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灣仔胸肺科診所陳志權醫生和馮綺玲姑娘。
Dr CK CHAN and Ms Elaine FUNG of Wanchai Chest Clinic.

數十年來，衛生署胸肺科一直肩負重任，在社區防治結核病和其他胸肺科疾病。結核病在香港屬主要傳染病，於上一世紀曾奪去大量生命（以一九五一年計，本港每100,000人中便有207.9人因結核病而喪命）。面對這個健康威脅，胸肺科不僅為個別結核病患者提供抗結核藥物治療，亦針對這種疾病施行全面預防和控制工作。

醫療技術的進步，加上衛生設施和環境衛生的改善，使本地結核病的呈報數字於戰後三十年間大幅下降。二零零六年，本港的結核病呈報數字為每100,000人有85.4宗（臨時數字），遠低於一九五一年的每100,000人689宗。不過，結核病患者數目的下降趨勢於過去二十年間持續放緩。從人口學角度剖析，這現象可歸因於人口老化。病者當中的長者比例於過去二十年間不斷上升，他們大部分都是在1950年代結核病猖獗的時候受到感染，病菌潛伏體內至宿主年紀漸大、免疫力轉差時發病。

灣仔胸肺科診所高級醫生陳志權和護士長馮綺玲見鑑當前發展，一致表示胸肺

For decades, the Tuberculosis and Chest Service (TB&CS) of the Department of Health has been serving our community in tackling tuberculosis (TB) and other chest diseases. TB is considered as a key infectious disease, which has brought about a significant death toll locally in last century (causing as many as 207.9 deaths per 100,000 persons in 1951). In the light of this threat to public health, TB&CS not only provides treatment to individual TB patients, but also implements overall control and preventive measures against this disease.

The advancement in medical treatment as well as the improvement in sanitation and environmental hygiene drastically moderated the local trend of TB in the first 30 years following the Second World War. The TB notification rate in 2006 was 85.4 per 100,000 general population (provisional figure), compared with a rate of 689 per 100,000 in 1951. However, a levelling off of this falling trend has been noted in the past two decades. This is largely attributed to population ageing. There has been an increasing proportion of elderly cases among local TB patients. Most of them acquired the infection in the 1950's when TB was rampant, and have endogenous reactivation of the disease when their immunity weakens as they grow older.

科將繼續在社區層面加強監察、宣傳及健康教育，並促使醫務人員增加對結核病的關注，以有效防治結核病。

專才薈萃 共護民康

陳醫生服務胸肺科逾十載，他就該科的功能作簡潔而精確的介紹：「胸肺科在本港的結核病防治方面擔當重要角色，負責多項主要工作，包括結核病監測、個案調查、提供全監督藥物治療、為新生嬰兒及十五歲以下兒童提供卡介苗接種、推行結核病健康教育，以及進行疾病研究。我們並為結核病及其他胸肺疾病患者提供門診服務。目前全港共有十八所胸肺科診所、一所肺塵埃沉着病診所和三個X光檢驗中心。肺塵埃沉着病診所同時亦負責為肺塵埃沉着病患者進行賠償評估及提供其他醫療服務。」

每所診所的服務核心均由一支多界別團隊組成，包括醫生、公共健康科護士、放射技師和其他支援人員。胸肺科診所的同事會接受訓練和持續教育，以更新他們在結核病方面的臨床、化驗及公共衛生知識。在結核病疾病管理方面，受過特別訓練的公共健康護士擔當的角色尤其重要，包括執行全監督治療、跟進曾與患者接觸人士及缺席治療的病人，以及進行健康教育等。此外，胸肺科人員亦與社會福利署緊密合作，為出現家庭問題或經濟困難的結核病患者作出轉介，由醫務社工作評估及跟進。

開方便之門 保市民之健

由於結核病被視為全球關注的公共衛生問題，因此需有周全之法，以有效遏止它在社區傳播。陳醫生和馮姑娘指出，要進行個案查找，先決條件是要降低檢測門檻，使服務更便利使用者。病人可未經預約，亦可按需要預約到胸肺科診所求診，病人不論是否經醫生或醫院轉介，均可於任何一所胸肺科診所求診。此外，胸肺科診所亦盡力確保疑有結核病求診者可於求診當日獲得接見。

診症、胸肺X光檢查、痰液檢驗及其他化驗服務等醫療項目是免費提供予懷疑患上結核病的病者。一經診斷為活躍結核病，即會給予患者全監督抗結核藥物治療和健康教育，並跟進曾與患者接觸的人士（包括家庭接觸檢查及在需要時群體接觸檢查）。馮姑娘補充說：「為進一步加強個案查找及全監督治療工作，胸肺科診所遍及港九新界。病人可自由選擇及轉換診所，按其便利接受治療，這使藥物的服用能有效配合病人的日常生活進行。此外，診所治療室的開放時間亦延長了，星期一至五是由早上八時至晚上七時三十分，星期六則為上午八時至下午一時，以便利病人接受治療。」

確保緊遵療程

抗結核藥物治療是胸肺科為醫治結核病患者提供的服務當中最重要的一環。不同於一般

In view of its latest development, Dr CHAN Chi Kuen, Senior Medical Officer, and Ms Elaine FUNG, Nursing Officer, of Wanchai Chest Clinic said unanimously that enhanced efforts on surveillance, publicity and health education at the community level, and promoting awareness among medical professionals will continue to be undertaken by TB&CS to fight TB.

Professional Skill Mix

Having been serving TB&CS for more than a decade, Dr CHAN is surely capable of giving a precise-yet-authentic account of the functions of the unit. 'Playing a key role in the prevention and control of TB in Hong Kong, TB&CS is responsible for key activities covering the surveillance of TB, case finding, Directly Observed Therapy (DOT), Bacilli Calmette-Guerin (BCG) vaccination for newborns and children aged under fifteen, health education and research. TB&CS provides specialised services on an out-patient basis for patients suffering from TB and various chest diseases. We operate eighteen chest clinics, one pneumoconiosis clinic, and three X-ray centres in the territory. Meanwhile, the pneumoconiosis

health education, etc. Furthermore, staff of TB&CS work closely with the Social Welfare Department as TB patients with family problems or financial hardship may need referral to medical social workers for assessment and further assistance.

Improving Accessibility

As tuberculosis is regarded as one of the major public health concerns worldwide, a comprehensive approach is required in order to contain its spread in the community effectively. Dr CHAN and Ms FUNG pointed out that lowering threshold of screening and improving accessibility to service are the prerequisites to facilitate the process of case detection. Currently, chest clinics operate in a dual system of appointment (walk-in as well as fixed appointment systems). Patients can gain access to medical consultation in any chest clinic with or without medical referrals from general practitioners or hospitals. Moreover, immense efforts are made to ensure that patients with suspected active TB could be seen on the same day by making an appointment.



兩位護士正按照處方為病人準備藥物。
Two nurses preparing prescribed medications.

clinic performs compensation assessment and offers other health care services for pneumoconiotic patients,' said Dr CHAN.

At each chest clinic, a multidisciplinary team comprising doctors, public health nurses, radiographers and other supportive staff members. Training and continual education are provided for staff working at chest clinic to update their knowledge of clinical, laboratory and public health aspects of TB. In particular, specially trained public health nurses play an important role in the management of TB including DOT, contact tracing, defaulter tracing,

Medical services such as consultation, chest X-ray examination, sputum tests and other laboratory investigations are provided free-of-charge to patients with suspected TB. Anti-TB treatment under DOT, health education and contact tracing (including screening of family contacts and mass contact screening where appropriate) are carried out as soon as an active TB case is diagnosed. 'To further enhance the effectiveness of case finding and DOT, chest clinics are distributed throughout Hong Kong Island, Kowloon and the New Territories. Patients are free to choose and switch between clinics and receive treatment

的藥物處方及施用，胸肺科診所對結核病人採取的是稱為全監督治療的治療模式。這種治療模式是世界衛生組織和國際防癆聯盟推介的最有效控制結核病的方法，自一九七零年代起在本港胸肺科診所使用。在這種治療模式下，結核病人所接受的藥物都是在醫護人員監督下服用的。全監督治療的目的不僅是為了監督病人按照指示服藥，亦是要為病人提供所需要的支援，使他們能順利完成整個療程。

全監督治療可將治療失敗、抗藥性的產生及疾病的散播減至最低。這種治療模式帶來高治療遵從率；二零零零至二零零六年間，缺席治療的比率只有大約百分之五。若病人沒有依時到胸肺科診所服藥，護士便會以關懷之心，憑着他們與病人之間早已建立的良好關係，撥電提醒病人到診所接受治療，並鼓勵他們緊遵療程。除此以外，倘病人繼續缺席治療，又或根本無法透過電話取得聯絡，護士更會進行家訪，以作跟進。

鏗而不捨的故事

問及陳醫生和馮姑娘在胸肺科工作有何別具意義和難忘的經歷，他們不約而同憶起同一件往事。他們說，曾經有一位男病人，是個二十來歲的年輕資訊科技從業員，經轉介來到了他們工作的診所，X光檢驗下肺部呈現結核病陰影，惟痰液塗片檢驗結果為陰性。這名病人堅稱自己身體健康，因為他沒有出現病徵，拒絕進一步評估。雖然及後馮姑娘多番勸喻這名病人到診所覆診，可惜他感到煩擾並拒絕了，堅持自己沒有出現結核病病徵，所以是健康的。

為病人的健康着想，馮姑娘繼續聯絡這名年輕人，即使是在工作時間以外也不放棄；終於，她的努力加上陳醫生的專業意見，成功說服他再到診所覆診。在那次覆診中，重覆的X光檢驗顯示他的肺部陰影開始惡化，病

wherever they find convenient so as to effectively incorporate the administration of daily medications into daily lives. Last but not least, treatment rooms of chest clinics open from 8am to 7:30pm from Monday to Friday and from 8am to 1pm on Saturday to facilitate patients' receiving treatment,' Ms FUNG added.

Ensuring Compliance

Among all the services provided by TB&CS for individuals with tuberculosis, treatment with anti-tuberculosis medication is the cornerstone for its cure. In contrast with usual prescription and administration of medications, treatment to TB patients at chest clinics is delivered by a strategy known as Directly Observed Treatment (DOT). DOT is the most effective means for TB control as recommended by World Health Organization and International Union Against Tuberculosis and Lung Disease (IUATLD). This strategy has been adopted at local chest clinics since 1970's. Under DOT, TB patients receive medication under the direct observation of health care staff. The aims of this method are not only to supervise patients' drug adherence and observe any potential side effects, but also to provide patients with the necessary support to complete the whole course of treatment.

Through DOT, treatment failure, emergence of drug resistance and spread of the disease can be minimised. This contributes a high treatment compliance rate as reflected by the treatment default rate of only around 5% in the period from 2000 to 2006. When TB patients fail to show up for DOT at chest clinics, nurses with their caring touch and rapport will make telephone calls to remind the defaulters of treatment and encourage their attendance. Furthermore, subsequent

home visits may be paid to those patients who continue to default or could not be reached by phone.

A Tale of Perseverance

When asked about a rewarding and unforgettable experience within the TB&CS, both Dr CHAN and Ms FUNG called on the same remembrance. There was once a young male patient who was in his twenties and worked in the information technology sector. As they recalled, this patient was referred to their chest clinic for x-ray features suggestive of pulmonary tuberculosis. His sputum test was negative for acid fast bacilli by smear. The patient assertively claimed that he was healthy because he was asymptomatic. He defaulted follow up assessment and so Ms FUNG made several attempts to encourage him to return to chest clinic for follow-up. Unfortunately the patient felt annoyed, and insisted that he was healthy because he had no TB symptom.

To protect the health of her patient, Ms FUNG continued to contact this young man even after office hours. Her efforts and Dr CHAN's professional advice finally convinced him for another visit at chest clinic. During that visit, a repeated chest X-ray showed that there was some deterioration of his lung shadows and he eventually agreed with anti-TB treatment. Subsequently, the culture of his sputum was positive for Mycobacterium tuberculosis organisms. This is a live demonstration of the importance of devoted day-to-day patient care by health professionals. Initially, the patient might not agree with their approach because he was asymptomatic and did not have sufficient knowledge about TB infection. However, once this knowledge gap is filled through both health

參觀灣仔胸肺科診所 Visit to the Wanchai Chest Clinic

胸肺科診所不時接待到訪的客人，以促進該科與其他醫療和學術機構之間的交流。圖中的香港大學醫科學生團參觀灣仔胸肺科診所，並獲負責全監督治療服務的護士講解服務簡介。這服務讓結核病病人在醫護人員督導下服用抗結核藥物，以完成療程。全監督治療是世界衛生組織和國際防癆聯盟推介的治療及控制結核病的有效方法。透過這次參觀，醫學生對全監督治療服務的工作流程和醫護人員在確保病人完成整個療程上所遇到的困難加深了認識，對他們日後治療結核病人甚有裨益。 (HP)

From time to time, there are visitors to TB&CS clinics for facilitating exchange between the service and other medical and academic bodies. As illustrated in the photo, a group of medical students from the University of Hong Kong paid a visit to the Wanchai Chest Clinic and received a briefing session from the nurses of the Directly Observed Treatment (DOT) service. Being the key TB strategy recommended by WHO and IUATLD, DOT provides support to patients for



assuring adherence to treatment. The visit enhanced the students' knowledge of the workflow in administering DOT and the operational problems faced by health care professionals in ensuring drug compliance of TB patients. (HP)

人最終同意抗結核藥物治療，而後來的痰液培養測試亦對結核病菌呈陽性反應。陳醫生和馮姑娘的努力，展現了醫護人員對病人不懈關懷的重要。這名病人最初因為自己沒有呈現病徵，而且亦置於結核病知識，故此不遵照醫護人員的忠告。然而，當他接受了專業醫護人員講授的健康知識，彼此建立起互信和融洽的關係，便對陳醫生和馮姑娘的不歇關懷與專業精神表達了由衷的謝意。

滿足感的泉源

陳醫生和馮姑娘兩位均於一九九零年代初加入胸肺科服務。回望過去，兩位都表示在胸肺科的工作是既有喜樂亦有艱辛。他們尤其享受胸肺科診所的團隊精神，亦珍愛在這個全面涵蓋個案查找至提供治療的醫護前線服務的機會。馮姑娘更闡明，她確信要幫助病人緊遵療程，最重要的是要提供以病人為本、切合不同背景及需要的照護和治療。縱然病人的感謝之情未必每每溢於言表，陳醫生和馮姑娘仍以令患者康復並與他們在治療過程中建立融洽關係為工作上的源源動力。Ⓜ

education and the establishment of trust and rapport between the patient and the health professionals, this young man expressed his heartfelt gratitude towards Dr CHAN and Ms FUNG for their unfailing care and professionalism.

Source of Job Satisfaction

Both Dr CHAN and Ms FUNG joined TB&CS in early 1990s. As they recalled, they have met joy as well as setbacks working in the service. The two particularly cherished the teamwork in the chest clinics and the privilege of serving in the front line of this health care continuum from case finding to treatment. Ms FUNG further elaborated that she believes the key to treatment compliance is the provision of patient-centred care and tailor-made treatment for patients of different backgrounds and needs. Though patients' appreciations might not always be expressly made, they believe the sufferers' recovery from TB and the rapport built in the course

of treatment constitute endless motivation for staff to serve in TB&CS. Ⓜ



圖示為處方予結核病人的標準藥物及其日劑量。藥物的劑量會按照病人體重調整。部分病人因病情所需或會服用其它抗結核藥物。
An illustration of a standard dose of daily medication administered to a TB patient. The dosages of drugs are adjusted according to body weight. Some patients may require other anti-TB drugs due to other medical needs.

科學委員會天地

Scientific Committees Corner

經省覽相關文獻及本地數據，愛滋病及性病科學委員會最近更新了《預防圍產期愛滋病毒傳染的臨床指引建議》。研究發現，若缺乏適當治療，嬰兒從母體感染愛滋病毒病的風險為13%至42%，視乎某些風險因素存在與否而定；相對而言，適當的治療可將風險減至低於2%。鑑此，指引結合了及早診斷和以實證為本的適時治療方案，以祈杜絕嬰兒從母體感染愛滋病毒的情況。指引的六大原則是：（一）愛滋病毒抗體測試應包括在產前護理程序中，全面提供予香港產婦，並在有需要時進行快速測試；（二）臨牀管理應包括受愛滋病毒感染孕婦，以及嬰兒從母體感染愛滋病毒的預防；（三）孕婦即使在懷孕後期才發現感染愛滋病毒，仍可透過接受抗逆轉錄病毒藥物治療，減低嬰兒從母體感染愛滋病毒的機會；（四）分娩及護理安排應以孕婦的愛滋病毒感染及懷孕狀況作考慮；（五）應提供兒科的專科管理，以減低嬰兒從母體感染愛滋病毒病的風險；及（六）應統協各界之力，以鞏固本港對嬰兒從母體感染愛滋病毒病的知識基礎和實務。這份最新的指引更特別指

出，若對懷孕後期婦女的愛滋病毒感染狀況存疑，便須進行快速測試。此外，指引亦建議對在懷孕後期才發現感染愛滋病毒而又沒有接受過治療的孕婦積極使用抗逆轉錄病毒藥物。

指引現已上載於衛生防護中心網站，以供參考。Ⓜ

Upon the review of relevant literature and local data, Scientific Committee on AIDS and STI (SCAS) recently updated its guidelines, 'Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission'. It is found that the risk of mother-to-child transmission (MTCT) of human immunodeficiency virus (HIV) ranges from 13% to 42% without intervention, depending on the presence of certain risk factors. In contrast, the risk is lowered to less than 2% with proper intervention. These updated guidelines thus aim at eradicating MTCT of HIV by the combined approach of early diagnosis

and timely evidence-based interventions. There are six principles in the guidelines: (i) universal HIV antibody testing should be performed as part of the routine antenatal care for women in Hong Kong, supplemented by rapid testing where necessary; (ii) clinical management should include that of maternal HIV infection as well as prevention of MTCT of HIV; (iii) HIV infected pregnant women who present late would still benefit from the use of antiretroviral to reduce MTCT; (iv) the mode of delivery and its management should be considered on the grounds of HIV status as well as obstetric indications; (v) paediatric management should be offered to reduce the risk of MTCT; and (vi) multidisciplinary and coordinated efforts should be made to strengthen our knowledge base and practice regarding MTCT of HIV in Hong Kong. Importantly, these updated guidelines specifically mandate the use of rapid HIV test in late presenting pregnant women if their HIV status is uncertain. Furthermore, the aggressive use of antiretrovirals is also recommended in late presenting mothers who have not received any treatment during pregnancy.

The guidelines are now available on the CHP website. Ⓜ

健康城市計劃消息速遞 Update on the Healthy Cities Movement



世界衛生組織西太平洋區域辦事處建立健康社區及人口部總監Dr Linda MILAN於二零零七年三月九日到訪，實地考察九龍城健康城市計劃。會見「建設健康城市協會」成員之前，Dr MILAN在衛生署署理首席醫生曾三峰醫生和食物環境衛生署九龍城區環境衛生總監陳銳祺先生的陪同下，視察了區內多處後巷。其後，她與衛生署助理署長(健康促進)程卓端醫生、九龍城民政事務專員王天予女士及其他九龍城地區領袖舉行會議。

健康城市運動是世界衛生組織於過去二十年間為針對疾病防預及改善人口健康的關鍵因素而提倡的健康促進策略。「健康城市」於一九九零年代末引入香港。衛生署於二零零五年制訂了「建設健康城市－在香港推展健康城市計劃的指引」。至今，健康城市運動已於本港十三區推行。

為推動健康城市運動，多項活動定期籌辦，其中「建設健康九龍城協會」董事會和執行委員會各成員已於今年二月二日舉行的創會暨就職典禮中正式就任。

另外，為配合南區健康城市督導委員會於二零零七年二月四日在香港仔海濱公園舉行的「健康清潔在社區 共建環保安樂居」嘉年華暨頒獎典禮，社區聯絡部設置了「我愛無煙香港」和「建設健康城市」兩個遊戲攤位，共吸引千人參與。

同日，「西貢健康安全城市」開展禮暨「建安屋苑」計劃之「文武全才大比拼」舉行，社區聯絡部首席社會醫學醫生應邀擔任大會主禮嘉賓。Ⓜ

Dr Linda MILAN, Director of Building Healthy Communities and Populations, World Health Organization (WHO), made an official visit on the Healthy City of Kowloon City on 9 March 2007. Accompanied by Dr SFTSANG, Acting Principal Medical and Health Officer of the Department of Health (DH), and Mr CHAN Yui-kei, District Environmental Hygiene Superintendent (Kowloon City) of the Food and Environmental Hygiene Department, Dr MILAN observed a number of rear lanes in the district prior to the meeting with members of the Building Healthy City Association. Afterwards, she had a meeting with Dr Regina CHING, Assistant Director of Health (Health Promotion), Ms Agnes WONG, District Officer (Kowloon City) of the Home Affairs Department, and other community leaders of the district.

Healthy Cities movement is a health promotion strategy advocated by WHO in the past 20 years aiming at addressing various determinants of health for disease prevention and improvement of population health. The Healthy Cities approach was introduced in Hong Kong in the late 1990s. In 2005, the DH developed the 'Building Healthy Cities - Guidelines for

Implementing A Healthy Cities Project in Hong Kong'. By far, the movement has extended across thirteen districts in Hong Kong.

Various events were organised regularly to promote the Healthy Cities movement. On 2 February 2007, 'Building Healthy Kowloon City Association Ltd Inauguration' was held and the Board of Directors and the members of Executive Committee for Building Healthy Kowloon City Association Ltd were officially appointed.

In addition, in collaboration with the Southern District Healthy City Steering Committee, the Community Liaison Division held two game booths entitled 'I love Smoke-free HK' and 'Building Healthy Cities' in the 'Cleaning Hong Kong through Community - Developing Happy and Environmental Home' carnival cum award presentation ceremony in Aberdeen Promenade on 4 February 2007. The event attracted 1000 participants.

On the same day, the 'One Versed in Literary and Military Arts' competition of the 'Sai Kung Healthy and Safety City' kick off ceremony cum 'Healthy and Safety Estate' programme was held in Tseung Kwan O. The Community Physician of Community Liaison Division featured as the officiating guest of the ceremony. Ⓜ



項目巡禮 Programmes in Focus

衛生防護中心領袖培訓工作坊

CHP Leadership Training Workshops 'Transforming Your Leadership Style for Performance Breakthrough'



項目管理及專業發展處分別於二零零七年一月三十一日及二月七日舉辦了兩次為期一天的衛生防護中心領袖培訓工作坊，衛生署共有五十一位員工參加。時任衛生防護中心總監梁栢賢醫生為工作坊致開幕詞，分享他在「領導改革」方面的經驗和灼見。工作坊的目的，是讓參加者將研習所得技巧應用於日常工作中。除了講授理論，工作坊還加入角色扮演、個案研究和小組分享等課堂活動，令參加者理解並掌握溝通技巧在領導才能中的體現。參加者反應熱烈，獲益良多。 (HP)

The Programme Management and Professional Development Branch held two one-day CHP Leadership Training Workshops on 31 January and 7 February

2007 respectively with a total of 51 participants from the Department of Health. Dr PY LEUNG, the then Controller of CHP, delivered an opening speech for the workshop to share his experience and insight on 'Leading Changes'. The objectives of the workshop are to enable the participants to integrate the skills learned in the workshop into everyday situations at work. In addition to theories, various classroom activities such as role playing, case study and small group sharing were designed to facilitate participants' general understanding and application of communication skills in leadership. The workshops were well received by participants. (HP)



公共衛生傳媒工作坊

Workshop on Public Health for Media Workers

衛生署為增進傳媒工作者對公共衛生事務的認識，並加強署方人員與傳媒業者的聯繫，特於二零零七年四月於衛生防護中心風險傳達中心舉辦三個半天的「公共衛生傳媒工作坊」予專責採訪醫療及公共衛生新聞的傳媒工作者參加。

工作坊的主要課題包括：疾病監察及防控、預防非傳染病的策略和健康促進項目、健康統計資料簡介及疾病模型應用。來自衛生署多個服務單位的代表介紹了所屬單位的日常工作和運作，並分享工作經驗，藉以加強與傳媒的溝通，使傳媒工作者日後能適時及準確向市民傳達公共衛生信息。工作坊以研討會、答問會及互動遊戲形式進行。



公共衛生傳媒工作坊吸引眾多傳媒工作者參加。
The workshop attracted a large attendance of media workers.

這次工作坊吸引來自二十個傳媒機構，超過三十個傳媒工作者參加，反應熱烈。 (HP)

With the aim of enhancing media workers' understanding of public health issues and reinforcing the collaboration between media and public health workers, the Department of Health (DH) organised the 'Workshop on Public Health for Media Workers'. The Workshop took place in the Risk Communication Centre (RCC) of the Centre for Health Protection (CHP) on 3 half days in April 2007 targeting health-beat media personnel.

The main topics of the workshop included: disease surveillance, prevention and control; health promotion activities and strategies for prevention of non-

communicable diseases; introduction of health statistics; and application of disease modelling. Representatives from various DH units and services introduced their daily work and operation, and shared their work experience in order to enhance communication with the media and facilitate media workers' dissemination of public health information to the public in a timely and accurate manner. The workshop was conducted in the form of seminars, Q&A sessions and interactive activities.

The workshop was well received. It attracted the participation of over 30 media workers from 20 media organisations. (HP)



衛生防護中心總監曾浩輝醫生(右二)、風險傳達顧問小組主席尹志強先生(右一)及成員張伍翠瑤女士(左二)，以及衛生署總新聞主任陳永熊先生(左一)出席公共衛生傳媒工作坊。

Dr Thomas TSANG, Controller of the CHP (right 2nd), Mr Aaron WAN Chi Keung, Chairman for Risk Communication Advisory Group (RCAG) (right 1st) and Mrs Jennifer CHEUNG NG Chui Yiu, member of the RCAG (left 2nd), and Mr David CHAN, Chief Information Officer of the DH (left 1st) attended Workshop on Public Health for Media Workers.



傳媒工作者與公共衛生傳媒工作坊工作人員大合照。
A group photo of media workers and the staff of Workshop on Public Health for Media Workers.

活動快拍 Snapshots of Events



2.2.2007

社區聯絡部與職業安全健康局合作在觀塘區舉行流感預防健康講座，共有31人參加。

In collaboration with the Occupational Safety and Health Council, Community

Liaison Division organised a health talk on the prevention of influenza pandemic in Kwun Tong District. There were 31 participants.

3.2.2007

深水埗區議會舉辦「健康步行 持之以恆」活動，邀得社區聯絡部首席社會醫學醫生擔任主禮嘉賓，共有100人參加。

The '30 Minutes Walk Everyday Healthy Living is the Way' was organised by Sham Shui Po District Council with the Community Physician of the Community Liaison Division as the officiating guest. The event attracted 100 participants.



10.2.2007

海濱花園業主委員會、鄒秉恬民選區議員辦事處和富城物業管理有限公司海濱花園管理處聯合舉辦荃灣區「笙歌妙筆迎金豬」暨「屋村清潔比賽」頒獎典禮。社區聯絡部在會場



設立了反吸煙及「健康飲食在校園」運動的主題展覽和遊戲攤位。

The 'Let's Sing and Write to Welcome the Year of Pig' cum 'Estate Cleaning Competition' award presentation ceremony was held jointly by Riviera Gardens Estate Owners' Committee, District Councillor's Office of Mr Timothy Chow and the Riviera Gardens Management Office under Urban Group. Exhibitions and game booths on anti-smoking and 'EatSmart@school.hk' Campaign were arranged by the Community Liaison Division.

25.2.2007

中西區區議會舉辦「健康飲食，積極運動」活力家庭健康日暨中西區學童和家庭運動習慣問卷調查發報會，公布於五間小學進行的一項小學生運動習慣調查的結果；同場又舉行了「健康廚神」比賽，並即場頒發獎項予優勝者。社區聯絡部首席社會醫學醫生應邀擔任大會主禮嘉賓。

The Central & Western District Council organised a briefing session to announce the results of the survey of primary students' habit on doing exercise conducted in five primary



schools. A healthy recipe competition was also held during the occasion and the winners were awarded. The event was featured by the Community Physician of Community Liaison Division as the officiating guest.

2.2007



社區聯絡部推出了《籌辦地區健康促進活動參考資料一致社區團體／地區人士》，供社區團體及地區人士於區內策劃及推行健康促進活動時參考。現有電子版可供下載：http://www.chp.gov.hk/files/pdf/grp_district_health_promotion_20070205.pdf。

'Organization of District Health Promotion Activities: A Reference Guide for Community Groups/Members' was issued by Community Liaison Division to provide a comprehensive

reference for community groups and members to plan and implement district health promotion activities. Soft copy is available at: http://www.chp.gov.hk/files/pdf/grp_district_health_promotion_20070205.pdf (chinese only).

5.3.2007

社區聯絡部為母親的抉擇的員工舉辦了一場關於預防流感和病毒性腸胃炎的健康講座，共有39人參加。

Community Liaison Division gave a health talk on the prevention of influenza pandemic and viral gastroenteritis to the staff of Mother's Choice. There were 39 participants.



3.3.2007

在觀塘民聯會舉辦的「輕歌曼舞 相聚有<營>」講座暨綜合表演之中，社區聯絡部主持了「健康飲食」座談會，共有260人參加。

A health seminar on 'Healthy Eating' was conducted by Community Liaison Division in the 'Singing and Dancing Together' seminar cum performance show held by Kwun Tong Resident Association with 260 participants.



活動快拍 Snapshots of Events

11.3.2007

社區聯絡部為香港伊斯蘭聯會的少數族裔人士舉行預防流感講座，共有130人參加。

Community Liaison Division gave a health talk on the prevention of influenza pandemic to ethnic minority members of the Islamic Union of Hong Kong. There were 130 participants.



13.3.2007



為小學老師而設的「營養培訓工作坊」於二零零七年三月十三日舉行，以增進他們的營養知識，並使他們具備協助監察學校午膳和小食營養的能力。該工作坊將於每月舉行。

A 'Nutritional Training Workshop' for the School 'NutriAgent' Project was organised to enrich primary school teachers' nutritional knowledge and empower them to assist in surveillance of lunch and snacks in school. The workshop will be run on a monthly basis.

1-3.2007



為加強衛生署與區議會的溝通，衛生署署長林秉恩醫生分別出席黃大仙及葵青區區議會會議，以聆聽議員對區內公共衛生事務的意見。

To enhance communication between the Department of Health and District Councils, Dr PY LAM, Director of Health, attended meetings of Wong Tai Sin and Kwai Tsing District Councils to listen to members' views on district issues of public health concern.

1-3.2007



社區聯絡部與區議會協作，分別在灣仔、中西區和深水埗為居民和社區人士舉辦一系列流感預防健康教育講座。


In collaboration with District Councils, a series of health talks were organised by Community Liaison Division in Wanchai, Central and Western District, and Sham Shui Po respectively to educate residents and community members on the prevention of influenza pandemic.

編者的話 Words from the Editor

復活節過去了，五月又將重臨，天氣漸暖。然而，進出冷氣地方時仍須注意溫差，如有需要應穿上外套，以免着涼。

本刊今期有幸造訪胸肺科，高級醫生陳志權醫生和護士長馮綺玲女士介紹該科在公共衛生方面的角色及服務，並分享他們經年累積的胸肺科工作閱歷和心得。

此外，今期亦包羅了「健康城市」的最新消息，以及「公共衛生傳媒工作坊」和「衛生防護中心領袖培訓工作坊」。內容豐富，請即閱覽。

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。 

Following Easter's footprints, May is there around the season's corner, bringing back with her the warm weather. However, it is not yet to say goodbye to your jacket as it could be protective when you move between temperature zones in and outside of air-conditioned venues.

It is our honour to have interviewed Dr CK CHAN and Ms Elaine FUNG of the Tuberculosis and Chest Service (TB&CS) for their

introduction about the service's roles and its provision of public health service. Also, we have their generous sharing of valuable experience and feelings they gained over the years serving TB&CS.

What is more in this issue, we include news updates on 'Healthy Cities' Project and 'Workshop on Public Health for Media Workers'. Please enjoy your reading and learn more about them.

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