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至2006年8月中，衛生署衛生防護中心本年共紀錄了廿二宗登革熱感染個案，均由外地傳入。市民在外遊時，必須採取措施預防被蚊子叮咬。除了登革熱，其他嚴重的疾病如瘧疾及日本腦炎，均可透過昆蟲傳播。有見及此，衛生防護中心成立了傳病媒介疾病科學委員會，為預防及控制此類疾病作出研究。

傳病媒介疾病

在全球人口和社會不斷變遷的同時，病菌基因亦會改變，醫學界必須提高警覺，以免新出現或重現的傳病媒介威脅人們的健康。傳病媒介疾病科學委員會主席鍾世文教授說：「傳病媒介疾病是指一些由媒介生物傳播的疾病，尤指蚊子、蝨子及蟻等昆蟲所傳播的疾病。透過傳病媒介疾病科學委

Up to the middle of August 2006, the Centre for Health Protection (CHP) had recorded about 22 cases of dengue fever infection for the year, all being imported. Members of the public must therefore take preventive measures to guard against mosquito bites when travelling. In addition to dengue fever, serious diseases such as malaria and Japanese encephalitis can also be spread via insects. In this regard, the Scientific Committee on Vector-borne Diseases of the CHP was formed to study, prevent and control such diseases.

Vector-borne diseases

As the world revolves with demographic and societal changes, genetic alterations in pathogenic organisms also evolve. The medical community must thus enhance the vigilance against the threat imposed by emerging and resurging vector-borne diseases. "Vector-borne diseases refer to those diseases spread by vector organisms, in particular insects and other arthropods

員會的會議，我們會因應研究發現而向政府、醫學界和市民提供預防及控制這些疾病的建議。」這個委員會由來自微生物學、公共衛生專科及昆蟲學的專家組成，近年政府向大眾宣傳的防蚊策略，都有賴他們提供專業意見。

鍾世文教授早在八十年代初已在港行醫，他認為香港這些年來的基礎建設及醫療服務都大有進步。如今衛生防護中心成立已兩週年，他對中心又有何看法？「沙士之後，衛生防護中心在預防疾病方面盡了很大努力，運作十分良好，未來可望媲美美國疾病控制及預防中心。說到還可改善的地方，希望中心能提供更多實用的報告及資料庫，以便醫護工作者及市民更易獲取最新的健康資訊。」

減低風險保健康

身為傳染病專家，鍾世文教授表示：「在旅遊時遇險的人，只有約百分之四屬疾病感染，卻有約百分之五十屬心臟病，及百分之廿二屬交意外等創傷。所以，但凡外遊，我們除了須要預早因應個別目的地之衛生情況注射相應的預防疫苗外，更須注意健康狀態，提防樂極生悲引致心臟病發。另外，旅遊時亦要小心選擇有經驗的司機，避免交通意外，更要慎防罪案及進行安全性行為等。」

對旅遊傳染病及熱帶病素有研究的他，很希望香港也能發展熱帶病方面的專業訓練和設立專科。談到本港的衛生情況，他說：「由我初到香港至今所見，本港的食水及食物衛生條件持續進步，唯獨是空氣污染實在越趨惡化，直接影響我們的呼吸系統。為了市民的健康，此問題必須立即改善。」

說不盡的難忘

鍾世文教授受訓於牛津大學及倫敦聖瑪莉醫院，曾在中美洲東北部的伯利茲、尼泊爾、泰國及其他熱帶地區提供醫療服務。走遍世界各地，難忘經歷自是不少。「自1974年獲取醫科學位後，我便加入了皇家陸軍醫務局在伯利茲行醫。那兒大部分土地為森林覆蓋，住在河邊的許多瑪雅印第安人都雙目失明。當時我對熱帶雨林的疾病認識不深，後來才發現他們是被納屬黑蠅咬過及受盤尾絲蟲感染而致盲。經此一役我便決心修讀內科及專攻熱帶病的專科，並在利物浦接受訓練。」他又說，約在1982年為尼泊爾人治療黑熱病時，發現

including mosquitoes, lice and mites. Through the Scientific Committee on Vector-borne Diseases, we provide to the government, the medical community and the public suggestions on the prevention and control of these diseases based upon research", said Prof John SIMON, the Chairman of the Scientific Committee on Vector-borne Diseases. The Committee, comprises experts in microbiology, public health specialty and entomology, and has been powering the Government's anti-mosquito strategies and public promotions with their professional input over recent years.

Ever since the 80s, Prof SIMON has been practising medicine in Hong Kong. He considered that the city has improved greatly over the years in terms of infrastructure and medical services. Now it has been two years since the establishment of CHP, how does the professor feel about the Centre? He said, "CHP has been dedicating itself greatly to disease prevention after SARS; and it has been functioning well. I hope that eventually it will be comparable to the Centers for Disease Control and Prevention (CDC), USA. As for room for improvement, I hope CHP could provide more practical reports and databases to facilitate easy access of the most updated health information by members of the medical professions as well as the general public."

Keep down the risks, keep up the health

As an expert in infectious diseases, Prof SIMON stated that, "infectious diseases only account for 4 per cent of travel-related deaths, whereas 50 per cent of deaths were due to

cardiovascular problems and 22 per cent to injuries such as road traffic accidents. Thus, when we travel, in addition to receiving early and appropriate vaccination determined by the spectrum of endemic disease in the destination country; we must also ensure that we are fit or else a heart attack or stroke may cause a tragic end to the journey. Moreover, we have to carefully choose experienced drivers for our journeys, so as to help prevent traffic accidents. And don't forget about crime prevention and safe sex, too."

With his profound exposure in travel-related infectious diseases and tropical medicine, Prof SIMON cordially hoped that Hong Kong could also develop her own professional training and set up a specialty in tropical medicine. Commenting on the local health condition, he said, "From what I've been witnessing since I first came here, the city's conditions have improved in terms of the drinking water and food hygiene. However air quality has markedly deteriorated and this directly affects our respiratory system. For the sake of citizens' health, this must be addressed right away."


Untold and unforgettable

Prof SIMON was educated at Oxford University and St Mary's Hospital, London. He has practised in Belize (a north-eastern territory in Central America), Nepal, Thailand and other tropical areas. With his footprints all around the world, there is surely much to remember. He said, "After qualifying for practice in 1974, I joined the Royal Army Medical Corps and served in Belize. The territory was largely forested, and many of the Mayan-Indians living by the riverside were blind. I didn't have an in-depth knowledge




原來尼泊爾寄生蟲的遺傳基因與印度的寄生蟲並不相似，反而更像中國的寄生蟲。他憶述初在本港行醫時，曾為十多名啞啞兵治病，當時他們吃了一些未徹底煮熟而含有寄生蟲的燒豬，導致患上旋毛蟲病。

醫者的信念

縱使要面對許多高傳染性的疾病，但許多醫生為了救治病人，不知怎的好像無懼受到感染，背後是否有某種宗教力量支持？鍾世文教授自言沒一定的信仰，只說欣賞佛教那種對眾生及萬物慈悲為懷的善性。萬水千山走遍，隨心之所好，他已把香港當成自己的家。身為香港大學醫學院的榮譽教授，他建議學生無論選擇進行學術研究或為人診病都好，必須忠於自己的興趣，並且不要忘記這是終身事業。 

about the diseases in tropical rainforest at that time. It wasn't until later that I found they had been bitten by Simulium black-biting flies and infected by Onchocerciasis parasites, which were the causes of their blindness. Having been through this experience, I determined to specialize first in internal and then in tropical medicine and received my training in tropical medicine in Liverpool." He added that when curing the Nepalese against the Kala-azar disease in about 1982, he discovered that the DNA of the Nepalese parasite did not quite resemble the Indian parasite but was closer to that of the Chinese. He also recalled that one of his first cases in Hong Kong involved ten-odd Gurkhas. The soldiers caught Trichinosis after eating barbecue pork that was not thoroughly cooked and carried parasites.


A doctor's belief


Despite the need to fight face-to-face with numerous kinds of highly infectious disease, many doctors seem to have no fear of getting infected. Is there a certain kind of religious support from behind? Prof SIMON said he did not have a particular tie to any religion; yet he appreciated the universal mercy for each and every being implicit in Buddhism. Born free to go around, born free to follow the heart - he has already taken Hong Kong as his home. As an honorary professor of the Medical Faculty of the University of Hong Kong, he suggested that medical students must be faithful to their own interest and must not forget it is a career for life - no matter what they choose, be it academic research or clinical practice. 

科學委員會天地

Scientific Committees Corner

流感大流行 —— 給醫生的最新指引 Influenza pandemic --- latest guide to doctors

新發現及動物傳染病科學委員會最近更新了「應用抗病毒藥物治療及預防新型流感：給醫生的一般指引」。該指引就流感大流行發生時，對有關抗病毒藥物的應用、其劑量及療程等事項作出闡述。更新了的指引現已上載於衛生防護中心的網頁，以供醫護人員參考。 

The Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) has recently endorsed the updated "General guide to doctors: Antiviral use for novel influenza treatment and prophylaxis". The guide covers different classes of antiviral drugs, their indications for use, dosages and regimens, etc, with respect to treatment and prophylaxis of influenza during a pandemic. The updated guide is available on the CHP website for reference by doctors. 



新發現及動物傳染病科學委員會開會討論「應用抗病毒藥物治療及預防新型流感：給醫生的一般指引」的更新內容。
The Scientific Committee on Emerging and Zoonotic Diseases discussing the updated information for "General guide to doctors: Antiviral use for novel influenza treatment and prophylaxis".

紅絲帶中心新翼開放


Opening of New Wing of Red Ribbon Centre



紅絲帶中心贊助人曾鮑笑微女士為紅絲帶中心新翼主持揭幕儀式。
Mrs Selina TSANG, Patron of the RRC was officiating at the opening ceremony of the Centre's new wing.

衛生署紅絲帶中心於1997年成立，由愛滋病信托基金資助，是愛滋病的教育、研究及資源中心，旨在促進及提升社區對愛滋病的應變能力。承蒙社會各界及團體的支持與合作，有關預防愛滋病的健康教育及推廣日漸進步。1998年起，紅絲帶中心亦成了聯合國愛滋病規劃署的技術支援合作中心，積極參與本港與鄰近地區的技術交流活動。多年來，紅絲帶中心已和本地、國內及海外的合作伙伴建立起網絡，以強化愛滋病的防控工作。


為了持續推動愛滋病健康教育及實施更多有效防止愛滋病的計劃，紅絲帶中心現已翻新及擴充。新翼於2006年6月23日正式開幕，並邀得紅絲帶中心贊助人曾鮑笑微女士主持揭幕儀式，標誌著紅絲帶中心歷年來發展的里程碑。

日後，本地及海外團體便可享用中心內更為完善的設備及服務，在作研究及技術交流時，空間亦更充裕。面對未來愛滋病預防工作的各種挑戰，紅絲帶中心已經準備就緒，作出更大貢獻。 

The Red Ribbon Centre (RRC) was established by the Department of Health to be an AIDS education, research and resource centre in 1997, with funding provided by the AIDS Trust Fund. Its mission is to facilitate and enhance community response to HIV/AIDS. Through coordinating, supporting and collaborating with various sectors and organizations in the community, HIV education and health promotion is enhanced. As the Joint United Nations Programme on HIV/AIDS (UNAIDS) Collaborating Centre for Technical Support since 1998, the RRC has been actively involving in technical exchanges between Hong Kong and the neighbouring territories. Over the years, the RRC has established networks with different local, Mainland and overseas partners for strengthening prevention and control of HIV/AIDS.

In order to sustain the health promotion efforts and deliver effective intervention programmes in the areas of HIV/AIDS, the

RRC premises has been renovated and expanded. The new wing of the RRC was opened on 23 June 2006. Mrs Selina TSANG, Patron of the RRC was officiating at the opening ceremony of the new wing, marking a major milestone in the Centre's history.

In the future, local and overseas groups will be able to access more facilities in a more spacious venue for research and technical exchanges. The Centre is ready to face the challenges ahead and to contribute towards the works on HIV prevention to a greater extent. 



位於聯合道東的紅絲帶中心，內有很多關於愛滋病的展品、資訊及數據可供參考。
Located at the Junction Road East, the Red Ribbon Centre shows the public with a lot of exhibition items, information and statistical data on AIDS for references.



著名歌手楊千嬅小姐再度獲委任為聯合國愛滋病規劃署香港大使，圖為楊小姐接受聯合國愛滋病規劃署駐華代表Dr Rehnstrom 頒發為期兩年之委任狀。
The famous singer Miss Miriam Yeung, has been re-appointed as the Special Representative of Hong Kong for UNAIDS. She was presented with an appointment letter by Dr Rehnstrom, country-coordinator of UNAIDS in China.

走訪衛生防護中心 Venues in Focus

預告：香港愛滋病研討會

紅絲帶中心將於2006年9月16日舉辦一場「愛滋病研討會」，歡迎各界關注愛滋病的人士及愛滋病工作者參與探討全球愛滋病毒感染的最新發展。研討會詳情如下：

日期：2006年9月16日
時間：上午9:00 至 下午5:00
地點：九龍南昌街382號公共衛生檢測中心
1樓展覽廳

Coming Up: Hong Kong AIDS Dialogue

A seminar named "Hong Kong AIDS Dialogue" will be held by the Red Ribbon Centre on 16 September 2006. People who care for AIDS/HIV and workers in the field are welcome to join for more about the latest global development of HIV-related affairs. Details of the seminar are as follows:

Date: 16 September 2006
Time: 9:00am to 5:00pm
Venue: Exhibition Hall, 1/F, Public Health Laboratory Centre,
382 Nam Cheong Street, Kowloon

項目巡禮 Programmes in Focus

2006年亞太經合組織流感大流行應變演習


APEC Pandemic Response Exercise 2006

在2006年6月7日，亞太經濟合作組織(簡稱亞太經合組織)舉行首個有關流感大流行的地區演習，以測試其21個成員之間的應變及溝通效率。約有20名來自衛生福利及食物局、衛生署和醫院管理局的代表參與是次演習。

為期一天的2006年亞太經合組織流感大流行應變演習，以桌面形式進行。這次演習是亞太經合組織為防備流感大流行及緩減其影響所進行的工作之一，旨在促使全體成員維持有效的疾病監測、高透明度、開放，以及彼此緊密協調和合作的關係。

這次演習模擬區內國家出現人傳人禽流感病例，致使世界衛生組織將全球流感大流行預警級別提升至第五級(即出現局部地區的聚集流行，但人與人之間的傳播仍較局限，表明禽流感病毒正在逐漸適應人類，具有全球大流行的潛在危險)。演習的重點是要測試亞太經合組織成員之間在信息交流、提供地區援助及向鄰近經濟體系和其他地區伙伴提供意見的效率，但並無安排地面演習活動。

政府藉著上述演習，檢討有關的信息傳達規條，並趁此良機考慮其他事宜，例如香港在化驗支援和公眾健康教育材料等環節上可為

地區伙伴提供的協助，而這些環節正是本地演習一般不會涵蓋的內容。 


About 20 representatives from the Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority took part in the first regional exercise on influenza pandemic, organized by the Asia Pacific Economic Cooperation (APEC) on 7 June 2006 to test the emergency responses and communication efficiency among its 21 member economies.

The one-day desk-top exercise, known as APEC Pandemic Response Exercise 2006, is part of the APEC initiative on Preparing for and Mitigating an Influenza Pandemic, which committed all its members to maintain effective



surveillance, transparency and openness, as well as close co-ordination and collaboration.

The exercise scenario concerns the human-to-human transmission of avian influenza in countries in the region leading to the World Health Organisation's upgrading of its pandemic alert to Phase 5 (i.e. larger clusters but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk)). The focus of the exercise was to test the effectiveness of the APEC member economies in sharing information and providing regional assistance and advice to bordering economies and other regional partners. No ground movement was involved.

The exercise has provided a very good opportunity for the Government to review the communication protocols and to consider other issues, such as the assistance Hong Kong can offer to its regional partners in terms of laboratory support, public health education materials, etc, which do not normally form part of most local exercises. 

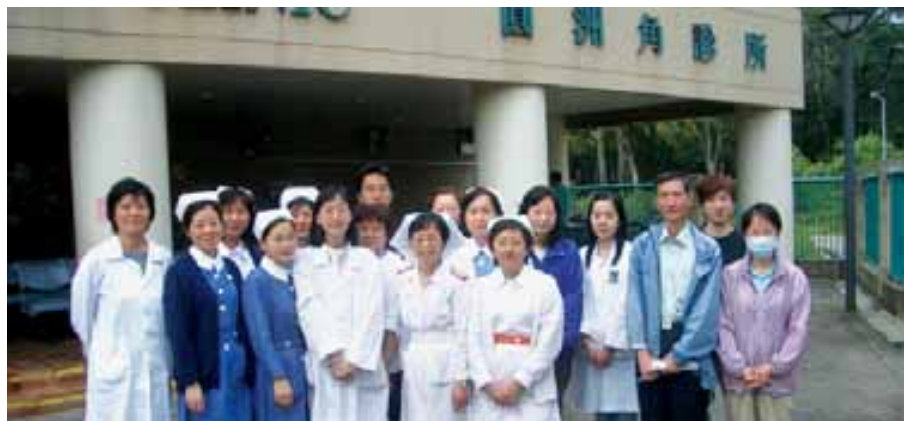
圓洲角胸肺科診所之顧客服務改善計劃 —— 結核病全監督治療

The Customer Service Improvement Project in Yuen Chau Kok Chest Clinic --- Tuberculosis Directly Observed Treatment

圓洲角胸肺科診所的「顧客服務改善計劃」自2005年7月展開，至今仍繼續推行。透過此計劃，胸肺科診所對結核病和呼吸系統病人提供更為詳盡的預防及治療服務。「結核病全監督治療」是其中最值得推薦的肺結核治療方案，能及早察覺病人的藥物反應，減少缺席服藥的人數，及相應地減少多重耐藥性結核病的機會。雖然，在推行全監督治療上，醫療人員已盡了很大的努力，但在要求病人回診所服藥時，仍然存在一定困難。診所發現大約百分之三十的病人在接受結核病全監督治療時存在問題，於是設計了一項能增強病人對全監督治療的接受程度，並且加強職員士氣的方案。

在這個計劃中，診所對開始接受抗結核藥物治療的病者強調全監督治療的重要性，並特地設計海報及單張，解釋關於實踐全監督治療的獎勵計劃。病人在強化期內(即接受治療初期的首兩個月)，如每月都能如期在診所接受每一劑抗癆藥，便可成為計劃中的「優質顧客」。於覆診當天，優質顧客可獲安排不用輪候而優先見醫生，並且獲贈「優質顧客卡」一張，以資獎勵。即使顧客未能符合服藥出席率，診所也會送上一張「鼓勵卡」，藉以鼓勵他們繼續努力。這方法既能改善同事推行全監督治療的效率，令缺席服藥的人數減少，亦有助改善職員與病人之間的關係。

就此項計劃，圓洲角胸肺科診所高級醫生黃曼怡進行了一項研究，比較了十位參與獎勵



計劃之病人，與十位非計劃內之病人；結果，發現參與獎勵計劃的患者的服藥出席率有明顯的改善。這項研究結果肯定了組員的努力。 (HP)

Yuen Chau Kok Chest Clinic has started its first Customer Service Improvement (CSI) Project since July 2005 and is still ongoing. By this project, the clinic provides more comprehensive, preventive and curative services to clients suffering from tuberculosis (TB) and other respiratory tract diseases. The Directly Observed Treatment (DOT) is one of the highly recommended strategies in the management of TB. It can detect adverse side-effects at the early stage, minimize treatment defaulters, so as to decrease the risk of developing multidrug-resistant TB. Despite the great efforts of the health care personnel, there has been from time to time problems in asking patients to return to the clinic for DOT. The clinic identified about 30 per cent of the clients have problems in receiving DOT anti-TB treatment. To overcome this, the "DOT incentive programme" has been implemented to increase patients' acceptance of DOT and to raise the morale of clinic's staff.

In the project, newly diagnosed TB clients were explained with the importance of DOT

relating to anti-TB treatment. Health messages were reinforced with poster and leaflets explaining about the incentive program for adhering to DOT. During the intensive phase of treatment, i.e. the initial 2 months, the patient who had come for DOT for every dose in each month would be awarded as "outstanding patient" in this programme. He or she was given a priority chip for doctor's consultation on the follow-up day, and an "outstanding patient card" as a souvenir. For clients who could not meet the target, "encouragement cards" would be given to encourage them to make efforts to come for DOT. These measures helped improve the efficiency of team members to promote DOT, decreased the number of treatment defaulters and improved the staff-client relationship.

In connection to this project, Dr MYWONG, Senior Medical Officer of Yuen Chau Kok Chest Clinic, had studied 10 patients under the DOT incentive programme comparing with 10 controls. The results showed that, compared to those controls, the attendance for treatment of the clients who joined the DOT incentive programme had improved obviously. The results affirmed the effort made by the health care team members. (HP)



與廣東及澳門簽訂有關緊急應變機制的合作協議

Signing of cooperation agreement on emergency response mechanism with Guangdong and Macau



為進一步加強合作及完善通報機制以抗禦傳染病，衛生署在2006年6月29日與廣東省衛生廳及澳門衛生局簽訂<<粵港澳三地

突發公共衛生事件應急合作協議>>。該協議訂明三地為應付公共衛生突發事故而設的通報機制和監測範圍；有關應急準備的支援和合作；以及互訪和培訓醫護專業人員的安排。 [CHP](#)

To further strengthen cooperation and communication mechanism in the fight against infectious diseases, the Department of Health signed a cooperation agreement

on emergency response mechanism with Department of Health of Guangdong and Health Bureau of Macau on 29 June 2006. The agreement sets out, among other things, the notification and surveillance mechanisms in response to public health emergencies in the three places; collaboration and support on emergency preparedness; arrangements for mutual visits and training of healthcare professionals. [CHP](#)

活動快拍 Snapshots of Events

20.4.2006



夏威夷檀香山East West Centre人口及衛生研究中心高級院士Dr Tim BROWN應衛生署公共衛生服務處之邀請，主理一項評估本港愛滋病毒感染情況的諮詢計劃，並為本地的愛滋病工作者舉辦工作坊及演講。

Dr Tim BROWN, Senior Fellow of Population and Health Studies, East West Centre, Honolulu, Hawaii, was invited by the Public Health Services Branch of the Department of Health(DH) to conduct a consultancy project to assess the HIV situation in Hong Kong. Workshop and lecture have also been held for local HIV workers.

5.2006

衛生署社區聯絡部參與「地鐵觀塘綫社區藝術計劃」，協助指導觀塘區的160名小學生集體創作一幅以「健康城市」為題材的壁畫。作品完成後將懸掛於觀塘站的架空天橋，藉此提高區內市民的健康意識。The Community Liaison Division of the DH participated the "MTR Community Art Project", helping to conduct workshops in the context of Healthy Cities for 160 primary students. A mural on this theme will be created collectively by these students and will be mounted onto the viaduct near Kwun Tong Station. The aim of the project is to enhance public awareness of the importance of health.



活動快拍 Snapshots of Events

8.6.2006



衛生署社區聯絡部為衛生署職員及社會工作者舉辦了兩場探討物理治療及長者健康的健康推廣講座，藉以分享推行健康推廣活動時的寶貴經驗。

The Community Liaison Division of the DH organised for DH staff and social workers a "Health Promotion Sharing Forum" on physiotherapy and elderly health. Valuable experience in conducting health promotional activities was shared.

30.6.2006



衛生署助理署長程卓端醫生在「小學生健康小食的營養指引」記者會上，講解選擇健康小食的原則。Dr Regina Ching, Assistant Director of Health, introduced the principles on choosing healthy snacks in the press conference of Nutritional Guidelines on

Snacks for Primary School Students.

7.2006

衛生署衛生防護中心監測及流行病學處正舉辦一連串推廣「香港健康寶庫」網頁的簡介會，首場於聖士提反書院舉行，吸引了超過400名師生出席。

A series of briefing sessions promoting the HealthyHK website is being held by the Surveillance and Epidemiology Branch of the CHP, DH. The first event in the series was held in St. Stephen's College, attracted more than 400 students and teachers to attend.



2.7.2006

鑑於印尼近期再度出現人類感染禽流感個案，衛生防護中心隨即於九龍清真寺及港島炮台山的一個印尼人士聚會中先後舉辦了兩場講座，並派發健康資訊單張予在港的印尼裔人士，宣傳預防禽流感。


In view of the further human cases of avian influenza in Indonesia recently, the CHP promptly organised talks for members of Indonesian communities in Kowloon Mosque and an assembly of Indonesian at Fortress Hill on Hong Kong Island to disseminate health messages on the prevention of avian influenza.



編者的話 Words from the Editor

炎炎夏日，市民無論在本地或外遊時均須格外小心飲食及注意防蚊，以免染上疾病。今期訪問了傳病媒介疾病科學委員會主席鍾世文教授，分享預防傳染病方面的經驗和心得。

喜獲胸肺科來稿，介紹了為結核病及呼吸系統病人而設的服務改善計劃。此外，紅絲帶中心新翼開張，設備更為多元化，歡迎翻閱內文率先參觀！

大家如對「CHP通訊」有任何意見，可傳真或電郵至本刊編輯部。傳真號碼為2591 6127，電郵地址為rcag@dh.gov.hk。 

In summer time, no matter when staying in Hong Kong or travelling outside, people should pay special attention to food hygiene and mosquito control to prevent from getting ill. In this issue, we interviewed Prof John SIMON, the Chairman of Scientific Committee on Vector-borne Diseases, who share with us his experience and advise for communicable diseases prevention.

We are happy to receive an article from the Tuberculosis and Chest Service, which

introduces the Customer Service Improvement Project for clients suffering from tuberculosis and other respiratory tract diseases. Besides, the new wing of the Red Ribbon Centre was opened to provide wider range of facilities. Please take your preview tour by leafing through inside.

We welcome suggestions. Please fax them to our Editorial Board at 2591 6127 or email to rcag@dh.gov.hk. 