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自從香港首宗愛滋病毒病毒感染個案和愛滋病個案分別於1984及1985年被發現以來，衛生署一直致力與有關政府部門及非政府組織合作，推行愛滋病的預防及健康推廣項目。本年3月，愛滋病顧問局發表《香港2012-2016愛滋病建議策略》，為今後五年的愛滋病防治工作訂出藍圖，促進各個政府部門和非政府組織共同努力，加強對公眾，尤其高危社群的健康教育工作，並且消除社會人士對「與愛滋病毒共存者」的標籤。

Since the first cases of HIV infection and AIDS were reported in Hong Kong respectively in 1984 and 1985, the Department of Health has been working in close collaboration with relevant government departments and non-governmental organisations in implementing HIV/AIDS prevention and publicity programmes. In March this year, the Hong Kong Advisory Council on AIDS published a document titled 'The Recommended HIV/AIDS Strategies for Hong Kong 2012-2016', which lays out the blueprint for the development of Hong Kong's HIV/AIDS programme for the next five years. It calls for continuing efforts of all stakeholders to educate the public, in particular the high-risk groups for AIDS and to eradicate the stigma against 'people living with HIV'.

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對抗愛滋新藍圖

New Blueprint Against AIDS

愛滋病一度被公認為20世紀的絕症之一。聯合國愛滋病規劃署估計，至2010年為止，全球總感染人數約有3,400萬人。

愛滋病顧問局發表五年策略

衛生署2012年3月公布的最新統計數字顯示，由1984年香港發現首宗愛滋病毒病毒感染個案起，至2012年3月底，本港的愛滋病毒病毒感染個案已累積至5,392宗，愛滋病個案則有1,281宗，其中去年新增感染個案有438宗，較前年上升12.6%，是歷年新高，顯示愛滋病對本港公共衛生仍然是一大威脅。

Acquired Immune Deficiency Syndrome (AIDS) was once recognised as one of the most deadly diseases in the 20th century. According to the latest estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS), 34 million people were living with Human Immunodeficiency Virus (HIV) by the end of 2010.

The Hong Kong Advisory Council on AIDS (ACA) Published Five-Year Strategies

The Department of Health (DH) announced in March 2012 that there were 438 new HIV cases in Hong Kong in 2011, a record high figure, which saw a 12.6% increase as compared with that of 2010. As in March 2012, there were cumulatively 5,392 reported HIV infections since the first case was identified in 1984. Hong Kong has also recorded 1,281 confirmed AIDS cases, signaling its continued threat to public health.



愛滋病是甚麼？ What is AIDS?

愛滋病的學名是後天免疫力缺乏症，是由愛滋病毒（醫學名稱：人類免疫力缺乏病毒）所引致的傳染病。病毒進入人體後，會逐漸破壞一種名為CD4淋巴細胞的白血球，令人體逐漸喪失免疫能力，無法抵抗不同種類的感染和癌症的侵襲。

AIDS stands for Acquired Immune Deficiency Syndrome, which is caused by the Human Immunodeficiency Virus (HIV). Once HIV enters the body, it attacks and destroys CD4 white blood cells, the disease-fighting cells of the immune system. As the immune system is gradually damaged, the infected person is more vulnerable to various cancers and a wide range of infections.

ACA published on 22 March 2012 a document titled 'On firmer ground, strengthening the Hong Kong response' to guide the development of Hong Kong's HIV/AIDS programme for 2012-2016. In line with latest international consensus, the local strategies strive to work towards the goal of 'zero new HIV infections, zero AIDS-related death and zero discrimination of those affected by and vulnerable to HIV/AIDS'.

Established in 1990, ACA is responsible for advising the Government on policies related to the prevention, care and control of HIV infection and AIDS. Since 1994, the ACA has published 4 sets of recommended HIV/AIDS strategies which serve as blueprints for the AIDS response in Hong Kong.

The new strategies comprise 5 priority action areas, namely (1) scale up HIV prevention in priority communities; (2) maintain holistic and quality HIV treatment, care and support; (3) foster an environment which supports safer sex, harm reduction and anti-discrimination; (4) drive strategically informed and accountable interventions; and (5) enhance partnership and capacity for an effective response within Hong Kong and with the nearby region. Eleven specific and time-bound targets on risk behaviours, underlying vulnerability, coverage of services, resource commitment and strategic information are laid down in the Strategies.

Broad-based Participation in Policy Formulation

In preparing the strategies, ACA has adopted a broad-based, participatory and integrated approach in the formulation process.



我如何得知一個人有否感染了愛滋病毒？ How can I know if someone has HIV?

大部分愛滋病感染者沒有特別或明顯的病徵。我們不能單從外表辨別出誰人受到感染，只有進行愛滋病毒抗體測試，才能確定一個人有否受感染。

Most HIV infected persons have no specific or obvious signs or symptoms. It is impossible to tell if a person has the virus just by his or her appearance. The only way to know is through an HIV antibody test.

香港愛滋病顧問局於2012年3月22日發表了題為「穩固基礎，加強全港回應措施」的文件，引領香港由2012-2016年間愛滋病計劃的發展，目的是「為配合國際上最新的共識，達致零愛滋病新發感染、零愛滋病相關死亡和對受愛滋病影響和易受感染人士零歧視。」

愛滋病顧問局成立於1990年，就香港愛滋病政策向政府提供意見，自1994年起，共發表了四份愛滋病建議策略文件，作為應對愛滋病疫情的藍本。

新發表的策略分為五個優先行動領域，分別是：（一）加強優先關注社群的愛滋病預防措施；（二）維持全面優質的愛滋病治療、護理及支援服務；（三）締造一個支持安全性行為、緩害及消除歧視的社會環境；（四）推行具有策略性信息依據及負責任的干預措施；和（五）加強本港境內及香港與鄰近地區的合作，以聯合作出有效回應。有關策略亦列出11項有時限的具體目標，涵蓋高風險行為、面對愛滋病毒感染的脆弱性、服務覆蓋範圍、資源投入及策略性信息。

廣泛參與 共訂策略

愛滋病顧問局在制訂這份建議策略的過程中，採納了一個公開、多方參與的綜合諮詢模式。愛滋病顧問局轄下的愛滋病社區論壇與香港愛滋病服務機構聯盟合作，於2011年1月26日至2月1日期間舉行了一連九次的社區諮詢會議，邀請持份者及



社會各界出席討論，為制訂這份策略文件提供意見。

衛生署特別預防計劃高級醫生梁偉民醫生表示：「諮詢會議反應良好，除了非政府組織的代表，亦有同志及其他易受感染社群的人士和公眾參與。」梁醫生坦言，諮詢工作雖然費力，但能夠全面和廣泛收集社會意見，他期望是次訂立的目標能更好地回應持份者的關注。

香港衛生署特別預防計劃於1985年成立了「愛滋病服務組」，負責推行愛滋病的公共衛生工作和提供有關的臨床服



感染了愛滋病毒後何時會發病？
How long does it take for HIV infection to progress to AIDS?

感染愛滋病毒後，病情惡化的速度受不同的因素所影響，例如病毒的數量、感染者本身的免疫功能及生活方式等，故病徵及病情發展是因人而異的。有些人可能會在兩至三年後開始發病，但亦有個別人士在染病多年後仍沒有任何異樣。臨床數據顯示，大約有五成的愛滋病毒感染者會在10年內演變成愛滋病人。

The rate of progression in the infected varies among individuals. Factors such as the amount of virus in a person's body, the infected person's immune functions and lifestyle may affect the rate of progression to AIDS. Some individuals progress from infection to AIDS in two or three years, while certain people remains asymptomatic for many years. On average, 50% of HIV infected adults progress to AIDS in 10 years' time.

香港愛滋病服務發展事件簿

Development of HIV/AIDS Services in Hong Kong

年份 Year	重要事項 Major Events
1984	發現首宗愛滋病毒感染個案 The first case of HIV infection is diagnosed.
1985	衛生署成立愛滋病服務組；發現全港首宗愛滋病個案 Department of Health sets up the AIDS Unit. The first confirmed AIDS case is reported.
1990	愛滋病顧問局成立，由愛滋病服務組擔當愛滋病顧問局的秘書處 Advisory Council on AIDS is set up, AIDS Unit has assumed the role of the secretariat to the Council
1994	愛滋病顧問局發表《香港防治愛滋病策略》 Advisory Council on AIDS publishes 'Strategies for AIDS Prevention, Care and Control in Hong Kong'
1996	衛生署轄下的紅絲帶中心開始運作，負責愛滋病的預防、教育及相關的研究工作 Red Ribbon Centre becomes operative, with the mission of conducting AIDS prevention, education and research programmes in the community.
1999	愛滋病綜合治療中心開幕，為愛滋病毒感染者/患者提供臨床門診服務。 Integrated Treatment Centre is set up to provide clinical services for HIV/AIDS patients.



新增感染愛滋病病毒人士的傳染途徑 (2012年1月至3月)

New Reported HIV Cases by Routes of Transmission (January to March 2012)

感染途徑

Routes of Transmission

% (N=122)

同性性接觸	
Homosexual Contact	39.3
異性性接觸	
Heterosexual Contact	23.0
雙性性接觸	
Bisexual Contact	3.3
注射毒品	
Drug Injection	2.5
不詳	
Undetermined	31.1
母嬰傳播/輸入血液或血製品	
Mother to Infant Infection or Blood/blood product Transmission	0

務，及後愛滋病顧問局成立，愛滋病服務組更擔當了顧問局秘書處的角色，負責行政和技術支援的工作。

安全性行為 及早預防

策略文件以男男性接觸者、女性性工作者的男性顧客、注射吸毒者及性工作者列為最優先關注社群。梁醫生解釋，男男性接觸自2005年以來感染個案數字顯著上升，已取代異性性接觸成為主要感染途徑。以2012年第一季為例，於122宗愛滋病病毒感染個案裏，39.3%的個案是透過同性性接觸感染，至於透過異性性接觸感染則有23.0%。

梁醫生指出，由於性接觸仍是傳播愛滋病毒最主要的途徑，所以市民不論身在香港或外地都要注意安全性行為，正確使用

In collaboration with the Hong Kong Coalition of AIDS Service Organizations (HKCASO), the Community Forum on AIDS (CFA) under ACA organised nine community stakeholders consultation meetings between 26 January and 1 February 2011 to engage the stakeholders and community in extensive discussions and inputs to shape the formulation of the strategies.

Dr Raymond Leung, Senior Medical Officer (Special Preventive Programme) of DH, said, 'The consultation meetings, were very well received, and were attended by representatives of non-governmental organisations, people from the gay community and other groups which are more vulnerable to AIDS as well as individual members of the community.' The consultation was demanding task, yet Dr Leung found it useful in collecting opinion from a broad spectrum of the community. It is hoped that the strategies can better address stakeholders' concerns.

The AIDS Unit, set up in 1985, is the operational arm of the Special Preventive Programme of DH. It is responsible for the provision of public health functions and clinical services regarding HIV/AIDS. The AIDS Unit has become the secretariat of the ACA since its establishment to provide administrative and technical support to the Council.

Safer Sex, Early Prevention

The first priority action area identified in the Strategies is to foster the HIV prevention amongst men who have sex with men (MSM), male clients of female sex workers, drug users and sex workers. As Dr Leung explained, there has been an increase of HIV

愛滋病是否無藥可救？ Is there no cure for AIDS?

現時仍未有根治愛滋病病毒感染的方法，但已有藥物可有效地應付愛滋病病毒感染及其引發的併發症。多種抗愛滋病病毒藥物亦能有效地抑制病毒的複製，以減低免疫系統受破壞的程度。

At present, there is no cure for HIV infection, but medications effective in fighting HIV infection and its complications are available. A number of drugs can effectively suppress HIV replication and slow down the rate at which HIV weakens the immune system.

紅絲帶的意義 The Red Ribbon

紅絲帶是代表關注愛滋病的國際性標誌，但原來紅絲帶並沒有特定的官方規格，每個人都可以製作自己的紅絲帶。衛生署的紅絲帶中心徽誌，是由一位因輸入受污染的血製品而感染愛滋病病毒的A先生設計的。「天鳥般的紅絲帶，自由無束地在蔚藍的天空上任意飛翔，寓意一群愛滋病患者和關心他們的人士，不分領域和國界、種族和身分，攜手創造明天，創造友愛一家的天地。」

The Red Ribbon is the international symbol of HIV and AIDS awareness. It has no official specifications, so everyone can make his/her unique one. The logo of Red Ribbon Centre was designed by 'Mr A', who unfortunately contracted HIV infection through transfusion of contaminated blood products. He modified the traditional Red Ribbon and created the logo of Red Ribbon Centre. It resembles a flying bird, symbolising its vitality and free will.



安全套；其他易受感染的群組，更應定期進行測試。

梁醫生補充，第二項行動策略是「締造一個支持安全性行為、緩害及消除歧視的社會環境」，希望提高社會對愛滋病者的接納。他說，雖然香港已建立一個防控、治療及支援愛滋病感染者的框架，但大家仍需努力，使愛滋病病毒感染者及愛滋病患者免受歧視及標籤。

如欲了解更多關於顧問局過往及最新發表的香港愛滋病策略文件資料，請瀏覽香港愛滋病顧問局網頁：

www.info.gov.hk/aids/chinese/aca/strategies.htm

關於本港愛滋病的情況和計劃，可瀏覽衛生署愛滋病網上辦公室：

www.aids.gov.hk

衛生署同時設有愛滋熱線2780 2211，免費為市民提供愛滋病資訊和安排不記名及快速的愛滋病病毒抗體測試。

infection amongst MSM since 2005, having overtaken heterosexual contact to become the major route of HIV transmission. Of the 122 HIV cases reported in the 1st quarter in 2012, 39.3% of them are infected via homosexual contact, and 23.0% via heterosexual contact.

Dr Leung said, 'Sexual contact remains the major mode of HIV transmission. People should practise safer sex and use condoms to reduce the risk of contracting HIV wherever they are.' He also encouraged members of the high-risk groups to take HIV test regularly.

The second action priority is 'to foster an environment which supports safer sex, harm reduction and anti-discrimination', to narrow down the gaps of current response among the key population. Dr Leung said that there was still a long way to go to fight discrimination and remove stigma against people with HIV/AIDS, though we have in place a basic framework for the prevention of, and treatment and support for AIDS patients.

For more information on the previous and latest recommended HIV/AIDS strategies by ACA, please visit the ACA website:

www.info.gov.hk/aids/english/aca/strategies.htm

For information about the local situation and programme of AIDS, please visit the website of Virtual AIDS Office:

www.aids.gov.hk

The public can call the DH's AIDS Hotline at 2780 2211 for information about the disease as well as to make an appointment for rapid testing of HIV antibodies on a free and anonymous basis.

與愛滋病人一同工作會否感染愛滋病病毒？ Would I get HIV just by working with an infected person?

愛滋病病毒可透過性接觸、血液傳染及母嬰傳染，但不會由空氣或一般社交接觸傳播，因此跟感染病毒者握手、一同使用交通工具、進食、上課、工作，共用洗手間或泳池等，均不會感染愛滋病病毒；同時亦未有發現因蚊叮蟲咬而感染的個案。

HIV is transmitted through sexual contact, blood contact, and mother-to-infant infection. It does not spread through air or social contact. So shaking hands, travelling on public transport, eating together, attending school, working, sharing a toilet or swimming cannot transmit HIV. Also, there is no evidence to suggest that mosquito and insect bites can spread HIV.



中央健康教育組展開「中央肥胖」宣傳活動 Central Health Education Unit Launched New Media Campaign on Central Obesity

中央健康教育組於2012年5月中開展新一輪的宣傳活動，向公眾解釋「中央肥胖」的定義、肥胖對健康的危害，以及正確保持健康體重的方法，從而鼓勵市民為自己的健康作出明智選擇。有關信息將透過電視、電台、互聯網、戶外廣告板和液晶廣告屏、電車站、港鐵月台和車廂、巴士車身及報章等媒體向公眾發放。

量度腰圍的正確方法及亞洲人士的中央肥胖範圍

量度腰圍能粗略評估腹部脂肪量，可反映你是否屬於中央肥胖，雖然腰圍很容易量度，但量度方法和身體姿勢會影響量度結果。量度腰圍時，應選用一把有刻度、可彎曲但無彈性的軟尺，而最正確的姿勢就是將雙腳分開約25至30厘米站立，並放鬆腹部，然後將量尺平放在肋骨架下緣與盤骨兩側頂點的中間位置。量度時量尺應緊貼皮膚，但不應壓着皮下的軟組織，最後在正常呼氣後量度腰圍，並調整腰圍結果至最接近的0.1厘米。如有人從旁協助，量度結果便會更準確。



The Central Health Education Unit has launched a new media publicity campaign about central obesity in May 2012. By promulgating the definition of central obesity, the health hazards of obesity and the correct way to keep a healthy weight. The campaign aims to encourage the public to make wise choices for health. Relevant advertisements, in a multitude of popular media channels, are in the pipeline. They include the TV, radio, internet, outdoor billboards and LCD panels, tram stops, MTR, bus bodies as well as newspapers.

Waist measurement and Central Obesity

Waist circumference is a rough estimation of the amount of abdominal fat, hence it can identify individuals with central obesity. While waist size is easy to measure, accurate measurements rely on the method of measurement and body posture. Waist circumference is best measured when the person stands with feet 25-30cm apart and with a relaxed abdomen. Measurement should be taken by positioning the tape horizontally halfway between the lower margin of the rib cage and the prominent bony ridge on both sides at the waist (placing a graduated, flexible but inelastic tape snugly against the skin without compressing the underlying soft tissue). The circumference is then measured to the nearest 0.1cm after the subject breathes out. Have your waist measured with assistance from someone else and then your measurement may be more accurate.

亞洲人士的中央肥胖的範圍（根據世衛建議）

Cut-off areas for abdominal obesity in Asian populations (WHO)

男性 Men	腰圍達 90 厘米 (~ 36吋) 或以上 90 cm (~36 inches) or above
女性 Women	腰圍達 80 厘米 (~ 32吋) 或以上 80 cm (~32 inches) or above



「翡翠」公共衛生演習

測試隔離樓宇及撤離居民的跨部門程序

Exercise Jadeite – A Public Health Exercise to Validate the Interdepartmental Procedures on Isolation and Evacuation of a Building

2003年春天爆發的沙士疫症，導致人心惶惶。當時，淘大花園E座被下令隔離，讓居民接受檢疫，防止疫情蔓延。面對重大傳染病事故，可能需要隔離樓宇及撤離居民，我們必須隨時作好應變準備。

2012年1月9日，超過300名來自衛生防護中心及有關機構的人員，參與了一次代號「翡翠」的公共衛生演習。這次跨部門演習的重點是在紅磡邨二期進行的地面行動演習，測試實地指揮人員與不同參與機構之間的信息傳遞。

演習模擬衛生防護中心接獲通知，發現兩宗嚴重疾病X的確診病例。該疾病最近在香港發現，是一種由新型病毒引起的疾病。

衛生防護中心立即對兩位源頭病人展開調查，他們分別是一男一女，居於紅磡邨二期第三

The Severe Acute Respiratory Syndrome (SARS) outbreak that took place in spring 2003 caused tremendous anxiety in Hong Kong. During the outbreak, Block E of Amoy Gardens was isolated and residents were kept in quarantine so as to contain the spread of the epidemic. The incident reminded us of the importance to get prepared at all times to respond to any major infectious disease incidents which may require isolation and evacuation of buildings.

On 9 January 2012, over 300 participants from the Centre for Health Protection (CHP) and the relevant organisations took part in a public health exercise. Code-named 'Jadeite'. This multi-agency exercise focused on the ground movements taking place in Hung Hom Estate Phase Two as well as the flow of information within the field command and amongst various participating parties.

The exercise scenario unfolded when the CHP received notification of two confirmed cases of severe disease X, a disease caused by a new form of virus recently identified in Hong Kong.





座不同樓層。男病人入院不久後死亡，女病人則留院，情況危殆。

「跨部門應變小組」展開實地調查後，確認可能導致感染群組的環境因素。衛生防護中心遂建議把紅磡邨二期第三座隔離，並要求全座住客撤離住所，並消毒大廈。

衛生署署長聽取了衛生防護中心總監的意見後，對該座大廈發出隔離令。同座大廈出現病徵的住客被送往瑪嘉烈醫院接受隔離，而沒有病徵的住客則被送往檢疫中心。

大廈經過消毒和「跨部門應變小組」重估是否適合讓居民遷回住所的工作完成後，演習亦告結束。

來自內地和澳門衛生當局的18名專家以「觀察員」身分出席這次演習，為演習提供意見。這次演習為衛生署及其他部門/相關機構提供寶貴機會，測試相關的應變計劃，並找出需要改善的地方，從而提高檢測和應付這些個案的能力，以防範可能出現的疫症。

The CHP immediately started investigation into the two index patients - a man and a woman living on different floors of Block Three in Hung Hom Estate Phase Two. The male patient died shortly after admission to hospital while the female patient was admitted in critical condition.

The CHP subsequently advised the isolation of Block Three, evacuation of its residents and disinfection of the building after field investigation by the Multi-disciplinary Response Team had identified possible environmental factors contributing to the cluster of cases.

The Director of Health, upon advice from the Controller, CHP, issued an isolation order for the building. Symptomatic residents in the same block were identified and sent to the Princess Margaret Hospital for isolation. Residents who were asymptomatic were sent to a quarantine centre.

The exercise ended with disinfection of the building and an assessment by the Multi-disciplinary Response Team to gauge if the building was ready for re-occupation.



A total of 18 experts from the Mainland and Macau health authorities commented on the exercise as observers. The exercise provided a valuable opportunity for DH and other departments and relevant organisations concerned to test the

contingency plans and identify areas for improvement. It also greatly enhanced our preparedness and ability to detect and respond to possible epidemics.

公共衛生演習DVD光盤

DVDs on Public Health Emergency Exercises

緊急應變及資訊處最近製作了兩套DVD光盤，介紹衛生防護中心於2010年舉行的公共衛生演習，分別是測試各有關部門和單位在香港國際機場應付公共衛生事故的「華山演習」，以及針對外地傳入鼠疫個案的「白玉演習」，總結了演習的流程、經驗和成效。光盤將致送予本地及海外的合作伙伴和相關機構作參考之用。



The Emergency Response and Information Branch has produced two sets of DVDs documenting public health exercises organised by CHP in 2010. The first exercise, code-named 'Exercise Hua Shan', aims to test the coordination amongst different departments and units when handling a public health emergency at the Hong Kong International Airport. The second exercise, 'Exercise Nephrite', focuses on the response to an imported case of plague. The DVDs, which provide details of the procedures, experience and effectiveness of the exercises, will be distributed to relevant local and overseas working partners and institutions for reference.



世衛西太平洋區減低酒精相關危害會議

WHO Western Pacific Regional Meeting on NCD Prevention and Control through Reduction of Alcohol-related Harm

飲用酒精為全球疾病負擔的第三大主要風險因素，全球每年約有250萬人因飲用酒精死亡。三類主要非傳染病（即癌症、心血管疾病及糖尿病）均與飲用酒精有關。

此外，酒精亦與逾60種疾病有關，例如：肝炎、肝硬化、高血壓、中風及冠心病。因飲用酒精會增加熱量攝入，並降低運動能力及飲食質素，增加患上非傳染病的機會。

本年4月10日至13日，多位來自世界衛生組織（世衛）及西太平洋地區國家的代表匯聚香港，商討如何通過減低酒精禍害以預防和控制非傳染病。這次為期四天的會議由世衛西太平洋區域辦事處及衛生署聯合舉辦，旨在加深會員國對酒精相關危害的了解，並幫助他們掌握減低與酒精相關危害的方法。會議共有約60名來自11個國家或地區的與會者參加。

會議通過本地及海外不同界別的專家所進行的經驗分享和討論，為與會者提供一個討論平台，以達到下列目的：

1. 檢討現時各國就控制非傳染病及減低酒精相關危害的方案，並且探討酒精對健康、社會及經濟帶來負擔的實證；
2. 就非傳染病風險因素，討論以實證為本的防控措施，加強管制酒精飲用；及
3. 確認適用於各國的具體行動，以加強措施減低酒精相關危害，並強化與其他防控非傳染病風險措施的聯繫。

Alcohol consumption is the third leading risk factor for the global burden of disease, and causes about 2.5 million deaths worldwide each year. Three major non-communicable diseases (NCDs), namely cancer, cardiovascular disease and diabetes, are associated with alcohol consumption.

In addition, alcohol is linked to more than 60 disease conditions such as hepatitis, cirrhosis, hypertension, stroke and coronary heart disease. It may also exacerbate NCDs through increasing caloric intake, while reducing physical activity and quality of diet.

From April 10 to 13, 2012, representatives from the World Health Organization (WHO) and countries and areas in the Western Pacific Region met in Hong Kong to discuss the prevention and control of NCDs through reduction of alcohol-related harm. Jointly organised by the Western Pacific Regional Office of the WHO and the Department of Health, the four-day meeting aimed to equip member states with knowledge and tools to take actions against alcohol-related harm. About 60 participants from 11 countries/areas attended the meeting.

With experience sharing and discussions amongst local and overseas experts from different sectors, the meeting provided participants with a forum to achieve the following objectives:

1. to review the current country programmes of NCD control and alcohol-related harm reduction, and evidence of health, social and economic burden of alcohol;
2. to discuss evidence-based interventions for strengthening alcohol control in the context of NCD risk factors; and
3. to identify country-specific steps to strengthen measures for reducing alcohol-related harm and strengthening linkages with NCD risk factor interventions.



健康在職先導計劃 Health@work.hk Pilot Project

工作間不僅是上班族消耗最長時間的地方，它的環境亦會直接影響員工的身心和社交健康，繼而影響家庭和社會。香港有超過三百萬工作人口，故工作間是促進市民建立健康生活模式的理想場所。

「健康在職先導計劃」正是衛生署根據《促進健康：香港非傳染病防控策略框架》及《香港促進健康飲食及體能活動參與的行動計劃書》的建議推出。計劃得到先導機構的管理層及員工踴躍支持，以及合作伙伴的協助及參與，制定和試行了適用於本地「推廣在職人士健康」的實用模式。

先導計劃第一階段在2010年9月至2011年12月間推行，有來自不同行業的19家機構及約共2,000名員工參與。每家參與機構均設立了健康委員會，評估其組織及員工的健康需要，也為員工舉辦有關健康飲食、體能活動及戒煙的健康促進活動。第一階段的工作已順利完成，並且取得理想效果。

衛生署於2012年5月18日舉辦了「健康在職先導計劃」嘉許典禮暨分享會，表揚先導機構致力推廣在職人士健康。活動吸引近200人出席。

計劃的第二階段將於今年稍後展開，冀能發展一個可持續發展、合乎成本效益並為商界廣泛應用的運作模式。

The workplace is where the workforce spends most of its time. It directly influences the physical, mental and social well-being of employees and indirectly impacts on their families and the community. With over three million people in the workforce, the workplace is an ideal place to engage people in healthy lifestyles.

The Health@work.hk Pilot Project was conducted by Department of Health (DH) in accordance with the Strategic Framework for Prevention and Control of Non-communicable Diseases and the Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong. Thanks to the enthusiastic support from supervisors and staff of the pilot organisations as well as the assistance and participation of collaborating partners, a practical model of "Workforce Health Promotion" was developed and pilot tested for local use.

The first phase of the Pilot Project, conducted from September 2010 to December 2011, was completed smoothly with positive results. A total of 19 organisations of different backgrounds and 2,000 staff participated in the Pilot Project. Each of the organisations set up a wellness committee to assess its own organisational and staff health needs and implemented health promotion interventions in relation to healthy eating, physical activity and smoking cessation.



DH held the Health@work.hk Pilot Project Recognition Ceremony cum Sharing Forum on May 18, 2012 to give recognition to the pilot organisations for efforts made to develop a healthy workforce. The event attracted as many as 200 people in the audience.

The Health@work.hk project will commence its second phase later this year with the aim of developing a sustainable and cost-effective model for application in the wider business community.



衛生署電視宣傳短片「健康生活由你起」

Announcement of Public Interest (API) by DH “Living a Healthy Lifestyle Starts with YOU!”

鑑於非傳染病日趨普遍，衛生署於2008年制訂了「促進健康：香港非傳染病防控策略框架」，在各層面提倡健康生活模式，以針對非傳染病的風險因素，例如不健康的飲食、缺乏運動等。

衛生署最近與香港理工大學設計學院的學生團隊聯合製作了一輯電視宣傳短片，並配上由歌手林一峰創作的主題曲，以喚醒大家的健康意識，希望帶動每一個人能夠「活出健康新方向」。

該輯電視宣傳短片以「健康生活由你起」為題，鼓勵大家將健康的生活信息感染身邊的每一個人，令所有人一起實踐健康生活模式，實現全民參與的理想。短片開始時由一位健康少女提醒大家「健康生活由你起」，並且坐言起行，用信息逐一感染身邊的人，包括一個久坐不動、整天沉迷電子遊戲的宅男，一個愛吃垃圾食物的胖子，和一個工作壓力很大的白領麗人，最終令不同年齡、不同階層的人齊齊改變自己，享受自己選擇的健康生活。主題曲則呼籲大家選擇健康的生活模式：

In response to the growing threat of non-communicable diseases (NCD), the Department of Health (DH) launched a strategic document titled “Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of NCD” in 2008. It calls for concerted efforts at all levels in promoting healthy lifestyles and the reduction of risk factors of NCD, such as unhealthy diet and physical inactivity.

In its continuous effort to raise public awareness of health issues and to promote the “For Health We Change” Campaign, DH has recently teamed up with students of the School of Design of the Hong Kong Polytechnic University to make an API, using a jingle written by Mr Chet Lam as the theme song.

The API titled “Living a Healthy Lifestyle Starts with YOU!” encourages everyone to spread health messages and influence people around them to live a healthier lifestyle. The aim is to call for all to take action. The API starts with a healthy girl reminding us that “Living a Healthy Lifestyle Starts with YOU!” She lives it out and passes on the messages to the people around her, including a sedentary geek, a junk food lover, and a stressed out white-collar lady. In the end, people of different age groups and background are influenced by her, change for health and enjoy their healthy choices of lifestyle. The jingle appeals to all to make healthy choices for a healthy life:



今天起要 早起早睡
多啲蔬菜 飲多啲水
拋開牽掛 不須憂慮
伸伸手臂 伸一伸腿
開心工作 關心生活
繽紛都市 會更有趣

Try to sleep and wake up early, starting from today!

Eat more veggies. Drink more water

Don't worry, be happy

Get up and start your exercise journey

Enjoy your work. Care about life

Let's make this city a more lively one

希望大家喜歡這輯短片，並身體力行，因為健康生活就在你手！請同時鼓勵你身邊的人同樣嘗試作出健康的選擇。

Hope you will like our API and make healthy choices for a healthy life! Please also encourage people around you to make healthier choices. If everyone starts making changes, we will be able to combat the rising threat of NCD.



短片除在電視上播放外，大家亦可以在康樂及文化事務署轄下的各個場地、公共屋邨、民政事務總署的社區中心和私家診所看到。你亦可登入<http://youtu.be/EXw2BSNhlAM> 重溫、「分享」和「喜歡」一下這短片。

In addition to television channels, the API will be shown at various Leisure and Cultural Services Department venues, public housing estates, certain community centres managed by the Home Affairs Department and private clinics. You are very welcome to revisit, "SHARE" and "LIKE" it at the URL: <http://youtu.be/KQwxNCyeV9U>.

如果想進一步了解更多實踐健康生活的資訊，歡迎瀏覽「活出健康新方向」網站：www.change4health.gov.hk

For more information about healthy lifestyles, please visit our "Change for Health" website: www.change4health.gov.hk.





小食營養分類精靈

Snack Nutritional Classification Wizard

健康小食 大人細路都啱

究竟該選購含較少脂肪的ABC牌小食，還是含較少鹽分的EFG牌呢？每天面對無數類似的「人生交叉點」，你是否感到有些無所適從呢？好消息！衛生署最新推出具備《小食營養指引》功能的「小食營養分類精靈」iPhone應用程式，相信可以幫到你！大家只需根據包裝上的營養標籤輸入產品的主要資料，「精靈」便會即時將小食分類為「紅色(少選為佳)」、「黃色(限量選擇)」或「綠色(適宜選擇)」小食，一目了然。立刻利用本頁的快速回應碼免費下載程式，或使用「健康飲食在校園」運動專題網頁(<http://school.eatsmart.gov.hk>)的網上版本，為自己和家人選擇健康的小食吧！

Healthy Snacks for Big and Small!

Snack 'ABC' contains less fat, but snack 'EFG' has less salt. Which ones should I choose? Faced with so many difficult choices everyday, do you ever get frustrated sometimes? Here comes the good news: the Department of Health has launched a new iPhone application called 'Snack Nutritional Classification Wizard' to help you make healthier choices! Just key in the product information as stated on its food label, the Wizard will then indicate whether a product is 'red: snacks to choose less', 'yellow: snacks to choose in moderation', or 'green: snacks of choice'. Simply download the programme free of charge by scanning the QR code below or access the internet version at <http://school.eatsmart.gov.hk>, and then choose a healthy snack for yourself and family!



公共衛生化驗服務處主任 羅懿之醫生 Dr Janice Lo Head of PHLSB



彈鋼琴與玩橋牌兩項看似風馬牛不相及的興趣，對於去年十一月底開始出任公共衛生化驗服務處主任的羅懿之醫生來說，兩者均帶給她無窮樂趣和滿足感。

羅醫生從小學習鋼琴，於考獲八級證書後，因忙於學業而未有在音樂路上再展所長，直至她加入教會後，於2001年開始為詩歌班擔任鋼琴/風琴伴奏時，才再有機會發揮對音樂的熱誠。除周日崇拜外，她一有機會放下工作時，便會出席每周一次的黃昏詩班排練，透過音樂紓緩繁重的工作壓力。

羅醫生初次接觸橋牌是在大學一年級時。當時身為班代表的她，因每班必須派出指定參賽人數，所以唯有硬著頭皮披甲上陣，但此後她就再沒有機會玩橋牌了，直至年多前，羅醫生參加了一個以外籍會員居多的婦女社交會。這個組織有定期的橋牌聚會，令她再次對橋牌著迷。現時只要工作時間許可，她必定出席聚會。本年初，羅醫生更加入了香港醫學會橋牌隊，並參加了在4月底由醫學會主辦的橋牌賽，與其他牌友切磋牌藝。

羅醫生認為，工作與興趣的得著是相輔相成的，她說：「上班和工餘興趣的共通點是：只要有熱誠並願意專注投入，便可以從中獲得很大的滿足感。」——發掘個人的嗜好是不會嫌太晚的，她鼓勵大家在工餘時盡量發展不同的興趣。

Piano and bridge seem to be two unrelated hobbies. Yet Dr Janice Lo, the Head of Public Health Laboratory Services Branch (PHLSB) starting from November 2011, finds both equally enjoyable and fulfilling.

Dr Lo began to play the piano at a very young age. She stopped pursuing her musical interest further after obtaining a Grade 8 certificate for the sake of academic studies. Her passion for music rekindled when she became the pianist/organist of her church choir in 2001. Apart from the Sunday services, whenever she can set aside her work, she attends the weekly evening choir practice sessions, where she can relax and have a respite from the daily workload.

Dr Lo played her first bridge game in her first year at medical school when she, as a class representative, was asked to participate to fill the quota required of each class. Dr Lo did not have the opportunity to play the game again until she joined a ladies' social club mainly with non-Chinese members over a year ago. The club holds regular bridge sessions, which have once again aroused her interest in the game. Whenever her work schedule permits, Dr Lo attends the bridge sessions. In early 2012, she joined the Hong Kong Medical Association's (HKMA) bridge team and participated in the HKMA Bridge Tournament 2012 in late April.



Dr Lo thinks her job and hobbies complement well with each other. She says, 'Working and hobby are the same. When we are passionate and willing to be committed and dedicated, we will be able to find much fulfillment.' Dr Lo encourages colleagues to develop interests and hobbies in their free time. It is never too late to start!



11.1.2012



衛生署、教育局及康樂及文化事務署合辦的全港性「幼營喜動校園計劃」正式展開，鼓勵學前幼兒培養健康飲食和體能活動的習慣，以預防幼兒肥胖問題。

The territory-wide StartSmart@school.hk Campaign, organised by the Department of Health (DH) in joint effort with the Education Bureau and the Leisure and Cultural Services Department, was launched to promote healthy eating and physical activity amongst preschoolers to prevent childhood obesity.

項目管理及專業發展處舉辦為期一天的簡報技巧工作坊，協助參加者提升簡報技巧，以應用於日常工作上。共有26名衛生防護中心同事參加。

Programme Management and Professional Development Branch organised a one-day workshop on presentation skills for occasional speakers of CHP staff to enhance their presentation skills for application in daily work. The workshop attracted a total of 26 staff members from various service units and was well-received by the participants.



13.4.2012



24.3.2012

2012年世界防癆日活動舉行開幕典禮。本年度世界防癆日以「防癆服務齊響應，一起攜手同參與」為主題，由香港防癆心臟及胸病協會、衛生署和醫院管理局聯合舉辦了一連串活動，包括全港中小學海報設計比賽、學校健康講座、展覽和教育活動等，以提高

公眾對結核病的認識和預防。

An opening ceremony was held to commemorate this year's World Tuberculosis Day. Under the theme 'Join Hands and Fight TB', the Hong Kong Tuberculosis, Chest and Heart Diseases Association, DH and the Hospital Authority has jointly organised a range of educational and

promotional activities, including a Poster Design Competition for primary and secondary students, health talks in schools and exhibitions, to increase awareness amongst the community about TB disease.



泰國疾病控制局代表團到訪衛生署，就公共衛生緊急事故的應變及傳統醫藥等課題交流經驗；代表團並參觀了緊急應變中心及醫院管理局轄下的中醫診所。

A delegation from the Department of Disease Control of Thailand visited the Department of Health to share experiences in the public health emergency response and traditional medicine. They also visited the Emergency Response Centre and a Chinese medicine clinic under the Hospital Authority.

14-15.5.2012

