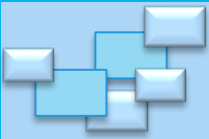


Department of Health



2013/2014

Annual Report



Annual Departmental Report

by

Dr Constance H.Y. CHAN, JP

Director of Health



FOREWORD

I am pleased to introduce this annual report of the Department of Health as a recapitulation of our efforts and achievements in the year 2013-2014. The report reviews the health of our community, introduces the Department's health services, highlights our work in that year and outlines our future work.

We have redefined our Vision, Mission and Core Values (VMV) statements in 2013. Our vision for an internationally renowned public health authority outlines our purpose and aspiration, our mission aligns our focus and commitments, and our core values reflect our passions and priorities. In recent years, Hong Kong has encountered many challenges in the public health front, and we must remain vigilant to combat both communicable and non-communicable diseases. We have to proactively promote public health and prevent diseases through inter-sectoral collaboration to create a healthy living environment. At the same time, we also have to maintain close liaison with international organisations and public health authorities of neighbouring countries to respond jointly to public health issues. We also attach great importance to fostering partnership with the community and other healthcare professionals and bodies, both local and worldwide, in the joint effort to promote the health of the people of Hong Kong. The new VMV statements will motivate us to move in a clear and specific direction.

In 2013, emerging communicable diseases continued to be one of the threats to the health of our community. The Middle East Respiratory Syndrome remained active in the Middle East while over a hundred cases of human infection of avian influenza A (H7N9) were also recorded in the Mainland with sporadic imported cases reported locally. In response to these challenges, the Department implemented various measures to guard against the threats of these diseases. With the conjoint efforts of the Department and the community at large, Hong Kong was free from local outbreak of these emerging communicable diseases.

Reducing the impact of non-communicable diseases is also an important area of work of the Department. Tobacco control and reduction of alcohol-related harm have been public health priorities in Hong Kong. According to the Thematic Household Survey published by the Census and Statistics Department in 2013, the daily cigarette smoking prevalence among adults in Hong Kong decreased further from 23.3% in 1982 to 10.7% in 2012. The declining trend in smoking prevalence is an indication that the progressive and multi-pronged approach in tobacco control and the sustained efforts by the community as a whole have been effective. In November 2013, the Department and the Western Pacific Regional Office of the World Health Organization jointly organised a meeting in Hong Kong titled 'World Health Organization Western Pacific Meeting on Addressing the Harmful Use of Alcohol by Young People'. The meeting shared evidence-based interventions and good practices, and identified the regional priorities and country plans to address alcohol use



among young people.

Lastly, I would like to take this opportunity to extend my heartfelt thanks to the assistance rendered by all of our partners both inside and outside of the Government, and to our colleagues for their devotion and dedication in building a healthy community.



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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VISION, MISSION and CORE VALUES

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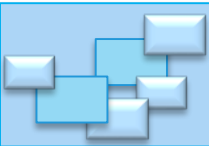
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HEALTH OF THE COMMUNITY

Population Indices

The mid-year population of Hong Kong in 2013 was 7.19 million. The annual growth rate of the population averaged 0.6% over the period 2004 – 2013.

The crude birth rate in 2013 was 8.0 per 1 000 population with 57 623 registered live births. The crude death rate was 6.0 per 1 000 population, with 43 399 registered deaths.

As a result of increasing life expectancy and low birth rate, Hong Kong's population has been ageing steadily (Figure 1). In 2013, 14.2% of the population were aged 65 and above, the elderly dependency ratio being 190 per 1 000 population aged 15 to 64. The percentage of population aged 65 and above for 1993 was 9.3% and that for 2003 was 11.8 %. By 2023 and 2033, the figures are estimated to be 20.5 % and 27.4% respectively.

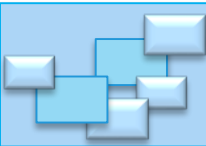
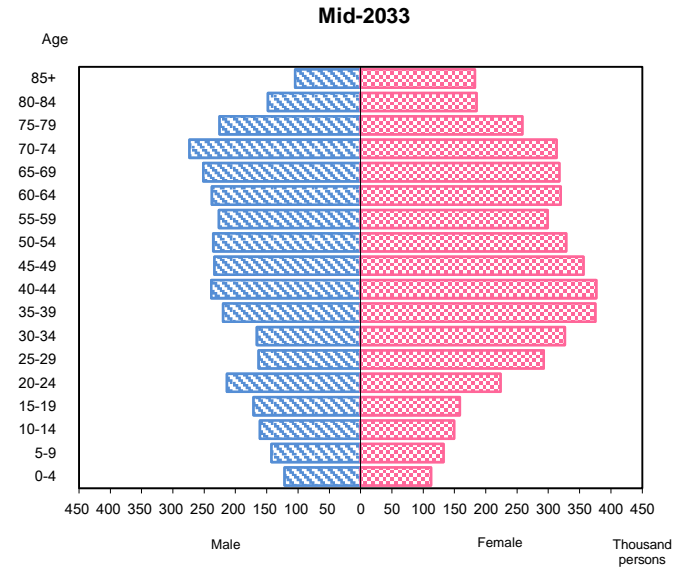
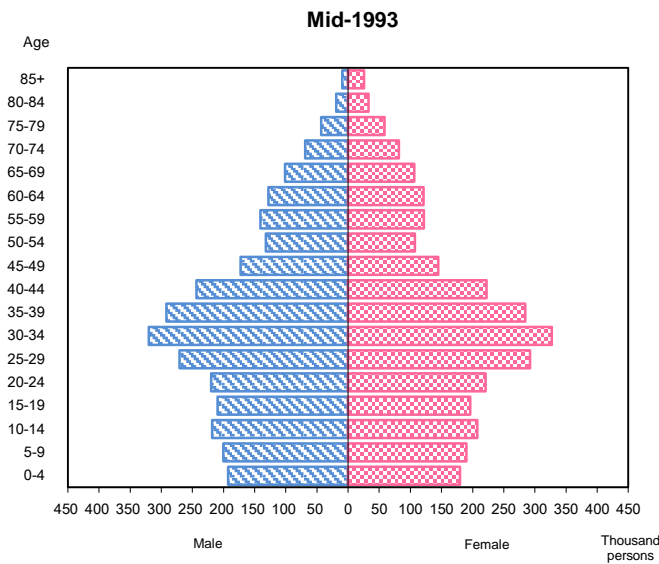
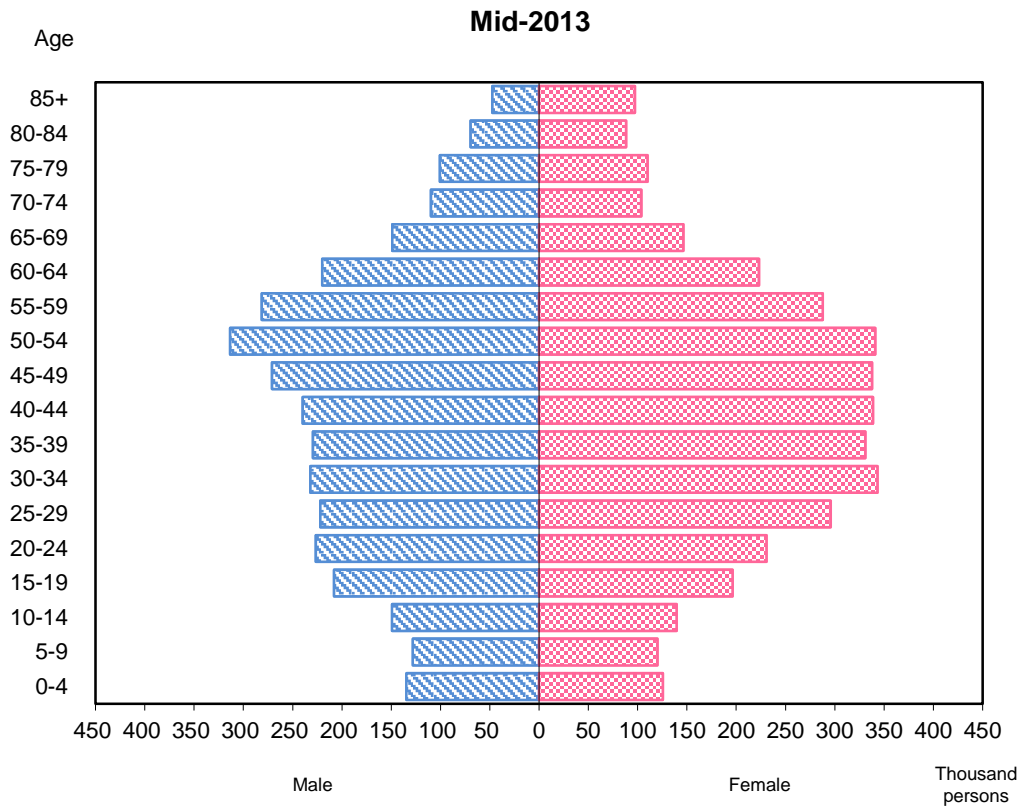
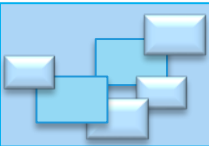


Figure 1 : Population Pyramid, 1993, 2013 and 2033





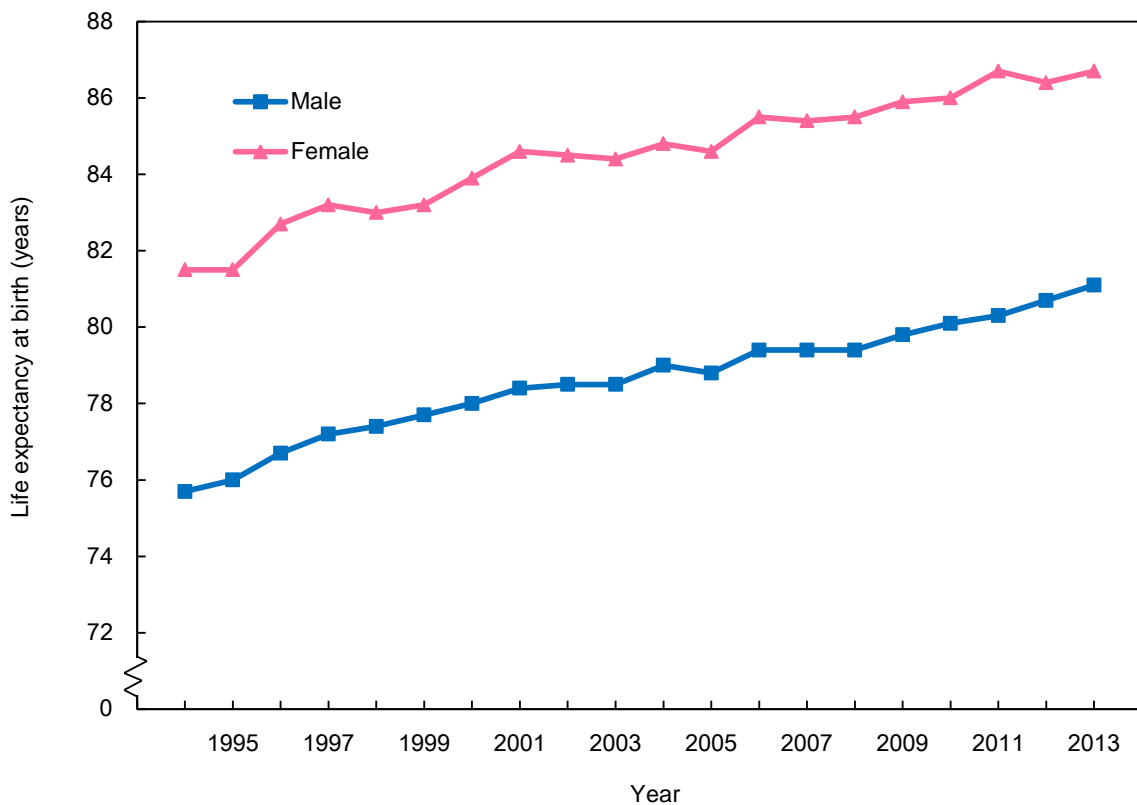
Health Indicators

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 2013 could expect to live 81.1 years and a baby girl 86.7 years. There has been a steady rise in the life expectancy of our population over the past two decades (Figure 2), and Hong Kong was among the highest in the world (Table A).

The infant mortality rate (number of deaths per 1 000 registered live births) and the under-five mortality rate (probability of dying by age 5 per 1 000 live births) in Hong Kong have been declining over the past two decades, and reached a level as low as 1.7 and 2.5 respectively in 2013 (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 2013, there was no maternal death reported.

Figure 2 : Life Expectancy at Birth (Male and Female), 1994 – 2013



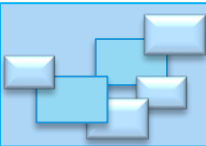
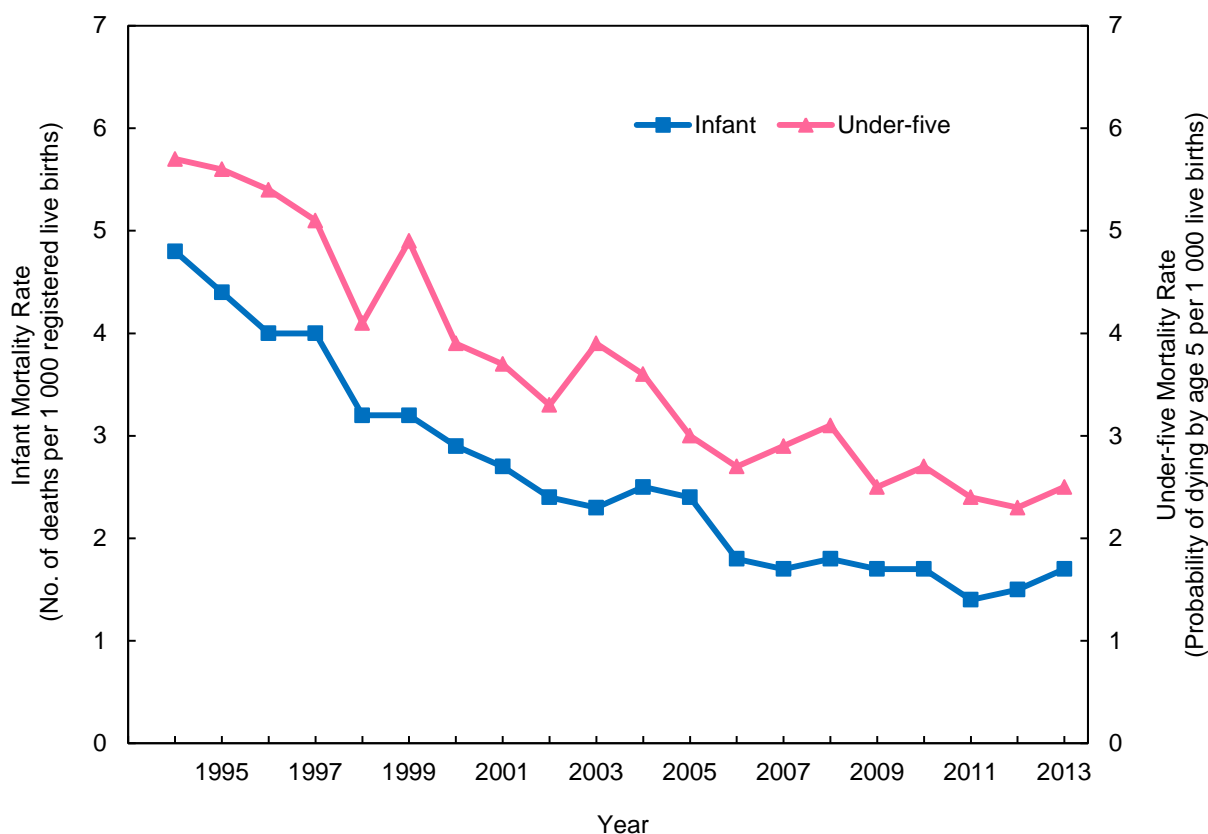


Table A : Life Expectancy at Birth in Hong Kong and Selected Countries

Country/Territory	Life Expectancy at Birth (years)	
	Male	Female
Hong Kong	81.1 (2013)	86.7 (2013)
Japan	80.2 (2013)	86.6 (2013)
Singapore	80.1 (2013)	84.5 (2013)
UK	79.3 (2013)	83.0 (2013)
USA	76.4 (2013)	81.2 (2013)

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

Figure 3 : Infant Mortality Rate and Under-five Mortality Rate, 1994 – 2013



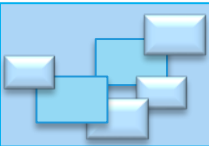


Table B : Infant Mortality Rate in Hong Kong and Selected Countries

Country/Territory	Infant Mortality Rate (No. of deaths per 1 000 registered live births)
Hong Kong	1.7 (2013)
Japan	2.1 (2013)
Singapore	2.0 (2013)
UK	3.9 (2013)
USA	6.0 (2013)

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 2013 was 6.0 per 1 000 population with 43 399 registered deaths (Figure 4). The age-standardised death rate has been dropping steadily (Figure 5), from 4.6 per 1 000 standard population in 1994 to 3.0 in 2013. Compared with 1994, the age-standardised death rates for males and females were reduced by 32.2% and 37.1% respectively.

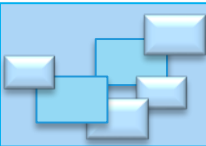


Figure 4 : Crude Death Rate by Sex, 1994 – 2013

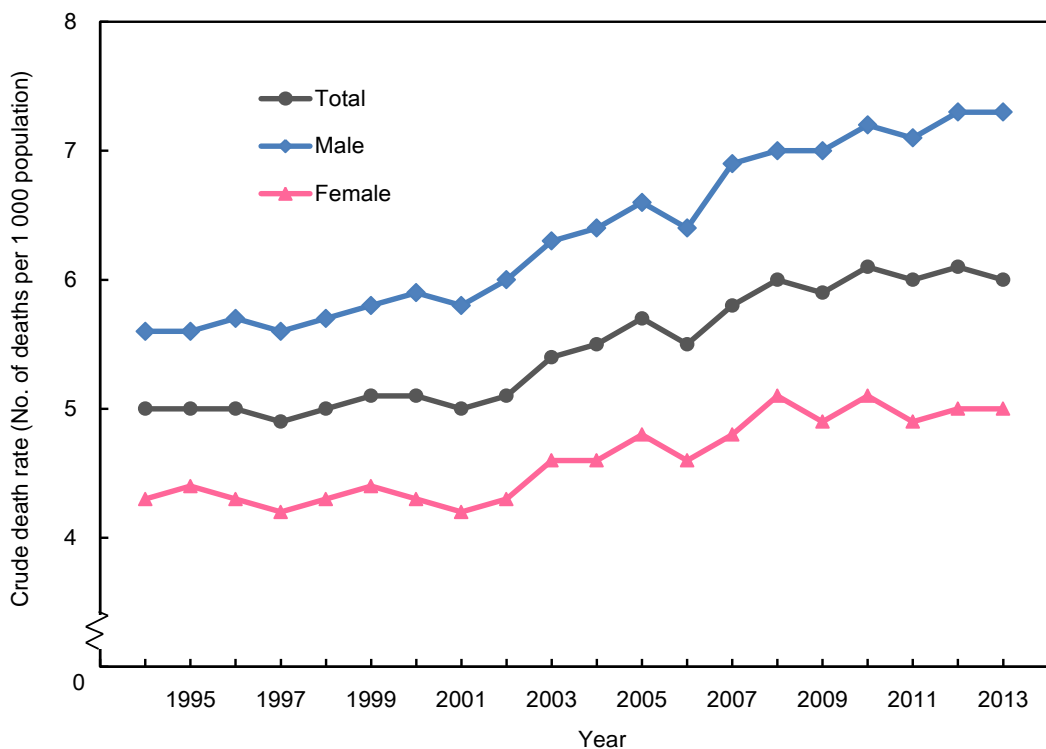
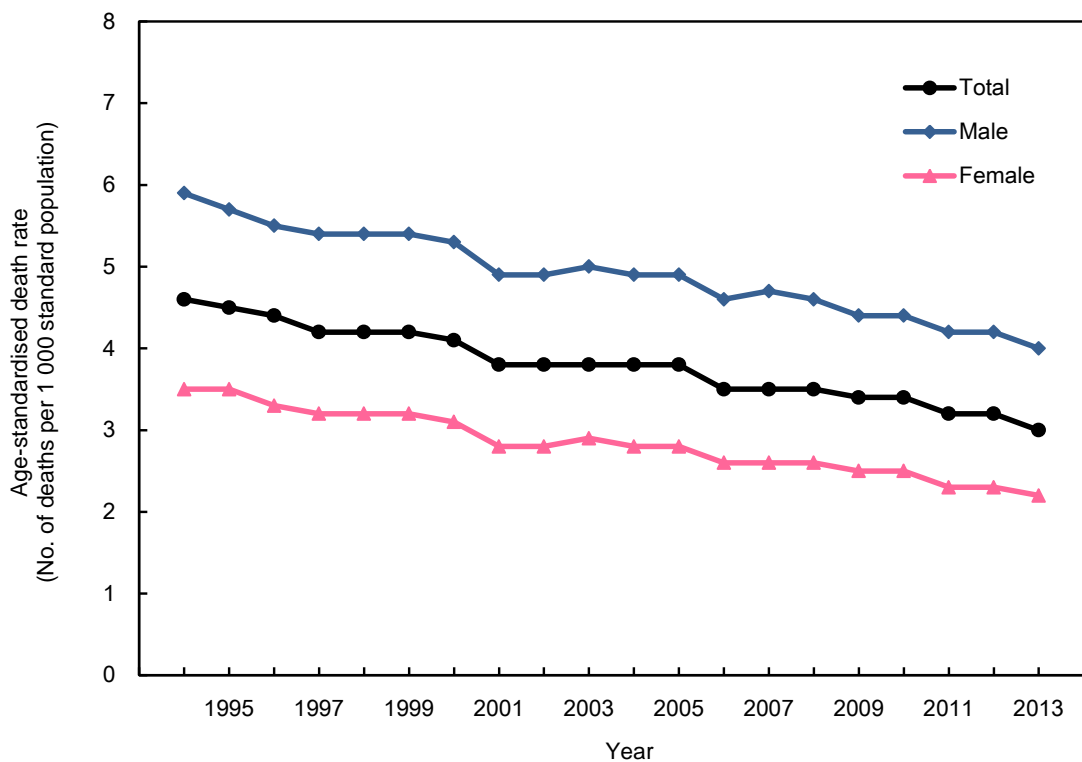
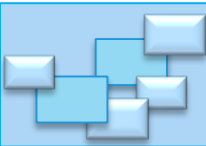


Figure 5 : Age-standardised Death Rate by Sex, 1994 – 2013





Leading Causes of Death

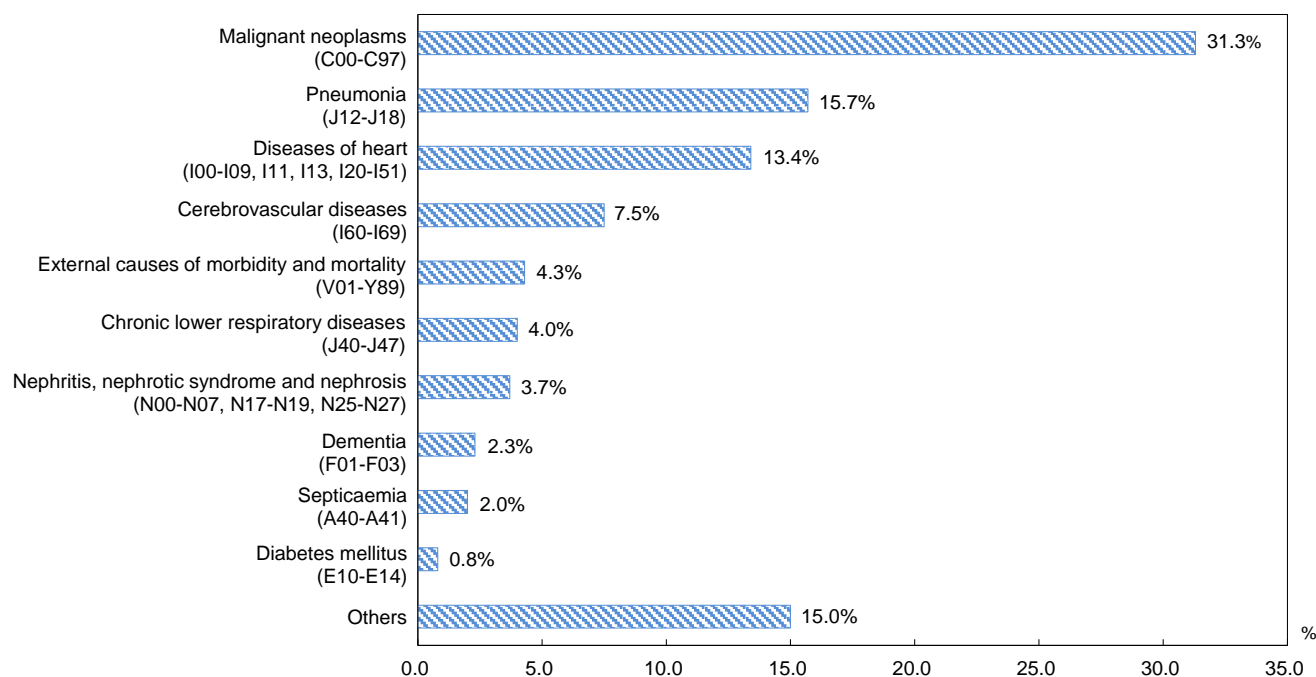
From 2001 onwards, classification of diseases and causes of death is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) 10th Revision. The disease groups for the purpose of ranking causes of death have also been redefined and new disease groups have been added. Hence, figures for 2013 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 2013 (Figure 6) was similar to that in 2012. The top five leading causes of death in 2013 were malignant neoplasms (cancers) (31.3%), pneumonia (15.7%), diseases of heart (13.4%), cerebrovascular diseases (7.5%) and external causes of morbidity and mortality (4.3%). Table C shows the 10 major causes of cancer deaths in 2013.

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, 2013

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



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

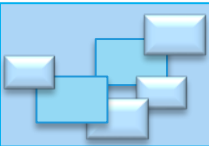


Table C : Ten Major Causes of Cancer Deaths, 2013

Site (Detailed List No. in ICD 10th Rev.)	Percentage
Trachea, bronchus and lung (C33 - C34)	28.5
Colon, rectum and anus (C18 - C21)	14.6
Liver and intrahepatic bile ducts (C22)	11.2
Stomach (C16)	4.6
Breast (C50)	4.4
Pancreas (C25)	4.3
Prostate (C61)	2.7
Non-Hodgkin lymphoma (C82 - C85)	2.6
Oesophagus (C15)	2.4
Nasopharynx (C11)	2.3
Others	22.4

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

Hospitalisation Data

Information on hospitalisation collected from private and public hospitals is an important source of morbidity data. The total number of inpatient discharges (including deaths and transfers to other hospitals) in 2013 was 1 993 800. The leading causes of hospitalisation reported in 2013 (Figure 7) were similar to those of the previous year.

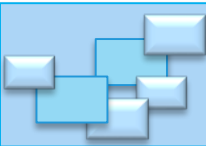
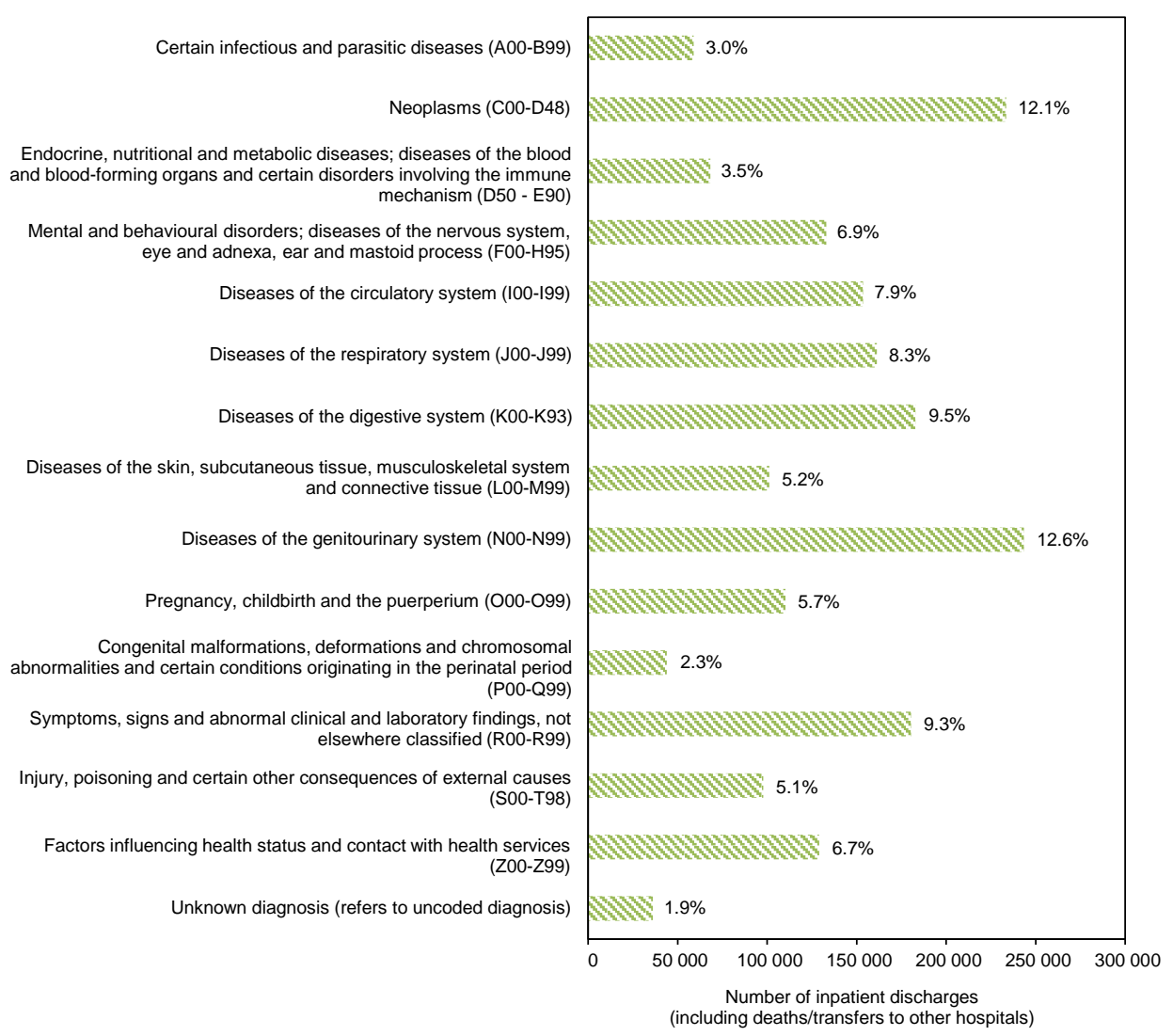


Figure 7 : Leading Causes of Hospitalisation, 2013

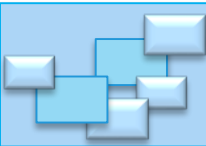
Disease Group (Detailed List No. in ICD 10th Rev.)



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

Disease Surveillance

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



Infectious Diseases

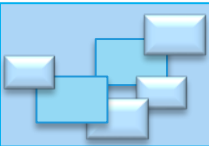
Notifiable Infectious Diseases

According to the Prevention and Control of Disease Ordinance (Cap. 599), there were 48 notifiable infectious diseases in 2013 (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, 2013

Acute poliomyelitis	Influenza A(H2), Variant Influenza A(H3N2), Influenza A(H5), Influenza A(H7), Influenza A(H9)	Relapsing fever
Amoebic dysentery	Japanese encephalitis	Rubella and congenital rubella syndrome
Anthrax	Legionnaires' disease	Scarlet fever
Bacillary dysentery	Leprosy	Severe Acute Respiratory Syndrome
Botulism	Leptospirosis	Shiga toxin-producing <i>Escherichia coli</i> infection
Chickenpox	Listeriosis	Smallpox
Chikungunya fever	Malaria	<i>Streptococcus suis</i> infection
Cholera	Measles	Tetanus
Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection	Meningococcal infection (invasive)	Tuberculosis
Creutzfeldt-Jakob disease	Middle East Respiratory Syndrome*	Typhoid fever
Dengue fever	Mumps	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 : * 'Severe Respiratory Disease associated with Novel Coronavirus' has been renamed as 'Middle East Respiratory Syndrome' since 14 June 2013.



In 2013, a total of 18 917 reports of notifiable infectious diseases were recorded. The top three diseases in terms of the number of notifications in 2013 were chickenpox (10 927 cases), tuberculosis (4 664 cases) and scarlet fever (1 100 cases) constituting 88.8% of these notifications. The number of notifiable infectious diseases recorded in 2013 increased by 11.2% as compared with 17 012 cases in 2012.

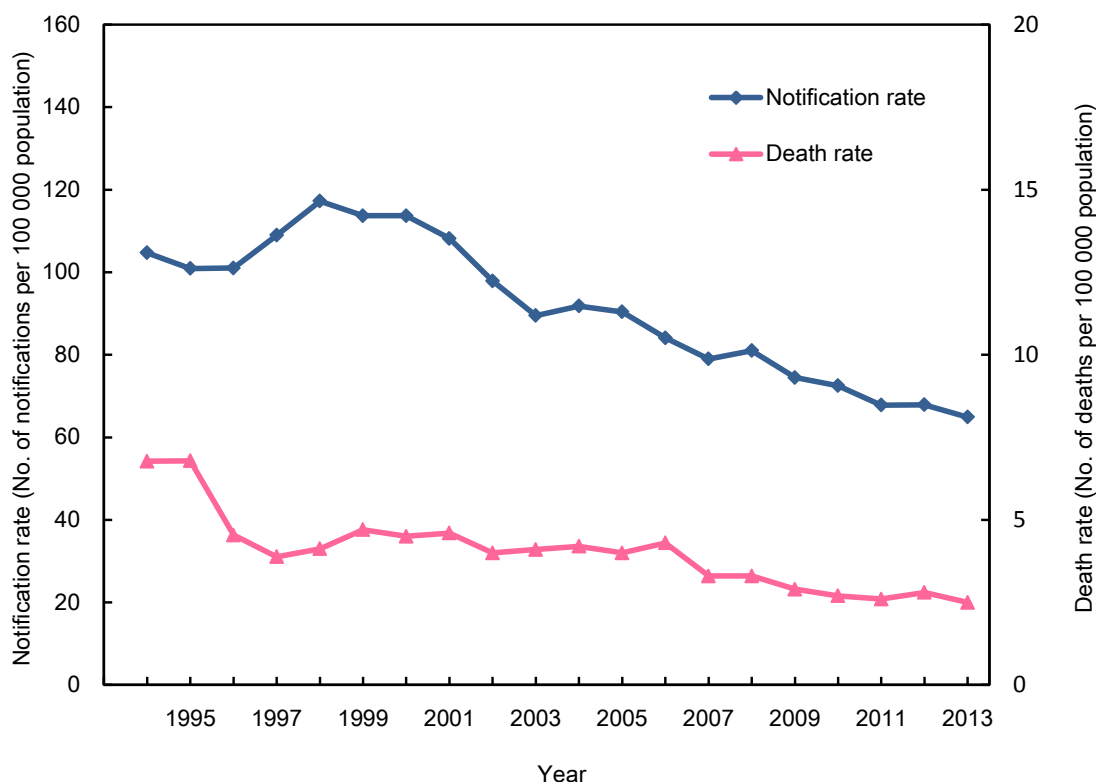
Chickenpox

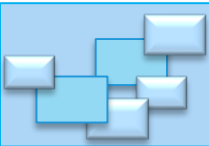
There were 10 927 notifications of chickenpox in 2013. The number increased by 27.2% as compared with 8 589 cases in 2012. Similar to previous years, the majority (70.0%) of cases occurred among children aged under 10.

Tuberculosis

In 2013, the number of tuberculosis notifications was 4 664 and the notification rate was 64.9 per 100 000 population. Compared with 2012, the number of notifications decreased by 4.0% and the notification rate decreased by 4.4% (Figure 8).

Figure 8 : Notification and Death Rates of Tuberculosis, 1994 – 2013





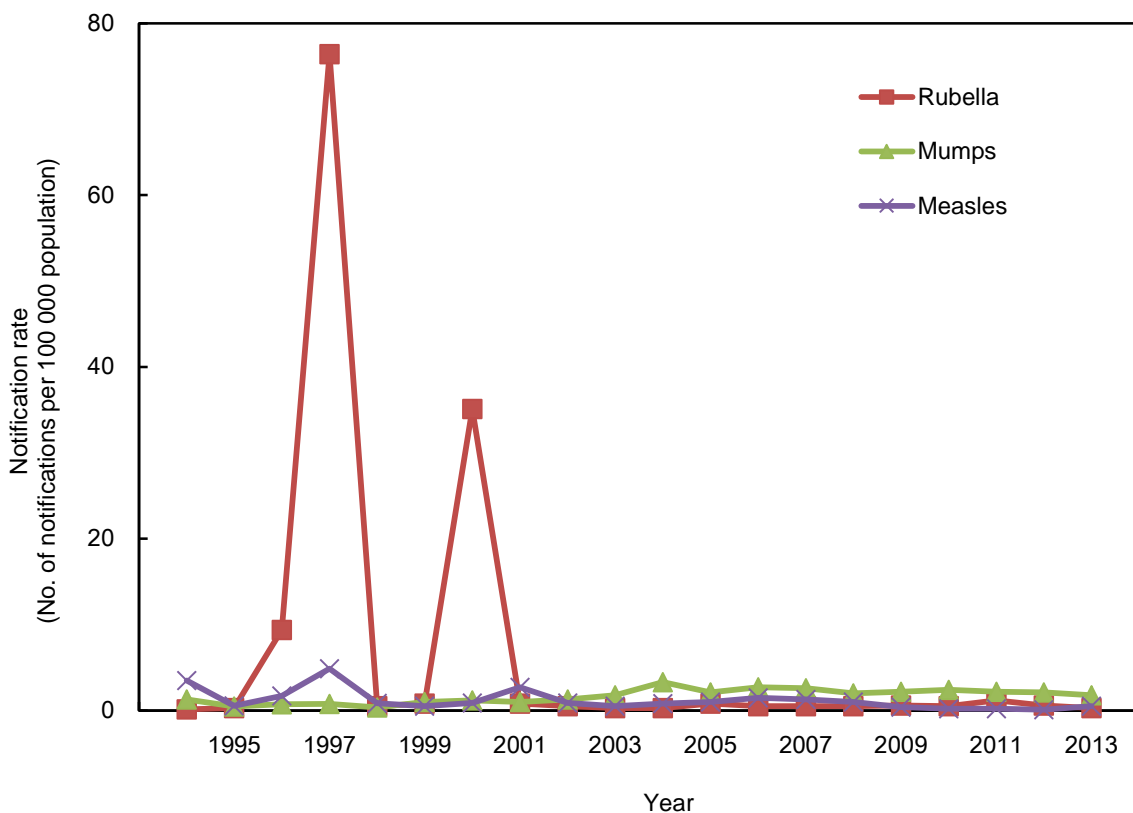
Viral hepatitis

There were 184 notifications of viral hepatitis in 2013, of which 44 were hepatitis A, 40 were hepatitis B, 10 were hepatitis C and 90 were hepatitis E. Compared with 2012, the number of notifications for hepatitis A and hepatitis C increased by 2.3% and 233.3% respectively while hepatitis B and hepatitis E notifications decreased by 14.9% and 40.0% respectively.

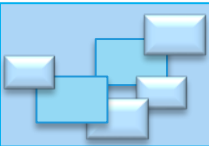
Vaccine preventable diseases

There were 127 cases of mumps, 38 cases of measles, 25 cases of rubella and 20 cases of whooping cough notified to the Department of Health in 2013. There was no notification for tetanus and congenital rubella syndrome in 2013. The number of notifications of vaccine preventable diseases remained low. The coverage rates of vaccines included in the childhood immunisation programme were very high. The trends of some vaccine preventable diseases are shown in Figure 9.

Figure 9 : Notification Rates of Some Vaccine Preventable Diseases, 1994 – 2013



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

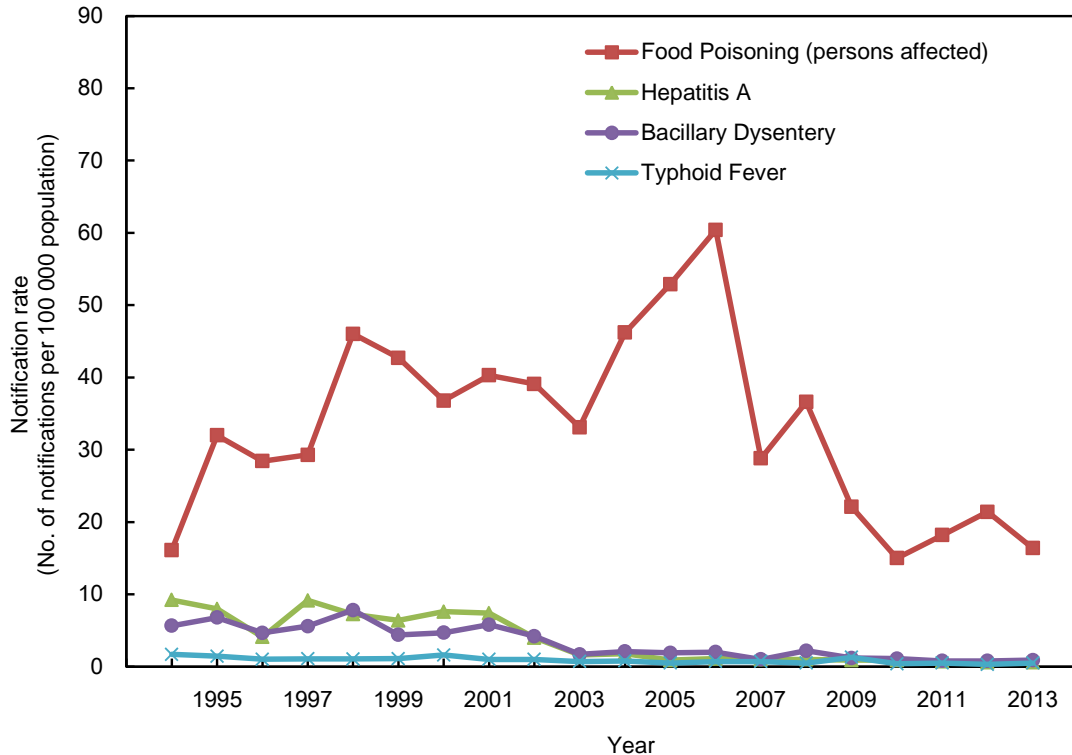


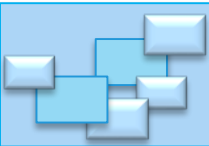
Foodborne diseases

In 2013, there were 316 cases of food poisoning outbreak with 1 176 persons affected, four cases of amoebic dysentery, 66 cases of bacillary dysentery, 33 cases of typhoid fever, 23 cases of paratyphoid fever, 26 cases of listeriosis, two cases of cholera, and two cases of Shiga toxin-producing *Escherichia coli* infection.

Among all food poisoning outbreaks, about 17.1% of the cases were confirmed. Bacteria remained the major cause of confirmed food poisoning outbreaks (accounting for 78.2%), followed by viruses (13.0%) and biochemicals (7.9%). Among confirmed outbreaks of bacterial cause, the commonest causative agents were *Salmonella* (58%) and *Vibrio parahaemolyticus* (32%). Among confirmed outbreaks of viral cause, norovirus was the sole agent that could be identified. The commonest causes of confirmed outbreaks of biochemical cause were ciguatoxin, mushroom toxin and puffer fish poisoning. Figure 10 shows the trends of common foodborne diseases.

Figure 10 : Notification Rates of Common Foodborne Diseases, 1994 – 2013





Vector-borne diseases

There were 103 dengue fever cases reported in 2013, all of which were imported cases who had mainly travelled to Southeast Asian countries such as Thailand, the Philippines and Indonesia.

Five cases of chikungunya fever were reported in 2013, all of which were imported cases who had travelled to Southeast Asian countries.

There were six Japanese encephalitis cases reported in 2013, three of which were imported, two were local and the source for the remaining one could not be determined.

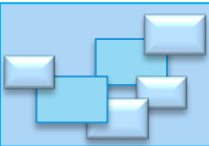
As for malaria, 20 cases were reported in 2013. Ten cases were caused by *Plasmodium vivax* and 10 were by *Plasmodium falciparum*. All malaria cases in 2013 were imported and were from Asia (11 cases) and Africa (nine cases).

In 2013, there were 57 reported cases of typhus and other rickettsial diseases including 28 scrub typhus, 22 spotted fever, one urban typhus and six 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 2013, the number of reported HIV and Acquired Immune Deficiency Syndrome (AIDS) cases were 6 342 and 1 437 respectively. Sexual transmission continues to be the major mode of transmission, which contributed to 80% of all reported HIV cases in 2013.



A 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. The system network includes some 120 sentinel General Outpatient Clinics in the public sector and private general practitioner clinics, about 30 sentinel clinics of Traditional Chinese Medicine and all Accident and Emergency Departments in public hospitals under the Hospital Authority. The system also monitors the trends of fever, acute diarrhoea, vomiting and related hospitalisation among institutionalised elders at around 60 elderly homes, and trends of symptoms (including fever, cough, diarrhoea and vomiting), absenteeism, acute conjunctivitis and hand, foot and mouth disease at around 120 kindergartens and child care centres.

Results of the sentinel surveillance system showed that influenza-like illness peaked at around February to May and August to October in 2013. As for hand, foot and mouth disease, the disease activity in 2013 was much higher during the peak season from May to November, compared with the corresponding period in the past two years. The consultation rates for acute conjunctivitis and acute diarrhoeal diseases remained stable throughout 2013.



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.

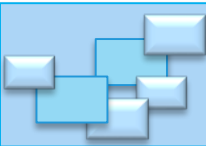
In 2013, there were 198 cases of confirmed occupational diseases, decreasing by 82 cases as compared with 280 in 2012. The most common occupational diseases were occupational deafness, silicosis, tenosynovitis of the hand or forearm, and mesothelioma. Relevant figures of the cases of confirmed occupational diseases are set out in Table E.

Table E : Confirmed Cases of Occupational Diseases, 2012 and 2013

Disease	Number of Cases	
	2012	2013
Occupational deafness*	99	65
Silicosis	44	51
Tenosynovitis of the hand or forearm	69	38
Mesothelioma	12	17
Tuberculosis	15	7
Gas poisoning	14	5
Avian Chlamydiosis	0	5
Compressed air illness	12	4
Occupational dermatitis	3	2
Asbestosis	3	2
Others	9	2
Total	280	198

Note : * In addition, there were 50 and 33 cases of noise-induced monaural hearing loss in 2012 and 2013 respectively.

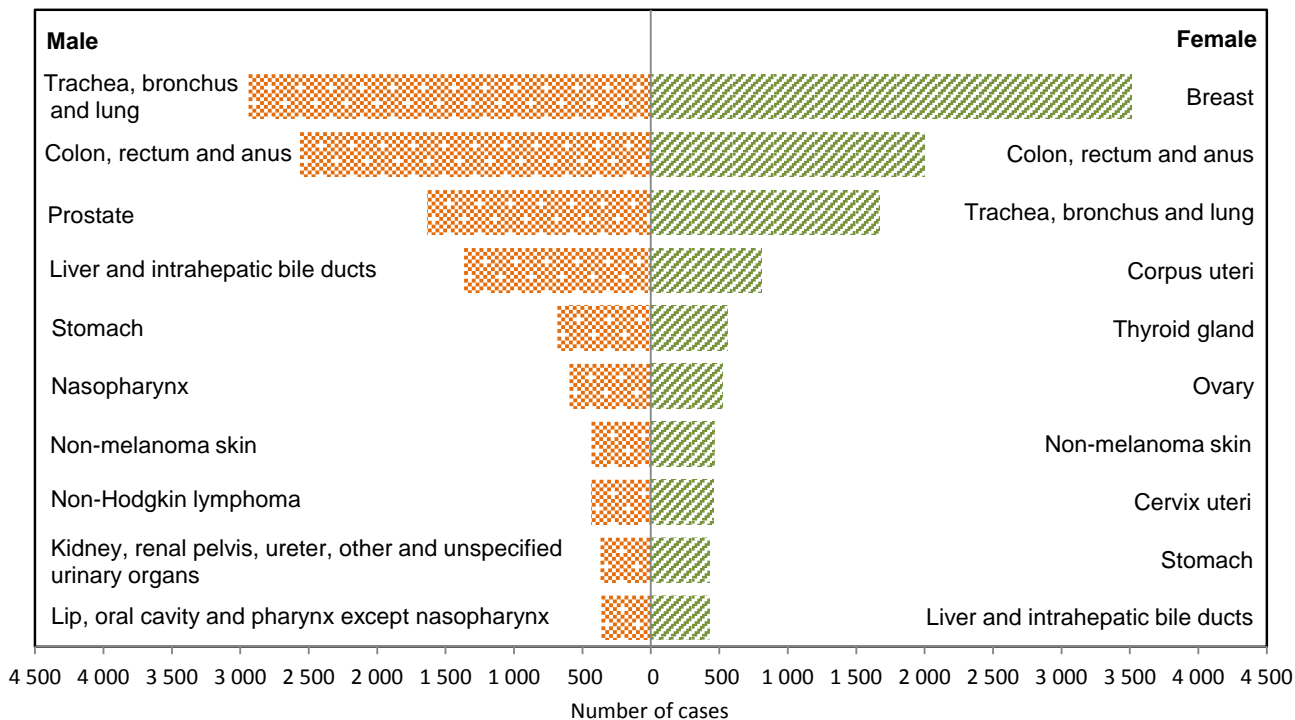
Source : Occupational Health Service of the Labour Department.



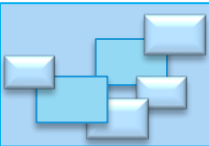
Cancer

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 2012 are shown in Figure 11. Lung cancer and breast cancer were the commonest cancers diagnosed in males and females respectively.

Figure 11 : Top Ten Cancer New Cases Notified to the Hong Kong Cancer Registry, 2012



Source : Hospital Authority.



Health Surveys Results

A Behavioural Risk Factor Survey was conducted in April 2013 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. Jaywalking (such as crossing the road by ignoring traffic light instructions, not using zebra-crossing or footbridges when they are available) was common (73.6%) among respondents, among whom, 6.1% reported that they jaywalked all or most of the time. About three-fifths of the respondents (63.4%) reported that they were willing to donate their organs after death and about one-third (34.6%) of respondents were willing to donate their bodies after death for medical education and research.

Poisoning Incidents Notification

The Department of Health received a total of 168 notifications in 2013. After investigation, 82.1% of notifications were determined to be poisoning incidents. These incidents were mainly related to Chinese medicine, heavy metals, slimming products with undeclared or banned Western drug ingredients, and adulteration of oral products with undeclared Western medicines.

HIGHLIGHTS OF THE YEAR 2013

January

- Conducted an exercise code-named 'Exercise Amber' with other government departments and organisations to test the Preparedness Plan for Influenza Pandemic 2012 of the Government of the Hong Kong Special Administrative Region.



March

- Co-organised five seminars on dementia with Social Welfare Department in different districts from March to July for social workers and frontline workers from various elderly institutions. It covered the medical aspects of dementia, behavioural management, communication problems and exercise for patients with dementia as well as stress management for the carers.



- Conducted a high-level desktop exercise code-named ‘Exercise Ruby’ with Food and Health Bureau and other government departments to test the Government’s preparedness for a possible outbreak of the Middle East Respiratory Syndrome.



- Organised three training courses related to treatment of tobacco dependence for frontline healthcare staff working in smoking cessation services.



- Conducted briefings on infection control measures for Middle East Respiratory Syndrome for various government departments.



April

- Promoted fruit eating to the general public with the Ocean Park in Joyful Fruit Month.



- Hosted the Fourth World Health Organization Working Group Meeting on Traditional Medicine Strategy to further discuss and develop the next World Health Organization traditional medicine global strategy.



- Co-organised six training workshops on infection control with Social Welfare Department for staff of residential care homes for the elderly from April to July.
- Launched a public education campaign on hypertension to echo the theme of World Health Day 2013 to arouse public awareness.
- Organised a workshop to build capacity among physicians in providing smoking cessation services.

- Commissioned United Christian Nethersole Community Health Service to provide smoking cessation services targeting ethnic minorities and new immigrants.

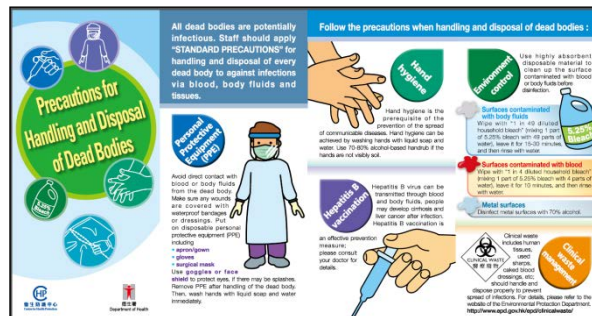


May

- Conducted a health talk on prevention of avian influenza for Nepalese Society.
- Organised a recognition ceremony for the 'I'm So Smart' Community Health Promotion Programme to acknowledge the contributions of stakeholders on health promotion, with the core themes of healthy diet and regular physical activity.
- Co-organised four training workshops with Social Welfare Department for staff of residential care homes for the elderly in May, June, October and November. The topics include healthy diet and nutritional assessment, nursing care of residents discharged from the hospital, bathing care, spasticity and contracture management, lifting and transfer techniques, drug safety, health record management, stress management and prevention of elder abuse, etc.
- Conducted the Primary Care Symposium to promote the two new reference frameworks for preventive care in children and older adults in primary care settings and to commemorate the World Family Doctor Day.
- Promulgated World Health Organization's global initiative 'SAVE LIVES: Clean Your Hands' to raise public's awareness of good hand hygiene.

June

- Produced 'Precautions for Handling and Disposal of Dead Bodies' pamphlet to all funeral parlours and undertakers of burial.



- Conducted three infection control training programmes on precautions for handling and disposal of dead bodies for staff of Food and Environmental Hygiene Department, funeral parlours and undertakers of burial in June and July.



July

- Organised the annual Principal Summit for primary schools with the Education Bureau to promote healthy eating in schools.



- Launched the Elderly Health Assessment Pilot Programme in collaboration with nine non-governmental organisations to provide subsidised health assessment for about 10 000 elders aged 70 and above during a two-year pilot period.
- Conducted an infection control training programme for staff working in residential care homes and day care centres for persons with disabilities.

August

- Extended Comprehensive Child Development Service to all Maternal and Child Health Centres for early identification and referral of the at risk women, children and families.
- Launched the Primary Care Directory mobile application to facilitate the public to search for their own primary care providers.



- Held two training courses 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 in providing smoking cessation services.
- Conducted infection control training for nursing staff and healthcare workers of the Correctional Services Department.

September

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



- Co-organised the Seminar on Research and Development of Chinese Medicines with the Committee on Research and Development of Chinese Medicines under the Innovation and Technology Commission.
- Launched the mobile application for reference frameworks for the care of diabetes mellitus and hypertension for use by healthcare professionals.
- Conducted an Infectious Disease Simulation Exercise at the Hong Kong International Airport with Airport Authority to enhance capacity in responding to public health incidents.
- The Radiation Health Unit was awarded the Meritorious Award of Crisis / Incident Support Service Team Award of the Civil Service Outstanding Service Award Scheme 2013.
- Participated in the Annual Review Meeting held in Hong Kong on Cooperation between Guangdong and Hong Kong on Off-site Emergency at Guangdong / Lingao Nuclear Power Stations.

- Collaborated with Po Leung Kuk to extend the school-based health promotion programme to kindergartens as a pilot project.

October

- Representatives from countries in the Western Pacific Region joined local and the Mainland experts for a three-day training workshop on the quality control of herbal medicines organised by the World Health Organization Regional Office for the Western Pacific and co-organised by the Department of Health and the Hong Kong University of Science and Technology.
- Launched the roving drama in primary schools to promote the concept of primary care among school children.
- Launched the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) 2013/14. CIVSS encouraged influenza vaccination among children between the age of six months and less than six years, while EVSS encouraged elders aged 65 and above to receive influenza vaccination and pneumococcal vaccination.



- Published the 'HIV Infection and Health Care Workers – Recommended Guidelines'.
- Co-organised training for Community Nursing Service and the Community Geriatric Assessment Team of Hospital Authority on multi-drug resistant organisms control.

November

- Organised the Sentinel Surveillance Seminar 2013 featuring the theme 'Partnership and Collaborations' for sentinel partners. Over 130 sentinel partners as well as representatives of various medical organisations, Hospital Authority, Social Welfare Department and Education Bureau joined the seminar.
- Celebrated the fifth anniversary of the launching of the Centralised Organ Donation Register at the 'Garden of Life' in Kowloon Park.
- Launched the Love Teeth Campaign to promote oral health in the community via mass media and organised joint oral health promotion activities with the dental profession and community organisations.



- Jointly organised the World Health Organization Western Pacific Regional Meeting on Addressing the Harmful Use of Alcohol by Young People in Hong Kong. Delegates from 17 countries / areas in the Western Pacific Region attended the three-day meeting.
- 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 issues.
- Conducted an Aircraft Crash and Rescue Exercise at the Hong Kong International Airport with Airport Authority to enhance emergency response to aircraft accidents.

- Launched the Government Vaccination Programme 2013/14 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.

2013/14 政府防疫注射計劃
Government Vaccination Programme

流感疫苗 安全有效 Influenza Vaccine Safe and Effective
政府將為下列合資格人士提供2013/14年度免費流感疫苗接種服務。
The Government will provide free vaccination to the following groups of eligible persons in the year 2013/14.

季節性流感疫苗 Seasonal Influenza Vaccination
有長期健康問題*人士 Persons with chronic medical problems*

- 患有長期健康問題或長期服用口服或注射性藥物的人士
Persons aged 65 or above attending public clinics
- 因糖尿病、以上高血壓等症而接受治療者
Diabetics under medical supervision (DM)
- 患有哮喘或心臟病的人士
Asthmatics under medical supervision (AM)

領取協議或持有有效牌照的減免護理處人士
Comprehensive Social Security Assistance (CSSA) recipients of Hong Kong residences holding a valid Certificate for Waiver of Medical Charges

- 長者
Elderly persons
- 知識或以上人士
Persons aged 65 or above
- 年齡介乎六個月至六歲六個月之兒童
Children between the age of 6 months and less than 6 years
- 患有長期健康問題或在公立醫院接受治療的人士
Persons with chronic medical conditions attending public clinics

其他人士 Other persons

- 在安老院、殘疾人士院舍、志願者中心或私人護理中心工作的護理人員
Health care workers working in Department of Health, old or residential care homes for the elderly or the disabled
- 在安老院或殘疾人士院舍從事清潔工作的人士
Public works or workers who may be involved in janitorial/cleaning operations
- 在安老院或殘疾人士院舍從事膳食服務的人士
Food services or food-staffing/foodservice personnel
- 在安老院或殘疾人士院舍從事保安工作的人士
Security staff in residential care homes for the elderly or the disabled

肺炎球菌疫苗 Pneumococcal Vaccination

65歲或以上
凡符合下列條件的長者均可獲免費接種肺炎球菌疫苗。
Persons aged 65 or above who have met the following criteria are eligible for free pneumococcal vaccination.

- 居住於安老院、殘疾人士院舍、志願者中心或私人護理中心的人士
Residents of residential care homes for the elderly or disabled
- 患有長期健康問題或在公立醫院接受治療的人士
Persons with chronic medical conditions attending public clinics
- 領取協議或持有有效牌照的減免護理處人士
Persons receiving CSSA or holding valid Certificate for Waiver of Medical Charges
- 安老院或殘疾人士院舍的護理人員
Health care workers in residential care homes

查詢熱線
Enquiry Hotline
2125 2125

查詢熱線
Enquiry Hotline
2300 6555

www.chp.gov.hk

院舍防疫注射計劃
Residential Care Home 2013/14 Vaccination Programme

安老院舍
殘疾人士院舍

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

開始日期：
2013年11月1日
Commencement Date:
1 November 2013

查詢熱線
Enquiry Hotline
2125 2125

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

December

- Published the 'Hong Kong Chinese Materia Medica Standards Volume VI' and distributed it via the Chinese Medicine Division website.

Hong Kong Chinese Materia Medica Standards
Volume 6

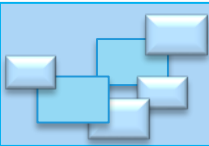
10 medicinal herbs are displayed in circular frames with their names in Chinese and English:

- 1. 茵陳蒿 (Artemisia argentea)
- 2. 菊花 (Chrysanthemum morifolium)
- 3. 桑寄生 (Taxillus chinensis)
- 4. 山慈姑 (Ophiopogon japonicus)
- 5. 伊貝母 (Erythronium yunnanense)
- 6. 白龍子 (Corydalis sinensis)
- 7. 金櫻子 (Elaeagnus argentea)
- 8. 紅花 (Carthamus tinctorius)
- 9. 胡黃連 (Coptis chinensis)
- 10. 錦雞兒 (Sophora flavescens)
- 11. 路路通 (Tetradlea pumila)
- 12. 烏梅 (Eriobotrya japonica)

Department of Health
Hong Kong Special Administrative Region
The People's Republic of China

- Launched the Childhood 13-valent Pneumococcal Conjugate Vaccine Booster Vaccination Programme.





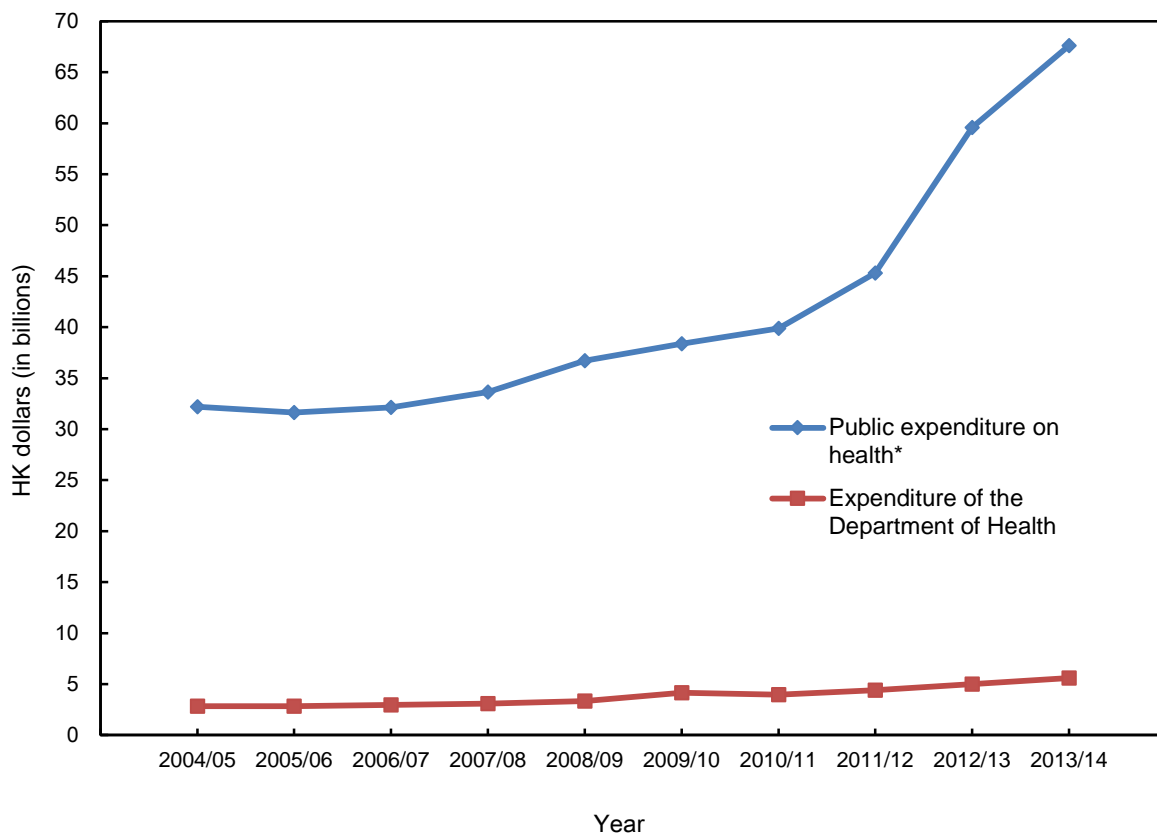
EXPENDITURE AND MANPOWER

Expenditure

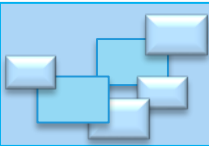
The expenditure of the Department of Health for 2013/14 was \$5.6 billion which represented 8.3% of the total public expenditure on health for the year. There was an increase of 12.3% over that for 2012/13 (Figure 12).

Total public expenditure on health, which included expenditure of the Department of Health and the Hospital Authority, increased by 13.5% in the same period.

Figure 12 : Total Public Expenditure on Health and Expenditure of the Department of Health, 2004/05 – 2013/14



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



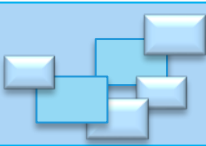
Manpower

As at 31 March 2014, the Department of Health had a total strength of 5 811 (Table F) which corresponded to an increase of 2.4% over that in 2013.

Table F : Strength of the Department of Health as at 31 March 2014

	Number	Percentage
Departmental Staff		
Medical and Health Officer Grade	460	7.9%
Nursing and Allied Grades	1 374	23.6%
Dental Officer Grade	291	5.0%
Para-Dental Grades	642	11.1%
Supplementary Medical Grades	671	11.6%
Other Departmental Grades	797	13.7%
Non-departmental Grades Staff	1 576	27.1%
Total *	5 811	100.0%

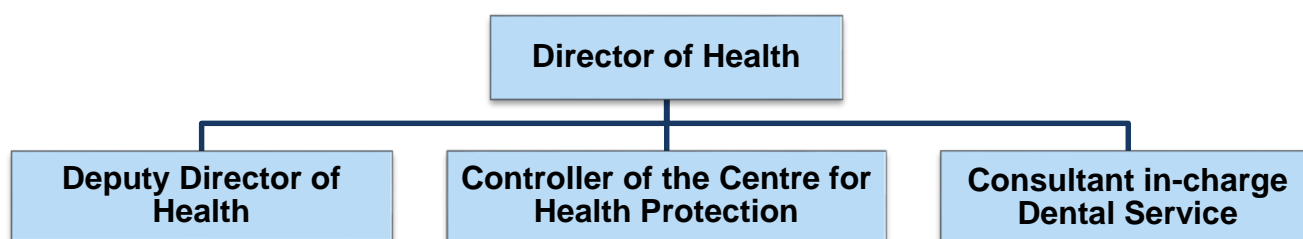
Note : *In addition, there were 634 full-time contract staff as of 31 March 2014.



HEALTH SERVICES REVIEW

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

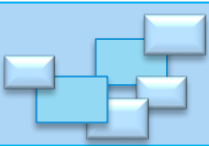
The organisation structure



REGULATORY AFFAIRS AND HEALTH SERVICES

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

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



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

Chinese Medicine Division

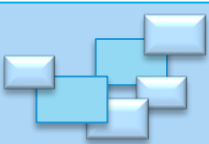
The Chinese Medicine Division is responsible for the enforcement of Chinese Medicine Ordinance (Cap. 549), which was passed by the Legislative Council in July 1999. The Ordinance provides for the regulation of the practice of Chinese medicine practitioners and the use, manufacture and trading of Chinese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

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

Chinese Medicine Division also serves public health functions which include providing professional input to investigation and response management of adverse events related to the use of Chinese medicines, communicating and collaborating with stakeholders in Chinese medicine field for prevention and control of diseases, and providing public education on Chinese medicine. Starting from April 2012, the Chinese Medicine Division has been designated as the World Health Organization Collaboration Centre for Traditional Medicine, to host various traditional medicine meetings.

By the end of 2013, there were 6 804 registered Chinese medicine practitioners (including 61 registered Chinese medicine practitioners with limited registration) and 2 715 listed Chinese medicine practitioners in Hong Kong.

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

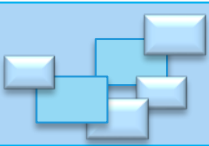


A registered Chinese medicine practitioner must hold a valid practising certificate in order to practise Chinese medicine. In general, a practising certificate is valid for three years. All registered Chinese medicine practitioners must fulfil the requirements of continuing education in Chinese medicine set by the Chinese Medicine Practitioners Board of the 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 the 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 practice in manufacture and quality control of proprietary Chinese medicines. The licensing system for Chinese medicines traders commenced on 5 May 2003. As at end of 2013, 13 316 licence and 19 Good Manufacturing Practice (GMP) certificate applications were received. Since the implementation of the registration system for proprietary Chinese medicines on 19 December 2003, a total of 17 909 applications for proprietary Chinese medicines registration were received as at end of 2013.

To fully effect the registration regime on proprietary Chinese medicines as well as the label and package insert requirements, provisions governing the possession, sale and import of proprietary Chinese medicines was commenced on 3 December 2010 while stipulated requirements 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,



II, III, IV and V, and VI in 2005, 2008, 2011, 2012 and 2013 respectively. The research work of Phase VII is underway.

The Chief Executive announced in his 2009 Policy Address that in order to facilitate the development of Chinese medicines, the coverage of HKCMMS Project would be expanded to about 200 herbs by 2012. The Department of Health already completed the research work of setting standards for around 200 herbs at the end of 2012.

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 Administration Division and the following four Divisions.

The Traders Licensing and Compliance Division is responsible for the enforcement of the provisions of the Pharmacy and Poisons Ordinance, the Antibiotics Ordinance (Cap. 137), and the Dangerous Drugs Ordinance (Cap. 134) through inspection and licensing of drug manufacturers, importers, wholesalers and retailers; investigation by way of test purchases; sampling of products for analysis; and initiation of prosecutions against offenders. It is also responsible for the upgrade of Hong Kong's current Good Manufacturing Practice (GMP) licensing standards to the Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S) GMP standards. In 2013, the numbers of inspections and convictions by the Traders Licensing and Compliance Division were 11 744 and 86 respectively (Figure 13).

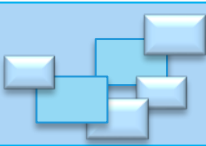
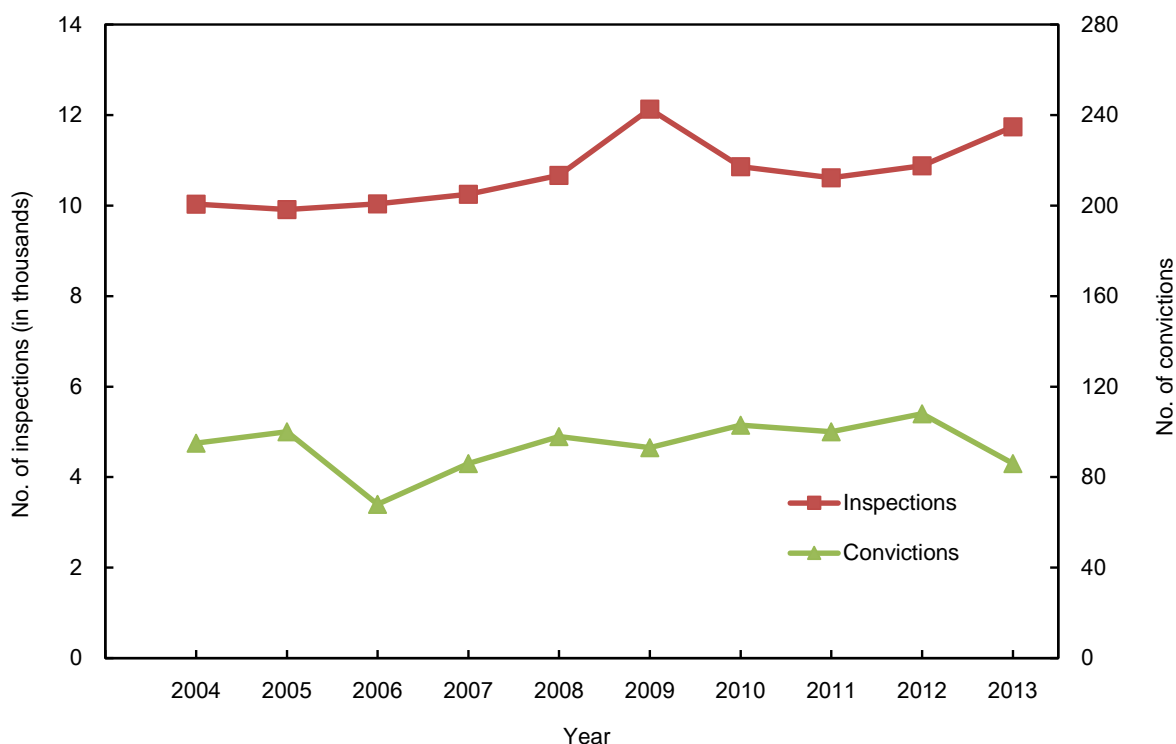


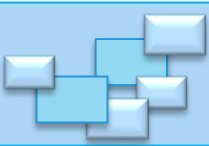
Figure 13 : Numbers of Inspections and Convictions by Traders Licensing and Compliance Division of the Drug Office*, 2004 – 2013



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, which was enforced since June 2012, aims to protect the public from being induced by advertisements to seek improper self-medication or treatment, instead of consulting relevant healthcare professionals. In 2013, 12 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.

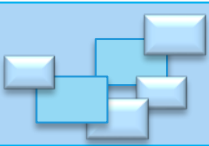
Family and Elderly Health Services

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 to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise 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 2013, the Elderly Health Centres recorded around 39 000 enrolments and 168 000 attendances for health assessment and medical consultation.

Visiting Health Teams outreach into the community and residential care setting 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 2013, the Visiting Health Teams made around 317 000 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 of improving primary healthcare for the elderly in Hong Kong. In addition to being a provider of health education, Elderly Health Service will put emphasis on empowering of the elderly and their carers through the production of health education resources in the form of printed and audio-visual materials, and will also enhance its training, benchmarking and health advisory roles in primary healthcare for the elderly so as to benefit the entire community of Hong Kong.



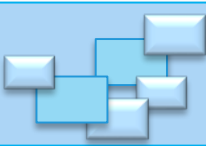
Family Health Service

The Family Health Service provides a comprehensive range of health promotion and disease prevention services for children from birth to five years old and women aged 64 or below. The Service operates through 32 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



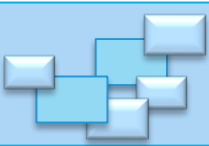
implemented in MCHCs to promote the holistic health (physical, cognitive and socio-emotional) and wellbeing of children. The core components of the integrated programme include immunisation, parenting, as well as health and developmental surveillance.

A comprehensive immunisation programme is provided to protect infants and children from 10 infectious diseases, namely, tuberculosis, hepatitis B, diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella and pneumococcal infection. The immunisation programme in 2013 is shown in Table G.

Table G : Immunisation Programme for Children in Hong Kong, 2013

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

The parenting programme aims to equip parents with the necessary knowledge and skills to bring up healthy and well-adjusted children. Anticipatory guidance on child development, childcare and parenting are provided to parents during the antenatal period and throughout the pre-school years of children in various formats. 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



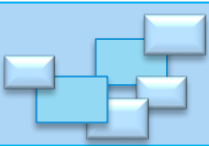
available.

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

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

In addition, the Comprehensive Child Development Service has been extended to all MCHCs since August 2013. Building on existing services provided by MCHCs, Antenatal Outpatient Clinic of Hospital Authority, pre-primary institutions, Integrated Family Service Centres and other non-governmental organisations, the Service is a community-based programme delivered through the inter-sectoral partnership among the health, education and social service sectors. It aims to identify and meet the varied needs of children and their families, and make timely referral to appropriate services. The programme is made up of the following components:

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



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

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

In 2013, about 93% of all local newborns and 49% of pregnant women received services from MCHCs.

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

Cervical screening service is provided at all MCHCs for women at or above 25 who have ever had sex. Outreach health talks on cervical cancer and screening were conducted for various women groups as needed. In 2013, 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 2013, about 19 200 women registered with 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

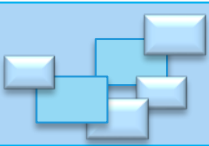
The Health Care Voucher Unit is responsible for the administration of the Elderly Health Care Voucher Scheme, which was launched in 2009 on a pilot basis. Under the Scheme, elderly people aged 70 and above are given annually, through an electronic system, health care vouchers to subsidise their use of primary care services provided by various private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. The annual voucher amount for each eligible elder was increased from the original \$250 to \$500 in 2012. Starting from 1 January 2013, the annual voucher amount was further increased to \$1,000 while unspent vouchers could be carried forward and accumulated, subject to a ceiling of \$3,000.

Furthermore, to facilitate the early identification of risk factors as well as to promote healthy ageing, the Health Care Voucher Unit launched the Elderly Health Assessment Pilot Programme in July 2013 in collaboration with nine non-governmental organisations to provide voluntary, protocol-based, subsidised health assessment for about 10 000 elders aged 70 and above over a two-year pilot period.

Health Administration and Planning Division

Office for Registration of Healthcare Institutions

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

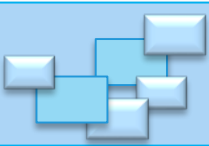


The Office for Registration of Healthcare Institutions is primarily responsible for enforcing statutory provisions under these two Ordinances and to ensure that the institutions are fit for the services to be provided. Compliance of registered institutions with statutory requirements is monitored through field inspections; scrutiny of the institution activities and complaint statistics; issuing advice and warning; and direct handling of complaints lodged by the public against the institutions. In 2013, 265 inspections to a total of 11 private hospitals, 53 nursing homes and 10 maternity homes registered under Cap. 165 were conducted. There were 115 clinics registered under Cap. 343. The Office had also handled 37 complaints related to these institutions in the same year.

To meet the advancement of medical technology and rising community aspirations for quality services, a Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was promulgated in 2003, and has been implemented since 2004. The Code sets out minimum standards for registration in respect of accommodation, staffing and equipment as well as standards of good practice for provision of quality services. The requirements cover organisation and administration, accommodation and equipment, policies and procedures, human resources management, risk management, as well as specific types of clinical and support services.

Since 2007, the Department of Health has established a sentinel events monitoring and reporting system. All private hospitals and nursing homes are required to report sentinel events to the Department of Health within 24 hours upon occurrence of the event. The primary objective is to identify areas for improvement in the quality and safety of hospital services.

In 2008, the Steering Committee on Hospital Accreditation was formed to oversee the development of a territory-wide hospital accreditation scheme for both public and private hospitals in Hong Kong. A Pilot Scheme on Hospital Accreditation was launched in April 2009, engaging the Australian Council on Healthcare Standards as the accrediting agent. A total of five public hospitals and three private hospitals attained accreditation under the Pilot Scheme. The second phase of the Hospital Accreditation Scheme commenced in end-2011 and covered 15 public hospitals over a period of five to seven years. As of end-2013, seven private hospitals were awarded accreditation.



Primary Care Office

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

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

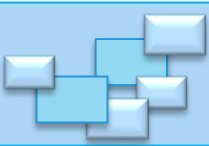
The Primary Care Directory launched by the Office is a web-based directory containing personal and practice-based information about different primary care providers to facilitate the public to search for their own primary care providers. The doctors and dentists sub-directories were launched in 2011 and the Chinese medicine practitioners sub-directory was launched in 2012. Mobile applications of the Primary Care Directory were also launched in August 2013. As at end of 2013, 1 337 doctors, 338 dentists and 1 420 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. In 2013, the module on immunisation under the RF for children and the module on health assessment under the RF for older adults were published. The mobile application “Framework@PC” of the RFs for diabetes and hypertension care was also launched to facilitate the use of RFs by healthcare professionals.

Special Health Services

Medical Device Control Office

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



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

The Medical Device Control Office approved 658 device listing applications, processed 1 261 safety alerts and eight adverse incident reports and conducted 12 workshops / seminars in 2013.

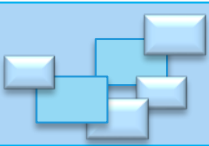
The business impact assessment on the proposed regulatory control of medical devices was completed in 2013. The results of the assessment and the refined regulatory proposal would be reported to the Legislative Council Panel on Health Services.

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 2013, the number of clients registered with the scheme was around 7 600 and the daily attendance was around 5 700.

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

As drug addicts constitute a high risk group for HIV infection and other bloodborne diseases, health education and counselling for patients is always a priority. Concomitant activities include broadcasting of health education information in methadone clinics; free distribution



of condoms; provision of blood testing and urine testing for HIV and blood testing for hepatitis B and hepatitis C infections for patients of Methadone Treatment Programme.

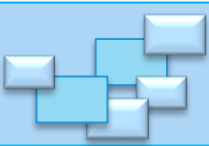
Port Health Office

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.

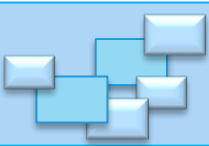


In 2013, the Unit assessed and processed 12 269 licences and permits and provided monitoring service to 11 315 persons engaged in radiation work. The average radiation exposure of those persons engaged in radiation work was 0.11mSv against an annual statutory limit of 20mSv.

In 2013, the Unit participated in the Guangdong / Hong Kong on Nuclear Emergency Expert Meeting.

Tobacco Control Office

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



secondhand smoke.

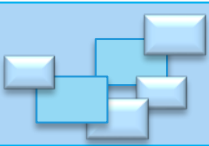
The mission of the Tobacco Control Office is to nurture a smoke-free culture in Hong Kong through inter-sectoral collaboration and community mobilisation. After the passage of the Smoking (Public Health) (Amendment) Ordinance 2006, the main service areas of the Office can be divided into enforcement, publicity and promoting smoking cessation. The priority functions include:

- acting as a principal enforcement agency under the Smoking (Public Health) Ordinance (Cap. 371);
- educating and assisting venue manager of statutory no smoking areas to ensure public compliance;
- promoting smoke-free culture through publicity and health education;
- coordinating smoking cessation service in the Department; and
- assisting the policy bureau in reviewing tobacco control legislation.

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

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

The Office received a total of 18 079 complaints against smoking violations and 3 467 enquiries in 2013. Tobacco control inspectors conducted a total of 27 461 inspections to no smoking areas, and 232 summonses and 8 330 fixed penalty notices were issued to



smoking offenders.

For illegal tobacco advertisements, the Office screened over 1 700 printed publications. The Office received 29 complaints, and issued 12 warning letters against 10 cases of illegal tobacco advertisements during the same period.

In 2013, the Office conducted 12 seminars on Smoking (Public Health) Ordinance with over 470 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.

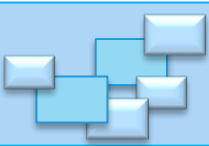
The Office also distributed over 420 000 pieces of health education materials to venue managers and the public in 2013, including no smoking signs, posters and implementation guidelines, etc.

In order to encourage smokers to quit smoking, smoking cessation seminars were conducted for various organisations and businesses. In 2013, the Office conducted 43 smoking cessation seminars with over 1 200 attendances. The Integrated Smoking Cessation Hotline (1833 183), manned by registered nurses handled a total of 13 079 telephone calls and enquiries in 2013.

To strengthen smoking cessation service, the Tobacco Control Office has been funding a number of non-governmental organisations, including Tung Wah Group of Hospitals, Pok Oi Hospital and Lok Sin Tong Benevolent Society, Kowloon to provide community based smoking cessation programmes which cover a comprehensive range of services including smoking cessation services, health education / promotion activities and publicity.

To address new immigrants and ethnic minorities needs on smoking cessation service, the United Christian Nethersole Community Health Service has been commissioned since April 2013 to provide outreach and centre-based smoking cessation services.

The Office has also provided funding support for Po Leung Kuk and Life Education Activity Programme to deliver school-based smoking prevention activities for primary and secondary students. In September 2013, Tobacco Control Office collaborated with Po Leung Kuk to extend the school-based health promotion programme to kindergartens as a



pilot project.

Specialised Services

Child Assessment Service

The Child Assessment Service, aiming at contributing to the rehabilitation of children with developmental-behavioural problems or disorders through a multidisciplinary team approach, operates a total of six centres in Kowloon and New Territories to provide assessment for children aged under 12.

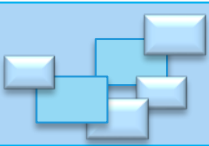
The team, comprising paediatricians, public health nurses, clinical psychologists, social workers, speech therapists, physiotherapists, occupational therapists, audiologists and optometrists, works together to:

- provide comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulate rehabilitation plan after developmental diagnosis;
- assist to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- provide interim support to parents and the children through counselling, talks and support groups.

In the spirit of its vision, mission and values, the Child Assessment Service is committed to strive for improving public awareness and practice standards by reaching more parents and workers in the rehabilitation field to the benefit of children with developmental challenges.

In 2013, the number of new clients received were 8 775 and a total of 62 011 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.

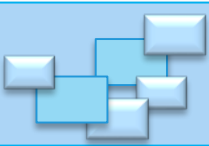
Clinical Genetic Service

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 genetics 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 clinical sessions to provide genetic counselling for families. There were 4 807 family attendances in 2013.

The Genetic Screening Unit operates neonatal screening programmes for two conditions, namely, glucose-6-phosphate dehydrogenase deficiency and congenital hypothyroidism. Overall, 70% of neonates were screened by the Genetic Screening Unit in 2013, including nearly all newborns delivered in public institutions and 15% of newborns delivered in private hospitals. The remaining 85% born in private hospitals received screening provided by the respective hospitals. Glucose-6-phosphate dehydrogenase deficiency was found in 4.1% of male and 0.5% of female infants. The incidence of congenital hypothyroidism was one in 883 in 2013.

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.

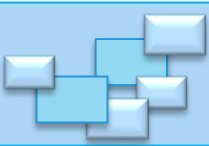
In 2013, some 7 450 post-mortem examinations, 700 clinical medico-legal examinations and 28 970 laboratory examinations were performed.

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 of 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 2013, in addition to providing clinical services, PDQA provided 88 Basic Life Support



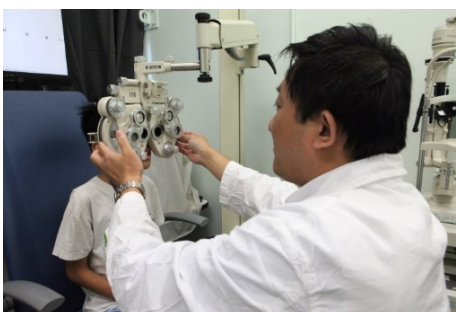
Provider Courses for 656 officers and organised four continuing medical education activities for 385 officers.

The PDQA has joined the International Society for Quality in Health Care since 2004. The PDQA endeavours to connect with experts around the world and to promote high quality and safe healthcare service. The PDQA often organised different health education activities and participated in various media activities to arouse public awareness of the importance of healthy lifestyle.

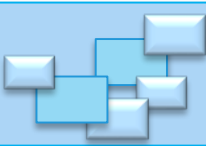
Student Health Service

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.

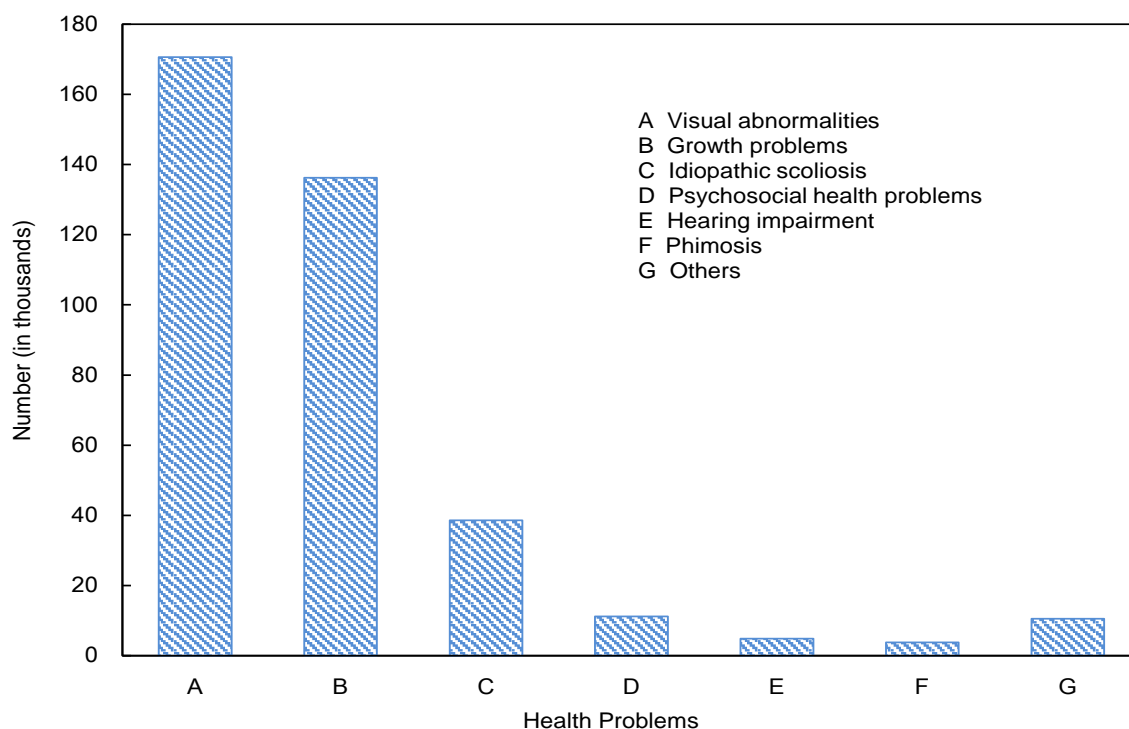


During the school year 2012/13, a total of 661 201 students from 1 171 primary and secondary schools enrolled in the Student Health Service, representing a participation rate of 90.0% and 97.9% respectively. Among students attending the service, common health



problems detected included visual abnormalities (e.g. myopia, hyperopia), growth problems (e.g. obesity, wasting, short stature), scoliosis, psychosocial health problems, hearing impairment and phimosis (Figure 14).

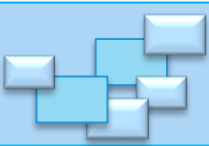
Figure 14: Health Problems Detected at Student Health Service Centres in the School Year of 2012/13



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

The Adolescent Health Programme was launched in 2001/02 school year with the aim to promote psychosocial health of adolescents. The Adolescent Health Programme is a school-based out-reaching interactive programme delivered by multi-disciplinary professional staff consisting of doctors, nurses, social workers, clinical psychologists and dietitians. The Basic Life Skills Training Programme (BLST) is catered for Form 1 to Form 3 students while the Topical Programme includes a variety of themes for secondary students, 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 BLST programmes with non-governmental organisations' social worker facilitators in classrooms.

In 2012/13 school year, the Adolescent Health Programme served 324 schools, reaching out to more than 81 000 students as well as 1 342 teachers and parents.



CENTRE FOR HEALTH PROTECTION

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

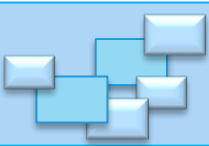
- Emergency Response and Information Branch
- Infection Control Branch
- Programme Management and Professional Development Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch
- Surveillance and Epidemiology Branch

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

Emergency Response and Information Branch

The Emergency Response and Information Branch (ERIB) is responsible for facilitating emergency preparedness and management of public health crisis, formulating risk communication strategy and co-ordinating the formulation of CHP's objectives and strategies. Working closely with other services of the Department and relevant government departments and organisations, the ERIB has developed and reviewed Department of Health contingency plans to cater for possible major outbreaks of infectious diseases in Hong Kong. For the purpose of preparedness for influenza pandemic, the stockpiling of antivirals for influenza pandemic has been closely monitored.

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



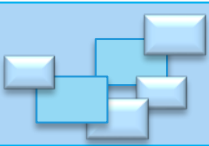
to facilitate mobilisation of volunteers in times of emergencies. In enhancing the role of the Emergency Response Centre (ERC) as the Department's nerve centre in times of major public health emergencies, the ERIB will continue to equip the ERC with the latest communication facilities for the timely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

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

The Preparedness Plan for Influenza Pandemic 2012 of the Government of the Hong Kong Special Administrative Region was put to test on 25 January 2013 during an exercise code-named 'Exercise Amber', organised by the CHP in collaboration with other government departments and organisations. The Exercise provided a valuable opportunity for Department of Health and other departments and organisations concerned to try out relevant contingency plans and identify areas for improvement. It also enhanced the community and healthcare personnel's awareness of and preparedness for possible epidemics, and their ability to respond to such. Around 100 participants from government departments and organisations took part in the exercise, with 15 experts from the Mainland and Macao health authorities attending as observers.



The Food and Health Bureau and the CHP, in collaboration with other government departments, conducted a high-level desktop exercise code-named 'Exercise Ruby' on 27 March 2013 to test the Government's preparedness for a possible outbreak of Middle East Respiratory Syndrome (MERS). The exercise served to formulate and oversee the



implementation of a co-ordinated and timely response and disease control strategy, and to decide on the measures, which will have a wider impact on the community, to be taken. A total of 36 representatives from three bureaux and nine departments / organisations participated in the exercise.

Electronic Health Record Management Team

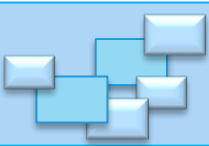
The Electronic Health Record Management Team is tasked to develop a patient-centric and fully integrated Clinical Information Management System (CIMS) for the Department and to facilitate sharing of patient records with the territory-wide eHealth Record Sharing System. The CIMS will support client registration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

Infection Control Branch

The Infection Control Branch (ICB) focuses on fostering an infection control culture to reduce epidemic infections and minimise spread of disease outbreaks in institutions in Hong Kong. The ICB develops, promulgates and evaluates best practices in infection control in hospitals and community institutions; organises training in infection control for 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 the CHP in 2004, the ICB has been playing a pivotal role in infection control in Hong Kong. The Branch works in close partnership with its key stakeholders and has adopted a holistic approach to plan and implement infection control programmes to meet the evolving challenges of emerging infectious diseases.

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



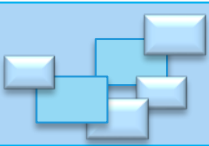
institutions and healthcare settings. The mobile application versions of the newly revised fourth edition 'Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy (IMPACT) Guidelines' were available for free download in early 2013. The Branch also collaborated with Hospital Authority in developing the interim recommendations on the clinical management of cases of MERS and avian influenza A (H7N9).

To reduce the burden of healthcare associated infections, ICB continues to collaborate with the Hospital Authority to conduct on-going surveillance of the healthcare associated infection in public hospitals. Based on strategies of the Scientific Committee on Infection Control, the Branch makes recommendations for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria.

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

To facilitate the discharge arrangement of patient with a history of MDROs to residential care homes for elderly (RCHEs), ICB set up and maintained a MDROs registry, liaised with relevant parties, conducted risk assessment and provided infection control advice to RCHE staff and residents. A total of 447 joint discharge / preparatory visits to about 200 RCHEs were conducted in 2013.

The ICB continues to provide regular and right-on-time infection control training programmes for healthcare workers of public and private sectors, healthcare-related personnel, government departments and the community. The Branch also conducts tailor-made infection control training programmes for institutions, community and government departments from time to time. In 2013, ICB held 89 training activities with a total of around 12 000 attendances.



Programme Management and Professional Development Branch

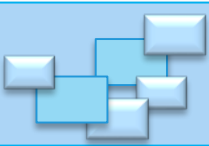
The Programme Management and Professional Development Branch (PMPDB) encompasses Programme Management Division, Administrative Support Division and Vaccination Office. It coordinates and provides secretariat support for the Scientific Committees of CHP. It liaises with international and regional health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

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

The scientific advisory structure serves as a platform for members to meet regularly for deliberation and professional exchange, so as to formulate effective strategies that reinforce the local health protection system. In 2013, a total of one Board of Scientific Advisers meeting and 14 Scientific Committee meetings were held and 16 scientific papers were discussed. A wide range of public health issues were deliberated and five recommendations were made.

The PMPDB is the hub for liaison with international and regional health authorities and facilitates collaboration activities. The CHP is also a founding member of the International Association of National Public Health Institutes. In 2013, health professionals from Singapore, Vietnam, Taiwan and the European Centre for Disease Prevention and Control came to the CHP for experience sharing. Apart from international agencies, the PMPDB establishes networks and promotes exchanges of professionals between Hong Kong and various provinces and cities of the Mainland. Overall, a total of 12 visit programmes were conducted and 264 visitors were received in 2013.

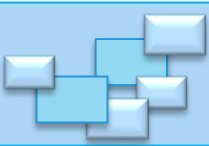
The Research Fund for the Control of Infectious Diseases was established after the Severe



Acute Respiratory Syndrome outbreak in 2003, to facilitate and support research on the prevention, treatment and control of infectious diseases. The Health and Medical Research Fund was set up in 2011 by consolidating the former Health and Health Services Research Fund and the Research Fund for the Control of Infectious Disease, with a broadened scope for funding health and medical research in Hong Kong. The PMPDB is responsible for coordinating research commissioned by the CHP, facilitating the submissions to the Health and Medical Research Fund Grant Review Board, and monitoring the progress of research activities. In 2013, funding was approved for one research project commissioned by the CHP.

In order to build the professional expertise of healthcare professionals, a wide range of training programmes and seminars were organised in collaboration with various parties. Topics covered included 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 2013, a total of five training programmes were organised or co-organised, with 126 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. The PMPDB provides administrative support for the Council. In December 2013, the Finance Committee of the Legislative Council approved an injection of \$350 million into the Fund to sustain its operation. In 2013, 26 ongoing programmes / projects were supported by the AIDS Trust Fund. The Council for AIDS Trust Fund processed a total of 16 new submissions for grants. Among them, eight applied for the Medical and Support Services fund, of which five of them were approved. Eight applied for the Publicity and Public Education fund, of which six were approved. The Council also received and approved 28 claims for additional ex-gratia payment.



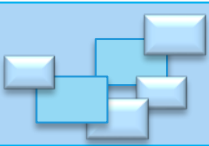
The Vaccination Office of the PMPDB is responsible for the planning and implementation of the Government Vaccination Programme (GVP), providing free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 and above at public hospitals and clinics. The Residential Care Home Vaccination Programme is part of GVP, which had been providing free seasonal influenza vaccination and pneumococcal vaccination to eligible residents, boarders and staff in RCHEs and Residential Care Homes for Persons with Disabilities through Visiting Medical Officers. In 2013/14, free seasonal influenza vaccination was provided to about 251 000 high risk persons. In addition, free pneumococcal vaccination was provided to about 14 000 eligible elders.

To minimise the chance of hospitalisation in children and elderly caused by seasonal influenza and pneumococcal infection, implementation of the two vaccination subsidy schemes, namely Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS) continued in 2013/14. These two schemes are delivered through private doctors. The Vaccination Office is responsible for the planning, implementation and administration of the Schemes.

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

In 2013/14, around 1 600 private doctors / 2 000 clinics enrolled in the CIVSS and EVSS to provide subsidised vaccination services. Under CIVSS, about 80 000 doses of seasonal influenza subsidised vaccination were administered to about 61 000 children. Under EVSS, about 157 000 doses of seasonal influenza vaccination and about 19 800 doses of pneumococcal vaccination were subsidised.

To minimise invasive pneumococcal disease in young children, the Government launched the Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme in December 2013. Hong Kong residents aged from 2 to under 5 years old (i.e. born on or after 26 November 2008) who had never received PCV13 were eligible for one free or subsidised booster dose of PCV13 through paediatric specialist clinics of the



Hospital Authority, Maternal and Child Health Centres under the Department of Health or private doctors through the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)). The Vaccination Office of the PMPDB was responsible for the planning and implementation of the CVSS (PCV13 booster). As at 31 March 2014, over 18 000 children received free or subsidised PCV13 booster dose.

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.

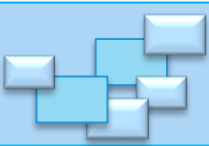
It comprises four functional divisions, namely, Chemical Pathology and Haematology Division, Histopathology and Cytology Division, Microbiology Division and Neonatal Screening Division. They are centralised in the Public Health Laboratory Centre in Shek Kip Mei and the Clinical Pathology Laboratory Centre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

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

The Chemical Pathology and Haematology Division provides chemical pathology and haematology laboratory services for the Department of Health and Hospital Authority clinics, health centres, hospitals and other healthcare institutions in Hong Kong. The Division also provides laboratory service support to antenatal, elderly, and women health screening programmes.

The Histopathology and Cytology Division performs histopathological examination on tissues and cytological examination of both cervical and non-gynaecological cytology specimens.

The Microbiology Division provides public health, clinical diagnostic and reference 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 the National Influenza Centre, the National Poliovirus Laboratory and the National Measles Laboratory for the Hong Kong Special Administrative Region. It is also designated as a World Health Organization Supranational Reference Laboratory for Tuberculosis, 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

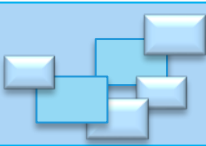
The Public Health Services Branch aims at strengthening the prevention and control of tuberculosis, HIV and sexually transmitted diseases, and provides specialised clinical services.

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.

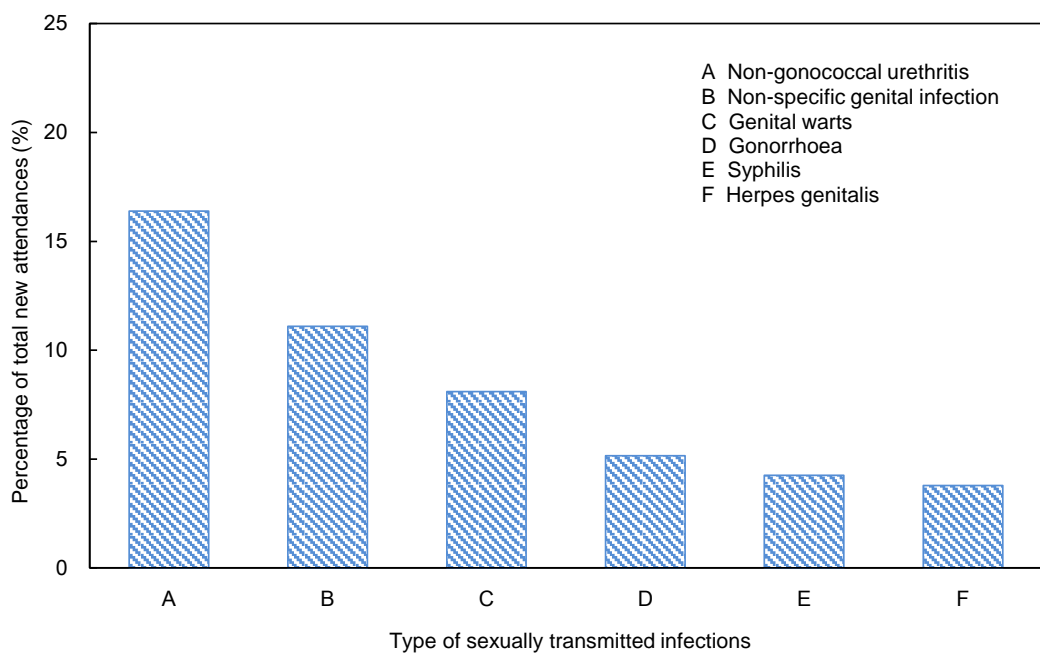
In the control of sexually transmitted infections, Social Hygiene Clinics accept walk-in clients and provide free medical treatment and counselling service for eligible persons, thus ensuring a high degree of accessibility. Staff of the Anti-Venereal Disease Office carry out contact tracing, health education 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 2013, there were 160 235 total attendances and 23 459 new attendances at Social



Hygiene Clinics¹. Among the new attendances in 2013, the most commonly seen sexually transmitted infections were non-gonococcal urethritis, non-specific genital infection, genital warts, gonorrhoea, syphilis and herpes genitalis (Figure 15).

Figure 15 : Common Types of Sexually Transmitted Infections of New Attendances at Social Hygiene Clinics, 2013



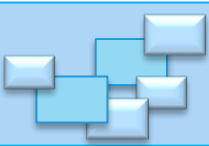
Note : Each new patient can be classified under one or more than one type of diseases.

The dermatology clinics provide specialised outpatient care for patients referred for skin conditions. They are equipped with modern phototherapy and laser units. Skin conditions commonly seen include eczema, verruca, tinea, acne and psoriasis. In 2013, there were 19 129 new attendances and 171 408 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.

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



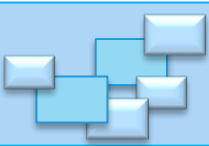
The SPP's clinical programme specialises in the delivery of services to people living with HIV / AIDS. The services range from AIDS Hotline, AIDS counselling and testing, clinical consultation and treatment, nursing care to psychosocial support. Other clinical activities include management of needle-stick injuries, dermatology and genitourinary medicine consultations. The HIV treatment service is mainly provided at the Integrated Treatment Centre at Kowloon Bay Health Centre. In 2013, the total clinical attendance at the SPP was 26 139, with a 4.7% increase compared with the figure of 24 968 in 2012.

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 RRC is to facilitate and enhance the community's response to HIV / AIDS. Besides designing and implementing activities directly, the SPP also collaborates with community agencies in undertaking a number of projects such as the 'Red Ribbon in Action' AIDS Education Funding Scheme and the Lions Red Ribbon Fellowship Scheme. To target risk behaviours, RRC also organises condom promotion activities and outreach programmes for drug users. Two ongoing large-scale voluntary HIV screening programmes are in operation through the support of the SPP — universal antenatal HIV screening and universal testing of methadone clinic attendees.

In 2013, the SPP coordinated or co-organised several meetings such as the Mainland Community Based Organisations strategic workshop and the special working meeting between SPP, Guangdong Centre for Disease Control and Prevention (CDC) and Guangzhou CDC.

Reciprocal participation of publicity activities between Shenzhen CDC, Macao CDC and RRC continued in 2013. On 30 November 2013, RRC co-organised with Radio Television Hong Kong to hold the 'Safe Journey' drama premiere cum ceremony at MacPherson Stadium for World AIDS Day 2013. The event aimed to arouse public's awareness of safer sex and HIV prevention. The event was attended by representatives from Shenzhen CDC and Macao CDC, along with HKSAR Government senior officials.

RRC is the UNAIDS 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 for their professional development or research in HIV / AIDS control. In 2013, one Lions Red Ribbon Fellow completed the study 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.

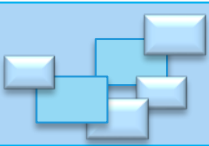
The SPP's research and epidemiology programme includes maintaining the voluntary HIV / AIDS reporting system, coordinating the HIV prevalence studies, operating behavioural surveillance mechanism, supporting HIV genotyping surveillance programme and running a series of registries and cohorts.

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.



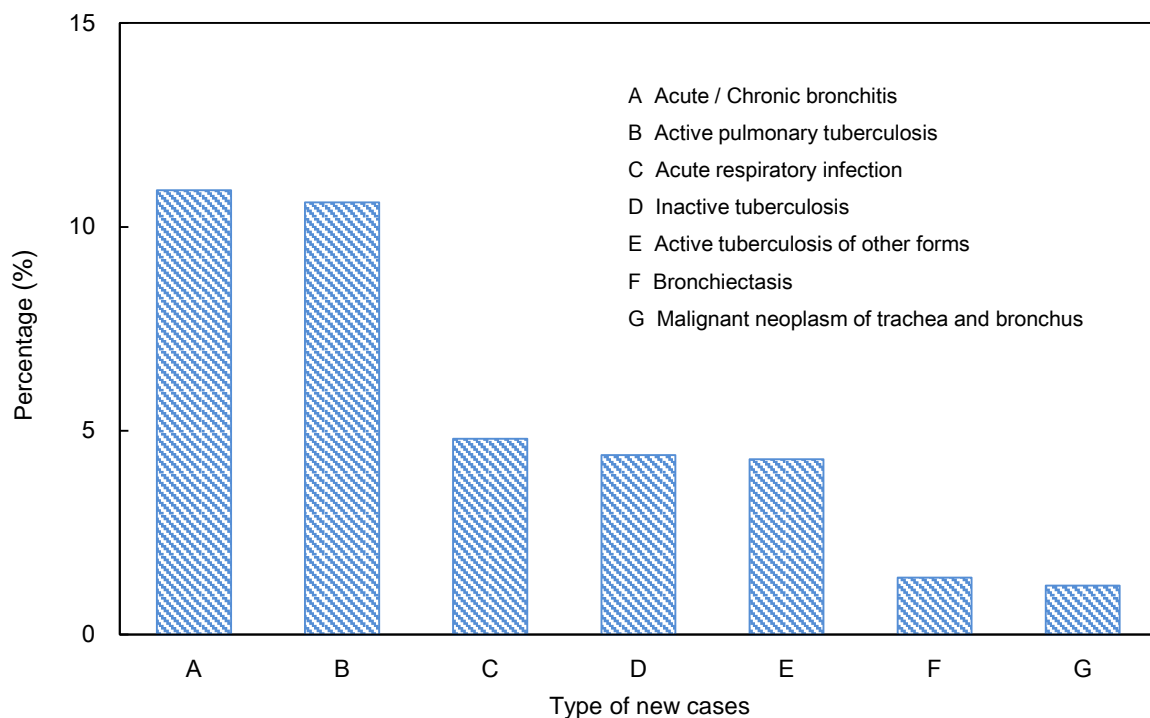
The Tuberculosis and Chest Service operates chest clinics in Hong Kong, providing outpatient service to patients suffering from tuberculosis and various chest diseases. In addition to chest clinics, the Service also runs a Pneumoconiosis Clinic which performs compensation assessment and offers other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



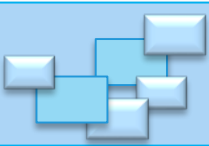
The total attendance at chest clinics was 722 504 in 2013. The common types of new cases seen included acute / chronic bronchitis, active pulmonary tuberculosis, acute respiratory infection, inactive tuberculosis, active tuberculosis of other forms, bronchiectasis, and malignant neoplasm of trachea and bronchus (Figure 16).



Figure 16 : Common Types of New Cases Seen at Tuberculosis and Chest Clinics, 2013



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

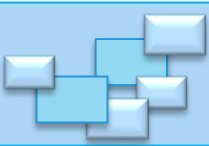
The Surveillance and Epidemiology Branch is responsible for formulating strategies and implementing measures in the surveillance, prevention and control of communicable and non-communicable diseases.

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 various communicable diseases in different settings. Private and public general outpatient clinic doctors and, Accident and Emergency Department 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 diseases. 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 real-time surveillance, rapid intervention and responsive risk communication, and take appropriate preventive and control measures.

The Central Notification Office (CENO) has been set up to centralise notifications of communicable diseases and poisoning, and to monitor intelligence related to

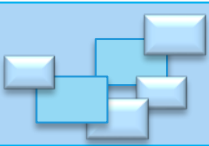


communicable diseases in Hong Kong. The CENO receives notifications from various sources such as doctors, laboratories and institutions and disseminate the information to relevant parties for investigation in real-time. The CENO On-line provides a secure electronic platform for doctors to report notifiable diseases and outbreaks. The CENO has also developed an electronic notification interface, Notifiable Diseases and Outbreak Reporting System, with Hospital Authority to facilitate notification in public 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. The 13th Tripartite Meeting of Guangdong, Hong Kong and Macao on the Prevention and Control of Communicable Diseases was held on 7 and 8 November 2013 in Hong Kong.

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. The development of the system components and their integration in phases on a building-block basis was in progress.

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



Non-communicable Disease Division

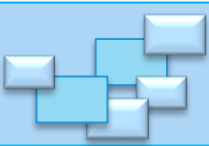
The Non-communicable Disease Division is responsible for surveillance and control of non-communicable diseases of significance to the Hong Kong population, including the formulation of strategies in relation to cancer prevention, promotion of healthy diet and physical activity participation, reduction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

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

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

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

The Working Group on Injuries (WGI) was established in 2012. The Working Group comprises representatives from community organisations, academia, healthcare professions, social services sector, public sector and government departments. The WGI would advise on the priority actions for health improvement in the area of injury prevention, and make recommendations on the development, implementation and evaluation of action



plans for prevention of injuries. Subject to comments and advice on the recommended priority areas for action by members of the WGI, an action plan would be published with the endorsement of the Steering Committee on Prevention and Control of Non-communicable Diseases.

Planning was underway for the conduct of the second Population Health Survey based on the World Health Organization STEPwise approach to Surveillance. This survey aims to report the patterns of health status and health-related issues of the general population in Hong Kong, in order to strengthen the information base on population health, thereby supporting evidence-based decision making in public health measures.

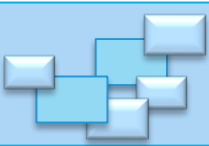
The 'HealthyHK' website, which was launched in February 2005, continues to serve as a platform which allows information sharing with a view to promote public health. Members of the public can access aggregated data through the 'HealthyHK' website.

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. The information system continues to facilitate the Department of Health and various government agencies in health data sharing.

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 discharges its expanded roles and functions in health promotion through the advocacy of knowledge-based, needs-driven and effective health promotion actions within and beyond the Department. Through a multi-disciplinary workforce, the Unit provides steer and leadership, information support and resources to

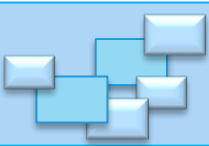


partners in health promotion. The priority areas for action include prevention of communicable diseases, healthy eating, physical activity and promotion of organ donation.

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

The Unit carried out a series of programmes, in collaboration with other government departments and organisations to promote healthy eating. Under the 'EatSmart@school.hk' Campaign, which entered its eighth school year, a range of programmes and activities were implemented adopting comprehensive strategies which included alliance building, education and empowerment, publicity and advocacy, research and evaluation, and creating conducive environment to help children adopt a healthy eating habit. Under the 'EatSmart@restaurant.hk' Campaign in collaboration with the catering industry and various stakeholders which entered its sixth year, 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 launch of the 'StartSmart@school.hk Campaign' in 2012, the Unit continued to promote healthy eating and active living of pre-school children in 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, the Unit disseminates health messages through various channels including the CHP website and 24-hour Health Education Hotline, broadcasting APIs in TV / radio stations, production and distribution of health education materials to relevant stakeholders. The Unit takes great importance in forming partnership with stakeholders by updating them of disease status and soliciting their support in disease prevention and control. In response to the first confirmed imported human case of avian influenza A(H7N9), increasing dengue fever activity in neighbouring areas and confirmed invasive pneumococcal diseases in children, the Unit collaborated with relevant parties to enhance various publicity activities accordingly. Other health topics of public concern e.g. influenza, vaccination schemes of 2013/14, and Childhood Vaccination Subsidy Scheme (PCV13 booster) were also the foci of publicity work.



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

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

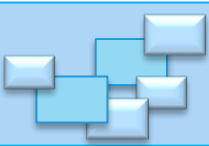
In training of personnel, the Unit organises training programmes for health promotion practitioners both within and beyond the Department. More than 1 000 health promotion practitioners participated in the training courses conducted in 2013/14 covering a variety of topics including 'Physical Game Workshop for Teachers' and 'Nutritional Training on Healthy Eating'.

The Unit conducts various research projects in order to evaluate the effectiveness of ongoing programmes and to assess the needs of health promotion strategies. Examples include the Dietary and Physical Activity Survey of Pre-primary Institution Students and the Nutrient Testing of School Lunch in Primary Schools in Hong Kong 2013.

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

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

- developing, monitoring and reviewing the strategy for promoting health in Hong Kong;
- co-ordinating and strengthening cohesiveness of actions across the health promoting community;



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

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

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

The Division regularly publishes the 'Community Health Partnership Communication' newsletter to be distributed to local health promotion partners to inform them of key health topics in Hong Kong, so that community leaders can promulgate up-to-date messages through their networks.

DENTAL SERVICE

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

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

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

The Dental Service also collaborates with the Water Supplies Department in the regular monitoring of the level of fluoride in the water supply.



Oral Health Education Unit

To enhance the oral health of the public, the Oral Health Education Unit promotes oral health to all sectors of the community by producing oral health education materials, organising publicity campaigns, and engaging in collaborative projects with non-governmental organisations and professional bodies. There is an annual Love Teeth Campaign to help the public to develop proper oral health habits. Information on oral health is also available to the public through the oral health education website and 24-hour oral health information hotline.

In addition to supporting other health service units, the Unit continues Oral Health Promotion Programmes targeted at kindergarten children, primary students, secondary students and students with mild and moderate intellectual disability. It continues to strengthen its efforts on oral health promotion in a primary care approach and delivers more outreaching oral health educational activities to the primary school students through the 'Bright Smiles Mobile Classroom' throughout the territory.

In 2013, the Unit produced about 95 new titles of oral health education materials. The total attendance at its programmes and activities was around 130 000.



School Dental Care Service

The School Dental Care Service promotes oral health and provides basic and preventive dental care to primary school children through eight School Dental Clinics in the territory. Services are provided by well-trained dental therapists under direct supervision of dental officers. It has a 24-hour interactive voice response system and website to provide information on the Service and oral health for the general public.

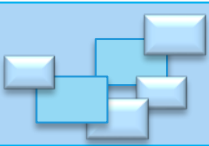
In 2012/13 school year, 301 805 primary school children from 615 schools enrolled in the Service, accounting for 95.2% of the total primary school children population in Hong Kong. Of all school children who enrolled in 2012/13, 83.8% were rendered dentally fit.



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.

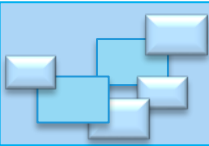
The Government Dental Clinics accommodated 628 003 visits by civil servants and dependents, and 96 191 visits by general public patients in 2013.



Oral Maxillofacial Surgery and Dental Units

Curative dental services are also provided to public hospital patients and prisoners / inmates of correctional institutions. The Oral Maxillofacial Surgery and Dental Units in seven public hospitals provide specialist oral maxillofacial surgery and dental treatment for hospital 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 2013, a total of 10 677 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 2013, arrangements were made for 138 officers to attend training and attachment programmes in places outside Hong Kong and 2 136 officers to receive departmental sponsorships for local courses. Over 2 886 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 the 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 2013.

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



Besides, 2 836 officers attended courses organised by the Civil Service Training and Development Institute, Civil Service Bureau. On learning by electronic mode, 140 officers successfully completed web courses on the 'Cyber Learning Centre Plus' in 2013.

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 encourage staff's suggestions to enhance the quality of services. To help our staff cope with stress and anxiety arising from work pressure and personal problems, the Department has appointed a professional agency to provide hotline counselling service. Besides, the Staff Relations and Subvention Unit and Staff Club also organised various sports and recreational activities, including ball games, visits, picnics, interest classes, the Staff Club Annual Dinner and the Family Fun Day, round the year to strengthen organisation cohesiveness and team spirit. The Department keenly supports fund raising activities of charitable organisations. The Departmental Volunteer Team also actively promotes volunteer activities.



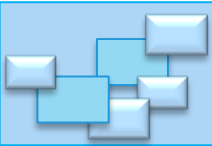
INTERNATIONAL RELATIONS

The Department of Health maintained strong ties with international health authorities through regular correspondence, bilateral visits and participation in conferences in 2013:

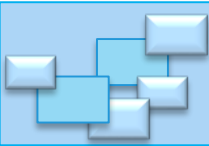
- In May, the Director of Health attended, as member of the People's Republic of China delegation, the 66th World Health Assembly held in Geneva, Switzerland.
- In October, the Director of Health represented Hong Kong, China to attend the 64th session of the World Health Organization Regional Committee for the Western Pacific in Manila, Philippines.
- The Department also arranged officers to attend conferences and visits, covering a broad spectrum of health-related topics. In 2013, 186 officers participated in 101 conferences / duty visits held outside Hong Kong.

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

- In March and April, the Director of Health visited the Shenzhen Entry-Exit Inspection and Quarantine Bureau to exchange views on quarantine measures in Hong Kong and Shenzhen.
- In May, the Director of Health met with National Health and Family Planning Commission and the State General Administration of Quality Supervision, Inspection and Quarantine, to understand the latest situation of the avian influenza A(H7N9) virus on the Mainland, review the relevant prevention and control measures and step up further contact between the two sides.
- In July, the Director of Health visited primary healthcare facilities, hospital's acute care and rehabilitation service, and Chinese medicine research centre in Macao. She met with the Director of the Health Bureau, Macao, to exchange views on public health issues and matters of mutual concern, strengthening ties between the two places.
- In August, the Director of Health visited the State Administration of Traditional Chinese Medicine and the China Food and Drug Administration in Beijing to discuss issues on Chinese medicine development and drug safety monitoring.



- In October, the Director of Health participated in the High-level Meeting on the Implementation of World Health Organization Traditional Medicine Strategy: 2014 – 2023 held in Macao.
- Under the Staff Exchange Programme between the Government of Hong Kong Special Administrative Region and the Mainland Provincial counterparts, the Department received one government official responsible for health administration from Shanghai.



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



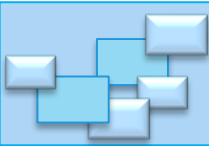
management measures within the clinic / unit. In addition, 'Green Corners' on notice boards and Green Action Teams in clinics / units have been set up to promote green office culture.

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 2013/14, a total 6 709 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.

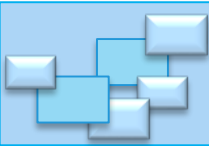
To comply with the Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354C), chemical wastes arising from clinics or laboratories are segregated from clinical wastes and domestic wastes, temporarily stored in a designated area which is only accessible by clinic staff and collected by the licensed 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 communication to replace hardcopies;
- Send greeting cards in festive seasons by electronic means;
- Cease internal circulation of hardcopies of clinic timetable, telephone directory, etc. to reduce paper consumption; and
- E-forms for various licensing applications of the Department have been made available to the public on the Government's website.



Green purchase

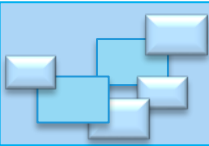
The Department has implemented the following green procurement initiatives to support the use of environmentally friendly products:

- 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;
- Photocopiers with double-side copying feature;
- Clinical waste bags and sharps boxes which are not made from polyvinylchloride materials and are capable of safely incineration;
- Use of plastic bags with recycled material;
- Use of degradable / recycled materials for outsourced cleansing service becomes one of the requirements in the service tenders;
- Mercury-free blood pressure monitors and thermometers;
- Liquid crystal display monitors to replace old cathode ray tube monitors for more effective energy saving; and
- Recycled and reusable stationery and other office supplies such as refillable ball-pens, reusable toners and printer cartridges etc.

Energy conservation

The Department has adopted the following energy saving measures:

- De-lamping lights to the minimum required for illumination and switching off lights and non-essential electrical appliances while not in use;



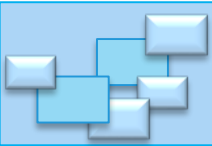
- Conducting energy audit survey for individual clinic buildings of high energy consumption to identify practical and effective energy saving measures;
- Modifying group lighting switches to individual switches;
- Installing air curtains at clinic entrances to prevent infiltration of un-treated hot and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

Air quality improvement

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

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

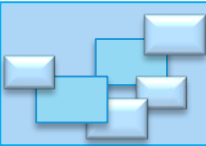
The Department works closely with Electrical and Mechanical Services Department (EMSD) to identify practical and effective energy saving and greenhouse gas reduction measures. Seven clinic buildings will join the 3-year Energy-cum-Carbon Audit Programme organised



by Environmental Protection Department in collaboration with EMSD. The relevant energy cum-carbon audits will be completed in 2014–15.

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

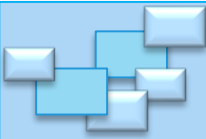
- Encouraging staff to make use of public transport while performing outdoor duties;
- Instructing all drivers in the Department to switch off their car engines while waiting and issuing circulars at regular intervals to remind them of this; and
- Arranging proper vehicle maintenance and timely replacement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



FUTURE DEVELOPMENT

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

- Incorporate the varicella vaccine into the childhood immunisation programme.
- Assist the Food and Health Bureau in reviewing the regulation of private healthcare facilities.
- Engage an external consultant to examine overseas experience and practices and the scope of control on the use of certain high risk medical devices; and report the outcome of the consultancy study and details of the legislative proposal to the Legislative Council Panel on Health Services.
- Publish the 'Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong' prepared by the Working Group on Injuries, and organise a seminar for local health promotion partners to raise awareness on prevention of unintentional injuries.
- Working group has been set up with the Hospital Authority to study the feasibility of trying out in the public healthcare system a screening programme for newborn babies for inborn errors of metabolism.
- Produce a television drama series titled 'My Family Doctor (我的家庭醫生)' to promote the concept of family doctor and commemorate the World Family Doctor Day.
- Collaborate with the Suicide Prevention Services to set up a referral system by which family and friends of suicide losses encountered in public mortuaries will be referred for counselling and support services.
- Collaborate with the Mass Transit Railway to organise seminars on dementia for their frontline staff to enhance their understanding of the disease and their skills in dealing with clients with dementia.



Appendix I

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.

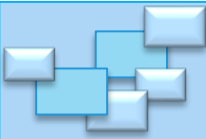
CHP Newsletter features people and events having an interface with the CHP. Through this means of communication, we hope that readers could get to understand the CHP better and be able to align values, beliefs and practices in support of health protection in Hong Kong.

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

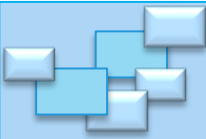


regulatory authorities, as well as local risk assessment findings. The local drug recall and adverse incidents may also be included. Drug News aims to update healthcare professionals with the latest drug safety information so that they can provide the most appropriate advice or therapeutic measures to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

Apart from the regular publications, a number of ad hoc reports were published in 2013.

The publications issued by different services in 2013 are listed below.

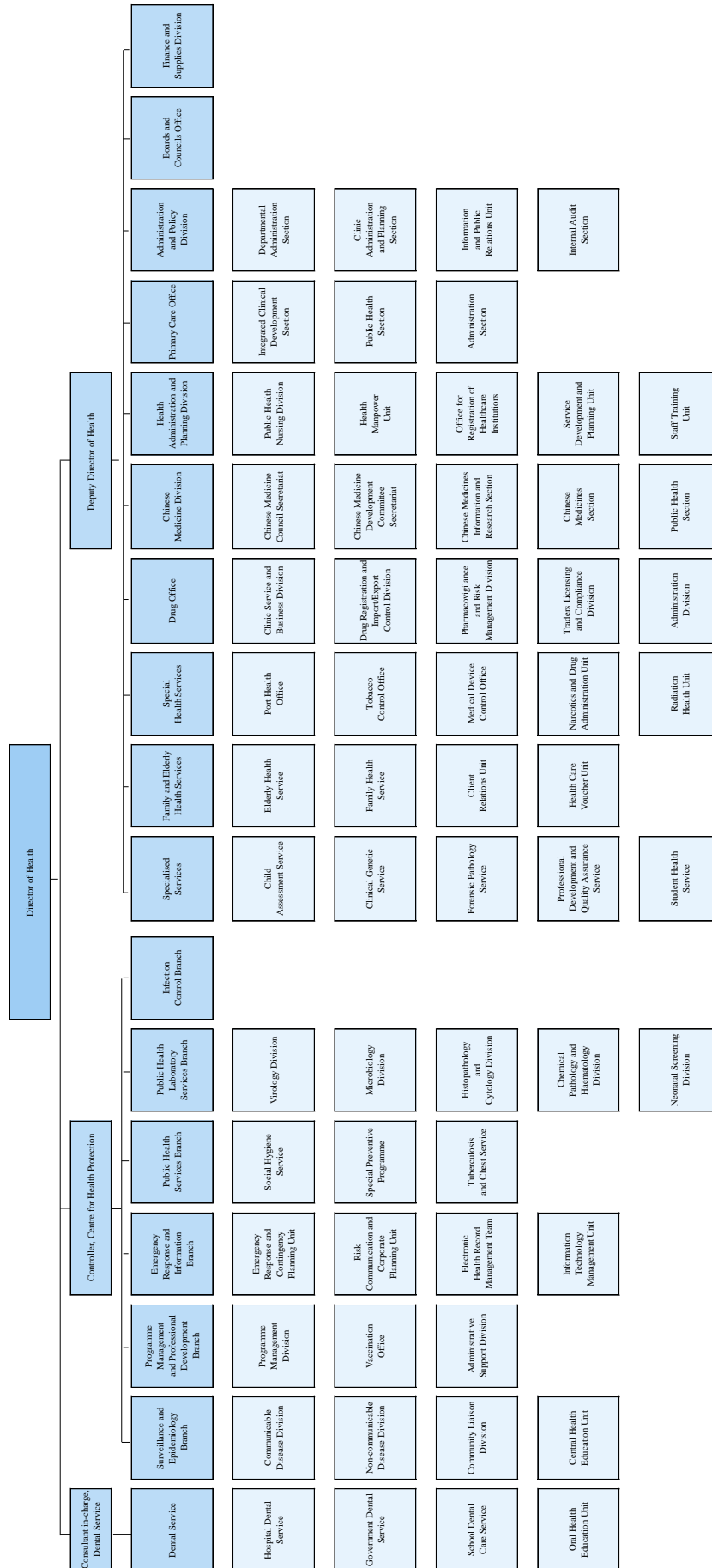
- AIDS Newsletter, No.62 – 63 (only available in Chinese)
- Avian Influenza Report, Vol. 9, No.1 – 52
- BRIDGE Newsletter, Issue No.58 – 61
- CHP Newsletter, Issues 32 – 33
- Communicable Diseases Watch, Vol. 10, No.1 – 26
- Community Health Partnership Communication Issue No.7 – 9
- Compendium of Pharmaceutical Products 2012
- CookSmart, Issue No.15 – 17
- Dental Service Newsletter, Issue No.46 – 49
- Drug News, Issue No.39 – 50
- EV Scan, Week 19 – 49
- EatSmart@restaurant.hk Newsletter, 2013 Issue 1 – 4
- Flu Express, Vol. 10, No.1 – 52
- HIV Surveillance Report – 2012 Update
- Hong Kong Chinese Materia Medica Standards Volume 6

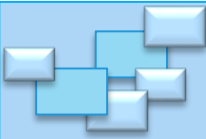


- Hong Kong STD / AIDS Update, Vol. 19, No.1 – 4
- Networking Voice, Vol. 19, No.1 – 2 (only available in Chinese)
- Newsletter of Elderly Health Service, Issue No.36 – 37 (only available in Chinese)
- Non-Communicable Disease Watch, January – December 2013
- Poisoning Watch, Vol. 6, No.1
- Red Ribbon Bulletin, No.42 – 44 (only available in Chinese)
- Report of Behavioural Risk Factors Survey, April 2013
- Surveillance of Viral Hepatitis in Hong Kong – 2012 Update Report
- The Node, Vol.15, No.1 – 3
- Travel Health Bulletin Issue No.9 – 10

Appendix II

Organisation Chart of the Department of Health (Position as at 31 March 2014)

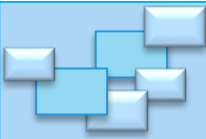




Appendix III

Medical Institutions on Hong Kong Island (As at 31 March 2014)

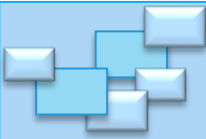
Institutions with Services Provided by Department of Health	District Council District
1. Aberdeen Jockey Club Clinic (methadone clinic, dental clinic and elderly health centre)	Southern
2. Anne Black Health Centre (maternal and child health centre) / Tang Shiu Kin Dental Clinic	Eastern
3. Ap Lei Chau 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 2014) (Cont'd)

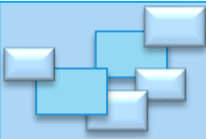
Institutions with Services Provided by Department of Health	District Council District
21. Victoria Road Dental Clinic	Central & Western
22. Wan Chai Polyclinic (chest clinic and dental clinic)	Wan Chai
23. Western Dental Clinic	Central & Western
24. Wu Chung House (port health travel health centre)	Wan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

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



Medical Institutions in Kowloon (As at 31 March 2014)

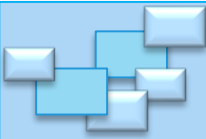
Institutions with Services Provided by Department of Health		District Council District
1.	Argyle Street Jockey Club School Dental Clinic (school dental clinic and oral health education centre)	Kowloon City
2.	Central Kowloon Child Assessment Centre	Kowloon City
3.	Cheung Sha Wan Jockey Club Clinic (genetic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



Medical Institutions in Kowloon (As at 31 March 2014) (cont'd)

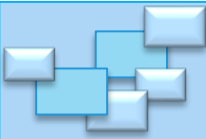
Institutions with Services Provided by Department of Health	District Council District
22. Wang Tau Hom Jockey Club Clinic (maternal and child health centre and Red Ribbon Centre)	Wong Tai Sin
23. West Kowloon Health Centre (maternal and child health centre and dermatology clinic) / Cheung Sha Wan Government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



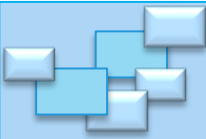
Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2014)

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. North Lantau Hospital (elderly health centre)	Islands
8. Pamela Youde Child Assessment Centre, Dental Clinic and School Dental Clinic	Sha Tin
9. Prince of Wales Hospital Li Ka Shing Specialist Clinic (dental clinic)	Sha Tin
10. Sha Tin (Tai Wai) Clinic (methadone clinic and student health service centre)	Sha Tin
11. Shek Wu Hui Jockey Club Clinic (chest clinic, methadone clinic, student health service centre and elderly health centre)	North
12. St. John Hospital (maternal and child health centre, chest clinic, methadone clinic and dental clinic)	Islands
13. Tai O Dental Clinic	Islands
14. Tai Po Jockey Club Clinic (chest clinic, methadone clinic and student health service centre)	Tai Po
15. Tai Po Wong Siu Ching Clinic (maternal and child health centre, dental clinic and elderly health centre)	Tai Po
16. Tseung Kwan O Jockey Club Clinic (elderly health centre)	Sai Kung
17. Tseung Kwan O Po Ning Road Health Centre (dental clinic and maternal and child health centre)	Sai Kung
18. Tung Chung Health Centre (maternal and child health centre, chest clinic and dental clinic)	Islands
19. Yuen Chau Kok Clinic (chest clinic)	Sha Tin



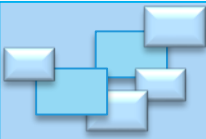
Medical Institutions in New Territories East (Including Outlying Islands) (As at 31 March 2014) (cont'd)

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



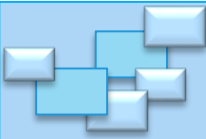
Medical Institutions in New Territories West (As at 31 March 2014)

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 2014) (cont'd)

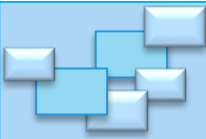
Health Centres in Correctional Services Department	District Council District
23. Lai King Correctional Institution	Kwai Tsing
24. Siu Lam Psychiatric Centre	Tuen Mun
25. Tai Lam Centre for Women	Tuen Mun
26. Tai Lam Correctional Institution	Tuen Mun



Appendix IV

Statement of Expenditure by Programme 2013/14

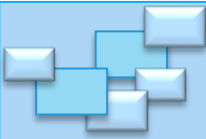
Programme	Government Sector \$Mn	Subvented Sector \$Mn	Total \$Mn
1. To enforce legislation to ensure a high standard of public health protection	628.6	0.0	628.6
2. To prevent and control diseases and reduce preventable diseases and premature deaths	2,581.8	48.6	2,630.4
3. To promote health and increase health awareness in the community and among specific target groups	250.2	86.9	337.1
4. To provide specialised outpatient treatment for various illnesses	806.5	3.1	809.6
5. To provide comprehensive assessment for children with developmental problems and disabilities	98.2	0.0	98.2
6. To contribute to Government's overall strategy for the control of drug abuse	52.6	105.4	158.0
7. To provide medical and dental services for serving and retired civil servants and other eligible persons	936.0	0.0	936.0
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	8.2	0.0	8.2
Total	5,362.1	244.0	5,606.1



Appendix V

Government Medical Subventions to Voluntary Institutions 2013/14

Government Medical Subvention	Subventions for 2013/14 (\$)
Recurrent Subvention	
Caritas Hong Kong	6,804,113
Family Planning Association of Hong Kong	45,792,095
Hong Kong Council on Smoking and Health	22,069,350
Hong Kong Red Cross	1,099,000
Hong Kong St. John Ambulance	13,789,304
Society for the Aid and Rehabilitation of Drug Abusers	89,802,508
Tung Wah Group of Hospitals – Chinese Medicine Clinics	3,136,000
Hong Kong Christian Service	8,338,055
Tung Wah Group of Hospitals – Smoking Cessation Programme	34,650,000
Pok Oi Hospital	7,300,000
Po Leung Kuk	2,158,000
The Lok Sin Tong Benevolent Society, Kowloon	1,888,500
United Christian Nethersole Community Health Service	2,640,000
Life Education Activity Programme	1,333,000
Evangel Hospital – Elderly Health Assessment Pilot Programme (EHAPP)	228,000
United Christian Nethersole Community Health Service – EHAPP	969,000
Chai Wan Baptist Church Community Health Centre Ltd – EHAPP	114,000
Po Leung Kuk – EHAPP	114,000
The Lok Sin Tong Benevolent Society, Kowloon – EHAPP	85,500
HK Sheng Kung Hui Welfare Council – EHAPP	513,000
Tung Wah Group of Hospitals – EHAPP	57,000



Sik Sik Yuen – EHAPP	57,000
Haven of Hope Christian Service – EHAPP	142,500
Total Recurrent Subventions	243,079,925
Capital Subvention	
Family Planning Association of Hong Kong	470,684
Society for the Aid and Rehabilitation of Drug Abusers	501,100
Total Capital Subventions	971,784