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## 感染控制處－從構思到推行 Infection Control Branch - From Conception to Launch

當年沙士大爆發之後，全港防疫工作急待重新整合和積極拓展，翁維雄醫生受命從醫院管理局（醫管局）借調到新成立的衛生防護中心，出任感染控制處主任，承諾在一年內完成該處的各项基礎建設，開展工作。

### 構思與成立

作為感染控制處主任，翁醫生肩負着領導該處的工作發展。「當初構思設立感染控制處時，主要考慮幾個重點：第一是提高醫護人員及市民對感染控制的警覺性；第二是協調各持份者之間的相互配合；第三是如何善用專才，特別是加強與醫管局合作。」

翁醫生續說：「感染控制處成立之初，共有十四位醫護行政人員負責當時的五大主要工作方向，分別為培訓人才，包括醫院及老人院、幼兒園的前線醫護人員；與流行病學處共同調查感染病例和監測風險；制訂相關指引，協調社區在使用指引時的一致性；協助制訂緊急措施，應對流感大流行或沙士等大爆

After the outbreak of SARS, Hong Kong embarked on an urgent quest to actively develop and consolidate a territory-wide infection control system. Dr Raymond YUNG Wai-hung was then seconded from the Hospital Authority (HA) to the Centre for Health Protection (CHP) to take up the post of the Head of the Infection Control Branch (ICB). Dr YUNG pledged to put in place the infrastructure for full operation of the ICB within one year.

### Conception and Establishment

As the Head, ICB, Dr YUNG spearheads the development of the Branch. 'The idea of setting up the ICB came with several key considerations,' he explained. 'First, we needed to raise the alertness for infection control among health care workers and the public; secondly, we had to coordinate the interactions among stakeholders; and thirdly, we needed to leverage our collaboration with other health professionals, especially to strengthen our co-operation with the HA.'

'At the very beginning,' Dr YUNG continued, 'ICB was staffed with fourteen medical executive



衛生署  
Department of Health

發；及作為醫管局和衛生署的橋樑，協調兩者之間的工作關係及人員借調。」

## 挑戰與發展

成立四年以來，翁醫生認為最大的挑戰是如何建立高效的專業團隊。感染控制處的工作非常緊迫，工作人員來自不同專業範疇，包括衛生署和醫管局的醫生、護士，以及其他擁有傳染病、公共衛生、臨床及職業衛生經驗的專業人士。感染控制處竭力整合各方的專業經驗和知識，達到普及感染控制的目標。

翁醫生認為在衛生署、醫管局及其他持份者之間建立緊密的網絡，也是處理疫症大爆發的關鍵。例如在處理老人院爆發流感時，感染控制處便透過醫管局的老人協調委員會，協調老人院、社會福利署、醫管局和衛生署等的監控工作，一起推動住院長者帶同登記卡入院的機制；另外感染控制處制訂指引，並加強培訓所有老人院醫護人員，以深化他們對防控感染的認識和實踐。

此外，感染控制處按世界衛生組織的要求，為細菌的抗藥性製作指引，如建立抗藥性金黃葡萄球菌呈報系統、抗生素資料庫等，提醒各前線醫生留意對病人用藥的安排。

## 成效與將來

過去幾年，感染控制處與社區、醫管局已建立了緊密的伙伴關係；去年更根據香港本土經驗加以設計和籌備，成立了衛生防護中心及醫管局協作小組，該小組具有全面的臨床、通報及培訓機制。



翁維雄醫生介紹感染控制處的工作。

Dr Raymond YUNG introduced the work of the Infection Control Branch.

officers being in-charge of our five major work areas, namely, professional training for health care workers including frontline workers in hospitals, homes for the elderly and nurseries; joint investigation and risk monitoring of cases of infectious disease with the Surveillance and Epidemiology Branch; developing relevant guidelines to ensure compliance and consistency in the community; supporting the formulation of emergency measures to deal with outbreaks of influenza or SARS; and collaboration between the Department of Health (DH) and HA with respect to operational relationship and staff secondment.'

## Challenges and Development

Dr YUNG considers that the biggest challenge since the establishment of ICB four years ago was to build up a professional team of high effectiveness and efficiency. The Branch runs in a hectic schedule with personnel from various professions, including medical and nursing staff from the HA and DH, as well as experienced professionals in fields of infectious diseases, public health, clinical and occupational health. The ICB strives to create a synergy with all these professional experience and knowledge for a territory-wide infection control.

Dr YUNG is convinced that a strong tie between the DH, HA and other stakeholders is the key in dealing with the outbreak of infectious diseases. For instance, on the occasion of influenza outbreak in elderly homes, the ICB would route through the HA's Elderly Coordination

Committee to co-ordinate surveillance and control measures among affected elderly homes, Social Welfare Department, the HA and DH. They also work together on the mechanism to encourage elders to bring their registration cards at hospital admissions. Besides, the Branch has provided guidelines and strengthened training for elderly home health care workers to enhance their knowledge and practice of prevention and control of infectious diseases.


To enable timely reporting of infectious diseases, the Branch has produced guidelines on antibiotic resistance in accordance with the World Health Organization standard, including creating a reporting system for methicillin-resistant *Staphylococcus aureus* (MRSA) and a database of the use of antibiotics. The antibiotic resistance pattern in bacteria is regularly communicated to frontline doctors in their prescriptions of medicine to patients.


## Achievements and the Future

On top of its close partnership established with the community and the HA in recent years, the Branch has set up CHP-HA Collaboration Unit with reference to local context. The new unit possesses an all-round clinical, reporting and training mechanism.

Looking ahead, Dr YUNG hopes that the Branch will continue to develop in several new areas. 'The Branch will conduct effectiveness study on its issued guidelines in order to update and improve the contents,' he said. 'Also, the Branch will work closely with relevant institutions to further promote the infection control practice.'

翁醫生展望該處會繼續發展，並朝着幾個新範疇邁進。「感染控制處將就曾發出的多項指引進行成效研究，以更新和改善指引的內容。其次，感染控制處還要與其他相關機構合作，以強化感染控制的措施。」

最後，翁醫生再次強調感染控制處持續培養人才的重要性，在交流傳染病議題上進行更廣闊的聯繫。他期望感染控制處能發揮資訊整理的豐富經驗，善用於培訓工作上的優勢，在不久的將來能夠成為亞太資訊交流和培訓中心。 

Lastly, Dr YUNG reiterates the importance of continuous personnel training. He considers that wider collaboration should be established to cope with the future regional development. With its experience in organising information and the well-established personnel training infrastructures, he hopes that ICB will soon become a hub for knowledge-sharing and professional training in the Asia Pacific Region. 



## 走訪衛生防護中心 Venues in Focus

# 衛生防護中心及醫管局協作小組

## The CHP-HA Collaboration Unit

為提升公共衛生當局與醫院管理局之間的聯繫及合作效率，位於瑪嘉烈醫院傳染病中心五樓的衛生防護中心及醫管局協作小組（小組）於二零零七年正式成立。現在就讓我們參觀小組的設施。

To enhance the liaison and collaboration between public health authorities and the Hospital Authority, the CHP-HA Collaboration Unit (the Unit), situated on the 5th floor of the Infectious

Disease Centre at Princess Margaret Hospital, was established in 2007. Let's have a look at the facilities in the Unit.



小組是培訓、分享和交流知識與經驗的地方。

The Unit is where training, sharing and exchange of knowledge and experience take place.



小組人員隨時掌握有關感染控制的最新資訊。Staff of the Unit are kept updated with latest information in the field of infection control.


# 愛滋病及性病科學委員會的新建議

## New Recommendations by Scientific Committee on AIDS and STI



科學委員會一直以來就傳染病議題進行討論並就相關的防控策略作出建議。愛滋病及性病科學委員會繼早前發表「對被利器刺傷及經黏膜與乙型肝炎、丙型肝炎及愛滋病毒接觸後的處理方法及預防措施-策略原則」後，最近亦發布了「就醫治愛滋病毒與結核菌共同感染的建議」，以供醫生參考。


由黎錫滔醫生為主席的愛滋病及性病科學委員會負責就愛滋病及性病這兩個息息相關的公眾健康問題，向政府提供預防、醫療和控制方面的建議。於一九九五年，當時的愛滋病科學委員會曾就預防及治療愛滋病患者的結核病，發表名為「愛滋病患者的結核病預防工作及管理」的資料文件。此文章發表以後，醫學界不但在認識涉及結核病的藥物相互作用、臨床表徵及免疫力重整綜合症方面取得重要的成果，而且還發展了新的診斷方法及抗逆轉錄病毒藥物。

多重抗藥性結核以及廣泛性抗藥性結核相連的出現，凸顯公共衛生組織及具臨床經驗的管理團隊在預防抗藥性的出現擔當重要的角色。因此該委員會不斷關注就醫治愛滋病毒與結核菌共同感染方面的最新發展，更新專業建議，以提升本港的治理水平，長遠令公共衛生得到裨益。有關建議已上載至衛生防護中心網頁，歡迎下載閱讀。 

The Scientific Committees continuously make contribution in discussing a wide range of important infectious disease issues and developing recommendations related to strategies on prevention and control. After providing 'Recommendations on the Postexposure Management and Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV', the Scientific Committee on AIDS and STI (SCAS) has recently issued 'Recommendations on the Management of Human Immunodeficiency Virus and Tuberculosis Coinfection' for doctors' reference.

The SCAS, under the chairmanship of Dr Thomas LAI, devotes efforts in advising the Government on the prevention, care and control of two closely related public health problems, AIDS and sexually transmitted infections (STI). In 1995, the then Scientific Committee on AIDS published an information paper entitled 'Prevention and Management

of Tuberculosis in HIV infected Patients in Hong Kong' on the prevention and treatment of tuberculosis (TB) in human immunodeficiency virus (HIV) disease. Since then, significant gains have been made in the understanding of drug interactions, clinical presentations, and immune reconstitution inflammatory syndrome (IRIS) involving TB. Both new diagnostic and new antiretrovirals have also been developed.

The emergence of multidrug-resistant and extensive drug-resistant TB highlights the pivotal role of a well funded public health infrastructure and appropriate clinical management in preventing resistance. The SCAS, therefore, continues to monitor the development and update recommendations for management of HIV-TB coinfection, in order to achieve a standard of care in Hong Kong that will translate into clinical benefit and public health control. You are welcome to take a look at the recommendations which have been uploaded on the CHP website. 

# 奧運馬術項目的公共衛生工作

## Public Health Preparedness and Actions for the Equestrian Events

二零零八奧林匹克運動會和殘疾人奧運會馬術比賽已於二零零八年八月及九月間在香港成功舉辦。以衛生署署長林秉恩醫生擔任的總醫療經理為首的醫療隊伍，在醫療專長和人力資源方面全面支持馬術比賽。醫療隊伍由衛生署、醫院管理局、醫療輔助隊、消防處和聖約翰救傷隊組成，並全力支援總醫療經理應付公共衛生和醫療需要。

有關公共衛生方面，衛生防護中心為二零零八奧林匹克運動會及殘疾人奧運會馬術比賽制定一套預防及控制傳染病爆發的緊急應變計劃，確保有關政府部門已作出有效措施。其中公共衛生行動分為比賽進行前、比賽進行期間和比賽結束後三個階段，並包括加強傳染監測、有關人類感染個案的化驗診斷、調查及疾病控制、感染控制、港口衛生措施和風險信息傳達等範疇。為加強協調各有關部門和相關合作夥伴機構的應變準備工作，衛生防護中心在二零零八年六月舉行了一項代號「赤道」的演習，以測試政府和有關機構就處理涉及馬術比賽的公共衛生事故的整體準備和應變能力。演習旨在檢視跨部門的程序和緊急應變計劃，協助進一步改善政府部門間的合作和協調，共有超過一百名來自有關政府部門和機構的人員參與。

另外，衛生署製備了一份中英法三種語文單張——《給觀眾的健康提示》，以供在各酒店和機場派發，旨在提醒海外訪客注意炎熱天氣、蚊叮蟲咬、保持衛生和安全性行為等方面。

在馬術比賽期間，衛生防護中心已加強對傳染病和非傳染病的監測。除針對與馬術比賽有關的傳染病個案加強日常監測外，衛生防護中心也對十種症候群作特別的分析，偵測異常趨勢，以保障公

The Olympic and Paralympic Equestrian Events have been successfully held in Hong Kong during August and September 2008. The medical team headed by the Director of Health, Dr PY LAM, who is the Chief Medical Manager (CMM) of the events has deployed full strength to the events in terms of medical professional expertise and manpower resources. Department of Health, Hospital Authority, Auxiliary Medical Service, Fire Services Department and St. John Ambulance Brigade have provided full support to CMM in looking after public health matters and medical services.

Regarding public health aspects, the CHP had developed a contingency plan for prevention and control of infectious diseases outbreaks for 2008 Olympic and Paralympic Equestrian Events to ensure effective measures were in place. Public health actions were categorised into three response phases, namely, pre-games, games-time and post-games, encompassing actions ranging from surveillance, laboratory diagnosis for human infections, investigation and control, infection control, port health measures and risk communication. To better prepare for co-ordinated actions among government departments and relevant partners, CHP conducted an interdepartmental exercise, code-named



Equator, in June 2008 to assess the overall preparedness and response of the Government and related organisations to public health incidents during the events period, with over 100 participants from the concerned government departments took part. The exercise had validated interdepartmental procedures and contingency plans and helped fine-tune the co-ordination and co-operation amongst government departments.

Moreover, a trilingual 'Health Tips for Spectators' leaflet had also been prepared for distribution in various hotels and at the airport to remind overseas visitors on heat and insect

## 項目巡禮 Programmes in Focus

共衛生。此外，中央呈報辦公室亦不斷監察相關報告，並每日向有關方面發放重要資訊。

雖然在馬術比賽期間沒有發生重大的公共衛生事故，不過衛生防護中心亦曾接獲兩宗諾如病毒感染的報告，涉及兩名居於香港殘奧村的人士。衛生防護中心隨即進行調查和展開控制措施。調查結果顯示兩宗個案沒有直接關連。衛生防護中心向各參賽隊伍、香港殘奧村管理人員及其他住客提供健康建議，包括加強環境消毒、保持個人衛生和使用酒精搓手液清潔雙手，並緊密監察住客及工作人員的健康狀況。期後感染得到有效控制。

衛生防護中心十分慶幸有機會為香港成功舉辦馬術比賽作出貢獻，在過程中亦得到十分寶貴的經驗。藉着這次經驗，可使我們在參與籌備其他未來在香港舉行的大型國際項目時，將公共衛生工作做得更完善。此外，我們亦會透過經常進行的交流活動，與香港、內地和海外的相關專業機構，分享經驗及有用的資料。 (HP)

bite prevention, hygiene practices and safer sex.

During the event periods, public health surveillance on communicable and non-communicable diseases were strengthened. On top of enhanced surveillance on cases related to the events, CHP also conducted special surveillance on ten syndromes and detection of abnormal trends with a view to safeguarding public health. The Central Notification Office had been monitoring relevant reports and disseminated important information to concerned parties on a daily basis.

While there had been no major public health incidents during the event period, CHP received two reports of norovirus infections involving two residents of the Hong Kong Paralympic Village. CHP initiated prompt investigation and control measures. Investigations revealed no direct linkage between the

two cases. CHP provided health advice, including stepping up of environmental disinfection, observing good personal hygiene and using alcohol rub, to the participating teams, the management and other residents of the Village, and closely monitored the health condition of the staff and residents. The infection was subsequently put under effective control.

The CHP was privileged to have this invaluable opportunity to contribute to the successful conduct of the events in Hong Kong and benefit from the first hand experience gained. Lessons which we have learnt will definitely help improve our public health preparedness in organising other major international events in Hong Kong in future. We will also share our experience and useful information with other local, Mainland and overseas professional counterparts through our ongoing contact and communication. (HP)

## 活動快拍 Snapshots of Events

08.2008



衛生署透過「有『營』食肆」運動，邀請油尖旺及沙田區內的「有『營』食肆」，以優惠價錢提供有益又價廉物美的「有『營』菜式」，與飲食業界攜手共同推動健康飲食潮流。

To make healthy eating habits a trend among the public, Department of

Health (DH) has invited a number of EatSmart restaurants in Shatin and Yau Tsim Mong Districts to provide dining offers related to their EatSmart Dishes.

12.07.2008

社區聯絡部首席社會醫學醫生林文健醫生出席「健康飲食在觀塘」嘉許禮暨「健康美食新煮意烹飪總決賽」，致力支持健康城市運動。

Dr Ronald LAM, Community Physician of CLD, attended the 'Healthy Eating in Kwun Tong Award Ceremony cum Cooking Competition' to foster support in the Healthy Cities movement.



## 活動快拍 Snapshots of Events

**04.07.2008**

泰國衛生部門官員 Dr Yooth BODHARAMIK, Dr Wanchai SATTAYAWUTHIPONG 及代表團到訪衛生防護中心，了解衛生署的工作範圍和財政預算，與及流感大流行應變計劃。

Dr Yooth BODHARAMIK and Dr Wanchai SATTAYAWUTHIPONG, Advisor and Deputy Director-General of Department of Medical Services and the delegation of the Ministry of Public Health of Thailand visited CHP to understand DH's scope of work and budget, as well as the preparedness plan for influenza pandemic.



**08.07.2008**

衛生署署長林秉恩醫生出席觀塘區議會第五次全會會議，與區議員會面，藉此加強在地區層面的溝通及尋求支持。會上，林醫生就政府的重要衛生政策作出推廣及解釋，包括醫療券計劃。

Dr PY LAM, Director of Health, attended the 5th full council meeting of Kwun Tong District

Council. Major health initiatives of the Department, such as the Health Care Voucher Scheme, were promulgated to strengthen communication and to gain acceptance at district level.



**05-07.2008**

社區聯絡部與香港紅十字會攜手合作，透過「五星健康五星家」社區健康教育計劃，在屯門、葵青及大埔區舉辦了三場預防流感工作坊，提升區內「紅十字會健康之友」對流感的認識。

Community Liaison Division (CLD) collaborated with the Hong Kong Red Cross to organise workshops on influenza prevention through the 'Five-Star Health, Five-Star Home' Community Health Education Project. Three workshops were held in district-based approach, targeted for the 'Red Cross Healthy Friends', in Tuen Mun, Kwai Tsing and Tai Po districts.



**16.07.2008**

為加強與衛生防護中心之合作，醫療輔助隊衛生防護課指揮陳文仲醫生和多位代表到訪衛生防護中心，了解中心的日常運作。

To strengthen the collaboration with CHP, Dr CHAN Man-chung, Unit Commander of the Health Protection Unit and other representatives of the Auxiliary Medical Service visited CHP to familiarise with its operations.



**20.07.2008**

社區聯絡部與東區區議會及各社區團體合作舉辦地區健康推廣項目，藉攤位遊戲向超過三百名參加者介紹「有『營』食肆」的櫥窗膠貼、菜式標誌及東區「有『營』食肆」的名單。

CLD worked jointly with Eastern District Council and community groups to organise district-based health programme. Attracted over 300 people, the booth of 'EatSmart@restaurant.hk' Campaign offered games to acquaint participants with the door decal, logos of healthy dishes and the list of EatSmart restaurants in Eastern district.



**08.08.2008**

衛生署舉辦「廚師營養烹調培訓工作坊」，旨在令小學午膳供應商及學校飯堂的負責人更了解學童的營養需要，掌握健康午膳食譜的設計及改良技巧。是次工作坊共為39名人員提供培訓。

DH organised a 'Nutritional Cooking Training Workshop for Chefs' to enhance the understanding of personnel of primary school lunch caterers and school canteens towards nutritional requirement of

school children. Thirty-nine participants acquired skills for recipe development and modification in preparing healthy lunch boxes in the workshop.



## 活動快拍 Snapshots of Events



### 25.06.2008

深圳市衛生局應急辦劉堃主任及其他官員到訪衛生防護中心，交流防控傳染病和應付公共衛生事故的經驗。

Dr LIU Kun, Director of Department of Public Health Emergency Response, Bureau of Health of Shenzhen Municipality and other officials visited CHP to share experience in the prevention and control of infectious diseases and emergency response to public health crisis.



### 16.08.2008

社區聯絡部在元朗區健康城市協會舉辦的健康講座中向居民介紹健康菜式的精明選擇，又鼓勵居民支持「有『營』食肆」運動。

CLD introduced the smart choice for healthy dishes and called for support to the 'EatSmart@restaurant.hk' Campaign at the health talks organised by Yuen Long Healthy City Project Association.

### 20.09.2008

第十七屆國際愛滋病會議 - 會後報告座談會

Report Back Seminar of the XVII International AIDS Conference



### 28.08.2008

世界衛生組織全球患者安全挑戰計劃主席 Prof Didier PITTET到訪衛生防護中心感染控制處，交流在國際推行手部衛生的經驗。Prof PITTET讚揚衛生防護中心在護養院推廣手部衛生的工作及成效，是醫院以外首次成功的經驗。



Prof Didier PITTET, Lead of the Global Patient Safety Challenge, World Health Organization (WHO), visited the Infection Control Branch (ICB) to exchange international experience in hand hygiene promotion. Prof Didier PITTET highly appreciated CHP hand hygiene promotion programme in nursing home as the first successful experience beyond conventional hospital setting.



### 08.09.2008

無錫市醫院管理中心韓曉楓副主任及其他官員到訪衛生防護中心，了解衛生署的組織架構及職能，及香港的傳染病防控工作。

Dr HAN Xiaofeng, Deputy Director of the Wuxi Hospital Administration Center and other officials visited CHP to understand DH's organisation and functions, and prevention of communicable diseases in Hong Kong.

## 編者的話 Words from the Editor

今年盛夏，二零零八奧林匹克運動會和殘疾人奧運會馬術比賽在香港成功舉辦。衛生防護中心很高興有機會參與其中，制定預防及控制傳染病爆發的緊急應變計劃，對傳染病和非傳染病加強監測，為香港成功舉辦馬術比賽出一分力。

而秋風送爽之際，亦是衛生防護中心送別翁維雄醫生的時候。翁醫生多年來在

感染控制處貢獻良多，我們祝願他在未來的崗位上工作順利。

The Olympic and Paralympic Equestrian Events 2008 were successfully held in Hong Kong during this summer. CHP is pleased to have the opportunity to be part of it, formulating contingency plans for the prevention and control of the outbreak of communicable diseases and

stepping up the surveillance of both communicable and non-communicable diseases during the events.

As autumn approaches, it is time for us to farewell Dr Raymond YUNG. Throughout these years, Dr YUNG has made significant contributions to the Infection Control Branch. We wish him every success in his future endeavours.