



二零二四年十二月 · December 2024

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同行四十 與愛並進

Advances with Love,
40 Years of United Actions & Beyond

CHP
通 訊
NEWSLETTER

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中文



English

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編者的話 Editor's Note

本期通訊將深入探討香港對抗愛滋病毒感染的萬里長征：從1984年錄得首宗感染病例，到現時喜見感染趨勢回落，探討香港在應對這個全球健康挑戰上的歷程。今期封面故事展示了各界如何通力合作，使新增感染個案數字連續八年下降。我們會探討早期社會對愛滋病的認知、政府的對策、病毒治療的重大進展，以及社區合作在其中的關鍵作用。儘管香港在對抗愛滋病毒方面已取得顯著進展，保持警惕仍然至關重要。本期通訊將就如何推動香港在2030年或以前終結愛滋病對公共健康所構成的威脅提出見解。

In this issue, we dive deep into Hong Kong's enduring battle against HIV infection, from the first case recorded in 1984 to today's declining infection trends, exploring the city's journey in transforming its response to this global health challenge. Our cover story highlights how the concerted efforts of different sectors have led to declining HIV infections over eight consecutive years. We examine the formation of early public perceptions, the Government's policy, the game-changing advances in treatment, and the crucial role of community partnerships. While significant progress has been made, vigilance remains key to the city's battle against HIV infection. This issue offers insight into the strategies driving Hong Kong towards its goal of ending AIDS as a public health threat by 2030.

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同行四十 與愛並進

Advances with Love, 40 Years of United Actions & Beyond

香港自1984年接獲首宗本地愛滋病毒（HIV）感染病例以來，在應對愛滋病毒的措施方面作出了重大的轉變。全賴各政府部門、非政府機構合作夥伴、醫護機構和社區團體攜手合作，香港的新增愛滋病毒感染數字連續八年回落。即使如此，保持警惕和採取行動仍然重要。政府會繼續致力透過推行一系列的措施，針對預防、治療、支援服務和消除污名，務求達致遏止愛滋病的目標。就讓我們透過回顧早期公眾對愛滋病毒及愛滋病的認知和反應對政府策略的影響，了解香港四十年來在抗病毒路上取得的成果。

Since 1984 when the first local HIV case was reported, Hong Kong has made tremendous strides in transforming its initiatives against the virus. The number of locally reported HIV infections has declined for the eighth consecutive years, thanks to the collaborative efforts across government departments, non-governmental organisation (NGO) partners, healthcare providers and community groups. That said, vigilance and action are still important. The Government remains committed to its goal of fighting HIV/AIDS through implementing a range of initiatives focusing on prevention, treatment, support services and stigma elimination. Let's review the impact of early public perceptions and responses to AIDS on government strategies to understand the progress made in the city's battle against the virus over the past four decades.



全球同抗愛滋病運動2018啟動禮。
World AIDS Campaign 2018 Kick-off Ceremony.

早期認知和對策

在發現初期，愛滋病毒為致命疾病，並無有效的治療方法，意味着一旦確診感染愛滋病毒，即等同被判死刑。在感染晚期，愛滋病毒會發展成愛滋病，患者會因免疫力下降而出現機會性感染和癌症，很多時候更伴隨着讓愛滋病惡名昭彰的典型皮膚病變和身體消瘦。此外，大眾常把感染愛滋病毒與某些邊緣社群（如男性性接觸、性工作者和注射毒品者）連繫，因而對有關社群產生嚴重恐懼和歧視，此舉亦令大眾對進行病毒檢測以及令確診人士對尋求治療卻步，窒礙社會有效應對問題。

政府在早期把工作重點定於監察病毒感染模式，以及對公眾和高風險社群進行教育。於1990至1993年間，香港愛滋病顧問局（顧問局）、愛滋病信託基金，以及全港首兩個專責應對愛滋病的非政府組織（關懷愛滋（1990）及香港愛滋病基金會（1991））相繼成立，標誌着社區開始接觸和支援愛滋病毒感染者，為未來數十年更有組織和協調一致的應對工作奠下基礎。時至今日，社會對感染者的看法和應對方式，已與早期以恐懼相待的情況截然不同。

愛滋病毒治療愈趨完善

於1990年代中期，高效抗逆轉錄病毒藥物療法（HAART，即雞尾酒療法）的引入，徹底改變了治療方向，成功把愛滋病毒從致命疾病轉為可控制的慢性疾病。雞尾酒療法在抑制病毒方面行之有效，而抑制病毒亦在預防性傳播和母嬰傳播方面發揮着重要作用，成為全球和本地愛滋病毒治療計劃的主要目標之一。

Early Perceptions and Responses

In its early days, HIV/AIDS was a fatal disease that could not be effectively cured, meaning that being diagnosed with HIV was no different from being sentenced to death. At its very late stage, HIV infection would progress to AIDS, and patients would suffer from opportunistic infections and cancer due to a decline in their immunity, often accompanied by skin lesions and wasting conditions which are typical and stigmatising for AIDS. In addition, HIV infection associated with certain socially marginalised groups, for example men who have sex with men (MSM), sex workers and people who inject drugs. This association fomented considerable fear and discrimination that had resulted in obstacles for people to undergo testing and for those who were diagnosed to seek treatment. It also hampered effective tackling of the problem by the community.

The Government's early efforts focused on monitoring the infection patterns as well as educating the public and at-risk groups. Between 1990 and 1993, the Hong Kong Advisory Council on AIDS (ACA), the AIDS Trust Fund (ATF), and Hong Kong's first two NGOs dedicated to combating the disease (AIDS Concern (1990) and the Hong Kong AIDS Foundation (1991)) were established. All of those marked the beginning of the community's engagement with people living with HIV (PLHIV) and its support for them, laying the foundation for a more structured and coordinated response in the decades to come. PLHIV are now viewed and dealt with in an entirely different way in stark contrast with how they were treated with fear in the early days.

Advances in HIV Treatment

The introduction of highly active antiretroviral therapy (HAART) in the mid-1990s revolutionised HIV treatment, successfully turning HIV infection from a once fatal diagnosis to a manageable



1984

錄得首宗愛滋病病毒感染個案。
The first HIV case was recorded.



1985

前醫務衛生署建立愛滋病監測病毒/愛滋病監測系統及設立愛滋熱線。
The then Medical and Health Department established the HIV/AIDS surveillance system and the AIDS hotline.

政府設立首間愛滋病診所。
The Government set up the first HIV clinic.



1987

政府推出第一段愛滋病宣傳短片《金字塔》。
The Government launched the first Announcement of Public Interest (API) on AIDS - "Pyramid".



1990

顧問局於3月成立，負責檢討有關愛滋病的最新發展，並就所有涉及應對愛滋病病毒感染的政策提供意見。
ACA was established in March to review the latest development regarding AIDS and offer advice on all policies against HIV infection.

香港第一個參與愛滋病工作的非政府組織成立。
The first NGO involved in AIDS work was formed.



1993

香港愛滋病信託基金成立。
ATF was set up.

初期回應階段
Initial Response Phase

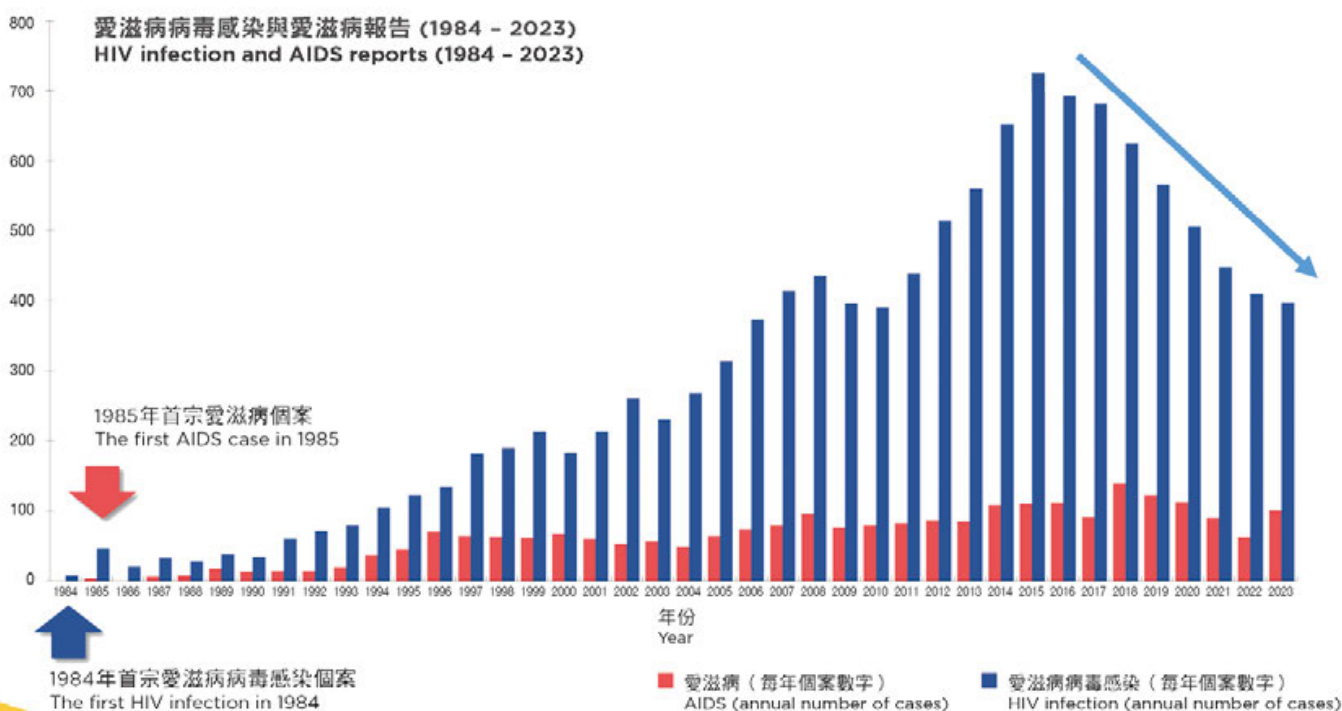
加強公眾教育階段
Enhanced Public Education Phase

鞏固階段
Consolidation Phase

醫學發展日新月異，亦為愛滋病病毒治療帶來曙光。新一代抗愛滋病病毒藥物的副作用較低，而組合藥物更可減低服藥頻率，同時減輕藥物負擔。大多數愛滋病病毒感染者每天只需服用一顆藥物便能有效控制病毒；而注射藥物的出現，為每天服用口服藥物有困難的感染者提供另一選擇。再者，世界衛生組織（世衛）、聯合國愛滋病規劃署（UNAIDS）和全球數百個衛生團體及組織自2016年起提倡「測不到=傳不到」的概念，讓大眾了解到感染者如已接受抗愛滋病病毒藥物治療，並能持續抑制病毒至無法檢測的水平，就不會透過性接觸傳播愛滋病病毒。

chronic disease. HAART is highly effective in viral suppression, playing an invaluable role in preventing sexual and mother-to-child transmission that has become one of the main targets of HIV treatment programmes both globally and locally.

Continuing medical advances also bring new hopes to HIV treatment. While the new generations of antiretroviral drugs have less side effects, combined pills also reduce the frequency of taking medications and the pill burden at the same time. The majority of PLHIV can control the virus effectively by taking just one pill a day. What's more, the introduction of injectable drugs provide another option to those who have issues with taking oral drugs on a daily basis. In addition, the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS





Progress in the battle against HIV/AIDS over 40 years



1994

顧問局發表第一份策略文件，名為《香港防治愛滋病策略》。

ACA's first official strategy document, "Strategies for AIDS Prevention, Care & Control in Hong Kong" was published.



1996

高效抗逆轉錄病毒藥物面世，用於治療愛滋病毒。HAART was developed for HIV treatment.



1997

開始提供高效抗逆轉錄病毒藥物。

HAART became available.

紅絲帶中心正式成立。
The Red Ribbon Centre was officially set up.



1999

衛生署愛滋病診所遷至九龍灣健康中心內的綜合治療中心。

The HIV clinic of DH was relocated to the Integrated Treatment Centre inside the Kowloon Bay Health Centre.



2001

「產前愛滋病毒抗體普及測試」：所有前往衛生署母嬰健康院及醫院管理局（醫管局）屬下醫院的產科專科門診作例行產前血液檢查的懷孕婦女，都會獲安排進行愛滋病毒抗體測試，而毋須支付額外費用。

"Universal Antenatal HIV Testing Programme": all pregnant women attending the Maternal and Child Health Centres of DH and the Specialist Outpatient Clinics of hospitals under the Hospital Authority (HA) for routine antenatal blood testing were offered an HIV test without additional charge.

加強社會參與階段
Wider Community Participation Phase加強回應階段
Expanded Response Phase

感染趨勢回落振奮人心

全賴香港自2015年廣泛採用「檢測及治療」策略（即在感染者確診後盡快開始愛滋病毒治療），愛滋病毒新增感染個案自2015年725宗的高峰顯著下降至2023年的397宗，而社會的愛滋病毒感染率亦維持在0.1%，遠低於全球平均水平。然而，某些社群的感染比例仍然偏高，如男男性接觸者的感染率為6.75%，突顯有必要採取具針對性的干預措施。

儘管挑戰仍然存在，但感染趨勢回落反映推行協調一致、講求證據的防控政策讓本港在對抗愛滋病毒的工作上取得重大進展。然而，各界持續合作，對於確保感染者（特別是來自弱勢社群的人士）能夠公平獲得護理服務，以及新增個案數目得以持續減少非常重要。

(UNAIDS) and hundreds of health groups and organisations worldwide have been promoting the idea of "Undetectable = Untransmittable" since 2016, helping the public understand that individuals achieving a sustainably undetectable viral load through effective antiretroviral treatment cannot transmit HIV to their sexual partners.

An uplifting trend of declining infection

In Hong Kong, the wide adoption of the "test and treat" strategy (i.e. initiating HIV treatment as soon as possible after diagnosis) since 2015 has contributed to a notable decrease in the number of newly reported HIV infections from a peak of 725 in 2015 to 397 in 2023. The prevalence of HIV infection among the general population remains at 0.1%, which is significantly below the global average. However, the infection levels of certain groups are still high. For example, the infection level among MSM is about 6.75%, underscoring the need for targeted interventions.



衛生署及香港愛滋病顧問局合辦全球同抗愛滋運動2024啟動禮。衛生署同時宣布推出本港首個HIV測試月。衛生署署長林文健醫生（前排左八）與其他主禮嘉賓及與會者合照。

The DH and the ACA jointly held the World AIDS Campaign 2024 Kick-off Ceremony. The DH also announced the launch of Hong Kong's first HIV Testing Month. This photo shows Dr Ronald Lam Man-kin, the Director of Health (eighth left, front row), along with other officiating guests and participants at the ceremony.



2004

衛生署美沙酮診所推出愛滋病毒抗體尿液普及測試計劃。
The methadone clinics of the DH offered the pilot urine HIV antibody testing scheme.

2005

顧問局轄下的愛滋病社區論壇成立。
The Community Forum on AIDS (CFA) under ACA was established.

2006

愛滋病信託基金在2006年12月至2008年8月設立了為期兩年的特別撥款計劃，資助男男性接觸者的愛滋病預防工作，並修改了撥款優次。
ATF launched a two-year Special Project Fund between December 2006 and August 2008 in view of the rising number of HIV cases transmitted through MSM, and revised its funding priorities accordingly to support projects for preventing HIV among MSM.

2007

《香港愛滋病建議策略2007年至2011年》把預防男男性接觸者感染愛滋病毒列為最優先行動領域。
ACA's Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 listed MSM as the top priority area of action.

2013

首次推出愛滋病預防項目指標調查（HARiS）。
The HIV and AIDS Response Indicator Survey (HARiS) was officially rolled out.

繼往開來階段 Building on Success Phase

針對性回應階段 Enhanced Targeted Response Phase

紅絲帶中心的角色

紅絲帶中心是本港就預防愛滋病教育公眾的基石。中心肩負起促進和加強社會應對愛滋病毒／愛滋病應對工作的重任，在推動公共衛生教育和消除大眾對愛滋病毒／愛滋病的歧視方面發揮關鍵作用。中心每年舉辦「全球同抗愛滋病運動」，提醒公眾團結一致對抗愛滋病，並關心愛滋病毒感染者及其照顧者。另外，中心亦根據愛滋病的流行病學和科學實證，推出各項具針對性的計劃。中心的措施為愛滋病毒感染者提供了更包容和支援的環境。

紅絲帶中心自1998年12月起獲指定為聯合國愛滋病規劃署合作中心（專業支援），一直與非政府機構緊密合作，為各個健康推廣計劃的規劃、推行和評估提供技術支援。中心會定期與本地合作夥伴舉行會議，藉此了解愛滋病的最新發展形勢，檢視在應對愛滋病的整體措施上需注意之處。中心亦為醫護人員和非政府機構員工提供專門培訓和專業發展計劃，更提供健康推廣資源、免費安全套和潤滑劑。

While challenges remain, these declining infection trends demonstrate that substantial progress in the local battle against HIV has been achieved through implementing coordinated and evidence-based prevention and control policies. Nonetheless, sustained multi-sector collaboration remains important to ensure PLHIV (especially those among vulnerable communities)'s equitable access to care and a continual reduction in the number of new cases.

Role of the Red Ribbon Centre (RRC)

The RRC is the cornerstone of Hong Kong's efforts to prevent HIV and to educate the public about the disease. With the mission to facilitate and enhance the community's responses to HIV/AIDS, the RRC has been instrumental in promoting public health education and reducing the stigma associated with HIV/AIDS. Apart from conducting the World AIDS Campaign every year to remind the public to stay united in fighting against the disease and to care about PLHIV and their carers, the RRC has also implemented various target programmes based on the disease's epidemiology and scientific evidence. The centre's initiatives have fostered a more inclusive and supportive environment for PLHIV.

The RRC has been designated as an UNAIDS Collaborating Centre for Technical Support since December 1998. It has been working closely with NGOs and providing technical support in planning, implementation and evaluation of health promotion programmes. The RRC meets regularly with local partners to keep tabs on any evolving situations that might warrant their attention in the overall responses to HIV infection. Besides, the RRC offers specialised training and professional development programmes to healthcare workers and NGO staff. It also provides other support such as health promotion materials, free condoms and lubricants.





2015

「治療即預防」：所有被診斷為愛滋病陽性的患者，無論病情處於任何階段，都會接受高效抗逆轉錄病毒藥物治療，以降低傳播病毒的風險。

“Treatment as prevention”: All patients diagnosed as HIV-positive will receive HAART, regardless of the stage of the disease, to reduce the risk of transmitting HIV.

2018

聯合國愛滋病規劃署在其網站首次提出「測不到=傳不到」的概念。

UNAIDS first mentioned the concept “Undetectable=Untransmittable” (U=U) on its website.

2023

衛生署推出「HIV測試服務網站」（www.hivtest.gov.hk），便利市民獲得愛滋病毒測試服務。

The DH launched the HIV Testing Service website (www.hivtest.gov.hk) to provide access to testing on HIV infection.

2024

衛生署開展以性小眾為服務對象的一站式性健康服務「壹同」。

The DH launches “The Commons”, a one-stop sexual health service for sexual minorities.



加強測試普及化階段
Enhancing Testing Popularisation Phase

社區夥伴關係的重要性

社區參與在香港應對愛滋病毒 / 愛滋病的整體措施中角色舉足輕重，能有效地對難以接觸的高風險社群執行預防措施。在愛滋病信託基金的資助下，非政府機構會為有關群體提供檢測、教育、輔導和護理服務，此舉有助加強接觸高風險人士，同時進行持續監察和評估。非政府組織與政策制定者密切合作，進行行為調查和計劃成效評估，對協助政府制訂實證策略貢獻良多，而政府亦一直沿用相關策略。其中一個重要的案例發生於2022年，當時性工作者感染愛滋病毒的個案數目突然增加。非政府機構與紅絲帶中心合作，透過加強健康推廣和提供檢測服務迅速應對，成功遏制了病毒爆發並阻止其進一步蔓延。

Importance of Community Partnerships

Community participation has been instrumental to Hong Kong's inclusive responses to HIV/AIDS in terms of effectively delivering prevention programmes to hard-to-reach and at-risk groups. With government funding through ATF, NGOs provide testing, education, counselling and care services to the groups concerned. This helps enhance the engagement with the at-risk groups while conducting continuous monitoring and evaluation. Through collaborating closely with policymakers on conducting behavioural surveys and assessments on programme effectiveness, NGOs are among the key contributors that have helped shape the evidence-based strategies adopted by the Government. A notable example of this collaboration was seen in 2022 when a sudden surge in HIV cases among sex workers was detected. In partnership with the RRC, NGOs swiftly responded by enhancing health promotion and testing services, successfully containing the outbreak and preventing its further spread.

展望未來：全面方針

香港在對抗愛滋病毒 / 愛滋病的路上一直堅定不移，同時靈活變通，尋求多方合作。

展望將來，香港的抗病毒重點仍然是把愛滋病毒 / 愛滋病預防、護理和控制三方面的計劃整合及聯繫，目標是在過去成功的基礎上繼續發展，同時應對大眾不斷變化的需求。首要工作是為愛滋病毒感染者去除污名和歧視，其餘包括擴大社區參與、提供一站式服務和增加檢測機會。透過維持整體合作、協調一致的方針，香港將在對抗愛滋病路上邁步向前，並配合全球目標，於2030年或以前終結愛滋病對公共健康所構成的威脅。

Looking Ahead: A Comprehensive Approach

Hong Kong's journey in combating HIV/AIDS has been one of resilience, adaptation, and collaboration.

Looking to the future, the focus of the battle against the disease remains on the interconnection and integration of comprehensive prevention, care and control programmes. The goal is to continue building on past success, while meeting people's evolving needs. The salient task is to eliminate stigma and discrimination, other tasks include expanding community engagement, offering one-stop services, and increasing access to testing. Through a collective and coordinated approach, Hong Kong shall continue to make strides in its battle against HIV/AIDS and pursue the global goal of ending AIDS as a public health threat by 2030.



「喜動dayday330嘉年華」促進身心靈健康 Promoting Physical, Mental and Spiritual Health in the “dayday330 Well-being & Sports Carnival”



為推動身心靈健康，「陪我講 Shall We Talk」於2024年3月30日參與由新生精神康復會舉辦的「喜動dayday330嘉年華@數碼港」。

「喜動dayday330嘉年華@數碼港」以「五種促進身心靈健康的方法」（動一動身、好奇留意、與人聯繫、持續學習和給予樂善）為主題，提供一系列結合運動和身心靈健康元素的工作坊、攤位遊戲、表演和講座。參加者可透過不同的運動進行「330小休息」，檢視自己當下的身心狀態。大會希望藉此讓公眾明白小休息的重要性，鼓勵他們培養「330小休息」的習慣，從而促進身（3）、心（3）、靈（0）健康。

是次嘉年華活動內容豐富，吸引了逾千名人士藉此機會一同與親朋好友於假日放鬆身心。

如欲了解更多有關精神健康的資訊，請瀏覽「陪我講 Shall We Talk」網頁（www.shallwetalk.hk）或追蹤計劃的Facebook和Instagram專頁。



To promote physical, mental and spiritual health, “Shall We Talk” participated in the “dayday 330 Well-being & Sports Carnival @ Cyberport” organised by the New Life Psychiatric Rehabilitation Association on 30 March 2024.

Adopting “five ways to well-being” (be active, take notice, connect, keep learning and give) as its theme, the carnival provided a series of workshops, game booths, performances and talks, which combined exercise with the elements of physical, mental and spiritual health. By doing various exercises, participants could take “330 micro-breaks” and check their physical and mental state. The activities would remind the public of the importance of taking mini-breaks and encourage them to develop a habit of taking “330 micro-breaks” to enhance their physical (3), mental (3) and spiritual (0) health.

With a variety of activities, the carnival attracted over 1 000 participants to take the opportunity to relax with their family and friends during the holiday.

For more information on mental health, please visit the “Shall We Talk” website (www.shallwetalk.hk/en/) or follow the initiative’s Facebook and Instagram pages.



治理乙肝 保障健康

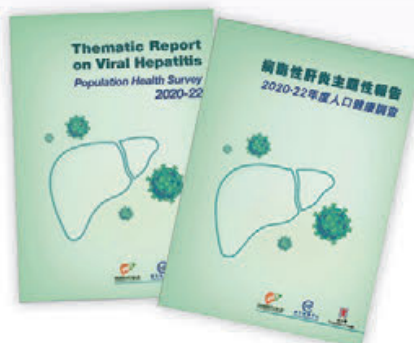
Managing Hepatitis B for Healthy Living



按衛生署去年年底發表的病毒性肝炎主題性報告（2020-22年度人口健康調查）結果推算，全港整體人口中約5.6%，即約41萬人患有乙型肝炎（乙肝）。若缺乏適當的治療和跟進，約15%至40%的慢性乙肝患者長遠會出現肝硬化或肝癌等嚴重併發症。調查報告亦顯示，近四成的慢性乙肝患者不知道自己已受感染，更有高達七成的患者沒有就其肝臟疾病接受醫療跟進。

有見及此，衛生署以「治理乙肝 保障健康」為今年7月28日「世界肝炎日」的主題，提醒慢性乙肝患者應定期接受檢查，並遵照醫生指示接受抗病毒藥物治療及跟進。此外，為加強公眾對乙肝的關注，控制病毒性肝炎辦公室亦聯同地區康健中心和地區康健站合辦了多項公眾健康教育活動，包括舉辦公眾健康講座和專題展覽，以及設立互動攤位遊戲，藉此教育市民乙肝病毒的傳播途徑和治理乙肝的方法。

如欲了解更多有關資訊，請瀏覽控制病毒性肝炎辦公室網頁（www.hepatitis.gov.hk）。



As derived from the findings of the Thematic Report on Viral Hepatitis (Population Health Survey 2020-22) published by the DH late last year, about 5.6% of the Hong Kong population, or about 410 000 people, have hepatitis B. Without proper treatment and follow-up, about 15% to 40% of chronic hepatitis B (CHB) patients may develop serious complications such as cirrhosis and liver cancer in the long term. The survey report also revealed that nearly 40% of CHB patients were unaware of their infections and about 70% of them did not have any medical follow-up for their liver diseases.

In view of the report findings, the DH adopted “Managing Hepatitis B for Healthy Living” as the theme for World Hepatitis Day on 28 July this year to remind CHB patients to have regular examinations and receive antiviral treatment and medical follow-ups as advised by doctors. To raise public awareness of hepatitis B, the Viral Hepatitis Control Office (VHCO) also collaborated with District Health Centres (DHCs) and DHC Expresses (DHCEs) to organise multiple public health education activities. These included holding public health talks and thematic exhibitions, and setting up interactive game booths. The aim was to educate the public about the transmission routes of hepatitis B virus (HBV) and ways to manage hepatitis B.

For more information, please visit VHCO's website (www.hepatitis.gov.hk).



健康促進處聯同地區康健中心和食環署轄下的公眾街市設立健康推廣攤位，向市民派發預防登革熱的健康教育資料。

The HPB collaborated with DHCs and public markets under the FEHD to set up health promotion booths and distribute health education materials on prevention of dengue fever to the public.

杜絕登革熱 防患於未然

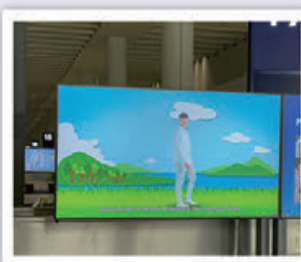
Prevention Stops Dengue

登革熱是一種由登革熱病毒引起並經蚊子傳播的疾病。雖然患者初次感染登革熱時病情一般較輕，而且痊癒後會對該血清型病毒終生免疫，但若患者隨後感染其他血清型的登革熱病毒，則有較高機會出現重症登革熱。

根據世衛的資料，登革熱的全球發病率在過去20年顯著上升，構成重大公共衛生挑戰。2023年，登革熱病毒持續傳播，全球80多個國家及地區共呈報了逾650萬宗病例和7 300多宗登革熱相關死亡個案，接近歷史最高水平。截至2024年11月28日，香港今年共錄得155宗登革熱個案，包括150宗外地傳入及5宗本地感染個案。

有見及此，衛生署呼籲市民不論在本地或外遊期間，亦應時刻注意環境衛生，並採取防蚊和個人保護措施。此外，為加強公眾對登革熱的關注，健康促進處亦聯同各持份者，在地區康健中心、食物環境衛生署（食環署）轄下的公眾街市、「50+ 博覽」和「家電·家居·博覽2024」，合辦了超過20場專題展覽，當中包括設立健康推廣攤位，向市民派發預防登革熱的健康教育資料，藉此教育市民相關資訊。

如欲了解更多有關資訊，請瀏覽衛生防護中心登革熱專題網頁（www.chp.gov.hk/tc/features/38847.html）。



Dengue fever (DF) is a mosquito-borne infection caused by dengue viruses. While initial infection typically results in mild symptoms and lifelong immunity to that serotype, subsequent infections with other serotypes are more likely to cause severe dengue.

According to the WHO, the global incidence of DF has markedly increased over the past two decades, posing a substantial public health challenge. In 2023, ongoing transmission of dengue viruses had resulted in close to a record high of over 6.5 million cases and more than 7 300 dengue-related deaths reported in over 80 countries/territories. As of 28 November 2024, 155 cases of DF, including 150 imported and 5 local cases, had been recorded in Hong Kong this year.

The DH urged the public to maintain strict environmental hygiene, mosquito control and personal protective measures both locally and during travel. Additionally, to raise public awareness of DF, the Health Promotion Branch (HPB), in collaboration with various stakeholders, organised over 20 thematic exhibitions in DHCs, public markets under the Food and Environmental Hygiene Department (FEHD), the 50+ Expo, and the Home Delights Expo 2024. They included health promotion booths to distribute health education materials on prevention of DF to the public.

For more related information, please visit CHP's thematic webpage on DF (www.chp.gov.hk/en/features/38847.html).





招募私家醫生加入定點監測系統

Recruiting Private Medical Practitioners for the Sentinel Surveillance System



衛生署衛生防護中心傳染病處在私家醫生診所設有定點監測系統，以監察社區中某些傳染病（包括流行性感感冒病類、手足口病、急性腸道傳染病和急性結膜炎）的活躍程度。傳染病處在2024年第一季進行了一次招募，讓合資格的私家醫生加入成為定點監測系統的合作伙伴。傳染病處過往會派員到訪診所，向有興趣的私家醫生簡介監測系統。由於是次招募反應熱烈，傳染病處於4月下旬和5月上旬以視像會議形式舉行了合共兩場簡介會，藉此一次過接觸多位新的合作伙伴，同時提供互動平台。兩場簡介會成功讓十多名新加入的私家醫生伙伴無縫融入系統，讓他們主動提交相關數據和收集樣本，協助本處達成增加定點監測系統靈敏度和提升其代表性的目標。

The Communicable Disease Branch (CDB) of the CHP under the DH maintains a sentinel surveillance system at the clinics of private medical practitioners (PMPs). The aim is to monitor the activity of certain infectious diseases (including influenza-like illness, hand-foot-and-mouth disease, acute diarrhoeal disease and acute conjunctivitis) in the community. The CDB conducted a recruitment exercise in the first quarter of 2024 for eligible PMPs to join the system as sentinel partners. In the past, the CDB would pay visits to clinics to briefly introduce the system to interested PMPs. In view of the encouraging response to the recruitment exercise, the CDB conducted two briefing sessions in the form of online meetings in late April and early May to meet multiple new partners concurrently while providing a platform for interaction. The two briefing sessions successfully paved the way for more than ten new PMP partners to seamlessly integrate into the system and proactively submit data and collect specimens. They facilitated CDB in achieving the goal of enhancing the sensitivity and representativeness of the sentinel surveillance system.



抗菌素耐藥性高層督導委員會會議

High Level Steering Committee on Antimicrobial Resistance

第九次抗菌素耐藥性高層督導委員會會議於2024年7月11日召開。新一屆委員會的成員包括環境及生態局和環境保護署的代表及本地環境工程學專家。除了跟進不同策略性措施於人類健康、動物和食物方面的進展之外，委員會亦商討在「一體化健康」的框架下應對耐藥性問題的行動。

The 9th Meeting of the High Level Steering Committee (HLSC) on Antimicrobial Resistance (AMR) was held on 11 July 2024. The new term HLSC includes representatives of the Environment and Ecology Bureau and the Environmental Protection Department, as well as a local environmental engineering expert. Apart from tracking the progress of implementing different strategic interventions in human and animal health as well as food safety, HLSC also discussed actions against AMR under the "One Health" framework.



2024年手部衛生日 Hand Hygiene Day 2024

為響應世衛於每年5月5日的「手部衛生日」，衛生防護中心感染控制處於五月初展開了2024年度的手部衛生宣傳活動。今年的「手部衛生日」以「潔手，Power of Hand Hygiene」為主題，強調潔手對預防和控制傳染病的重要性，同時鼓勵大家把潔手融入日常生活，培養潔手成為不可或缺的習慣。

為推廣「手部衛生日」，感染控制處於5月3日在衛生防護中心大堂設置了資訊問答遊戲，讓各位在中心工作的同事參與電腦小測驗。測驗設有20題與手部衛生有關的問題，協助同事重溫潔手的正確資訊。當日同事反應熱烈，紛紛踴躍支持活動。

此外，感染控制處今年亦製作了有立體效果的實體海報和動畫化的電子海報，透過於醫院、診所和社區張貼，提醒醫護人員和市民時刻保持手部衛生的重要性。如欲瀏覽電子海報和了解更多有關手部衛生的資訊，請瀏覽衛生防護中心「2024年手部衛生日」網頁（www.chp.gov.hk/tc/features/107826.html）。

To echo the WHO's "Hand Hygiene Day" on 5 May every year, the Infection Control Branch (ICB) of the CHP kick-started the Hand Hygiene Promotional Campaign 2024 in early May. The theme

of "Hand Hygiene Day" this year was "Power of Hand Hygiene". Highlighting the significance of hand hygiene practice to the prevention and control of infectious diseases, it encouraged everyone to incorporate hand hygiene into their daily lives as a routine habit.

To promote "Hand Hygiene Day", the ICB set up an information quiz game at the lobby of the CHP building on 3 May for colleagues working in the building to take the quiz. The quiz consisted of 20 questions related to hand hygiene for colleagues to refresh their knowledge on the subject. The event received an impressive response and enthusiastic support from colleagues.



In addition, the ICB has also produced a three-dimensional lenticular poster and a GIF-animated e-poster this year. Displayed in hospitals, clinics and the community, they remind healthcare workers and the public of the importance of maintaining hand hygiene at all times. For access to the e-poster and for more information on hand hygiene, please visit CHP's "Hand Hygiene Day 2024" webpage (www.chp.gov.hk/en/features/107826.html).



疫苗可預防疾病科學委員會和新發現及動物傳染病科學委員會的建議

Recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases

在2024年1月至8月，衛生防護中心轄下的疫苗可預防疾病科學委員會和新發現及動物傳染病科學委員會（聯合科學委員會）召開了兩次會議，並發表了有關本港接種新冠疫苗的更新暫擬共識建議。2024年2月，聯合科學委員會建議擴展XBB.1.5變異株信使核糖核酸疫苗的使用，作為非高風險優先組別人士（如健康成人）的初始劑次。此外，聯合科學委員會繼續建議高風險優先組別人士於2024年接種一針加強劑以加強保護。聯合科學委員會於2024年7月進一步建議簡化初始劑次接種安排，並建議合適的人士於本港獲供應JN.1譜系新冠疫苗時進行接種。專家重申，現時供應的所有新冠疫苗皆有效減低2019冠狀病毒病重症和死亡率。

此外，疫苗可預防疾病科學委員會亦在2024年3月就本港於2024-25年度流感季節的流感疫苗接種發表建議。

有關建議的詳情，請瀏覽衛生防護中心疫苗可預防疾病科學委員會網頁（只有英文版）（www.chp.gov.hk/tc/static/24008.html）。

From January to August 2024, the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases (JSC) under the CHP convened two meetings and issued the updated consensus interim recommendations on the use of COVID-19 vaccines in Hong Kong. In February 2024, the JSC recommended the use of the monovalent XBB.1.5 mRNA vaccine could be extended to initial vaccination for non-high-risk priority groups (e.g. healthy adults). In addition, the JSC continued to recommend a booster dose for high-risk priority groups to enhance their protection in 2024. In July 2024, the JSC further recommended simplifying the initial COVID-19 vaccination arrangements and using the JN.1-lineage COVID-19 vaccine, when available, for appropriate persons. The experts reiterated that all available COVID-19 vaccines remained effective in reducing severe COVID-19 infection and death.

The Scientific Committee on Vaccine Preventable Diseases also made recommendations on seasonal influenza vaccination for 2024-25 in Hong Kong in March 2024.

For details of the related recommendations, please visit CHP's webpage on the Scientific Committee on Vaccine Preventable Diseases (www.chp.gov.hk/en/static/24008.html).



癌症預防及普查專家工作小組發表對胃癌預防及篩查的建議並重申對大腸癌預防及篩查的建議

The Cancer Expert Working Group on Cancer Prevention and Screening Published Recommendations on Prevention and Screening for Stomach Cancer and Reaffirmed Recommendations on Prevention and Screening for Colorectal Cancer

癌症事務統籌委員會於2024年6月舉行的第19次委員會會議上，通過轄下癌症預防及普查專家工作小組就胃癌篩查制定的建議，並重申現有對大腸癌預防及篩查的建議。有關本地人口的胃癌篩查建議摘要如下：

1. 第一級預防仍為減低胃癌風險的重要策略。市民應奉行健康生活模式，包括不吸煙、避免飲酒、均衡飲食（進食足夠蔬果，以及避免進食高鹽及鹽漬食品），以及維持良好體重。

一般風險的無症狀人士

2. 不建議一般風險的無症狀人士接受胃癌篩查（進行上消化道攝影檢查、胃內視鏡檢查或生物標記測試，例如幽門螺旋菌血清測試）。一般市民如無症狀，亦不建議接受幽門螺旋菌感染測試（進行尿素呼氣測試、血清測試或大便抗原測試）。

較高風險的無症狀人士

3. 較高風險人士（出現胃癌前病變或有胃癌家族病史的人士）可考慮就是否需要接受篩查及篩查方式諮詢醫生意見。

有關胃癌預防及篩查建議的詳情，請參閱相關文件（只有英文版）（www.chp.gov.hk/files/pdf/stomach_cancer_professional_hp.pdf）。

有關大腸癌預防及篩查建議的詳情，請參閱相關文件（只有英文版）（www.chp.gov.hk/files/pdf/cewg_crc_professional_hp.pdf）。

At the 19th meeting of the Cancer Coordinating Committee held in June 2024, the Committee endorsed the recommendations on stomach cancer screening formulated by its Cancer Expert Working Group on Cancer Prevention and Screening, and reaffirmed the current recommendations on colorectal cancer screening. A summary of the recommendations on stomach cancer screening for the local population is as follows:

1. Primary prevention remains an important strategy for reducing the risk of stomach cancer. All individuals should adopt a healthy lifestyle that includes no smoking, avoiding alcohol consumption, adopting a balanced diet (with an adequate intake of fruits and vegetables and avoidance of high-salt and salt-preserved foods) and maintaining a healthy body weight.

For asymptomatic persons at average risk

2. Screening for stomach cancer (by upper gastrointestinal series, upper endoscopy or biomarkers, such as H. pylori serology) in asymptomatic persons at average risk is not recommended. Screening for H. pylori infection (by urea breath test, serology or stool antigen test) in asymptomatic persons among the general public is also not recommended.

For asymptomatic persons at increased risk

3. Persons at increased risk (e.g. with a precancerous lesion of stomach cancer or a family history of stomach cancer) may consider seeking advice from a doctor regarding the need for and approach of screening.

For details of the Recommendations on Prevention and Screening for Stomach Cancer, please refer to the document (www.chp.gov.hk/files/pdf/stomach_cancer_professional_hp.pdf).

For details of the Recommendations on Prevention and Screening for Colorectal Cancer, please refer to the document (www.chp.gov.hk/files/pdf/cewg_crc_professional_hp.pdf).



鐵質水平主題性報告 (2020-22年度人口健康調查)

Thematic Report on Iron Status (Population Health Survey 2020-22)

衛生署於2024年7月16日發表了鐵質水平主題性報告（2020-22年度人口健康調查），內容涵蓋本港人口的鐵質狀況。調查發現本港15至84歲人士整體的鐵質缺乏（缺鐵）普遍率約為5.7%，而男性及更年期後的女士的普遍率則分別為0.7%及2.7%。育齡婦女（即15至49歲）的缺鐵普遍率高達17.5%，與其他高收入國家的相關研究結果相若。根據世衛的指引，本港人口缺鐵狀況屬於「輕度公共衛生問題」範圍。

衛生署成立了預防鐵質缺乏工作小組，成員涵蓋食物環境衛生署食物安全中心、醫管局、香港社會醫學學院、香港家庭醫學學院、香港婦產科學院、香港病理學專科學院、香港內科醫學院，以及香港紅十字會輸血服務中心的代表。工作小組檢視了調查的主要結果和最新的科學證據，認為目前沒有科學證據支持無症狀及一般風險人士接受常規缺鐵篩查或全面服用鐵質補充劑，並就公眾（尤其是育齡婦女）攝取鐵質提出聯合建議，以確保他們攝取充足鐵質。如欲取得更多資訊，請瀏覽衛生防護中心人口健康調查網頁（www.chp.gov.hk/tc/features/37474.html）。



人口健康調查
網頁



Population health
survey webpage

The DH released the Thematic Report on Iron Status (Population Health Survey 2020-22) on 16 July 2024, which covered the iron status of the general population of Hong Kong. The survey revealed that the prevalence of Iron Deficiency (ID) among the local population aged 15 to 84 was 5.7%, and that for men and women of post-menopausal age were 0.7% and 2.7% respectively. The prevalence of ID for women of reproductive age (aged 15 to 49) reached 17.5%, similar to the findings of relevant studies in high income countries. According to the guidelines of the WHO, the ID prevalence of the local population in Hong Kong was classified as a “mild magnitude of public health problem”.

The DH has set up the Working Group on Prevention of Iron Deficiency, comprising representatives from the Centre for Food Safety of the FEHD, the HA, the Hong Kong College of Community Medicine, the Hong Kong College of Family Physicians, the Hong Kong College of Obstetricians and Gynaecologists, the Hong Kong College of Pathologists, the Hong Kong College of Physicians, and the Hong Kong Red Cross Blood Transfusion Service. Upon reviewing the key findings of this study and the latest scientific evidence, the Working Group concluded that there was no evidence in supporting routine screening for ID or universal iron supplementation for asymptomatic individuals at average risk of ID. The Working Group has also made joint recommendations on iron intake for members of the public, particularly women of reproductive age, to ensure that they have adequate iron intake. For more information, please visit the CHP's webpage on population health survey (www.chp.gov.hk/en/features/37474.html).



活動快拍
SNAPSHOTS



18.05.2024

衛生署委託外間機構推行少數族裔健康推廣計劃，就傳染病及其預防措施提供準確而又符合文化習慣的健康資訊。有關計劃採取多管齊下的方式，包括進行家訪、設立健康攤位、舉辦健康講座，以及提供多種語言服務的熱線，接觸少數族裔社羣。

The DH has commissioned a health promotion project for ethnic minorities to provide accurate and culturally appropriate health information about infectious diseases and the preventive measures. A multipronged approach including conducting home visits, setting up health booths, organising health talks and providing a multilingual hotline is adopted to reach out to the ethnic minority communities.

07.08.2024

健康促進處舉辦2023-24年度「我好『叻』」社區健康推廣計劃」嘉許典禮，表揚逾50間協作機構積極響應計劃，在社區推廣健康飲食和恆常體能活動。衛生防護中心總監徐樂堅醫生與其他嘉賓蒞臨主禮。

The HPB organised the “I’m So Smart” Community Health Promotion Programme Recognition Ceremony 2023-24 to present commendations to over 50 participating organisations for their active participation in promoting healthy eating and regular physical activity in the community. Dr Edwin Tsui Lok-kin, the Controller of the CHP, officiated at the ceremony with other guests.





15-16.08.2024

健康促進處於「香港貿易發展局美食博覽」中舉辦了一年一度的「『星級有營食肆』，我推介！」節目，當中由營養師主持健康講座，向公眾推廣健康飲食和宣傳「星級有營食肆」運動。兩間於食譜設計比賽中脫穎而出的「星級有營食肆」亦蒞臨現場作烹飪示範，讓公眾了解即使外出飲食，亦能食得美味，吃得健康。

The HPB organised the annual programme “‘EatSmart Restaurant Star+’ for All!” in the Hong Kong Trade Development Council Food Expo. The dietitians delivered health talks to promote healthy eating and the “EatSmart Restaurant Star+” campaign to the public. Two EatSmart Restaurants winning the recipe competition also conducted cooking demonstrations at the venue to show the public that they can enjoy a delicious and healthy meal when eating out.



26.09.2024



2024/25年度季節性流感疫苗接種計劃於9月26日展開。醫務衛生局（醫衛局）局長盧寵茂教授、醫衛局副局長李夏茵醫生、醫衛局基層醫療健康專員彭飛舟醫生、衛生署署長林文健醫生、衛生署衛生防護中心總監徐樂堅醫生、醫管局主席范鴻齡，以及醫管局行政總裁高拔陞醫生，聯同前線醫護人員在西灣河普通科門診診所接種季節性流感疫苗，並呼籲市民早日接種以加強保護，應對流感季節。

The 2024/25 Seasonal Influenza Vaccination Programmes have begun on September 26. Professor Lo Chung-mau, the Secretary for Health; Dr Libby Lee Ha-yun, the Under Secretary for Health; Dr Pang Fei-chau, the Commissioner for Primary Healthcare of the Health Bureau; Dr Ronald Lam Man-kin, the Director of Health; Dr Edwin Tsui Lok-kin, the Controller of the CHP of the DH; Mr Henry Fan Hung-ling, the Chairman of the Hospital Authority; Dr Tony Ko Pat-sing, the Chief Executive of the Hospital Authority and frontline healthcare workers received seasonal influenza vaccination at the Sai Wan Ho General Out-patient Clinic. They appealed to members of the public to get vaccinated early to protect themselves during the coming influenza season.

11.2024

衛生署於2024年11月舉辦「日行萬步」步行挑戰，以「陪我行，陪你講」為口號，旨在讓更多市民認識步行對健康的好處，並鼓勵朋友互相支持，每日步行1萬步。

In November 2024, the DH organised a Walking Challenge under the “10 000 Steps a Day” Campaign with “Shall We Walk and Talk” as the slogan. The aim was to raise public awareness about the health benefits of walking, and encourage friends to support one another and walk 10 000 steps a day.



衛生防護中心Instagram帳號正式上線，關注我們！！

衛生署衛生防護中心正式推出了Instagram官方帳號，以進一步加強與市民溝通，並透過這全新的社交媒體平台與大眾互動，讓社會各界更了解中心如何保障公共衛生。

衛生防護中心亦特意製作了一系列WhatsApp貼圖（whatsticker.online/p/744757EiG70e5/HK/zh），向市民推廣全新的Instagram帳號。歡迎公眾與同事和親友分享貼圖，鼓勵他們瀏覽、關注及分享帳號的資訊。

The CHP Instagram account is online!! Follow us!!

The CHP of the DH has officially launched its Instagram account to enhance communication with the public. By engaging with the community on this new social media platform, the CHP aims to help all sectors of the society gain a better understanding of its work to protect public health.

Meanwhile, the CHP has produced a series of WhatsApp stickers (whatsticker.online/p/744757EiG70e5/HK/zh) to promote our new Instagram account to the public. Follow us to get the latest public health information!!



衛生防護中心
Centre for Health Protection

