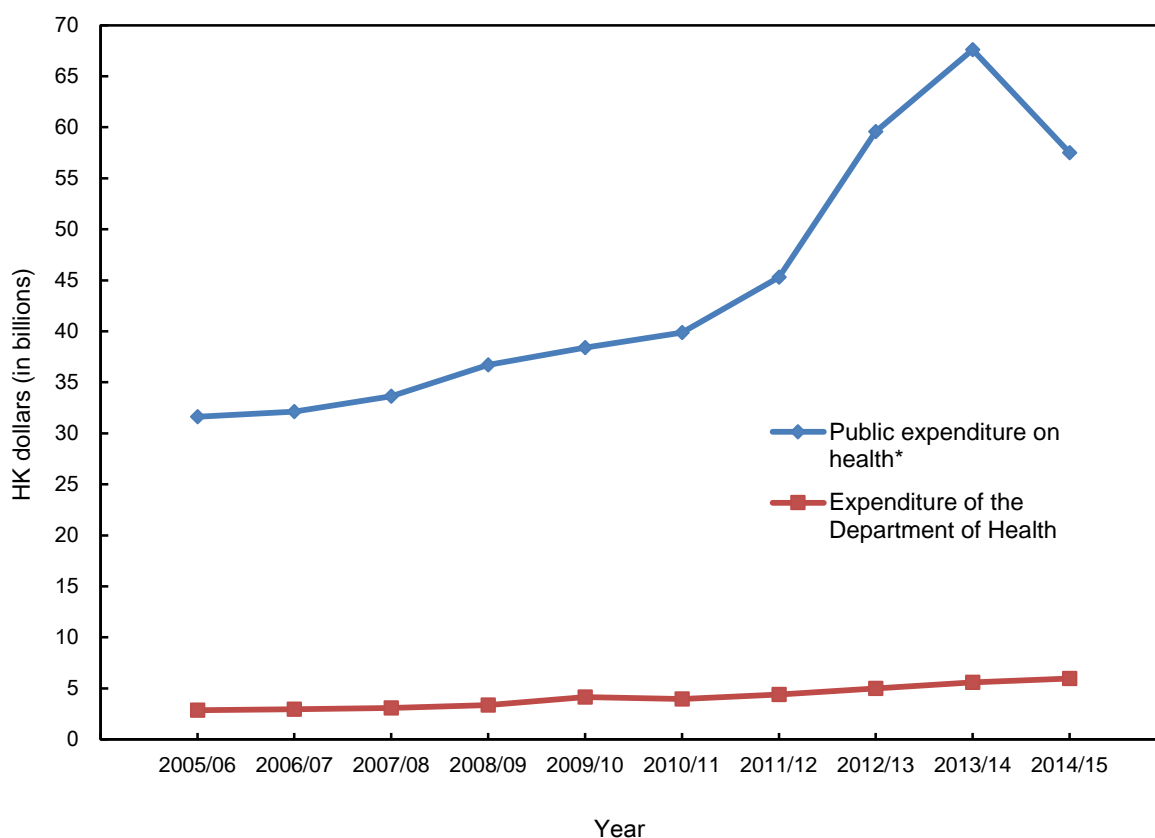
EXPENDITURE AND MANPOWER

Expenditure

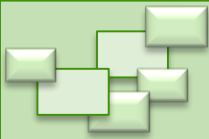
The expenditure of the Department of Health for 2014/15 was \$6.0 billion which represented 10.4% of the total public expenditure on health for the year. There was an increase of 6.7% over that for 2013/14 (Figure 11).

Total public expenditure on health, which included expenditure of the Department of Health and the Hospital Authority (HA), decreased by 14.9% in the same period. It is mainly due to the decrease in the capital subventions for HA in 2014/15.

Figure 11 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2005/06 – 2014/15



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



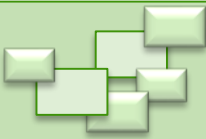
Manpower

As at 31 March 2015, the Department of Health had a total strength of 5 836 (Table F) which corresponded to an increase of 0.4% over that in 2014.

Table F : Strength of the Department of Health as at 31 March 2015

	Number	Percentage
Departmental Staff		
Medical and Health Officer Grade	465	8.0%
Nursing and Allied Grades	1 384	23.7%
Dental Officer Grade	304	5.2%
Para-Dental Grades	657	11.2%
Supplementary Medical Grades	693	11.9%
Other Departmental Grades	765	13.1%
Non-departmental Grades Staff	1 568	26.9%
Total *	5 836	100.0%

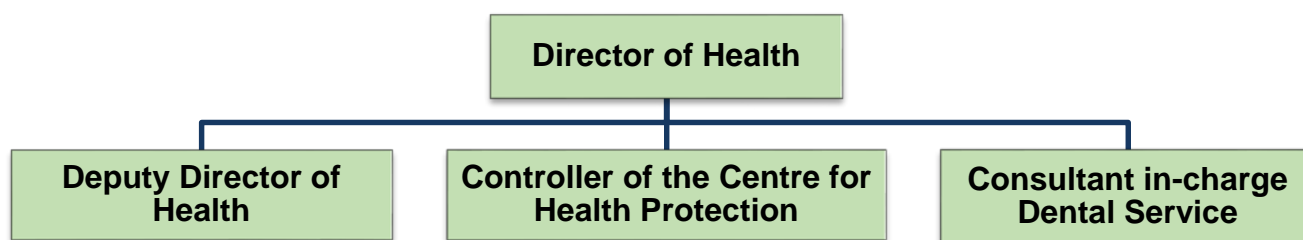
Note : *In addition, there were 529 full-time contract staff as of 31 March 2015.



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.

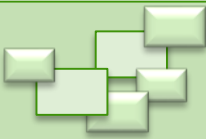
The organisation structure



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.

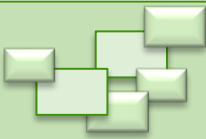
A statutory body, the Chinese Medicine Council of Hong Kong, was established in September 1999 under the Ordinance. The Chinese Medicine Division provides professional and administrative support to the Council in devising and implementing regulatory measures for Chinese medicine.

The 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 2014, there were 6 962 registered Chinese medicine practitioners (including 64 registered Chinese medicine practitioners with limited registration) and 2 693 listed Chinese medicine practitioners in Hong Kong.

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

A registered Chinese medicine practitioner must hold a valid practising certificate while

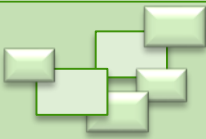


practising Chinese medicine. In general, a practising certificate is valid for three years. All registered Chinese medicine practitioners must fulfill the continuing education in Chinese medicine requirements set by the Chinese Medicine Practitioners Board of Chinese Medicine Council of Hong Kong before 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 31 December 2014, there were a total of 6 890 Chinese medicines traders licences, including 12 manufacturers of proprietary Chinese medicines who also held the Certificate for Manufacturer (GMP Certificate). Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 17 977 applications for proprietary Chinese medicines registration were received as at end of 2014.

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 of label and package insert of proprietary Chinese medicines under 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 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 VI involving 200 herbs were published in HKCMMS Volume I in 2005, Volume II in 2008, Volume III in 2011, Volume IV and V in 2012, and Volume VI in 2013. The publication of Volume VII was underway.

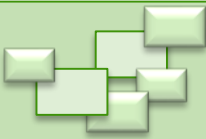
The Chief Executive highlighted in his 2009-10 Policy Address that in order to facilitate the development of Chinese medicine, the coverage of HKCMMS Project would be expanded from 60 Chinese Materia Medica (CMM) to about 200 by 2012. The Department of Health had already completed the research work of setting standards for around 200 herbs by 2012. The 2011-12 Policy Address of the Chief Executive had reaffirmed the Government's commitment to the establishment of standards for CMM. The Department of Health targets at completing and publishing reference standards of about 28 to 30 CMMs per year.

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 which focuses on assisting the World Health Organization to formulate policies and strategies as well as setting regulatory standards for traditional medicine.

Drug Office

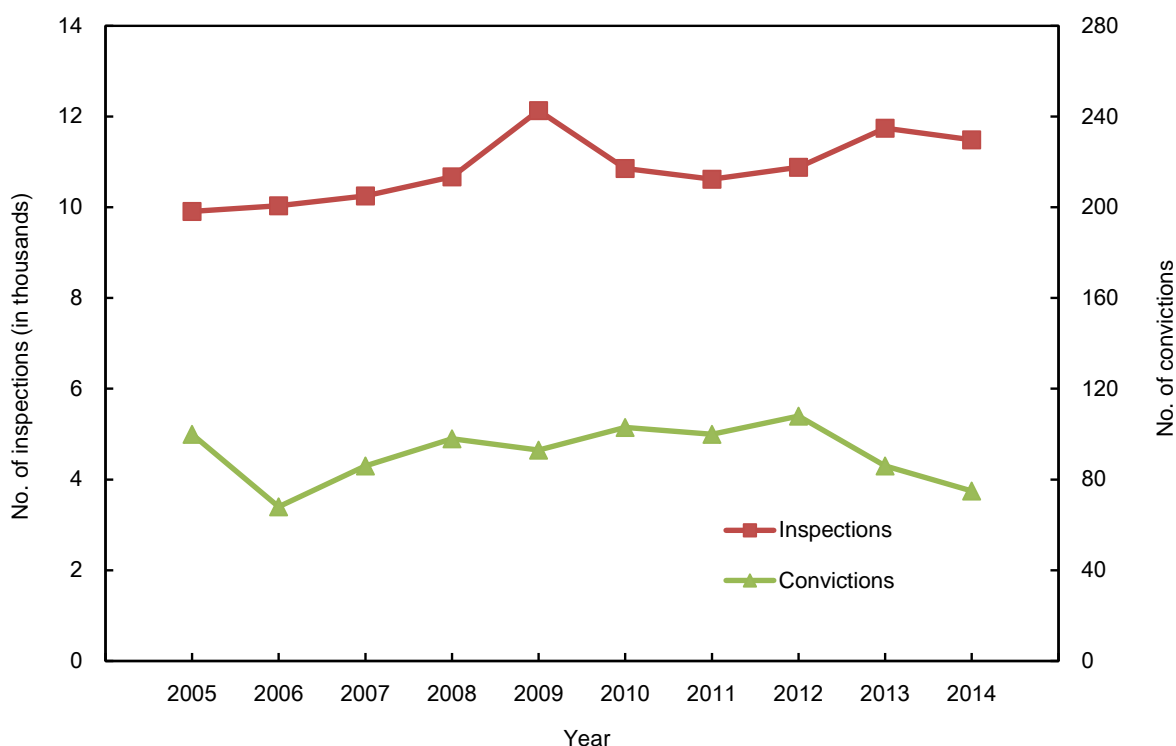
The Drug Office is responsible for formulating plans on drug regulation and directing the implementation of various measures to enhance the regulation of pharmaceutical products in Hong Kong relating to drug safety, efficacy and quality for the protection of public health. The Drug Office also provides 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 based on intelligences and by way of test purchases; sampling of products for analysis; and initiation of prosecutions against offenders. It is also responsible for the upgrade of Hong Kong's then Good Manufacturing Practice (GMP) licensing standards to the Pharmaceutical Inspection



Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S) GMP standards. In 2014, the number of inspections and convictions by the Traders Licensing and Compliance Division were 11 491 and 75 respectively (Figure 12).

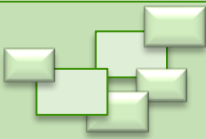
Figure 12 : Number of Inspections and Convictions by Traders Licensing and Compliance Division of the Drug Office*, 2005 – 2014



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

The Pharmacovigilance and Risk Management Division is responsible for conducting market surveillance programme; performing assessments as regards to adverse drug reaction reports; communicating drug safety information; devising risk management plan; and enforcing the Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231). The Ordinance aims to protect the public from being induced by advertisements to seek improper self-medication or treatment, instead of consulting relevant healthcare professionals. In 2014, nine cases related to the UMAO were successfully convicted.

To ensure that the medicines available locally are safe, effective and of good quality, the Drug Registration and Import / Export Control Division is responsible for the processing of



drug registration and related applications; applications for clinical trials; import and export control of drugs; and the development and maintenance of a drug information management system. Pharmaceutical products must be registered before they can be sold or distributed for local consumption.

The Clinic Service and Business Division is responsible for drug procurement, 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 support 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.

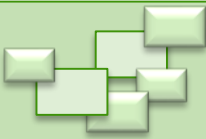
Family and Elderly Health Services

Elderly Health Service

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

Elderly Health Centres adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to elderly aged 65 and over on a membership basis. In 2014, the Elderly Health Centres recorded around 39 100 enrolments and 166 000 attendances for health assessment and medical consultation.

Visiting Health Teams reach out into the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, self-care ability, and to enhance the quality of caregiving. Visiting Health Teams conduct annual integrated



assessments in all residential care homes for the elderly to assess their facilities and practices on infection control, fall prevention among elderly residents, drug management as well as other staff training needs. In 2014, the Visiting Health Teams made around 319 000 client-contacts.

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

Elderly Health Service will continue its mission to provide quality primary healthcare services for promoting the health of our elderly population in Hong Kong. In addition to being a provider of health services and education, Elderly Health Service will put emphasis on empowering of the elderly and their carers, and enhance its benchmarking and health advisory roles in primary healthcare for the elderly.

Family Health Service

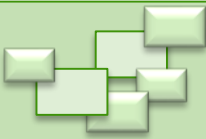
The Family Health Service provides a comprehensive range of health promotion and disease prevention services for children from birth to five years old and women aged 64 and below. The Service operates through 31 Maternal and Child Health Centres (MCHCs) and three Woman Health Centres.

Maternal and Child Health Service

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

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

A comprehensive immunisation programme is provided to protect infants and children



from 11 infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, chickenpox, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2014 is shown in Table G.

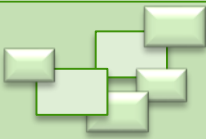
Table G : Immunisation Programme for Children in Hong Kong, 2014

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

1. Varicella vaccine was incorporated into the Hong Kong Childhood Immunisation Programme since 2 July 2014.
2. Primary one students receive the MMRV (measles, mumps, rubella, varicella) vaccine.

The parenting programme aims to equip parents with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development, childcare and parenting are provided to parents during the antenatal period and throughout the pre-school years of children in various format. For parents of children with early signs of behavioural problems or those who encounter difficulties in parenting, a structured group training programme on positive parenting skills is also available.

Breastfeeding is also actively promoted through implementing the breastfeeding policy. These include promoting public awareness of the benefits of breastfeeding through



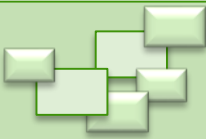
publicity and education; operating the breastfeeding hotline; and providing professional counselling and skills support on breastfeeding and lactation problems.

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

Built on existing services provided by MCHCs, Obstetrics, Paediatrics & Psychiatric Specialist services of Hospital Authority, pre-primary institutions, Integrated Family Service Centres and other non-governmental organisations, the Comprehensive Child Development Service is a community-based programme delivered through the inter-sectoral partnership among the health, education and social service sectors. It aims to identify and meet the varied needs of children and their families, and make timely referral to appropriate services. The programme is made up of the following components:

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

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



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

In 2014, about 94% of all local newborns and 49% of pregnant women received services from MCHCs.

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

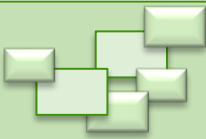
Cervical screening service is provided at all MCHCs for women at and above 25 who have ever had sex. Outreach health talks on cervical cancer and screening were conducted for various women groups as needed. In 2014, there were about 99 000 attendances for the cervical screening service.

Woman Health Service

Three Woman Health Centres and 10 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 2014, about 18 000 women registered with the Woman Health Service. Health problems detected included breast cancer, cervical cancer, raised blood cholesterol, hypertension, diabetes mellitus, and other gynaecological problems, etc.



Health Care Voucher Unit

The Health Care Voucher Unit is tasked to implement and administer the Elderly Health Care Voucher Scheme which was launched in 2009 on a pilot basis. Under the Scheme, elderly aged 70 and above are given annually, through an electronic system, health care vouchers to subsidise their use of primary care services provided by various private healthcare professionals. They included medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. In 2014, the Scheme was converted into a recurrent programme. The annual voucher amount for each eligible elder was increased to \$2,000 and the financial cap was revised upward to \$4,000. The face value of each voucher was also changed from \$50 to \$1 to provide elders with greater flexibility in using the vouchers.

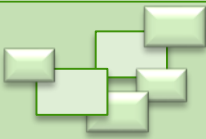
Furthermore, Health Care Voucher Unit launched a two-year Elderly Health Assessment Pilot Programme since July 2013. Nine non-governmental organisations were subsidised to provide health assessments to elders aged 70 and above. The pilot programme seeks to identify elders' risk factors (including lifestyle practices) and diseases so that they can be managed in a timely and targeted manner.

Health Administration and Planning Division

Office for Registration of Healthcare Institutions

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

The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under these two Ordinances and to ensure that the institutions are fit for the services to be provided. Compliance of registered institutions with statutory

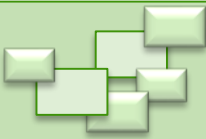


requirements is monitored through field inspections, scrutiny of the institution activities and complaint statistics, investigation of medical incidents and direct handling of complaints lodged by public against the institutions. In 2014, 244 inspections to a total of 11 private hospitals, 55 nursing homes and 10 maternity homes registered under Cap. 165 were conducted. There were 110 clinics registered under Cap. 343. The Office had also handled 31 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 event 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 by the end of 2011 and covered 15 public hospitals over a period of five to seven years. By the end of 2014, 10 private hospitals were awarded accreditation.



Primary Care Office

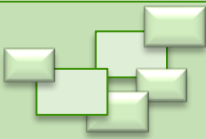
The Primary Care Office was established in September 2010 to support and co-ordinate the development of primary care in Hong Kong and the implementation of primary care development strategies and actions.

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.

The Primary Care Directory launched by the Office is a web-based directory containing personal and practice-based information about different primary care providers to facilitate the public to search for their own primary care providers. The doctors and dentists sub-directories were launched in 2011 and the Chinese medicine practitioners sub-directory was launched in 2012. Mobile applications of the Primary Care Directory were also launched in August 2013. By the end of 2014, there were 1 387 doctors, 377 dentists and 1 544 Chinese medicine practitioners enrolled in the Directory.

Development of the reference frameworks (RFs) for care of chronic diseases (diabetes and hypertension) and different population groups (children and older adults) is another key priority of the Office. The mobile application of the RFs for diabetes and hypertension care was also available in the Android version in 2014 in addition to the existing iOS version.

In addition, in 2014, the Office collaborated with Radio Television Hong Kong to produce the television drama series titled 'My Family Doctor' to promote the concepts of family doctor. The drama series were launched on 16 May 2014.



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 regulatory framework for statutory control of medical devices in the long term. The administrative control system has been implemented in phases since November 2004 and it covers the following aspects:

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

The Medical Device Control Office approved 457 device listing applications, processed 1 316 safety alerts and 19 adverse incident reports, and conducted 12 workshops / seminars in 2014.

As for the development of statutory regulation of medical devices, the Legislative Council Panel on Health Services was briefed on the results of the Business Impact Assessment on the proposed regulatory regime and the refined regulatory proposal on 16 June 2014. Besides, taking into consideration the views and recommendations of the Working Group on Differentiation between Medical Procedures and Beauty Services, the Department was in the process of engaging an external consultant to conduct a detailed study on the use control of selected medical devices in Hong Kong.

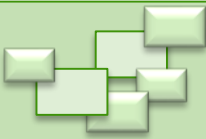
Narcotics and Drug Administration Unit

The Department of Health operates an outpatient methadone maintenance as well as detoxification scheme for opiate drug abusers. There are 20 methadone clinics in Hong Kong operating daily including Sundays and public holidays. In 2014, the average number of clients registered with the scheme was around 7 100 and the average daily attendance was around 5 400.

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

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





Port Health Office

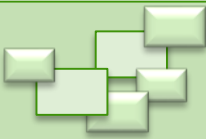
The Port Health Office enforces the Prevention and Control of Disease Ordinance (Cap. 599) and observes the International Health Regulations in order to prevent the introduction into, the spread in and the transmission from, Hong Kong of any disease, source of disease or contamination.

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 advice 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 2014, the Unit assessed and processed 12 773 licences and permits and provided monitoring service to 11 572 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.13mSv against an annual statutory limit of 20mSv.

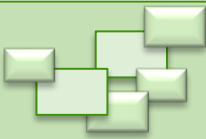
In 2014, the Unit participated in the 2013 Annual Review cum Delegation Meeting on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong/Lingao Nuclear Power Stations.

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.

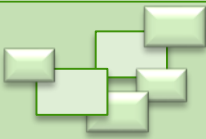
The Office received a total of 17 354 complaints against smoking violations and 2 288 enquiries in 2014. Tobacco control inspectors conducted a total of 29 032 inspections to no smoking areas, and 193 summonses and 7 834 fixed penalty notices were issued to smoking offenders respectively.

For illegal tobacco advertisements, the Office screened over 1 700 printed publications. The Office received 79 complaints, and issued 49 warning letters against 31 cases of illegal tobacco advertisements during the same period.

In 2014, the Office conducted nine seminars on Smoking (Public Health) Ordinance (Cap. 371) 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 550 000 pieces of health education materials to venue managers and the public in 2014, 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 2014, the Office conducted 41 smoking cessation seminars with 980 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses, handled a total of 13 203 telephone calls



and enquiries in 2014. Besides, the office has also collaborated with non-governmental organisations to provide free community-based smoking cessation programmes and smoking prevention programmes for schools aiming for a smoke-free Hong Kong.

Specialised Services

Child Assessment Service

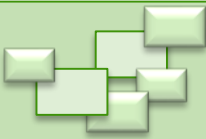
The Child Assessment Service came into operation with its first child assessment centre in 1977. The Service, aiming at contributing to the rehabilitation of children with developmental-behavioural problems or disorders through a multidisciplinary team approach, operates a total of six centres in Kowloon 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 2014, the number of new clients received were 9 494 and a total of 63 584 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 10 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.

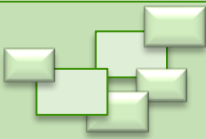
Clinical Genetic Service

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 4 778 family attendances in 2014.

The Genetic Screening Unit operates neonatal screening programme for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 69.9% of neonates were screened by the Genetic Screening Unit in 2014, including nearly all newborns delivered in public institutions and 5.4% of newborns delivered in private hospitals. The remaining 94.6% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.4% of male and 0.4% of female infants. The incidence of congenital hypothyroidism was one in 1 031 in 2014.

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.

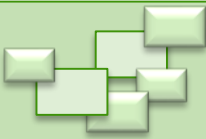
In 2014, some 7 740 post-mortem examinations, 680 clinical medico-legal examinations and 23 700 laboratory examinations were performed.

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 2014, in addition to providing clinical services, the PDQA provided 78 Basic Life



Support Provider Courses for 633 officers and organised two continuing medical education activities for 199 officers.

The PDQA often organised different health education activities and participated in various media activities to arouse public awareness of the importance of healthy lifestyle.

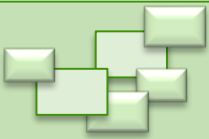
Student Health Service

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.

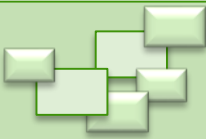
During the school year 2013 / 14, a total of 647 724 students from 1 180 primary and secondary schools enrolled in the Student Health Service, representing a participation rate of 90.8% and 98.7% respectively.

The Adolescent Health Programme was launched in 2001 / 02 school year with the aim to promote psychosocial health of adolescents. The Adolescent Health Programme is a school-based outreach interactive programme delivered by multi-disciplinary professional staff consisting of doctors, nurses, social workers, clinical psychologists and dietitians. The Basic Life Skills Training Programme is catered for Form 1 to Form 3 students while the Topical Programme includes a variety of themes for students from Form 1 to Form 6, as well as teachers and parents. The programmes received good support and response from students, teachers and parents since launching. Starting in school year 2004 / 05,



Adolescent Health Programme staff began to co-run Basic Life Skills Training Programmes with non-governmental organisations' social worker facilitators in classrooms.

In 2013 / 14 school year, the Adolescent Health Programme served 325 schools, reaching out to more than 78 800 students as well as 800 teachers and parents.



CENTRE FOR HEALTH PROTECTION

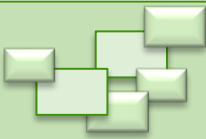
The Controller, Centre for Health Protection has the overall responsibility for the work of the Centre for Health Protection (CHP) on the prevention and control of communicable and non-communicable diseases, and oversees the following functional branches:

- 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, ERIB has developed and reviewed Department of Health contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong. 'The Government of the Hong Kong Special Administrative Region Preparedness Plan for the Middle East Respiratory Syndrome (MERS) (2014)' and 'The Government of the Hong Kong Special Administrative Region Preparedness and Response Plan for Ebola Virus Disease (EVD) (2014)' were launched in June and August 2014 respectively to promulgate the emergency response command structure for governmental departments



and relevant organisations to prevent, detect, characterise and respond quickly, efficiently and in a coordinated manner to the threats in order to reduce morbidity and mortality.

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 (ERC) as the Department's nerve centre in times of major public health emergencies, the ERIB will continue to equip the ERC with the latest communication facilities for the timely dissemination of information and statistics, and will organise necessary training for concerned staff.

As part of emergency preparedness, ERIB plans and coordinates regular exercises and drills to ensure that all relevant parties are familiar with the established protocols, and are capable of discharging their duties and responsibilities in times of major public health emergencies.

ERIB organised a multi-agency exercise, codenamed 'CORAL' on 3 March 2014 to test the preparedness of the Government for the possible community outbreak of dengue fever. In the exercise, Hong Kong encountered local confirmed cases during the peak season of Dengue Fever. Response measures including vector investigation and control as well as surveillance of suspected cases were tested.



Another public health exercise codenamed 'OPAL' was conducted on 23 June 2014 to test the command, coordination and logistics arrangements on the release and distribution of antiviral stockpile between Department of Health, Hospital Authority and other government

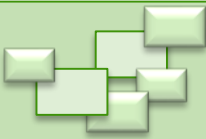
departments during influenza pandemic, as well as the procedures of emergency procurement of antivirals.



ERIB also conducted a five-phased emergency exercise codenamed 'Exercise TOPAZ' from October to December 2014 to test the preparedness and responsiveness of relevant departments to Ebola virus disease.



The Director of Health regularly reviews the list of infectious diseases statutorily notifiable by medical practitioners and the list of infectious agents as stipulated in the Prevention and Control of Disease Ordinance (Cap. 599, 'the Ordinance'), as well as the specified diseases stipulated in the Prevention and Control of Disease Regulation (Cap. 599A, 'the Regulation'). ERIB assists in preparing the legislative amendments to include diseases and infectious agents in the scheduled infectious diseases and the scheduled infectious agents of the Ordinance, as well as the specified diseases of the Regulation when necessary. Novel Influenza A infection was included in the scheduled infectious diseases and Influenza virus type A (subtype H2, H5, H7 and H10) was made notifiable as scheduled infectious agent of the Ordinance in February 2014. In addition, plague, smallpox and viral



haemorrhagic fever were included as specified diseases of the Regulation in October 2014.

In October 2014, the ERIB published a report named 'CHP Ten Years and Beyond' to introduce the roles, functions, major areas of work and the future developments of CHP.

Electronic Health Record Management Team

The Electronic Health Record Management Team is tasked to develop a patient-centric and fully integrated Clinical Information Management System (CIMS) for the Department and to facilitate sharing of patient records with the territory-wide eHealth Record Sharing System. The CIMS supports client registration and appointment booking, as well as clinical workflows such as drug prescription and laboratory test ordering and reporting. Pilot run of the system has been started since September 2014 in selected clinics. The Immunisation Record System was also launched in the 2014/15 school year.

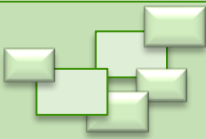
Infection Control Branch

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 healthcare workers and staff of residential care homes; provides infection control advice to health professionals, institutions and the general public; supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions; and conducts surveillance on infection hazards and monitoring of healthcare associated infections.

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

The ICB continues to work with the key stakeholders in infection control and academia to update and develop infection control and clinical guidelines targeting community,



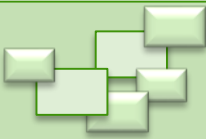
institutions and healthcare settings. The Branch also continues to collaborate with Hospital Authority in developing interim recommendations on the clinical management of cases of Middle East Respiratory Syndrome and Ebola virus disease.

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

Starting from 2013/14, ICB has launched a 3-year project to introduce new infection control programmes to counter the rapid emergence of multi-drug resistant organisms (MDROs) in elderly homes, hospitals and the general community in Hong Kong. Under the 3-year project, a number of programme-based initiatives in collaboration with the public hospitals and / or local academia were conducted.

In order to monitor the compliance of infection control guidelines on taking care of residents with emerging MDROs in residential care homes for the elderly (RCHEs), ICB has conducted regular visits to RCHEs starting from Year 2014/15. Immediate feedback and tailor-made education were provided.

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 ICB also conducts tailor-made infection control training programmes for institutions, community and government departments from time to time. In 2014, ICB held 88 training activities with a total of around 9 620 attendances.



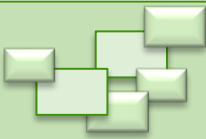
Programme Management and Professional Development Branch

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

The PMPDB serves as the hub for liaison with international and regional health authorities and facilitates collaboration activities and co-ordinates visits to CHP by health professionals from different countries. In 2014, these visitors included Director General of World Organization for Animal Health (OIE) and WHO's Regional Director to the Western Pacific. Subjects on the latest development of disease of public health concerns, such as MERS and EVD were discussed. Experts of veterinary public health and food safety from OIE and Mainland China also visited CHP to exchange experiences on the relevant diseases. CHP is also a founding member of the International Association of National Public Health Institutes. Apart from international agencies, PMPDB establishes networks and promotes exchanges of professionals in Hong Kong. A total of 13 visit programmes were conducted in 2014 and 85 visitors were received.

In commemoration of CHP's 10th anniversary, the CHP Symposium 2014 was held on 24 and 25 October as a forum for public health practitioners and partners in the Asia-Pacific region to learn, share and exchange experience and views on disease prevention and control. The theme for the Symposium was 'CHP ten years on: Challenges and Collaboration in Disease Prevention and Control in the Asia-Pacific Region', which covered various topics including climate change and human health, air pollution, antimicrobial resistance, vaccines, avian flu, childhood obesity, mental health, cancer and non-communicable disease control. The Symposium attracted an attendance of about 700 overseas and local participants from the healthcare and academic sectors.

The PMPDB provides administrative support to the scientific advisory structure of CHP



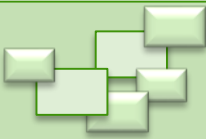
which is a three-tier system. At the top, there is a Board of Scientific Advisers. The second tier consists of Scientific Committees, members of which are experts from various fields. Scientific Committees in turn are supported by specific health protection programmes and working groups, tailor-made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

The scientific advisory structure serves as a platform for members to meet regularly for deliberation and professional exchange, so as to formulate effective strategies that reinforce the local health protection system. In 2014, a total of one Board of Scientific Advisers meeting and 18 Scientific Committee meetings were held and 22 scientific papers were discussed. A wide range of public health issues were deliberated and 12 recommendations were made.

The Research Fund for the Control of Infectious Diseases (RFCID) was established after the SARS outbreak in 2003, to facilitate and support research on the prevention, treatment and control of infectious diseases. The Health and Medical Research Fund (HMRF) was created in 2011 by consolidating the former Health and Health Services Research Fund (HHSRF) and the RFCID, with a broadened scope for funding health and medical research in Hong Kong. The PMPDB is responsible for coordinating research commissioned by CHP, facilitating submissions to the HMRF Grant Review Board, and monitoring the progress of research activities.

In order to build the professional expertise of healthcare professionals, PMPDB organises a wide range of training programmes and seminars in collaboration with various parties. Topics covered include the functions and structure of the local healthcare infrastructure, the emergency response system to public health incidents as well as the strategies in prevention and control of infectious diseases, etc. In 2014, a total of eight training programmes were organised or co-organised, with 186 participants, mainly the public health students and healthcare professionals.

The AIDS Trust Fund, administered on the advice of the Council for the AIDS Trust Fund, was established on 30 April 1993 with an initial capital of HK\$350 million by a Declaration of Trust under the Financial Secretary Incorporation Ordinance (Cap. 1015) to finance payments for the purposes of making ex gratia payments for haemophiliacs and others who were infected with HIV through the transfusion of contaminated blood or blood products in Hong Kong prior to August 1985; to fund projects which seek to provide medical and

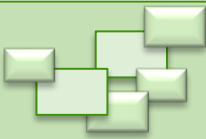


support services for HIV patients; and to conduct promotion and education on AIDS. In December 2013, the Finance Committee of the Legislative Council approved an injection of \$350 million into the Fund to sustain its operation. PMPDB provides administrative support for the Council. In 2014, 38 ongoing programmes / projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 24 new submissions for grants. Among them, 14 applied for the Medical and Support Services fund, of which 13 of them were approved. 10 applied for the Publicity and Public Education fund, of which nine were approved. The Council also received and approved 26 claims for additional exgratia payment.

The Vaccination Office of PMPDB is responsible for the planning and implementation of the Government Vaccination Programme (GVP), providing free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 and above at public hospitals and clinics. The Residential Care Home Vaccination Programme is part of GVP, which have been providing free seasonal influenza vaccination and pneumococcal vaccination to eligible residents, boarders and staff in Residential Care Homes for the Elderly and Residential Care Homes for Persons with Disabilities through Visiting Medical Officers. In 2014/15, free seasonal influenza vaccination was provided to about 258 800 high risk persons. In addition, free pneumococcal vaccination was provided to about 15 800 eligible elders.

To minimise the chance of hospitalisation in children and elderly caused by seasonal influenza and pneumococcal infection, implementation of the two kinds of Vaccination Subsidy Scheme (VSS), namely Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) continued in 2014/15. These two schemes are delivered through private doctors. The Vaccination Office is responsible for the planning, implementation and administration of the Schemes.

In 2014, to encourage the use of quadrivalent influenza vaccine, the subsidy for seasonal influenza vaccination was increased from \$130 to \$160 per dose. Under CIVSS, children aged between six months and below six years could receive government subsidised influenza vaccination at \$160 per dose from enrolled private doctors. Under EVSS, elders aged 65 and above could receive government subsidised influenza vaccination and pneumococcal vaccination at \$160 and \$190 per dose respectively from enrolled private doctors.



In 2014/15, over 1 700 private doctors / 2 300 clinics enrolled in the CIVSS and EVSS to provide subsidised vaccination services. Under VSS, nearly 235 000 eligible children and elders received about 251 000 doses of subsidised seasonal influenza vaccination, and about 24 400 doses of subsidised pneumococcal vaccination were administered to eligible elders.

To minimise invasive pneumococcal disease of young children, the Government launched the Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme by phases in December 2013. It was a one-off booster programme providing a choice for children aged from two to under five years old (i.e. born on or after 26 November 2008) who had never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary. As part of the Programme, the Vaccination Office of PMPDB is responsible for the planning and implementation of the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)), to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. CVSS (PCV13 booster) will continue to operate beyond 2014/15.

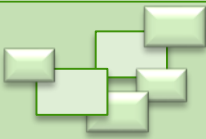
Public Health Laboratory Services Branch

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

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

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

The Chemical Pathology and Haematology Division provides chemical pathology and haematology laboratory services for 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 National Influenza Centre, National Poliovirus Laboratory and National Measles Laboratory for the Hong Kong Special Administrative Region, Supranational Tuberculosis Reference Laboratory, Regional Reference Laboratory for Measles for the Western Pacific Region, and a global reference laboratory for influenza A (H5) and Severe Acute Respiratory Syndrome.

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

Public Health Services Branch

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

Social Hygiene Service

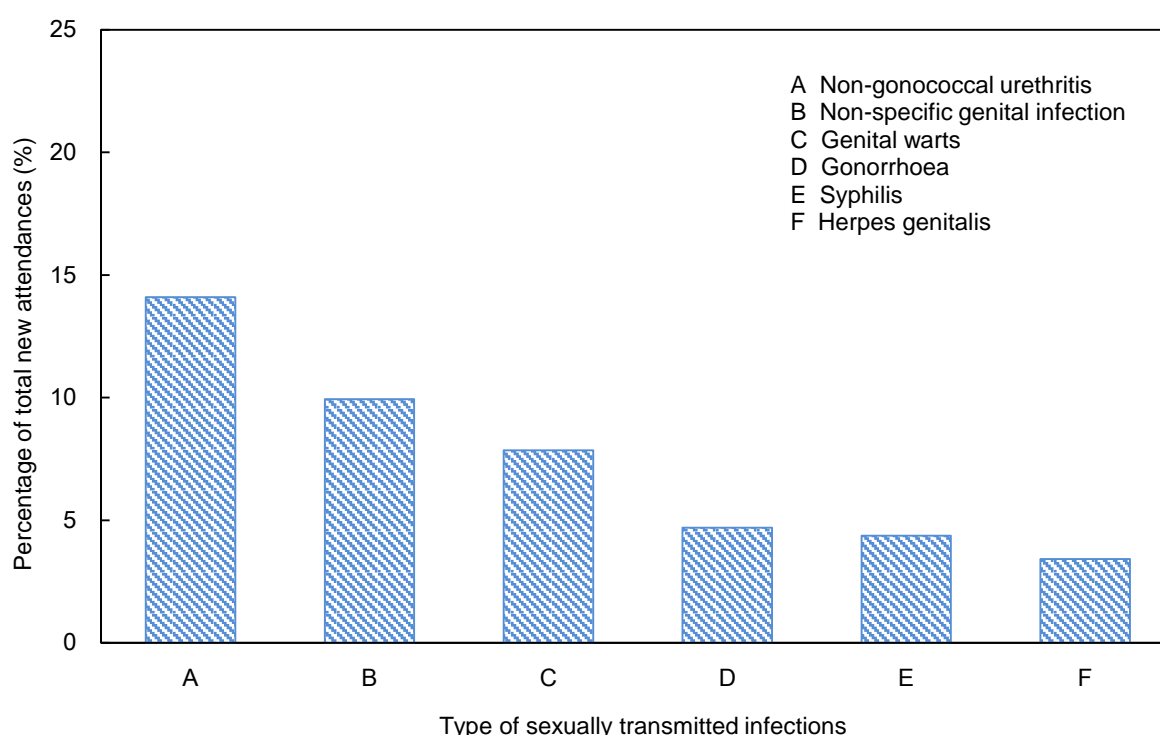
The Social Hygiene Service is responsible for the prevention and control of sexually transmitted infections. It also operates dermatology clinics for management of skin diseases including leprosy.



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

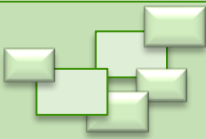
In 2014, there were 158 570 total attendances and 24 768 new attendances at Social Hygiene Clinics¹. Among the new attendances in 2014, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 13).

Figure 13 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2014



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

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



The dermatology clinics provide specialised outpatient care for patients referred for skin conditions. They are equipped with modern phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2014, there were 18 530 new attendances and 174 087 total attendances.

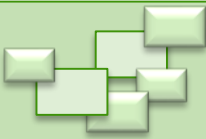
Special Preventive Programme

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 programme.

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 (ITC) at Kowloon Bay Health Centre. In 2014, the total clinical attendance at the SPP was 26 612, with a 1.8% increase compared with the figure of 26 141 in 2013.

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.

In response to the rising epidemic of HIV among men who have sex with men (MSM), the RRC organised a series of targeted HIV prevention programmes to promote condom use, early testing and early treatment for MSM in 2014. 'For Love, We Can', a 47-minute film co-produced by RRC and the Hong Kong Academy for Performing Arts was premiered on 6 March 2014. The film features a gay couple struggling through the dread of HIV infection and is available on YouTube. An HIV/HCV awareness campaign, 'Be



Negative', was launched in mid-2014 with the participation of AIDS non-governmental organisations. In addition, RRC also made use of The Hong Kong Lesbian and Gay Film Festival and the Hong Kong Pride Parade as platforms to promote safer sex and early testing among gay population.

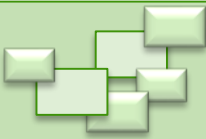
As part of the World AIDS Day 2014 activities, the RRC collaborated with The Family Planning Association of Hong Kong (FPAHK) to launch a life skills-based HIV education programme. It aimed to strengthen secondary school students' skills in self-awareness, critical thinking, decision-making, interpersonal communication and negotiation in the hope of enhancing their understanding of AIDS and ways to effectively protect themselves from infection. RRC and FPAHK also co-organised the 'Getting to ZERO' World AIDS Campaign 2014 Kick-off Ceremony on 29 November, where students and youths delivered performances to promote HIV awareness and prevention.



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 Macao is an attachment programme to support mainland professionals to further their professional development or research in HIV / AIDS control. In 2014, two 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 696 300 in 2014. The common types of new cases seen included active pulmonary tuberculosis, acute / chronic bronchitis, active tuberculosis of other forms, acute respiratory infection, inactive tuberculosis and malignant neoplasm of trachea and bronchus (Figure 14).

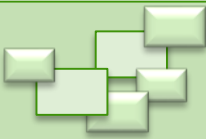
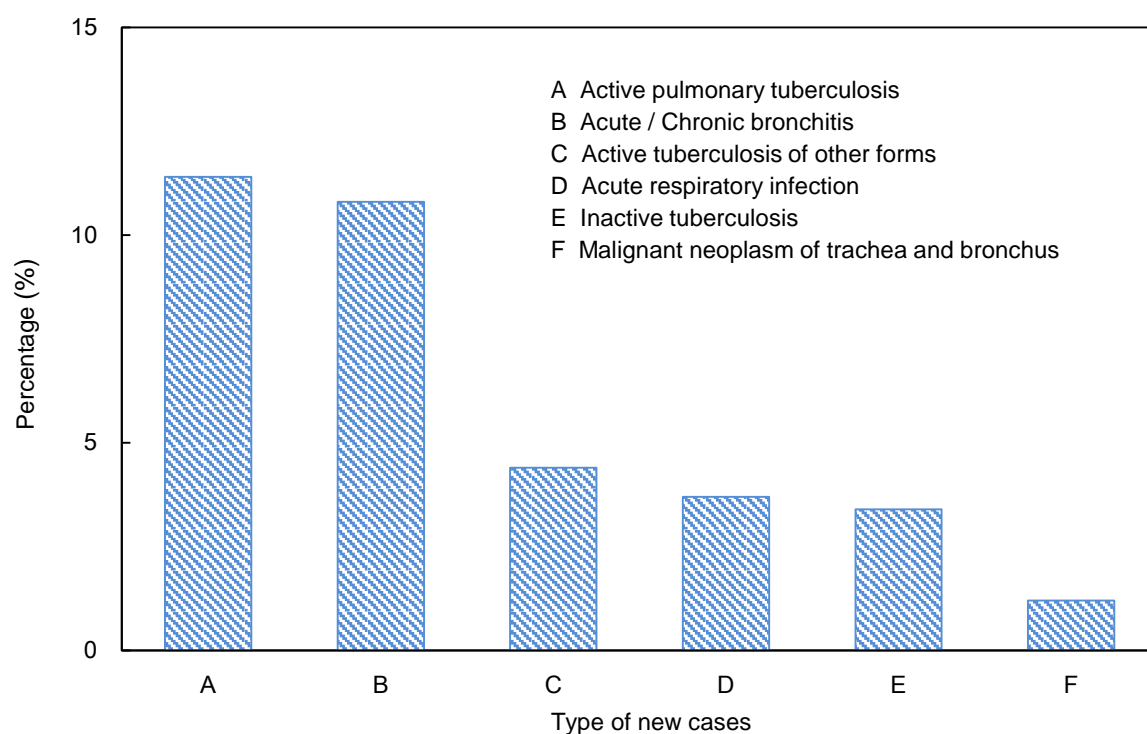


Figure 14 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2014



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

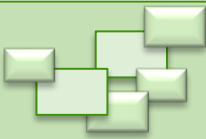
The coverage of BCG vaccination for newborn babies has been persistently over 98% since 1980. Disseminated forms of tuberculosis in infants and young children are now relatively rare.

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;

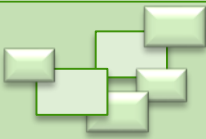


institutes appropriate control measures and provides health advice to stop disease propagation. It also collects, collates, analyses and disseminates surveillance data on communicable diseases; establishes a central communicable disease information system and generates regular reports; develops and coordinates 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 public general outpatient clinics and Accident and Emergency Departments of public hospitals provide data on the number of consultations for influenza-like-illness, hand, foot and mouth disease, acute conjunctivitis and acute diarrhoeal diseases. Chinese medicine practitioners report the number of consultations for influenza-like-illness and acute diarrhoeal disease. The system also collects data on symptoms such as fever, diarrhoea and vomiting reported in the children of child care centres / kindergartens and residents of residential care homes for the elderly. With these valuable data, the Division can keep track of communicable diseases at the community level, enhance surveillance, rapid intervention and responsive risk communication, and take appropriate preventive and control measures.

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



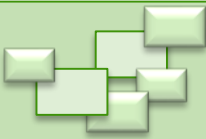
participating 'The 14th Tripartite Meeting on Prevention and Control of Infectious Diseases' held in Macau on 18 and 19 September 2014 had in-depth discussions and experience-sharing on situation of communicable diseases in the three places, and reviewed the tripartite notification and collaboration mechanism in prevention and control of communicable diseases.



To strengthen the surveillance of invasive pneumococcal disease (IPD) for more accurate monitoring of the local situation, thus leading to appropriate public health strategies to prevent and control the spread of IPD, the Government published the gazette of the amendment of the Prevention and Control of Disease Ordinance (Cap. 599) to include 'invasive pneumococcal disease' (IPD) as one of the statutorily notifiable infectious diseases on 9 January 2015. The Centre for Health Protection of the Department of Health issued a letter to all medical practitioners on 7 January 2015 to remind them to stay alert for IPD cases and to notify the Director of Health of any suspected cases which is required by law.

The Communicable Disease Information System is an information technology strategy to facilitate effective communicable disease surveillance and control in Hong Kong. The system will capture and analyse communicable disease data from diverse sources and will have rapid data transfer from stakeholders such as the Hospital Authority. Preparatory work was in full momentum to roll out the system by two phases, targeting to roll out the first phase functionalities within 2015.

The Division provides professional input to four Scientific Committee, including the Scientific Committee on Emerging and Zoonotic Diseases, Scientific Committee on Enteric

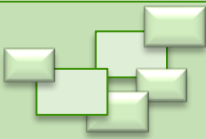


Infections and Foodborne Diseases, Scientific Committee on Vaccine Preventable Diseases and Scientific Committee on Vector-borne Diseases. In addition, the Division also provides secretariat support to the National Committee for the Certification of Wild Poliovirus Eradication in Hong Kong and the National Verification Committee for Measles Elimination in Hong Kong.

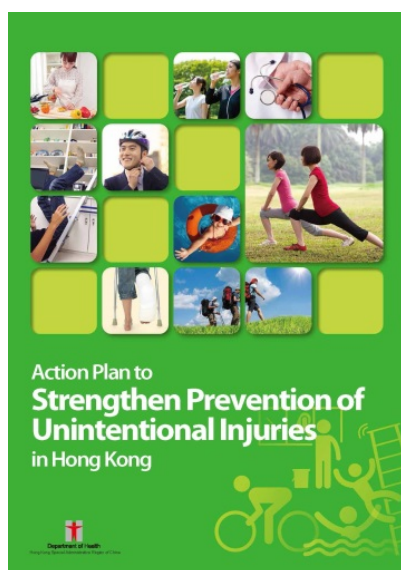
Non-communicable Disease Division

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



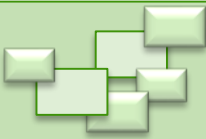
These 16 actions will be implemented in partnership with various stakeholders over the next few years.



The Cancer Coordinating Committee (CCC) was established in 2001 to steer the direction of work on prevention and control of cancer. Under the Committee, the Cancer Expert Working Group on Cancer Prevention and Screening was formed in 2002 to regularly review local and international scientific evidence and formulate local recommendations on cancer prevention and screening. The 8th CCC meeting, chaired by the Secretary for Food and Health, was held in January 2014 to receive reports on and discuss the progress of work related to cancer prevention and screening, treatment, surveillance and research.

Cervical cancer is one of the common female cancers in Hong Kong. The territory-wide Cervical Screening Programme was launched in 2004 in collaboration with the healthcare sector. The Programme conducts various promotional and educational activities to enhance public awareness on cervical cancer prevention and increase the coverage of cervical cancer screening. As a result the incidence and mortality from cervical cancer could be reduced. The Programme has established the Cervical Screening Information System which serves as a central electronic registry for storing information related to the Programme. The Cervical Screening Programme website provides information on cervical cancer prevention and screening to the general public and healthcare professionals.

The Colorectal Cancer Screening Pilot Programme is being planned to provide subsidised colorectal cancer screening for specific age groups. A multi-disciplinary taskforce was established to embark on the study and development of the Pilot Programme. The Pilot



Programme is expected to be launched in 2016.

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

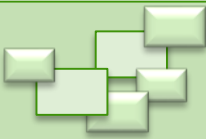
A Behavioural Risk Factor Surveillance System was established to collect information on health-related behaviours of Hong Kong adult population through regular telephone surveys. The information is useful for monitoring the trend of health-related behaviours, which is important for planning, implementing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

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

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

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

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



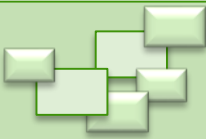
Central Health Education Unit

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

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

CHEU carried out a series of programmes, in collaboration with other government departments and organisations to promote healthy eating. The 'EatSmart@school.hk Campaign', which entered its ninth school year, adopts comprehensive strategies which include alliance building, education and empowerment, publicity and advocacy, research and evaluation, and creating conducive environment to help children adopt a healthy eating habit. The 'EatSmart@restaurant.hk Campaign' also entered its seventh year. In collaboration with the catering industry and various stakeholders, restaurants continued to provide healthy options to their customers so as to help the general public observe healthy eating principles when dining out. After the launching year of 2012 of the 'StartSmart@school.hk Campaign', CHEU continued to promote healthy eating and active living of the pre-school children in the pre-primary institutes. The second phase of the Health@work.hk Project continued with the aim of developing a cost-effective and sustainable model for application in the wider business community. Among others, two core components of the project are to promote healthy eating and active living.

Regarding the prevention of communicable diseases, CHEU disseminated health messages through various channels including the CHP website, 24-hour Health Education Hotline, newspapers and magazines, broadcasting Announcements of Public Interest (APIs) in television / radio stations, production and distribution of health education materials to relevant stakeholders. We took great importance in forming partnership with our



stakeholders by updating them of disease status and soliciting their support in disease prevention and control. In response to the increasing number of measles cases in Hong Kong, EVD outbreaks in Africa and confirmed local dengue fever cases, CHEU collaborated with relevant parties to enhance various publicity activities accordingly. To echo World Health Organization's World Health Day 2014, campaign with series of publicity actions was organised to increase public's awareness about the threat posed by vectors and vector-borne diseases and to alert the public to take appropriate preventive actions. Other health topics of public concern e.g. avian influenza, seasonal influenza, MERS, vaccination schemes of 2014/15 were also the foci of publicity work.

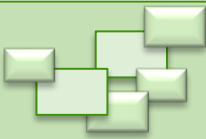
CHEU continues to provide support for the promotion of organ donation. A variety of publicity channels, including television and radio API, thematic Organ Donation website and Facebook fanpage, were deployed with support from the Hospital Authority and non-governmental organisations to increase public awareness and facilitate donor registration online.

CHEU builds upon its strength in health education resource production and develops a wide variety of audio-visual and printed materials. These materials are widely distributed to different sectors of the population, e.g. schools, non-governmental organisations, housing estates, healthcare facilities, etc.

In training of personnel, CHEU organises training programmes for health promotion practitioners both within and beyond the Department. Training courses which cover a variety of topics such as Physical Game Workshop for Teachers, Nutritional Training on Healthy Eating, etc. The training courses organised in 2014 served more than 1 000 health promotion practitioners.

CHEU conducts various research projects in order to evaluate the effectiveness of ongoing programmes and to assess the needs of health promotion strategies. Examples included Personal and Environmental Hygiene Survey 2014 and the Colorectal Cancer Screening Survey.

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



regularly to keep our partners updated of CHP developments.

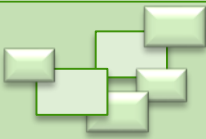
The strategic directions for CHEU over the next few years are as follows:

- developing, monitoring and reviewing a strategy for promoting health in Hong Kong;
- coordinating and strengthening cohesiveness of actions across the health promoting community;
- building, collecting and disseminating evidence for good practices in health promotion;
- developing and enhancing workforce capacity;
- supporting effective health communication for disease prevention/control; and
- involving the community in all aspects of health promotion.

Community Liaison Division

The Community Liaison Division is responsible for district liaison and community-based health promotion, serving as a focal point for community liaison on matters related to the Department and public health and facilitates information flow between DH services and the community. The Division attends meetings of the District Councils (DCs) and their relevant sub-committees / working groups, to inform DCs about DH's work and provide advice on public health matters. The Division liaises with DCs and community partners, providing information and updates about diseases of public health concern and seeks their support in disseminating health messages through their community networks. In September and October 2014, to enhance awareness about Ebola Virus Disease (EVD), briefings on infection control and preparedness about EVD were organised for healthy cities projects (HCPs) and community organisations, property management bodies and transport operators.

The Division works with healthy cities projects and community groups to promote healthy living in the community through participating in their steering committees / working groups and providing technical advice and support to their health promotion initiatives, and

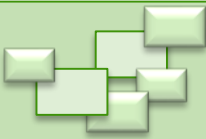


collaborating with community groups in organising health promotion activities. The 'I'm So Smart' Community Health Promotion Programme (ISS Programme) is one of the platforms established for collaborating with community partners. The ISS Programme was launched in 2012, under the core themes of promoting healthy diet and regular physical activities, to combat the growing problem of non-communicable diseases. The ISS Programme aims to enhance community partnership on health promotion and to encourage community partners make use of available local resources for health promotion. With the support of the Hong Kong Housing Authority (HKHA), the Estate Management Advisory Committees of public housing estates under the HKHA, and other partner agencies, the Division works with healthy cities projects, non-governmental organisations and public housing estates to promote healthy living in the community.

In 2014/15, in addition to the core themes of promoting healthy eating and regular physical activities, the 2014/15 ISS Programme covered also the topic of vector-borne diseases echoing the theme of World Health Day 2014 (WHD 2014), to raise awareness about the threat from vector-borne diseases and to engage communities in taking actions to combat the problem. From May to September 2014, the Division conducted briefings jointly with the Food and Environmental Hygiene Department to the 18 DCs to solicit DC members' support in promoting health messages about vector-borne diseases.

To enhance collaboration between different partners in health promotion, the Division organises Health Promotion Sharing Forums on a regular basis, to provide a platform for sharing of experiences and good practices among healthy cities projects, community partners and health professionals. In June 2014, a sharing forum was organised under the theme of 'Echo the WHD 2014 – Vector-borne Diseases', and in November 2014, a sharing forum was organised on 'Promotion of Organ Donation'.

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



DENTAL SERVICE

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

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

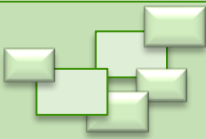
- Oral Health Education Unit
- School Dental Care Service
- Government Dental Clinics
- Oral Maxillofacial Surgery and Dental Units

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 outreach oral health educational activities to the primary school students through the 'Bright



Smiles Mobile Classroom' throughout the territory.

In 2014, the Unit produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was about 130 000.

School Dental Care Service

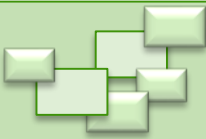
The School Dental Care Service (SDCS) promotes oral health and provides basic and preventive dental care to primary school children through eight School Dental Clinics in the territory. Services are provided by well-trained dental therapists under direct supervision of dental officers. It operates a website (www.school dental.gov.hk) to provide information on the Service and oral healthcare for the general public. Starting from the 2013/14 school year, the SDCS was extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18.

In 2013/14 school year, 307 503 primary school children from 615 schools enrolled in the Service, accounting for 96.1% of the total primary school children population in Hong Kong. Of all school children who enrolled in 2013/14, 82.7% were rendered dentally fit.

Government Dental Clinics

The Dental Service also fulfills the Government's contractual obligation to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). Services are rendered through 39 government dental clinics. In 11 of the Government dental clinics, free emergency dental services are provided to the general public at designated General Public Sessions, of which the scope of services include pain relief, teeth extraction, treatment of acute dental problems, as well as providing professional advice with regard to individual needs of patients.

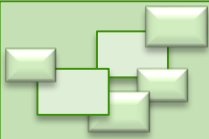
The Government Dental Clinics accommodated 676 477 visits by civil servants and dependents, and 95 259 visits by general public patients in 2014.



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

In 2014, a total of 10 888 patients with special oral healthcare needs were treated at these units.



STAFF TRAINING AND RELATIONS

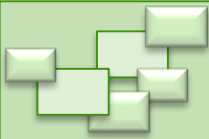
Training and Development

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

Professional training, one of the focus areas, is vital to the delivery of people-oriented public health service. In 2014, arrangements were made for 117 officers to attend training and attachment programmes in places outside Hong Kong and 1 539 officers to receive departmental sponsorships for local courses. Over 1 654 officers benefited from commissioned programmes of the Department. Apart from inviting overseas and local experts to conduct seminars and lectures, the Department commissioned local universities to organise workshops on specific public health issues, and on research design and data analysis.

Providing quality client-oriented service has been an important goal of the Department. Since 2005, handling of complaints has been decentralised from Headquarters to individual services and branches. As part of our continuous effort to foster a quality service culture in the department, a Customer Service Training -Train-the-Trainer Workshop was organised in 2014.

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

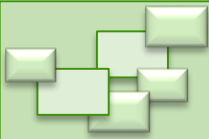


Besides, 2 822 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 96 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2014.

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 suggestions to enhance the quality of services. To help our staff cope with stress and anxiety arising from work pressure and personal problems, the Department has appointed a professional agency to provide hotline counselling service. Besides, the Staff Relations and Subvention Unit and Staff Club also organise 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.



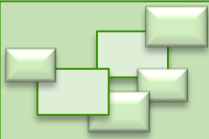
INTERNATIONAL RELATIONS

The Department of Health maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in 2014:

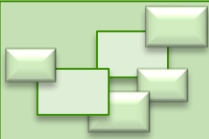
- In February, the Director of Health, as the Chairperson of the International Advisory Board on Hong Kong Chinese Materia Medica Standards (HKCMMS), signed a contract with China Medical University in Taiwan for sample collection and research on Chinese materia medica under the HKCMMS Project (Phase VIII). The aim of HKCMMS is to develop reference standards for Chinese herbs commonly used in Hong Kong.
- In May, the Director of Health, as a member of the People's Republic of China delegation, attended the 67th World Health Assembly of the World Health Organization held in Geneva, Switzerland.
- In July, the Director of Health, in the capacity of Commissioner, attended the first meeting of World Health Organization Commission on Ending Childhood Obesity in Geneva, Switzerland.
- The Department also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2014, 191 officers participated in 95 conferences / duty visits held outside Hong Kong.

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

- In August, the Director of Health attended the 4th Asia-Pacific Economic Cooperation (APEC) High-Level Meeting on Health and the Economy in Beijing, China. The theme of the meeting was 'A New Vision for a Healthy Asia-Pacific in 2020'.
- In September, the Director of Health attended the 14th Tripartite Meeting of Guangdong-Hong Kong-Macao Expert Group on the Prevention and Control of Communicable Diseases, which was held in Macao.
- In November, the Director of Health attended the 13th Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao, which was held in Hefei, Anhui, China.



- Under the Staff Exchange Programme between the Government of Hong Kong Special Administrative Region and the Mainland Provincial counterparts, the Department received one government official responsible for disease control and prevention from ChongQing in 2014.



CORPORATE ENVIRONMENTAL PROTECTION

Environmental policy and objectives

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

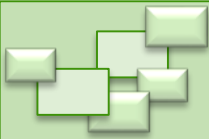
In June 1996, the Department issued a policy statement on environmental protection and assigned a Departmental Green Manager to promote corporate green culture within the department, remind staff of the department's environmental policy, enhance their awareness in green housekeeping practices, inspire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

Staff participation

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

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.

In 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



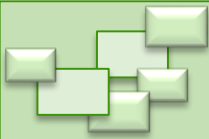
in each clinic/unit has been assigned as the Venue Green Manager to promote green management measures within the clinic / unit. In addition, 'Green Corners' on notice boards and Green Action Teams in clinics / units have been set up to promote green office culture.

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 2014/15, a total 7 281 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.

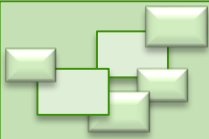
To comply with the Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C), chemical wastes arising from clinics or laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by clinic staff and collected by the licensed 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:

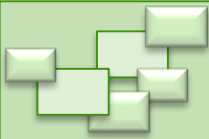
- Use blank side of used papers for printing or writing to reduce paper consumption;
- Reuse envelopes and file jackets;
- Use both sides of a paper for drafting and double-sided copying as far as possible;
- Rollout e-Leave system for staff with electronic mail account to replace printed leave application form;
- Avoid using fax leader page as far as possible;
- Encourage staff to make better use of electronic means in disseminating health messages such as uploading publications onto departmental website to keep printed publications to the minimum;
- Maximise the use of Internet and electronic mail facilities for re-circulation of circulars and guidelines 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 the government's 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;
- Use of energy efficient computer equipment, electrical appliances and office equipment;
- 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

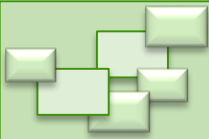
The Department has adopted the following energy saving measures:

- 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

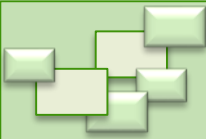


cleaning of air-ducts of air conditioning systems have been conducted by Electrical and Mechanical Services Department periodically for clinics and offices of the Department to enhance the operational efficiency of air conditioning systems and to ensure adequate fresh air ventilation.

The Department works closely with Electrical and Mechanical Services Department (EMSD) to identify practical and effective energy saving and greenhouse gas reduction measures. Energy-cum-Carbon audits have been conducted for seven clinic buildings in 2014/15 under the 3-year Energy-cum-Carbon Audit Programme organised by Environmental Protection Department in collaboration with EMSD.

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

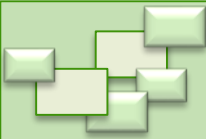
- Encouraging staff to make use of public transport while performing outdoor duties;
- Instructing all drivers in the Department to switch off their car engines while waiting and issuing circulars at regular intervals to remind them of this; and
- Arranging proper vehicle maintenance and timely replacement of catalytic converters for departmental vehicles.



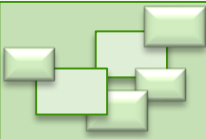
FUTURE DEVELOPMENT

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

- Amend the Pharmacy and Poisons Ordinance based on the recommendations of the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong.
- Launch the online platforms to facilitate applications for registration and import/export licence of pharmaceutical products.
- Extend the application of Radio Frequency Identification technology to all public mortuaries to strengthen verification of body identity before autopsy and release as well as monitoring of proper mortuary operation.
- Raise public awareness on primary and secondary prevention of cancers by conducting a series of promotional activities via various publicity channels.
- Organise public health exercises to test the preparedness and responsiveness of relevant departments on public health emergency situations.
- Develop systems to provide handy and real time reference on important infection control measures / information via new technology (e.g. mobile applications) for people in need at point of care.
- Collaborate with the Hospital Authority to plan and prepare for the implementation of a pilot study of newborn screening for inborn errors of metabolism.
- Collaborate with the Hospital Authority and non-governmental organisations, to promote organ donation through a variety of publicity channels, including thematic Organ Donation website and Facebook fanpage.
- Collaborate with various organisations in the community, such as the Hong Kong Police Force and Elder Academy, to increase awareness of Dementia and provide training on related communication skills.



- Conduct public education seminars on common childhood health problems, to empower parents with knowledge and problem solving skills related to common diseases in children.
- Revise and reprint the book 'Dementia', to increase awareness of the disease and promote caring skills and healthy lifestyle.
- Roll out the new Laboratory Information System for Microbiology Division and Neonatal Screening Division, and commence the Phase II implementation of the new ECPath Laboratory Information System for Chemical Pathology and Haematology Laboratory.
- Develop reference standards of Chinese Materia Medica and publish the 'Hong Kong Chinese Materia Medica Standards Volume VII'.



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, Poisoning Watch and Drug News.

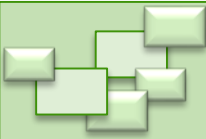
CHP Newsletter features people and events having an interface with the CHP. Through this means of communication, we hope that readers could get to understand the CHP better and be able to align values, beliefs and practices in support of health protection in Hong Kong.

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 CHP's commitment in responsive risk communication to address the growing community interest on infectious diseases.

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

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

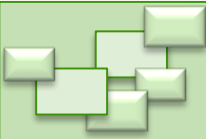
Drug News provides a summary of safety alerts released by local and overseas drug



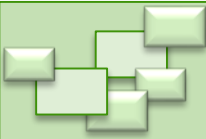
regulatory authorities, as well as local risk assessment findings. The local drug recall and adverse incidents may also be included. Drug News aims to update healthcare professionals with the latest drug safety information so that they can provide the most appropriate advice or therapeutic measures to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

Apart from the regular publications, a number of ad hoc reports were published in 2014. The publications issued by different services in 2014 are listed below.

- AIDS Newsletter, No.64 – 65 (only available in Chinese)
- Assessment of Dietary Pattern in Primary Schools 2012 Executive Summary
- Avian Influenza Report, Vol. 10, No.1 – 52
- BRIDGE Newsletter, Issue No.62 – 65
- CHP Newsletter, Issues 34 – 35
- CHP Ten Years and Beyond
- Communicable Diseases Watch, Vol. 11, No.1 – 26
- Community Health Partnership Communication Issue No.10 – 12
- Compendium of Pharmaceutical Products 2013
- CookSmart, Issue No.18 – 21
- Dental Service Newsletter, Issue No.50 – 53
- Drug News, Issue No.51 – 62

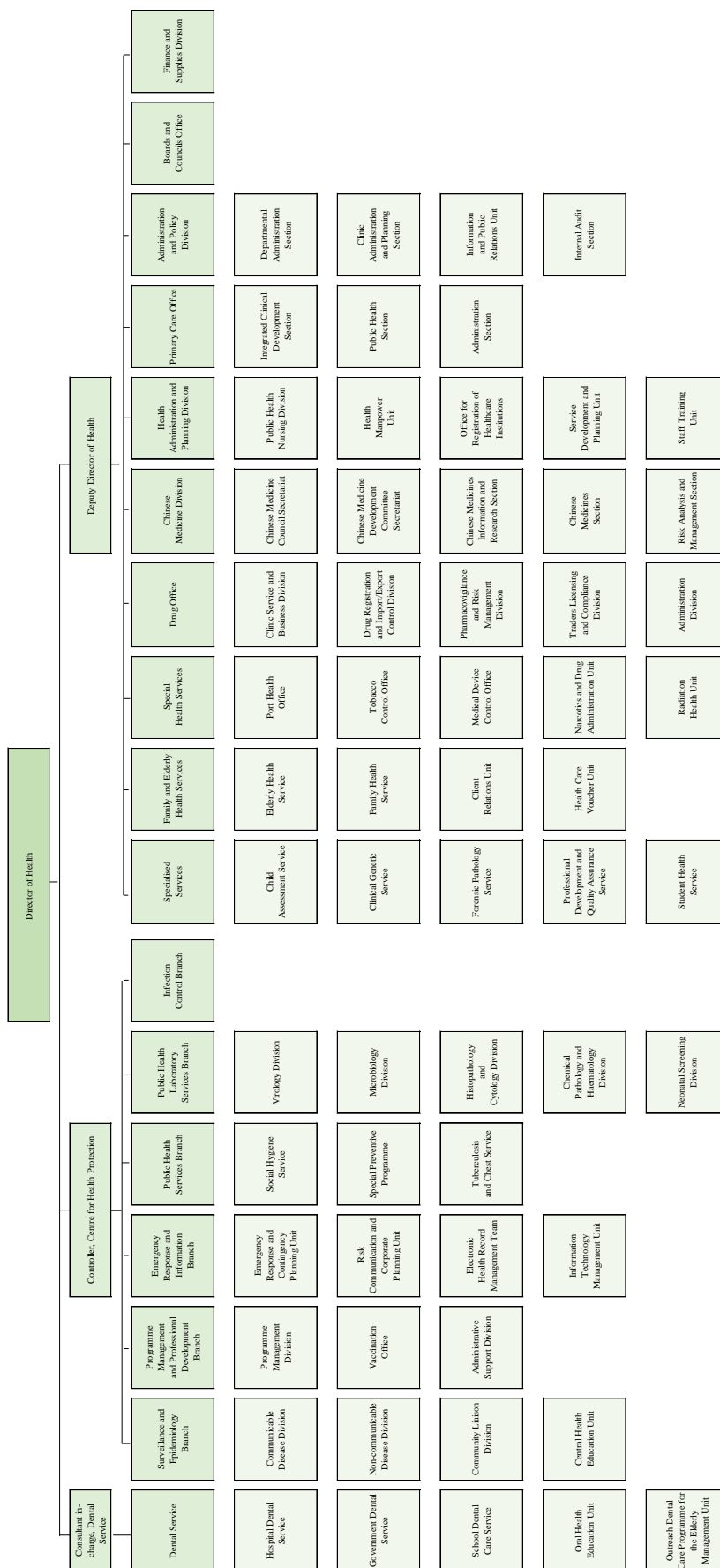


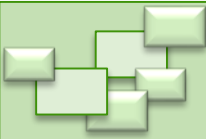
- ESS Monthly eNewsletter, January – December, 2014
- EV Scan, Week 20-39
- Flu Express, Vol. 11, No.1 – 52
- Fruit Dairy Card
- HIV Surveillance Report - 2013 Update
- HKSAR Preparedness and Response Plan for Ebola Virus Disease (2014)
- HKSAR Preparedness Plan for The Middle East Respiratory Syndrome (MERS)(2014)
- Hong Kong STD/AIDS Update, Vol. 20, No.1 – 4
- Joyful Fruit Month eNewsletter
- Networking Voice, Vol. 20, No.1 – 2 (only available in Chinese)
- Newsletter of Elderly Health Service, Issue No.38 – 39 (only available in Chinese)
- Non-Communicable Disease Watch, January – December 2014
- Poisoning Watch, Vol. 7, No.1
- Reb Ribbon Centre Yearbook 2013
- Red Ribbon Bulletin, No.45 – 47 (only available in Chinese)



- Report of Advisory Group on Health Effects of Use of Internet and Electronic Screen Products
- Surveillance of Viral Hepatitis in Hong Kong - 2013 Update Report
- The Node, Vol.16, No.1 – 3 (only available in Chinese)
- Tobacco Control Bulletin, Issue No. 21
- Travel Health Bulletin Issue No.11

Organisation Chart of the Department of Health (Position as at 31 March 2015)

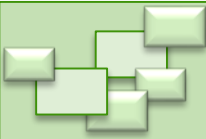




Appendix III

Medical Institutions on Hong Kong Island (As at 31 March 2015)

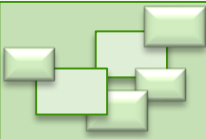
Institutions with Services Provided by Department of Health		District Council District
1.	Aberdeen Jockey Club Clinic (methadone clinic, dental clinic and elderly health centre)	Southern
2.	Anne Black Health Centre (maternal and child health centre) / Tang Shiu Kin Dental Clinic	Eastern
3.	Ap Lei Chau 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 2015) (Cont'd)

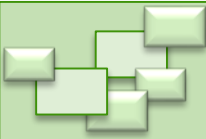
Institutions with Services Provided by Department of Health	District Council District
21. Victoria Road Dental Clinic	Central & Western
22. Wan Chai Polyclinic (chest clinic and dental clinic)	Wan Chai
23. Western Dental Clinic	Central & Western
24. Wu Chung House (port health travel health centre)	Wan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

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



Medical Institutions in Kowloon (As at 31 March 2015)

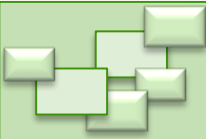
Institutions with Services Provided by Department of Health		District Council District
1.	Argyle Street Jockey Club School Dental Clinic (school dental clinic and oral health education centre)	Kowloon City
2.	Central Kowloon Child Assessment Centre	Kowloon City
3.	Cheung Sha Wan Jockey Club Clinic (genetic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



Medical Institutions in Kowloon (As at 31 March 2015) (cont'd)

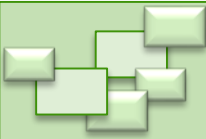
Institutions with Services Provided by Department of Health		District Council District
23.	Wang Tau Hom Jockey Club Clinic (maternal and child health centre and Red Ribbon Centre)	Wong Tai Sin
24.	West Kowloon Health Centre (maternal and child health centre and dermatology clinic) / Cheung Sha Wan Government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

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



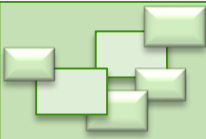
Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2015)

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



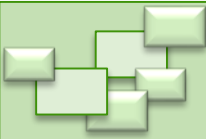
Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2015) (cont'd)

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



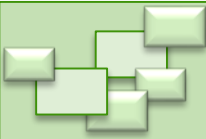
Medical Institutions in New Territories West (As at 31 March 2015)

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 2015) (cont'd)

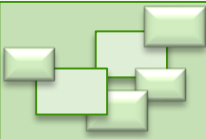
Health Centres in Correctional Services Department		District Council District
23.	Lai King Correctional Institution	Kwai Tsing
24.	Siu Lam Psychiatric Centre	Tuen Mun
25.	Tai Lam Centre for Women	Tuen Mun
26.	Tai Lam Correctional Institution	Tuen Mun



Appendix IV

Statement of Expenditure by Programme 2014/15

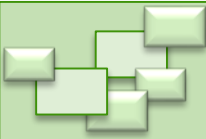
Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	684.9	0.0	684.9
2. To prevent and control diseases and reduce preventable diseases and premature deaths	2,676.5	64.1	2,740.6
3. To promote health and increase health awareness in the community and among specific target groups	252.9	97.6	350.5
4. To provide specialised outpatient treatment for various illnesses	875.4	3.2	878.6
5. To provide comprehensive assessment for children with developmental problems and disabilities	107.3	0.0	107.3
6. To contribute to government's overall strategy for the control of drug abuse	48.7	109.9	158.6
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	1,050.9	0.0	1,050.9
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	8.9	0.0	8.9
Total	5,705.5	274.8	5,980.3



Appendix V

Government Medical Subventions to Voluntary Institutions 2014/15

Government Medical Subvention	Subventions for 2014/15 (\$)
Recurrent Subvention	
Caritas Hong Kong	6,893,373
Family Planning Association of Hong Kong	48,441,905
Hong Kong Council on Smoking and Health	24,298,190
Hong Kong Red Cross	1,176,000
Hong Kong St. John Ambulance	14,506,426
Society for the Aid and Rehabilitation of Drug Abusers	92,904,792
Tung Wah Group of Hospitals–Chinese Medicine Clinics	3,233,000
Hong Kong Christian Service	8,684,761
Tung Wah Group of Hospitals–Smoking Cessation Programme	37,030,000
Pok Oi Hospital	7,800,000
Po Leung Kuk	2,037,500
The Lok Sin Tong Benevolent Society, Kowloon	1,929,500
United Christian Nethersole Community Health Service	2,640,000
Life Education Activity Programme	2,285,000
The University of Hong Kong	1,520,000
Evangel Hospital – Elderly Health Assessment Pilot Programme (EHAPP)	414,276
United Christian Nethersole Community Health Service - EHAPP	579,234
Chai Wan Baptist Church Community Health Centre Limited - EHAPP	327,180
Po Leung Kuk - EHAPP	307,686
The Lok Sin Tong Benevolent Society, Kowloon - EHAPP	112,518
Hong Kong Sheng Kung Hui Welfare Council - EHAPP	638,172



Tung Wah Group of Hospitals - EHAPP	190,266
Sik Sik Yuen - EHAPP	123,576
Haven of Hope Christian Service - EHAPP	95,532
Cartias Dental Clinics Limited – Outreach Dental Care Programme for the Elderly (ODCP)	554,400
Chi Lin Nunnery - ODCP	1,112,300
Christian Family Service Centre Dental Services Limited - ODCP	1,103,600
Haven of Hope Christian Service - ODCP	551,800
The Hong Kong Tuberculosis, Chest & Heart Diseases Association - ODCP	566,687
H.K.S.K.H. Lady MacLehose Centre - ODCP	573,500
Pok Oi Hospital - ODCP	1,107,200
Project Concern Hong Kong - ODCP	551,550
Tung Wah Group of Hospitals Dental Services Limited - ODCP	1,661,100
Yan Chai Hospital - ODCP	550,600
Yan Oi Tong - ODCP	3,895,750
Total Recurrent Subventions	270,397,374
Capital Subvention	
Family Planning Association of Hong Kong	635,164
Hong Kong St. John Ambulance	2,360,000
Caritas Hong Kong	54,959
Society for the Aid and Rehabilitation of Drug Abusers	1,379,871
Total Capital Subventions	4,429,994