

# CHP 通訊 newsletter

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## 編者的話 Editor's Note

近20年，本港結核病呈報率下降的趨勢放緩，但呈報個案仍比一些西方發達國家為高，本期專題特別介紹結核病，提醒大家不要忽視這個傳染病。

為響應2013年世界衛生日的主題，衛生署由2013年4月開始，舉行了一系列的宣傳活動，提醒市民注意與高血壓相關的風險。

In the past two decades, the decline in tuberculosis (TB) notification rate becomes 'stagnated'. However, the number is still relatively higher than the figures in some western developed countries. This issue reports TB related issues and reminds the public to be vigilant against the disease.

To echo with the theme for the World Health Day 2013, DH has launched a series of publicity activities, aiming to draw public attention to the risk of hypertension.

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封面專題  
Cover Story



## 不容忽視的風土病 - 結核病

### Beware of an Important Endemic Infection - Tuberculosis

結核病曾經是本港頭號殺手，雖然該病的死亡率近年大幅回落，但對全球和本港仍然是一種重要的傳染病，大家必須保持警覺。

### 「歷久不衰」的 結核病

「結核病雖然是一種古老的傳染病，但該病一直沒有離開過我們。」衛生署公共衛生服務處胸肺科高級醫生鄭國釗說。結核病早於1939年已被列為法定須呈報傳染病，在二次大戰及1950年代初期登上高峰，1952年呈報個案達14,821宗，即每10萬人有697人染病。發病率到1960年代後期才回落至每10萬人出現300宗及以下。

然而，近20年結核病的呈報率下降趨勢呈現放緩，到2012年仍有近5,000宗結核病呈報個案，即每10萬人便有約70人染

Tuberculosis (TB) was once Hong Kong's number 1 killer. Although TB death rates have substantially declined, it is still an important infectious disease both globally and locally. We must therefore stay vigilant.

### Tuberculosis: an ancient and long-lasting disease

'TB is an old enemy,' says Dr Chang Kwok Chiu, Senior Medical & Health Officer, Tuberculosis and Chest Service, Public Health Service Branch of the Centre for Health Protection (CHP). A statutory notifiable disease since 1939, TB was a major killer disease in Hong Kong during World War II and the early 1950s. The TB notification rate peaked at 697 per 100,000 population in 1952, when 14,821 TB cases were notified, and dropped below 300 per 100,000 population since the late 1960s.

The decline in the TB notification rate has slowed down in the past two decades. In 2012, there were still around 5,000 notified TB cases, at a notification rate of approximately 70 per 100,000 population, which was high in comparison with the figures in some western developed countries. Hong Kong is ranked by the World Health Organization (WHO) as an intermediate TB burden area in the Western Pacific Region.



## 結核病何時被發現？ When was tuberculosis first found?

結核病是一種古老的傳染病。考古學家從新石器時代人類的遺骨和古代木乃伊的骨關節的病理組織中，發現史前人類已患過結核病。1882年3月24日，德國羅拔特·郭霍醫生發現結核桿菌，並確認該菌是結核病的病原體。1982年，國際防癆和肺部疾病聯盟發起對這項發現的百周年紀念，把每年的3月24日定為「世界防癆日」。

TB has existed since ancient times. TB was found in human bony remnants of the New Stone Age and the joints of mummies. The causative agent was not known until 24 March 1882 when a German doctor Robert Koch discovered the TB germ. In 1982, the International Union against Tuberculosis and Lung Disease launched the first 'World TB Day' to commemorate the 100th anniversary of Dr Koch's discovery.

病，情況比一些西方發達國家為差，在世界衛生組織(世衛)西太平洋區被列為有中度結核病負擔的地區。

鄭醫生補充說，結核桿菌可經空氣傳播。患者咳嗽或打噴嚏時，病菌隨飛沫在空氣中漂浮和散播；與患者有緊密接觸的人，例如家人，最容易受到感染。

## 結核高危族 抵抗力弱

鄭醫生表示，本港結核病的呈報率下降的趨勢「持續」放緩，主要與人口老化有關。據估計，本港約有三分之一的人口曾感染結核桿菌，但其中大概只有一成會發病，雖然當中有約一半個案會在感染後五年內發病，餘下個案的潛伏期可長達數十年，待受感染者抵抗力減弱時才發病，因此結核病發病的風險會隨着年齡增加而上升。以2011年的結核病呈報率為例，

Dr Chang adds, 'TB is an airborne infectious disease. When an infectious TB patient coughs or sneezes, small droplets containing the tubercle bacilli are generated. With evaporation, tiny particles containing the tubercle bacilli can float, stay, and spread in the air. The risk of infection is highest among close contacts such as household members.'

## TB and the host immunity

According to Dr Chang, the 'stagnated' decline in the TB notification rate may be largely attributable to our ageing population. It is estimated that one third of our population has been infected by TB. On average, one tenth of the infected population will develop the disease at variable time points after infection. Although approximately half of the TB diseases develop within the first 5 years after infection, the incubation of TB infection can be lifelong. The risk of progression to disease increases with ageing, which is often associated with deterioration in the host immunity. This can be illustrated by the TB notification rates in 2011: 64.1 per 100,000 people of the population among those aged 50-54 in contrast to 369.2 per 100,000 people of the population among those aged 85 and above.

TB is more common among males than females. Dr Chang says, 'For example, in 2011, there was no significant gender difference in the TB notification rate under the age of 45. The male-to-female ratio increased from approximately 2 among those aged 45-49 to approximately 4 among those aged above 65.' He further explains, 'This is related partly to smoking and smoking-related lung diseases, which impair the host immunity.'



## 結核有那些主要病徵？ What are the symptoms of tuberculosis?

結核病患者的主要病徵包括持續咳嗽、痰中帶血、發燒、夜間冒汗和體重下降。病情較輕者，可以沒有任何徵狀。

Typical symptoms include chronic cough, blood-stained sputum, fever, night sweats, and weight loss. Nonetheless, patients with minimal disease may have no symptom.



## DOT prevents drug-resistant TB

Before the introduction of TB drugs, TB was mainly managed by bed rest and nutritional support. Surgical procedures were introduced in the 1950s, often with limited benefit. These included the more commonly employed artificial pneumothorax and artificial pneumoperitoneum, and major surgery such as lobectomy, pneumonectomy and thoracoplasty. The introduction of combination therapy using streptomycin, isoniazid, and para-aminosalicylic acid made it possible





50至54歲的年齡組為每10萬人64.1宗，但85歲以上患者的數字卻激增至每10萬人369.2宗。

此外，男性結核病患者比女性多。鄭醫生表示，45歲前，男女性患病率比例差異並不明顯，但到了45至49歲的年齡組，男性患病率增加至約為女性的兩倍，65歲以上的男性患病率更是女性的四倍以上。鄭醫生解釋，這個現象的部份原因與男性吸煙較多、削弱肺部抵抗力有關。

## 監督治療 減低抗藥性

在抗結核藥物問世前，治療結核病主要靠臥床休息和補充營養。在1950年代，人工氣胸及人工氣腹常用於肺結核病的治療，也有部分病人接受大手術，如肺葉切

除術、肺切除術、胸廓成形術等，但治療效果欠佳。隨著對氨基水楊酸、鏈黴素及異煙肼等抗結核藥物出現，組合藥方能成功地治療結核病，但療程長達18個月，僅四分之一的病人能依時完成治療，病菌耐藥性的情況嚴重。自1970年代初，香港開始實行全程監督治療(又稱全監督治療)，並由1970年代尾起使用利福平及吡嗪酰胺，將治療期縮短至6個月，細菌耐藥性的問題才逐漸改善。

現時，各胸肺科診所跟進的患者主要為新發病例，只有



## 患上結核病是否必須住院治療？ Should TB patients require hospital treatment?

結核病患者開始接受治療後，傳染性便會迅速下降。資料顯示，住院治療未能顯著減低家居接觸者受感染的風險。

In general, the risk of transmitting the infection is rapidly reduced after TB treatment is initiated. It has been demonstrated that hospital treatment does not significantly change the risk of infection among household contacts.



to successfully treat TB with drugs, but prolonged treatment up to 18 months was required. Without treatment supervision in the 1950s, only about one quarter of patients completed the long course of treatment, and drug resistance was common. Since full-scale treatment supervision (or directly observed treatment) was introduced in the early 1970s, and rifampin and pyrazinamide were used in the late 1970s to shorten treatment from 18 to 6 months, the problem of drug resistance has gradually improved.

Nowadays, the vast majority of our TB patients are new patients, and re-treatment cases only constitute one-tenth of our total TB caseload. Only 1% and 0.1% of the culture-confirmed TB cases are respectively multidrug-resistant TB (MDR-TB) with bacillary resistance to isoniazid and rifampicin and extensively drug-resistant TB (XDR-TB), which is MDR-TB with additional resistance to any fluoroquinolone and at least one second-line injectable agent.

## All-out efforts to control TB

In Hong Kong, about 80% of TB patients are managed by DOT in the 12 full-time and 5 part-time chest clinics operated by the Government TB and Chest Service, which provides free diagnostic and treatment service. Inpatient care of TB is largely provided by the Hospital Authority, mainly when the diagnosis of TB is uncertain or inpatient care is required for managing complications or comorbidities. There is close collaboration to ensure continuity of care.

Quality management of TB is impossible without strong support from CHP's TB Laboratory, which is responsible for the territory-wide identification and drug susceptibility testing of TB.

In the 1970s, the Government TB and Chest Service actively participated in landmark TB drug trials led by the British Medical Research Council. Notwithstanding the availability of effective TB treatment, the past two decades has witnessed resurgence of TB as a global emergency and the emergence of MDR-TB epidemics in many



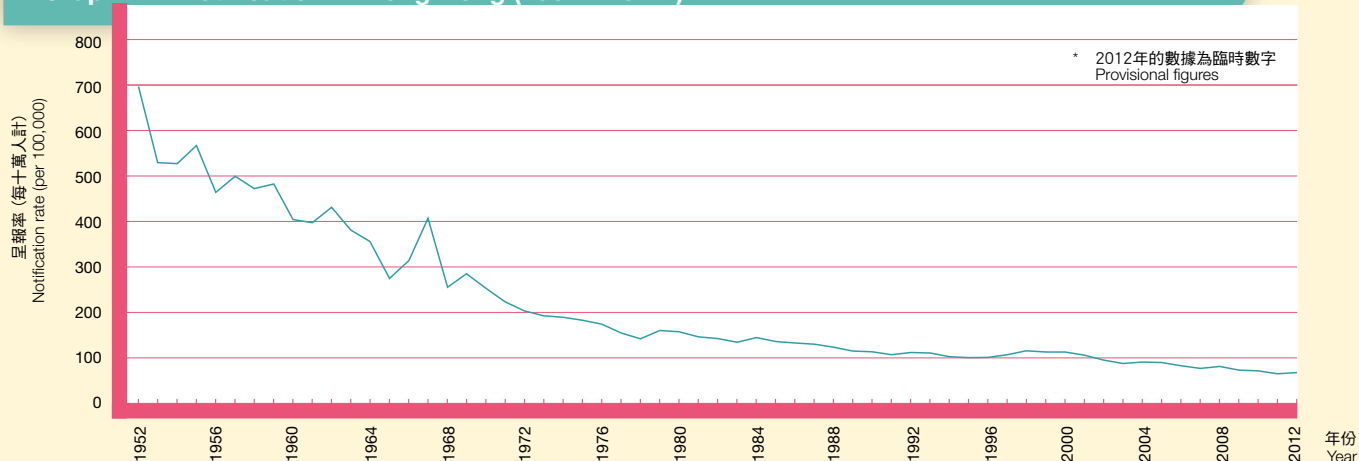
## 接種卡介苗後是否不會染上結核病？ Does BCG vaccine prevent tuberculosis?

卡介苗防疫注射服務由衛生署胸肺科管轄。雖然該疫苗對預防初生嬰兒及小孩出現嚴重的結核病非常有效，但對預防肺結核病的成效卻仍有爭議。因此，市民應注重健康的生活模式，保持室內空氣流通，及重視良好的個人及環境衛生，以減低染病機會。

The Government TB & Chest Service oversees BCG vaccination in Hong Kong. Although BCG effectively prevents severe TB disease among the newborn and children, its protection against pulmonary TB is controversial. It is thus important to live a healthy lifestyle, ensure adequate indoor ventilation, and observe personal and environmental hygiene to minimise the chance of contracting the disease.

圖：結核病呈報率 (1952 - 2012\*)

Graph: TB Notification in Hong Kong (1952 - 2012\*)



資料來源：衛生署網頁 [http://www.chp.gov.hk/files/gif/dns\\_tbnofif\\_chpwebsite\\_tc.gif](http://www.chp.gov.hk/files/gif/dns_tbnofif_chpwebsite_tc.gif)

Source: CHP Website [http://www.chp.gov.hk/files/gif/dns\\_tbnofif\\_chpwebsite\\_en.gif](http://www.chp.gov.hk/files/gif/dns_tbnofif_chpwebsite_en.gif)

一成左右是復發個案。菌陽病例中，確診為耐多藥結核病（結核桿菌對異煙肼及利福平呈耐藥性）及廣泛耐藥結核病（屬耐多藥結核病，結核桿菌同時對氟喹諾酮類藥物及任何二線注射藥物呈耐藥性），分別僅佔1%及0.1%。

countries. Since 2009, in recognition of a dire need in the development of new TB drugs and regimens, the Government TB and Chest Service has been participating in the Tuberculosis Trials Consortium sponsored by the US Centers for Disease Control and Prevention.

## 整全措施 共抗結核病

政府的12間全日及5間部分時間開放的胸肺科診所，為約八成結核病患者提供服務，當中包括免費的結核病檢查及治療。醫院管理局則為未能確診、出現併發症或病情較複雜的結核病人提供住院服務，互相補足，使病人能得到持續性的醫治。

## Strengthen immunity to prevent TB

Prevention is always better than cure. To strengthen immunity, it is important to live a healthy lifestyle, which includes adequate rest, balanced diet, regular exercise and abstinence from smoking and excessive alcohol use. To promote timely diagnosis and treatment of TB disease, it is also important not to stigmatise TB patients.

衛生防護中心的結核實驗室亦是世界衛生組織認可的「跨國結核參比實驗室」，提供本港結核桿菌及其耐藥性的檢測服務。

自1970年代起，政府胸肺科已經積極參與英國醫學研究理事會的新藥研究。雖然現今治療結核病的藥物已非常有效，但近20年來結核病再次成為一種主要的傳染病，而耐多藥結核病更在不少國家蔓延。自2009年起，鑑於新抗結核藥物的需求殷切，胸肺科與美國疾病控制及預防中心贊助的結核病藥物試驗聯盟合作，協助新藥的臨床研究。

## 防結核病 重固本培元

然而，預防永遠勝於治療。市民應注重健康的生活模式，包括適當的作息、均衡飲食，恆常運動、不吸煙、不酗酒，以提高身體抵抗力。為免延遲診斷和治療，公眾不應標籤結核病人。







## 「我好『叻』」社區健康推廣計劃嘉許典禮 'I'm So Smart' Community Programme Recognition Ceremony

衛生防護中心社區聯絡部於5月28日舉辦「我好『叻』」社區健康推廣計劃嘉許典禮，表揚約二百名人士（包括機構代表和市民）在社區積極參與推廣和促進健康飲食及恆常體能活動的貢獻。

衛生防護中心總監梁挺雄醫生在「我好『叻』」嘉許典禮上致辭時說，預防和控制非傳染病，最直接有效的方法是奉行健康的生活模式，包括健康飲食和恆常體能活動這兩項關鍵因素。

社區聯絡部在2012年推出「我好『叻』」社區健康推廣計劃，與香港房屋委員會及其轄下屋邨的屋邨管理諮詢委員會、健康城市計劃、及非政府機構合共超過五十個單位攜手合作，按各社區的不同需要及興趣，舉辦各項有關活動以推廣健康飲食及恆常體能活動，讓大眾通過身處的生活、工作、學習和耍樂環境去改善健康。多項活動共錄得超過六萬人次的參與。

About 200 people (community members and partners from various organisations) received commendation from the Department of Health at the 'I'm So Smart' Community Programme Recognition Ceremony on 28 May 2013 for their active participation in promoting healthy eating and regular physical activity among the Hong Kong community and also in facilitating the forming of these habits.

Addressing the ceremony, Dr Leung Ting Hung, Controller of the Centre for Health Protection, said that non-communicable diseases can be effectively prevented and controlled through the choice of healthy lifestyles, for which healthy diet and regular physical activity are the two key factors.

The 'I'm So Smart' Community Programme was launched in 2012 by the Community Liaison Division. The programme has been supported by over 50 organisations including the Hong Kong Housing Authority (HKHA), Estate Management Advisory Committees of estates under HKHA, 'Healthy Cities Projects' and non-governmental organisations. Participating organisations have organised a variety of activities to promote healthy eating and regular physical activity according to community needs and interests. By so doing, people's health can be improved in places where they live, work, learn and play. An attendance of more than 60,000 was recorded from these activities.



## 世界衛生日提醒市民防控高血壓 World Health Day Promotes Awareness of Hypertension

世界衛生組織（世衛）訂立每年4月7日為世界衛生日，紀念世衛於1948年成立。每年世衛都為世界衛生日選定一項國際關注及重要的公共衛生課題為主題，而今年世界衛生日的主題是高血壓，最終目標為減少心臟病和中風。

為響應2013年世界衛生日的主題，衛生署自2013年4月開始舉行了一系列的宣傳運動。在2013年4月2日，衛生署舉行了一場記者招待會，為該系列的宣傳運動揭開序幕，令公眾更關注香港高血壓患病率的上升趨勢，提醒市民注意健康生活和定期檢查，以減低高血壓的相關風險。記者會上的講者包括衛生署署長陳漢儀醫生、香港醫學專科學院主席李國棟醫生、食物安全中心顧問醫生何玉賢醫生；另外還有逾20名醫護界團體和「健康城市」的代表出席支持。講者及嘉賓還戴上量度血壓的臂帶合照，宣傳定期量度血壓的重要性。

是次宣傳運動的口號為「你的血壓正常嗎？——隱形殺手高血壓，預防治療皆有法」。宣傳活動還使用了海報宣傳、電視資訊視窗、媒體訪問、專題網頁、刊物、社區活動等。衛生署並於4月19日舉辦了預防高血壓健康促進交流會，希望以此作為互動平台，讓各界分享健康促進的經驗，及營造社區互助互學的環境。交流會有超過100人出席。

根據世衛的資料，全球大約每三個成年人就有一個患有高血壓。香港高血壓的患病率合共為27.2%，其中大約一半人不知道自己患病，因為患者初期未必會感到不適，但如得不到治療和控制，高血壓可引起致命的併發症，如心臟病、中風、腎衰竭等，所以要防治高血壓，最重要的是提高意識，及早發現，定期監測和小心控制。如想獲取更多資訊，請瀏覽2013年世界衛生日專題網頁：

World Health Day (WHD) is celebrated on 7 April to mark the anniversary of the founding of World Health Organization (WHO) in 1948. Each year a theme is selected for WHD that highlights a priority area of public health concern in the world. The theme for WHD2013 is hypertension, and its ultimate goal is to reduce heart attacks and strokes.

To echo with this year's theme, the Department of Health has organised a series of publicity activities starting since April 2013. To kick start, a press conference was held on 2 April 2013 to draw public attention to the fact that the prevalence of diagnosed hypertension in Hong Kong has been on the rise and that the risks associated with high blood pressure can be reduced by maintaining a healthy lifestyle and having regular blood pressure checks. Speakers for the press conference included the Director of Health, Dr Constance Chan; the President of Hong Kong Academy of Medicine, Dr Donald Li; and the Consultant of Centre for Food Safety, Dr YY Ho. More than 20 representatives from supporting organisations were also in attendance to show their support to the event. Speakers and guests also wore blood pressure cuffs during photo-taking to disseminate the message of the importance of regular blood pressure monitoring.

The slogan for the campaign is 'Is Your Blood Pressure Normal? - High Blood Pressure Kills, But It's Preventable and Treatable'. Campaign events included a poster campaign, television roller feature messages, media interviews, a mini website, publications, community workshops, etc. A health promotion sharing forum on preventing hypertension was held on 19 April. It serves as an interactive platform for parties to share health promotion experience, as well as to create a learning environment for the community. The forum was attended by over 100 persons.

According to WHO's information, about 1 in 3 adults has hypertension globally. In Hong Kong, the prevalence of hypertension among the population is 27.2%, amongst which half do not know that they have hypertension as they often do not have symptoms in the early stage. However, if not treated and controlled, hypertension can lead to lethal complications such as heart attack, stroke and renal failure. Therefore, awareness raising, early detection, regular monitoring and good control are important in combating hypertension. For more information, please log on to:

[http://www.chp.gov.hk/tc/view\\_content/28258.html](http://www.chp.gov.hk/tc/view_content/28258.html)

[http://www.chp.gov.hk/en/view\\_content/28258.html](http://www.chp.gov.hk/en/view_content/28258.html)







## 「紅寶石」跨部門桌面演習 防範「中東呼吸綜合症」 Desktop 'Exercise Ruby' to Get Prepared for Outbreak of Middle East Respiratory Syndrome



食物及衛生局和衛生防護中心於2013年3月27日聯同其他政府部門舉行代號為「紅寶石」的高層桌面演習，測試政府應付中東呼吸綜合症（前稱「新型冠狀病毒致嚴重呼吸系統病」）可能爆發時會採取的應變行動。

根據演習模擬的情況，本港正面對由外地傳入的「中東呼吸綜合症」個案，食物及衛生局局長高永文醫生主持屬「嚴重應變級別」的督導委員會會議，其成員來自相關的決策局、部門和機構的高層。

演習測試了政府對疫情控制的應對措施、指揮架構和應變級別的啟動機制。演習亦針對決策局、部門和機構的準備和應變措施，讓成員評估疫情對本港公共衛生影響的風險，從而決定是否有需要將應變級別由「嚴重」提升至「緊急」，以及採取什麼相應的加強應變行動。

演習有助對傳染病制定和監察執行相關的協調工作、即時反應及防控策略，以決定應採取何種更全面的措施。這次演習共有三十六名來自三個決策局和九個部門／機構的代表參加。

The Government tested its preparedness for a possible outbreak of Middle East Respiratory Syndrome (formerly known as 'Severe Respiratory Disease associated with Novel Coronavirus') on 27 March 2013 during a high-level desktop exercise code-named 'Exercise Ruby', organised by the Food and Health Bureau and the Centre for Health Protection of the Department of Health in collaboration with other government departments.

Under the exercise simulation, Hong Kong encountered an imported case of Middle East Respiratory Syndrome. Senior representatives from government bureaux, departments and organisations took part in a Serious Response Level steering committee meeting, chaired by Dr Ko Wing Man, Secretary for Food and Health.

The exercise tested the Government's response measures for control of the disease, the command structure as well as the mechanism for activation of response levels. It also focused on the preparedness and response actions of relevant government bureaux, departments and organisations, and offered members the opportunity to assess the risk of health impact on Hong Kong before they decide if there was the need for escalation of the response level from 'Serious' to 'Emergency' as well as the corresponding enhanced response actions.

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





## 「琥珀演習」測試各部門 面對模擬新型流感的應變能力

### 'Exercise Amber' Tests Multi-Department Response to Novel Influenza Outbreaks

'The Preparedness Plan for Influenza Pandemic 2012' of the Government of the Hong Kong Special Administrative Region was put to test on 25 January 2013 during an exercise code-named 'Exercise Amber', organised by the Centre for Health Protection (CHP) of the Department of Health (DH) in collaboration with other government departments and organisations.

衛生防護中心聯同有關政府部門和機構於2013年1月25日舉行代號「琥珀」的演習，就香港特別行政區政府公布的「流感大流行應變計劃二〇一二」作應變演習。

演習目的是測試當有市民在香港感染新型流感時的應變行動。是次演習重點測試如何因應社區風險的情況而提升應變級別。演習模擬一種近期從海外傳入的新型流感在港爆發，造成300人感染及40宗致命個案，當局繼而將應變級別提升至「緊急」程度。

演習更測試為隔離三名護老院院友進行實地檢疫時的跨部門協調能力。衛生防護中心的疾病調控及感染控制人員在評估該護老院的設施及處所是否適合進行實地檢疫後，向員工建議合適的感染控制措施。演習亦測試有關部門如何處理院友親屬及該大廈居民的要求，就可能發生的實際情況作出應變反應。

演習為衛生署及其他部門和機構提供寶貴機會，測試相關應變計劃，並找出可改善的地方。演習亦提高社區和醫護人員的意識、防備狀態及面對可能出現的疫症的應變能力。大約一百名來自各相關政府部門和機構的人員參與是次演習，另外還有15名來自內地和澳門衛生當局的專家以觀察員身分出席。

The Exercise aimed at testing the response actions against the locally acquired 'novel influenza infection' (simulated) of a Hong Kong citizen, with emphasis on the escalation of the response level in accordance with the risk to the community. The scenario of the exercise was: 'Emergency' level response was activated in Hong Kong in times of a novel influenza that had been identified initially in overseas countries recently; 300 such local cases were found and 40 fatalities were caused.

Inter-departmental co-ordination in setting up on-site quarantine to isolate three inmates in an elderly home was tested. Outbreak team officers and infection control officers from CHP assessed the suitability of the facilities and the premises of the elderly home for on-site quarantine and gave advice to the staff on proper infection control measures. Ground movement of relevant departments to handle other possible scenarios to deal with the requests from relatives of the inmates and local residents of the building was involved.

The Exercise provided a valuable opportunity for DH and other departments and organisations concerned to try out relevant contingency plans and identify areas for improvement. It also enhanced the community and health-care personnel's awareness of and preparedness for possible epidemics, and their ability to respond to such. About 100 persons from relevant government departments and organisations took part in the Exercise, with 15 experts from the Mainland and Macau health authorities attending as observers.





## 「禽流」不要來 Keep H7N9 at Bay

自2013年3月內地出現人類感染甲型禽流感（H7N9）個案以來，市民對該病毒出現高度關注。有見及此，中央健康教育組推出了一系列以《不要讓雙手變成傳染病幕後黑手》和《加入梘液，搓手20秒》為題的宣傳活動，提醒市民如何預防禽流感。

有關宣傳活動的信息透過多元化渠道向公眾發放，提醒他們保持個人衛生的重要性，加強市民對預防禽流感的意識。兩款全新設計的宣傳海報已張貼於全港多個地點，包括巴士候車亭、電車候車亭、巴士車身、商場、政府物業和大廈大堂。此外，有關海報亦以健康信息廣告的形式，於四月份的一個星期在一份免費報章內刊登。

The emergence of human infections with the new avian influenza A (H7N9) virus reported in the Mainland since March 2013 has aroused great concern among the public. In this regard, the Central Health Education Unit (CHEU) has launched a mass publicity campaign on promoting preventive measures against avian influenza – ‘Add Soap Rub Hands for 20 Seconds’ and ‘Don’t Let Your Hands Spread Germs’.

These messages have been disseminated to the public through a variety of channels in order to promote the importance of maintaining good personal hygiene. Two newly-designed posters can be seen all over the territory to arouse the public’s awareness of preventing avian influenza. They can be found at various locations, such as bus shelters, tram shelters, bus bodies, shopping arcades, government premise and building lobbies. The posters were also published in a free daily newspaper in the form of a health-awareness advertisement for a full week in April.







Two Announcements of Public Interest (APIs) were re-launched for disseminating the health message to the public. The APIs are not only broadcast through electronic media, including television and radio, but also through the video systems on MTR, buses, minibuses, and even government and commercial buildings.

兩齣與預防禽流感有關的宣傳短片，除了透過電子媒體如電視和電台發放外，短片亦經由港鐵、巴士、小巴、政府和商業樓宇裏的視頻系統播放，向公眾傳播健康信息。

鑑於智能手機和平板電腦日益普及，中央健康教育組於四月下旬於雅虎的主頁上推出了兩款動畫版的宣傳廣告。有關動畫亦在港鐵站內的數碼屏幕播放。

此外，有關禽流感的健康信息亦透過傳統印刷媒體以外的渠道，例如報章的流動應用程式發放，讓公眾透過不同渠道接收相關的預防措施資料和健康信息，加強他們對預防禽流感的意識。

In view of the rising popularity of smartphones and tablet PCs, CHEU has launched an animated version of the two posters on the Yahoo! Homepage in late April. Both animated ads were also shown on MTR's digital panel network.

Moreover, health messages on avian influenza were disseminated through non-conventional channels such as newspapers' mobile applications. With our extensive coverage via different channels, we hope the health messages can reach the members of public and raise their awareness of avian influenza.





## 食衛局局長高永文醫生主持第五次防控非傳染病督導委員會會議

Dr Ko Wing Man Chaired the 5<sup>th</sup> Meeting of the Steering Committee on Prevention and Control of NCD

防控非傳染病督導委員會(下稱委員會)於2013年5月7日舉行了第五次會議。這是新任食物及衛生局局長高永文醫生及新任衛生署署長陳漢儀醫生首次分別以主席和副主席身分主持會議。

為落實「促進健康：香港非傳染病防控策略框架」，委員會於2008年成立，並負責監督香港在防控非傳染病的整體路線和策略。策略框架的目標是改善香港人的健康和生活質素，從而減低患上非傳染病的機會。

為了給市民最大的健康裨益，策略框架將會致力處理對香港市民健康有重大影響，並可預防或改善的主要風險因素。在委員會督導下，成立了三個工作小組，分別為「飲食及體能活動工作小組」、「飲酒與健康工作小組」及「損傷工作小組」，就需要優先處理的工作提出意見，並制定目標和行動計劃。委員會成員來自不同範疇及背景，為人口的健康商議策略和提供建議。



The Steering Committee on Prevention and Control of Non-communicable Diseases (SC) held its fifth meeting on 7 May 2013. This was the first time for the newly appointed Secretary for Food and Health, Dr Ko Wing Man, and Director of Health, Dr Chan Hon Yee Constance, to chair the meeting as chair and vice-chair respectively.

To guide the implementation of 'A Strategic Framework for Prevention and Control of Non-communicable Diseases', the SC was established in 2008 and it also oversees the roadmap and strategy for preventing and controlling non-communicable diseases (NCD) in Hong Kong. The goal of the strategic framework is to improve the health and quality of life of the people in Hong Kong, which will in turn lower their chance of having NCD.

To optimise health gains, the strategic framework focuses on the major risk factors that are potentially modifiable and have significant impact on the health of the Hong Kong population. Under the SC, three working groups, namely Working Group on Diet and Physical Activity, Working Group on Alcohol and Health, and Working Group on Injuries, were established to advise on priority actions, and to draw up targets and action plans. Members from diverse fields and background are appointed to deliberate and propose recommendations that are relevant to the well-being of the population.

## 「酒為上著?!」 – 酒精危害經驗分享及研討會 'Pathways to Alcoholic Treatment' – A Symposium on Alcohol-Related Harm

為提高不同持份者和健康促進伙伴對預防及控制酒精相關危害的認識，並爭取他們的支持，衛生署不時舉辦交流會，從公共衛生的角度強調本港酒精相關危害的嚴重性，並分享本港和海外就減少酒精相關危害方面的經驗。

本年3月23日，衛生署與東華三院「遠酒高飛 酗酒治療計劃」合作，參與該機構舉辦的「『酒為上著?!』酒精危害經驗分享及研討會」，就減少酒精相關危害的工作與持份者交流經驗，以加強大眾對酒精的危機意識。

To heighten the awareness of prevention and control of alcohol-related harm, and to enlist support for such from various stakeholders and health promotion partners, the Department of Health (DH) organises sharing sessions from time to time. These sessions serve to highlight the importance of alcohol-related harm in Hong Kong from the public health perspective. Local and overseas experience in reducing alcohol-related harm is also shared in the sessions.

On 23 March 2013, the DH worked collaboratively with the Tung Wah Group of Hospitals' 'Stay Sober, Stay Free' Alcohol Addiction Treatment Project in its symposium named 'Pathways to Alcoholic Treatment'. Stakeholders shared their working experience in reducing alcohol-related harm to heighten public awareness of the risks of alcohol use.







# 新發現及動物傳染病科學委員會 對人類感染甲型禽流感的共識意見摘要

## Consensus Summary on Avian Influenza A (H7N9) by the Scientific Committee on Emerging and Zoonotic Diseases



新發現及動物傳染病科學委員會因應內地自三月底出現的人類感染甲型禽流感（H7N9）個案召開會議，並邀請衛生防護中心中央科學顧問委員會的成員參與有關討論。與會者在會議上達成共識，以便作為政府制定預防及控制甲型禽流感的策略及措施的參考。

現時在內地流行的甲型禽流感（H7N9）病毒株是一種不會令雀鳥致病的新基因重組禽流感病毒，但該病毒有能力跨越動物品種間的屏障，引致禽傳人的散發式傳播，可使受感染人士出現嚴重疾病。

新發現及動物傳染病科學委員會及中央科學顧問委員會成員根據疫情的最新科學證據提出一連串建議。成員認為現時政府應繼續加強對人類感染禽流感的防控措施。病毒人傳人的風險雖然似乎暫時不高，但實際的風險現仍不明確，故適當的感染控制工作、隔離懷疑和確診個案事主及其緊密接觸者等控制措施應該予以執行。委員會成員亦建議當局繼續就人類和禽鳥感染甲型禽流感（H7N9）病毒進行嚴密監測，對甲型禽流感（H7N9）病毒感染保持高度警覺、準備和應變能力。當局亦應加強預防有關疾病的宣傳和公眾教育，並與國際和內地衛生部門及本地學術界保持緊密聯繫。此外，當局應展開進一步研究，以增加對病毒的認知，並需密切監察H7N9疫苗的研發進展。

以上共識意見摘要已上載至衛生防護中心網頁，歡迎公眾查閱。

The Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) held a meeting to discuss the emergence of human infections with avian influenza virus A (H7N9) reported in the Mainland since end March 2013. Members of the Board of Scientific Advisors (BOSA) of the Centre for Health Protection were also invited to join the meeting, which came up with a consensus summary that served as a reference for the government when developing its policy and implementing various preventive and control measures.

The current epidemic strain of the avian influenza A (H7N9) virus on the Mainland is a novel reassortant avian influenza virus which does not cause illnesses in birds, but has gained some abilities to cross the species barriers, causing sporadic poultry-to-human transmission which may result in severe disease in infected people.

Members of SCEZD and BOSA, after considering the latest scientific evidence, made a number of recommendations. Members were of the view that the enhanced preventive and control measures for human infection with avian influenza adopted by the government should be continued. Although the risk of human-to-human transmission appeared to be low at the moment, the actual risk was currently unknown and control measures, such as appropriate infection control precautions, isolation of suspected and confirmed cases and quarantine of close contacts of confirmed cases, should be enforced. Members recommended the government to continue the intensive surveillance for avian influenza A (H7N9) virus infection in both humans and poultry/birds and maintain a high level of alert for, preparedness for and response to avian influenza A (H7N9) virus infection. Publicity and public education about prevention of the disease should be strengthened and close liaison with international and Mainland health authorities and local academics should be maintained. Further studies should be carried out to fill the knowledge gaps, and close monitoring of the progress of development of an H7N9 vaccine is required.

The consensus summary is now available on the CHP website for public information.



## 鄺國威醫生 Dr Heston Kwong

加油！



衛生防護中心緊急應變及資訊處主任鄺國威醫生過往很少運動，後來在一次機緣巧合下參加了長跑比賽後，從此就愛上了跑步。

鄺醫生憶述：「在2003年的一次舊生會聚會上，一位教授發起同學參與下一年的馬拉松賽事，我也湊興參加了10公里項目。」鄺醫生除了積極備戰外，更組織了啦啦隊到場為隊友打氣。

鄺醫生說：「比賽當天早上的氣溫只有攝氏8度，但由於有一羣鬥志激昂的跑友作伴，我順利完成了賽事。」鄺醫生自此一直維持跑步的習慣，只要時間許可，必定參加比賽。近年他更轉戰半馬賽事，甚至鼓勵15歲的兒子一同練跑。

鄺醫生不但和兒子一起跑步，更一同分享對音樂的愛好。他早年愛聽流行曲，近年鍾情藍調和爵士。Patricia Barber、Stacey Kent及爵士天后Norah Jones等，都是他心儀的歌手。在兒子的影響下，鄺醫生亦涉獵搖滾樂。他們倆的共同喜好，便是經典組合Led Zeppelin。

跑步和聽音樂，都是減壓的良方。能夠和家人一同分享興趣，除了令工作和家庭生活得到較佳平衡外，還可促進與家人的感情，一舉兩得！

Dr Heston Kwong, Head of Emergency Response & Information Branch, was never athletic until he took part in a long-distance running game. After that, he fell in love with jogging.

Dr Kwong says, 'When I was at an alumni dinner in 2003, one of my professors encouraged the whole class to join the marathon next year. I came along for the ride and signed up for the 10 km race.'

Dr Kwong not only practised hard for the race but also organised a cheering team to support the fellow runners.

'The temperature was only 8°C on the morning of the race. Yet amid the high team spirit of the fellow runners, I finished the run.'

Since then, Dr Kwong has kept up running; as long as he has the time, he always takes part in races. In recent years, he has developed an interest in half-marathon races. He even encourages his 15-year-old son to jog together with him.

Apart from jogging, Dr Kwong shares his love of music with his son. Dr Kwong loved pop music in his teens but he now mostly listens to blues and jazz. Patricia Barber, Stacey Kent and Norah Jones, the new 'Queen of Jazz', are among his favourite singers. Because of his son's influence, Dr Kwong also enjoys rock music. One of their favourite bands is Led Zeppelin, the legendary rock group.

Jogging and music are both excellent stress-busters. Sharing one's interests with family members is even a greater blessing, for better work-life balance and a more loving family. Family does matter!





24.01.2013

**國**家衛生部代表團到訪衛生署衛生防護中心。雙方交流有關公共衛生信息的工作經驗。

A delegation from the Ministry of Health of China visited the Centre for Health Protection of the Department of Health to exchange experience in public health information.

**歐**洲疾病預防及控制中心的Angus Nicoll教授訪問衛生署衛生防護中心，分享疾病防控工作的經驗。

Professor Angus Nicoll from the European Centre for Disease Prevention and Control visited the Centre for Health Protection of the Department of Health and had a sharing session on disease prevention and control.



22.02.2013



14.03.2013

**衛**生署有營食肆運動聯同四個本地主要餐飲業團體舉辦「有『營』有機飲食業界分享會」，藉以加深衛生署與業界的合作伙伴關係，同時推動業界的健康及長遠發展。

The EatSmart@restaurant.hk Campaign of DH, in collaboration with four major associations of the catering industry, organised a forum titled 'Healthy Eating and Business Opportunities'. The forum not only strengthened partnership between DH and the industry, but was also beneficial to the industry's healthy long-term development.

**中**央健康教育組聯同海洋公園於開心「果」月（四月）推廣多吃水果的好習慣。啟動儀式由食物及衛生局局長高永文醫生及海洋公園副行政總裁李繩宗先生主持。

The Central Health Education Unit and the Ocean Park jointly promoted fruit eating in April's Joyful Fruit Month. A launching ceremony was held and was officiated by Dr Ko Wing Man, Secretary for Food and Health, and Mr Matthias Li, Deputy Chief Executive of the Ocean Park.



26.03.2013



06.04.2013



**衛**生防護中心總監梁挺雄醫生為「建設健康九龍城協會」舉辦的「2013年世界衛生日健康龍城嘉年華」擔任主禮嘉賓。梁醫生致辭時鼓勵市民實踐健康生活習慣，以防控高血壓。

Dr TH Leung, Controller of the Centre for Health Protection, officiated at the 'World Health Day 2013 Carnival of Kowloon City', organised by the Building Healthy Kowloon City Association. Addressing the ceremony, Dr Leung encouraged the general public to adopt a healthy lifestyle for the prevention and control of hypertension.

19.04.2013

**為**響應「2013年世界衛生日」，社區聯絡部與非傳染病部於2013年4月19日合辦以「預防高血壓」為主題的健康促進交流會，吸引了超過100名人士參加，其中包括「健康城市計劃」及非政府機構的代表。

To echo the World Health Day 2013, a Health Promotion Sharing Forum with the theme of 'Prevention of Hypertension' was jointly organised by the Community Liaison Division and Non-communicable Disease Division. The forum drew over 100 participants with representatives of 'Healthy Cities Projects' and non-governmental organisations.



**中**央健康教育組在母親節前夕舉行記者會，表揚母親對協助家庭成員實踐健康飲食方面的貢獻，同時向市民提供相關的溫馨提示。

The Central Health Education Unit held a press conference before Mothers' Day to give recognition to mothers for maintaining healthy eating habits among family members. Tips on healthy eating were also provided.

09.05.2013