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小兒麻痺症絕跡25年： 香港根除小兒麻痺症的歷程

Polio-Free for 25 Years: Hong Kong's Journey in Polio Eradication

CHP 通訊
NEWSLETTER

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中文



English

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編者的話 Editor's Note

2025年是世界衛生組織（世衛）宣布香港成為無小兒麻痺症地區25週年，此項成就建基於科學、時刻保持警覺和公眾信任。本期封面故事回顧香港由面對廣泛風險到成功消除小兒麻痺症的歷程，以及社會各界如何緊密合作才得以達致這項成果，同時提醒我們仍必須時刻保持警惕。鑑於小兒麻痺症病毒仍在其他地區傳播，加上旅遊業經已復甦，高疫苗接種率和快速檢測仍然是我們最有效的防禦措施。我們誠邀大家一同閱讀、反思和行動：檢查疫苗接種紀錄、準時接種，並在社區內推廣疫苗接種。讓我們攜手守護下一代，確保小兒麻痺症繼續絕跡香港。

2025 marks 25 years since the World Health Organization (WHO) certified Hong Kong polio-free — an achievement built on science, vigilance and community trust. This edition's cover story retraces Hong Kong's journey from widespread risk to sustained elimination, and the collaboration that made it possible. It's also a reminder that success needs unrelenting vigilance. With polioviruses still circulating elsewhere and travel rebounding, high vaccination coverage and rapid detection remain our best defence. We invite you to read, reflect and take action: check your vaccination records, get vaccinated in a timely manner, and promote immunisation in the community. Let's safeguard the next generation together and keep Hong Kong polio-free.

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封面專題 Cover Story

傳染病處 Communicable Disease Branch

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小兒麻痺症絕跡 25年：香港根除 小兒麻痺症的歷程

Polio-Free for 25 Years: Hong Kong's Journey in Polio Eradication

2025年10月為世衛宣布小兒麻痺症於香港絕跡的25周年，是本港公共衛生的一項重要的里程碑。小兒麻痺症曾對社會構成嚴重威脅，但自從本港於1963年引入小兒麻痺疫苗後，有關個案數字急劇下降。時至今日，要有效應對再次出現和流行的疫苗可預防疾病，接種疫苗仍然至關重要。

了解小兒麻痺症

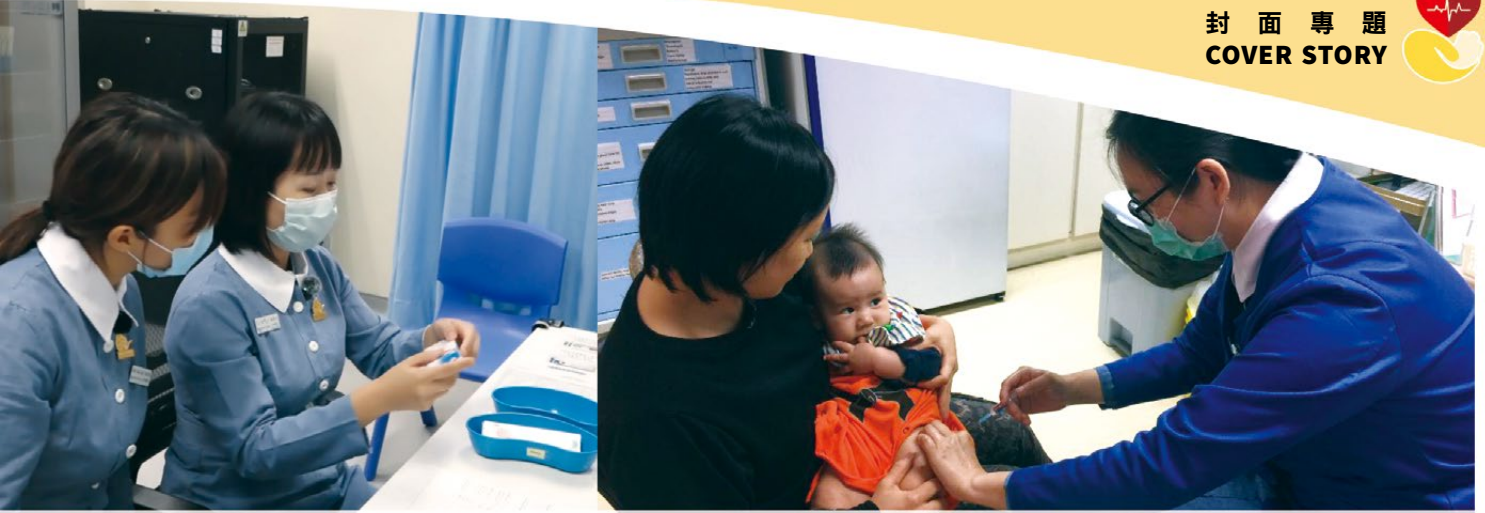
小兒麻痺症是一種由脊髓灰質炎病毒所引致的急性及具高度傳染性的疾病。它主要影響幼童，並經由口糞途徑傳播，普遍出現於衛生條件較差的社區，常見的症狀包括發燒、頭痛、嘔吐、腹部不適和肌肉疼痛。在某些情況下，病毒甚至會入侵中樞神經系統，導致急性弛緩性麻痺，其特徵為突發性無力或肌肉張力喪失，並可能導致不可逆轉的癱瘓甚至死亡。

雖然目前尚無根治小兒麻痺症的方法，但可透過接種疫苗預防。小兒麻痺疫苗於1950年代首次面世，已獲證實可有效預防小兒麻痺症（逾95%有效），自此拯救了無數兒童免於癱瘓。現時全球使用兩種小兒麻痺疫苗：含滅活病毒的「滅活小兒麻痺疫苗」，以及含已弱化活病毒的「小兒麻痺口服劑」。兩種疫苗自1988年全球根除小兒麻痺症行動開始以來擔當重要角色，協助把全球小兒麻痺症個案數字減少逾99%。

October 2025 marks the 25th anniversary since the WHO declared Hong Kong polio-free – a significant milestone in the city's public health journey. Once a serious threat, polio saw a sharp decline in Hong Kong following the introduction of polio vaccine in 1963. Up to now, vaccination remains critical in combating today's re-emerging and resurging vaccine-preventable diseases (VPDs).

Understanding Polio

Polio, or poliovirus, is an acute, highly infectious disease caused by poliovirus. Affecting primarily young children, it spreads through the faecal-oral route, often in communities with poor sanitation. The common symptoms include fever, headache, vomiting, abdominal discomfort and muscle pain. In some cases, the virus invades the central nervous system, leading to acute flaccid paralysis, which is characterised by sudden weakness or a loss of muscle tone, and can result in irreversible paralysis or even death.



圖示母嬰健康院護士核對疫苗（左）及為嬰兒注射疫苗（右）。

Photos show nurses of Maternal and Child Health Centres checking a vaccine (left) and administering a vaccine for the baby (right).

香港根除小兒麻痺症的歷程

紮實的疫苗接種計劃配合高覆蓋率，構成本港根除小兒麻痺症策略的兩大支柱。本港的小兒麻痺疫苗接種計劃始於1963年，當時每年約錄得200至300宗小兒麻痺症個案。

「小兒麻痺口服劑」的引入成為轉捩點，令個案數字迅速減少。最後一宗本土脊髓灰質炎野株病毒個案於1983年呈報，而最後一宗疫苗感染小兒麻痺個案則於1995年發生。

為進一步根除小兒麻痺症，本港於1997年根據世衛指引，推出了急性弛緩性麻痺監測系統。該監測系統偵察兒童突發性肢體無力個案，以便及時通報和調查，是獲公認為偵察小兒麻痺症個案的黃金標準。同年，確認全港消滅脊髓灰質炎野株病毒委員會成立，以監督認證過程，並為維持監測工作的警惕性和績效提出策略性建議。

2000年10月，世衛宣布脊髓灰質炎野株病毒的本土傳播，已於包括香港在內的世衛西太平洋區域所有37個國家和地區中斷，令有關區域成為繼美洲於1994年獲認證後，第二個獲同一認證地位的世衛區域。經確認全港消滅脊髓灰質炎野株病毒委員會的定期檢視和世衛確認，小兒麻痺症至今已於本港絕跡25年。

繼續致力令小兒麻痺症於香港絕跡

儘管本港在25年間取得了顯著進展，社會仍關注脊髓灰質炎病毒從境外傳入的風險，尤其當全球化旅遊日趨頻繁。雖然本港維持零宗本地脊髓灰質炎野株病毒個案，但其他地區仍持續出現脊髓灰質炎野株病毒和疫苗衍生病毒傳播的情況，意味着若我們不保持警惕，小兒麻痺症或會再次出現。為應對這些持續的風險，衛生防護中心和衛生署一直與全球和本地衛生夥伴緊密合作，致力保護香港免受小兒麻痺症侵害。

要預防感染小兒麻痺症、阻截它進一步傳播，以及杜絕小兒麻痺症在社區再次出現，維持高的疫苗覆蓋率至關重要。現時，香港政府透過「香港兒童免疫接種計劃」提供小兒麻痺疫苗。有關計劃得以成功，關鍵在於背後有規模龐大而有系統的免疫接種基礎設施支持：由母嬰健康院負責為嬰幼兒提供首四劑小兒麻痺疫苗，而學校免疫接種小組則負責在小學一年級及六年級時為學童注射最後兩劑加

While there remains no cure for polio, the disease is preventable through vaccination. First introduced in the 1950s, polio vaccine has been proven to be highly effective (over 95%) against paralytic polio, and has saved countless children from paralysis since then. Currently, two types of polio vaccines are used globally: the Inactivated Polio Vaccine (IPV), which contains a killed virus, and the Oral Polio Vaccine (OPV), which contains a live, weakened virus. Both have been instrumental in reducing the number of polio cases globally by over 99% since the launch of a global polio eradication initiative in 1988.

Hong Kong's Journey in Polio Eradication

A robust vaccination programme with high coverage form the two pillars of Hong Kong's polio eradication strategy. Hong Kong's polio vaccination campaign began in 1963, during an era when about 200 to 300 polio cases were recorded annually. The introduction of the OPV marked a turning point, rapidly driving the number of cases down. The last case of polio due to wild type poliovirus was recorded in 1983, followed by the last case of vaccine-associated polio in 1995.

To further support polio eradication, Hong Kong launched the acute flaccid paralysis (AFP) surveillance system in 1997 as per the WHO guidelines. Recognised as the gold standard for detecting polio cases, the system tracks cases of sudden limb weakness in children for timely reporting and investigation. In the same year, a Committee for the certification of wild poliovirus eradication (Committee) was set up to oversee the certification process and to provide strategic advice for maintaining vigilant surveillance and monitoring performance.

In October 2000, the WHO declared that the transmission of indigenous wild poliovirus had been interrupted in all 37 countries and areas of the WHO's Western Pacific Region, which included Hong Kong, making the region the second WHO region to achieve this status after the Americas in 1994. Under the regular review by the Committee and with the confirmation by the WHO, this polio-free status has been sustained in Hong Kong for 25 years.

Ongoing Commitment to Sustaining a Polio-Free Hong Kong

Despite the 25 years of remarkable progress, Hong Kong remains mindful of potential importation of poliovirus, especially with ever increasing global travel. While the region remains free of indigenous wild poliovirus, ongoing transmission of wild and vaccine-derived polioviruses elsewhere implies that polio could re-emerge if our vigilance lapses. In response to these ongoing risks, the CHP and the DH have been working closely with global and local health partners to keep the community protected against polio.



右圖顯示小兒麻痺症的呈報個案數字在相關的免疫接種計劃推行後大幅下降。

The right figure illustrates the dramatic decrease in the notifications of poliomyelitis after launching of the immunisation programme.

強劑。為確保所有兒童均獲保障，學校免疫接種小組會在幼稚園和小學進行疫苗接種紀錄檢查，而衛生署學生健康服務則覆蓋參加了服務的中學生。此外，計劃更會為錯過注射疫苗的兒童有系統地安排補種。

衛生署於2024年進行的免疫接種調查顯示，本港持續維持逾97%的高疫苗覆蓋率，充分展現了免疫接種基礎設施的優勢。就此，衛生署將繼續致力維持高疫苗覆蓋率，讓社會得到保障。

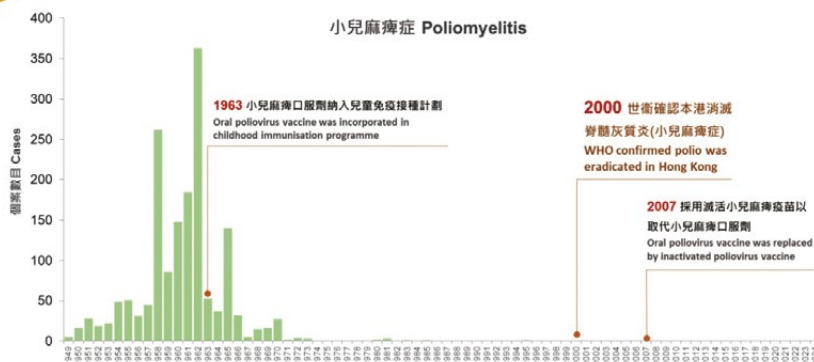
免疫接種成功的啟示

香港根除小兒麻痺症的歷程，點出了對抗疫苗可預防疾病的三大關鍵因素：高疫苗覆蓋率、有效提升公眾意識的工作，以及跨界別合作。

確保市民在年幼時能享有廣泛而公平合理的渠道，盡早接種疫苗以預防傳染病，這一點十分重要。現時，政府透過「香港兒童免疫接種計劃」，為合資格兒童免費接種疫苗，預防12種疫苗可預防疾病，大大減輕了有關疾病對社會造成的負擔。我們從中學到的重要一課，乃持續不斷和協調的工作，對維持高疫苗覆蓋率和讓社區持續受到保障至關重要。免疫接種不足社羣和對疫苗態度猶豫，會增加疾病再次出現和爆發的風險。部分兒童或會錯過接種預定的劑次，而錯誤資訊亦可能會增加公眾的疑慮，導致疫苗覆蓋率下降，並增加疾病爆發的風險。因此，我們應着重維持大規模的疫苗接種網絡、進行疫苗接種紀錄檢查，並提供補種機會，特別是透過校本計劃進行。同樣重要的是，家長、教育工作者和醫療專業人員共同努力，為兒童免疫接種建立正面的社會氛圍。

攜手保持警惕

香港能夠成功根除小兒麻痺症，實在有賴每一位市民的積極參與。假如欠缺公眾對免疫接種的鼎力支持，我們於過去數十年的努力或將付諸東流。小兒麻痺症與其他疫苗可預防疾病（例如麻疹和百日咳）一樣，一旦我們稍為鬆懈，便可能捲土重來。透過保持警惕，共同承擔責任，我們不但可在今天保障整個社會的健康和安全，更可確保我們的下一代擁有更健康、更堅韌的未來。



Maintaining high vaccination coverage remains vital in preventing infection, further transmission, and thus re-emergence of polio in local communities. At present, polio vaccine is offered via the Hong Kong Childhood Immunisation Programme (HKCIP), which is supported by an extensive, well-coordinated immunisation infrastructure, a key pillar of success in Hong Kong. Maternal and Child Health Centres (MCHCs) provide the first four doses of polio vaccine, while the School Immunisation Teams (SIT) administer the final two booster doses in Primary 1 and Primary 6. To ensure no child is left behind, the SIT conduct vaccination record checks at kindergartens and primary schools, while the DH's Student Health Service covers enrolled secondary students. Moreover, catch-up appointments are systematically scheduled for those who have missed a dose.

A sustained high uptake, which stood above 97% according to the DH's immunisation survey in 2024, reflects the strength of the city's immunisation infrastructure. The DH remains committed to sustaining the momentum of keeping the vaccination coverage high and the community protected.

Lessons Learnt from the Immunisation Success

Hong Kong's journey in polio eradication underscores three critical factors in combating VPDs: high vaccination coverage, effective efforts to raise public awareness, and cross-sector collaboration.

Ensuring broad and equitable access to vaccination against infectious diseases from an early age is important. The Government currently provides free vaccination against 12 VPDs to eligible children through the HKCIP, which significantly helps reduce the burden of the diseases on the community. A key lesson here is the importance of sustained, coordinated effort in keeping the vaccination coverage high and the community protected. Under-immunised populations and vaccine hesitancy elevate the risk of disease resurgence and outbreaks. Some children may have missed scheduled doses, and misinformation may fuel public uncertainty, leading to a decrease in the vaccination coverage and an increase in the risk of outbreaks. Efforts should focus on maintaining an extensive vaccination network, conducting vaccination record checks, and offering catch-up doses, especially through school-based programmes. Equally important is the collective effort of parents, educators, and healthcare professionals in creating a positive social ambience for childhood immunisation.

Staying Vigilant Together

The success of polio eradication in Hong Kong depends on the active participation of every individual. Without the continued public commitment to immunisation, we risk undoing decades of progress. Polio, like any other VPDs such as measles and pertussis, may return if we let our guard down. With vigilance and shared responsibility, we not only can protect the health and safety of our entire community today, but also can ensure a healthier, more resilient future for generations to come.



結伴參與 促進健康

PARTNERSHIP FOR HEALTH



衛生署署長林文健醫生（左）與世衛西太平洋區域主任蒲慕康醫生（右）會面。

Dr Ronald Lam, the Director of Health (left), had a meeting with Dr Saia Ma'u Piukala, the WHO Regional Director for the Western Pacific (right).

世衛西太平洋區域主任訪港 讚揚衛生署疾病防控工作

The WHO Regional Director for the Western Pacific Visited the DH and Affirmed Efforts in Disease Prevention and Control in Hong Kong

世衛西太平洋區域主任蒲慕康醫生（Dr Saia Ma'u Piukala）於2025年3月到訪衛生署。衛生署署長林文健醫生向他簡介衛生署廣泛的服務範疇，衛生署衛生防護中心總監徐樂堅醫生則介紹本港在2019冠狀病毒病大流行期間採取的應對措施。席間，雙方亦就流行性感冒、愛滋病和病毒性肝炎等多種傳染病加強防控合作展開討論。此外，衛生署代表亦介紹了本港推行的控煙策略，特別是對另類吸煙產品的禁令，並陪同蒲慕康醫生到金鐘視察衛生署控煙酒辦公室人員的執法工作。另外，衛生署代表亦向蒲慕康醫生闡述推動中醫藥現代化和標準化的工作，並陪同到山頂夏力道步行徑觀賞本地野生藥用植物，包括收錄在《香港特色藥用植物》內的物種。

蒲慕康醫生高度讚揚香港衛生署對各項疾病的防控工作和對全球衛生治理的積極參與和貢獻。衛生署會繼續發揮「超級聯繫人」的角色，擔當中國內地與國際衛生夥伴的橋樑。

Dr Saia Ma'u Piukala, the WHO Regional Director for the Western Pacific, visited the DH in March 2025. Dr Ronald Lam, the Director of Health, gave an overview of the DH's extensive services. Dr Edwin Tsui, the Controller of the CHP of the DH, also outlined the response measures implemented in Hong Kong during the COVID-19 pandemic. The two parties also engaged in discussions to enhance the collaborative efforts in the prevention and control of various infectious diseases, including influenza, AIDS and viral hepatitis. Besides, representative of the DH highlighted Hong Kong's tobacco control strategies, especially the imposition of a ban on alternative smoking products, and accompanied Dr Saia Ma'u Piukala to Admiralty to inspect the enforcement work of the staff of Tobacco and Alcohol Control Office of the DH. In addition, representatives of the DH also briefed Dr Saia Ma'u Piukala on the work of promoting the modernisation and standardisation of Chinese medicine, and accompanied him to visit the Harlech walking trail on the Peak to appreciate the wild local medicinal plants there, including those recorded in the publication "Hong Kong Characteristic Medicinal Plants".

Dr Saia Ma'u Piukala highly commended Hong Kong for the DH's active participation and contributions to the prevention and control of various diseases and global health governance. The DH will continue to embrace its role as a "super-connector" to bridge the Chinese Mainland and global health partners.



衛生署衛生防護中心聯同廣東省及澳門衛生部門舉行代號「競鋒」的公共衛生演習。

The CHP of the DH, in collaboration with the health authorities of Guangdong Province and Macao, conducted a public health exercise code-named "Jingfeng".

粵港澳三地舉行公共衛生演習 為辦好十五運會和殘特奧會作準備

Guangdong, Hong Kong and Macao Held Public Health Exercise in Preparation for Hosting the 15th National Games, the 12th National Games for Persons with Disabilities and the 9th National Special Olympic Games

衛生防護中心於2025年6月11日聯同廣東省及澳門衛生部門舉行代號「競鋒」的公共衛生演習，為於今年11及12月三地聯合承辦的第十五屆全國運動會（十五運會）和全國第十二屆殘疾人運動會暨第九屆特殊奧林匹克運動會，作好充分準備。

是次演習模擬兩名來港參加十五運會籃球賽事的球員，在港確診感染腦膜炎雙球菌。流行病學調查發現部分密切接觸者已離港前赴深圳和澳門，本港遂立即向粵澳衛生部門作出通報。三地的衛生部門迅速追蹤個案和採取適切控制措施，成功防止傳染病傳播。

衛生防護中心聯同廣東省疾病預防控制中心、廣東省疾病預防控制中心，以及澳門衛生局於演習中透過視像會議，就傳染病監測、防控及通報機制進行線上演練與交流，三地衛生部門逾30名人員參與。十五運會和殘特奧會廣東賽區執行委員會綜合保障部醫療衛生保障處、香港特別行政區文化體育及旅遊局全國運動會香港賽區統籌辦公室、醫療輔助隊、消防處和醫院管理局亦有派員觀察演習。

The CHP, in collaboration with the health authorities of Guangdong Province and Macao, conducted a public health exercise code-named "Jingfeng" on 11 June 2025. It was held to prepare for the 15th National Games (15th NG), the 12th National Games for Persons with Disabilities (NGD), and the 9th National Special Olympic Games (NSOG), which will be co-hosted by the three places this November and December.

The exercise simulated a scenario in which two players participating in the 15th NG basketball competition in Hong Kong were diagnosed with meningococcal infection while they were in the city. An epidemiological investigation revealed that some of their close contacts had already departed from Hong Kong for Shenzhen and Macao. Hong Kong immediately notified the health authorities of Guangdong and Macao. The health authorities of the three places promptly traced the cases and implemented appropriate infection control measures to prevent the spread of the communicable disease.

During the exercise, the CHP, together with the Guangdong Provincial Disease Control and Prevention Administration, the Guangdong Provincial Center for Disease Control and Prevention, and the Health Bureau of Macao, conducted a drill and exchanged views on communicable disease surveillance, prevention, control and notification mechanisms via a video conference. More than 30 officers from the health authorities of the three places participated in the exercise. Representatives from the Medical and Health Office of the Comprehensive Security Department of the Guangdong Provincial Executive Committees for the 15th NG, NGD and NSOG, National Games Coordination Office (Hong Kong) of the Culture, Sports and Tourism Bureau of the Hong Kong Special Administrative Region, the Auxiliary Medical Service, the Fire Services Department and the Hospital Authority have also sent their staff to observe the exercise.



衛生署於2025年5月29日舉行記者會，宣布於6月10日推出第二階段的乳癌篩查先導計劃，主講者為衛生署衛生防護中心非傳染病處主任奚安妮醫生（中）和其中兩間參與先導計劃的非政府組織代表。

The DH announced in the press conference on 29 May 2025 that Phase II of the BCSP would be launched on 10 June. The speakers were Dr Anne Chee, the Head of the Non-Communicable Disease Branch of the CHP of the DH (centre) and representatives from two of the NGOs participating in this programme.

第二階段乳癌篩查先導計劃 Breast Cancer Screening Pilot Programme Phase II

衛生署於2025年6月10日推出第二階段的乳癌篩查先導計劃（先導計劃）。乳癌是本港最常見的女性癌症，亦是本港女性致命癌症的第三位。根據癌症事務統籌委員會轄下癌症預防及普查專家工作小組的建議，以及《行政長官2024年施政報告》以風險為本的癌症防控方針，政府推出第二階段的先導計劃，以及早發現和治療乳癌患者，提升她們的康復機會。

第二階段先導計劃合資格人士為年齡介乎35至74歲的高風險婦女。有高風險罹患乳癌是指帶有特定基因突變或有強烈家族乳癌／卵巢癌病史。第二階段先導計劃透過公私營協作計劃與非政府組織合作，為市民提供服務。三間乳癌篩查服務提供者為香港乳癌基金會、基督教聯合那打素社康服務和基督教靈實協會。合資格婦女可聯絡三間非政府組織的指定診所預約進行評估，接受乳房X光造影檢查。另外，確定帶有特定基因突變的人士，將額外獲安排接受超聲波乳房檢查。

為鼓勵高風險婦女進行篩查，政府為第二階段先導計劃提供高度資助。目前，所有服務提供者均不會向服務使用者收取任何共付額。

市民可瀏覽專題網站（www.breastscreen.gov.hk）或掃描二維碼了解詳情。

第一階段乳癌篩查先導計劃於2021年展開。在2021至2024年，共有超過37 000名年齡介乎44至69歲的中風險及一般風險女性接受乳癌風險評估。先導計劃顯示通過乳癌篩查確診的患者97%為早期癌症（第二期或以下）。乳癌風險評估及篩查已於2024年納入衛生署的婦女健康服務及長者健康服務。年齡介乎44至69歲的女士可採用網上乳癌風險評估工具（www.cancer.gov.hk/bctool），評估罹患乳癌的風險，並根據評估結果尋求適切的服務。

The DH launched Phase II of the Breast Cancer Screening Pilot Programme (BCSPP) on 10 June 2025. Breast cancer is the most common cancer among females and the third leading cause of cancer deaths for females in Hong Kong. Based on the recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening under the Cancer Coordinating Committee, the Government launched Phase II of the BCSPP in accordance with the risk-based approach of cancer prevention and control as set out in the “Chief Executive’s 2024 Policy Address”. The goal is to enhance the recovery rate of breast cancer patients through early detection and treatment.

Persons eligible for Phase II of the BCSPP are women aged 35 to 74 who are at high risk of developing breast cancer, i.e. carriers of certain gene mutation(s) or with a strong family history of breast cancer/ovarian cancer. Phase II of the BCSPP provides services to the public through public-private partnership programmes in collaboration with non-governmental organisations (NGOs). The three service providers are the Hong Kong Breast Cancer Foundation (HKBCF), United Christian Nethersole Community Health Service (UCN), and Haven of Hope Christian Service. Eligible women may contact any one of the designated clinics of the three NGOs to make an appointment for assessment and arrange for mammography (MMG) screening. Additional ultrasound MMG will be arranged for those who are confirmed to carry specific genetic mutations.

To encourage high-risk women to undergo screening, the Government provides a high level of subsidy for Phase II of the BCSPP. Currently, all of the service providers will not charge any co-payment from the service users.

For details, please visit the dedicated website (www.breastscreen.gov.hk) or scan the QR code.

Phase I of the BCSPP was launched in 2021. From 2021 to 2024, over 37 000 women aged between 44 and 69 at moderate and average risk have received breast cancer risk assessment. The Pilot Programme showed that 97 per cent of breast cancer cases identified through screening were at early stages (stage II or below). The breast cancer risk assessment and screening have been included as part of the services provided by the Woman Health Service and the Elderly Health Service in 2024. Women aged 44-69 may use the online breast cancer risk assessment tool (www.cancer.gov.hk/bctool) to assess their risk of developing breast cancer and seek appropriate services accordingly.





設於衛生防護中心大樓的宣傳攤位。
The promotional booth at the CHP Building.

2025年「手部衛生日」 Hand Hygiene Day 2025

2025年5月，衛生防護中心感染控制處展開了「手部衛生日」宣傳活動，並以「潔手。適時。到位」為口號。今年的宣傳活動聚焦正確的潔手技巧，原因是根據感染控制處於2024年進行的穿卸個人防護裝備評估和一項本地研究的結果，醫護人員和市民大眾在潔手方面仍有待進一步改善。

感染控制處推出了一系列的宣傳活動，包括設計新的教育海報和視覺提示，並於衛生署和醫院管理局轄下的醫院和診所，以及健康中心和洗手間內張貼。為擴大推廣範圍，感染控制處亦分發宣傳物資至安老院舍，同時透過民政事務總署轄下的關愛隊在社區派發。感染控制處亦製作了一套WhatsApp貼圖（可掃描下圖的二維碼免費下載），並於各大網站、手機應用程式和社交媒體上展示動畫廣告橫幅，更於衛生防護中心大樓和今年的醫管局研討大會設置宣傳攤位，吸引了醫護人員積極參與活動。攤位設有各種有趣的活動，包括潔手訓練機和遊戲，以推廣正確潔手方法。

如欲了解更多有關手部衛生的資訊，請瀏覽衛生防護中心的專題網頁（www.chp.gov.hk/tc/features/108742.html）。



關愛隊向市民宣揚潔手的重要性。
Care Teams promoted the importance of hand hygiene to members of the public.

In May 2025, the Infection Control Branch (ICB) of the CHP launched the Hand Hygiene Day campaign, featuring the tagline “Clean Properly – Every Surface, Every Time”. This year’s campaign focused on the proper hand hygiene techniques. The reason behind was that an evaluation exercise on the donning and doffing of personal protective equipment conducted by the ICB in 2024, as well as a local study, revealed that both healthcare workers and the general public need further improvement in this area.

The ICB rolled out a series of publicity activities, including designing new instructional posters and visual cues, and displaying them in hospitals and clinics under the DH and the Hospital Authority (HA), as well as in health centres and public toilets. To broaden the reach, publicity materials were disseminated to residential care homes for the elderly, and to the community via the Care Teams under the Home Affairs Department. Moreover, a set of WhatsApp stickers was produced. Members of the public can scan the QR code below to download for free. Animated web banners were also posted on various websites, mobile apps and social media. In addition, promotional booths were set up at the CHP Building and the HA Convention this year, drawing enthusiastic participation from healthcare professionals. The booths featured engaging activities, such as hand hygiene training machines and games, to promote proper hand hygiene.

To learn more about hand hygiene, please visit the CHP’s thematic web page (www.chp.gov.hk/en/features/108742.html).



WhatsApp 貼圖
WhatsApp stickers



感染控制處為衛生署醫護人員進行評估。
The ICB conducted assessment for DH healthcare staff.

第五次衛生署 醫生及工友穿除 個人防護裝備評估 5th Evaluation Exercise on Donning and Doffing of Personal Protective Equipment for Medical Officers and Workmen in the DH

自2014年起，衛生署一直進行評估，以監察醫護人員有否正確穿戴和卸除個人防護裝備。

感染控制處2024年進行的第五次穿除個人防護裝備評估結果顯示，醫生及工友穿除個人防護裝備的整體遵從率在過去十年間持續改善，當中穿戴程序的遵從率從2014年的84.5%提升至2024年的98.0%，而同期卸除程序的遵從率則從71.8%提升至95.3%。值得注意的是，穿戴及卸除程序中的手部衛生措施亦有顯著改善，遵從率分別從52.8%提升至89.2%，以及從48.3%提升至98.2%。

不過，評估結果顯示員工就感染控制方面仍有地方需要改進，例如在卸除程序的指定動作中，「避免環境污染」（66.7%）及「卸下保護帽」（78.9%）的遵從率相對較低。就「手部衛生」而言，其在穿戴程序中的遵從率（89.2%）則較在卸除程序中的遵從率（98.2%）為低。

評估結果顯示，定期檢視醫護人員在穿除個人防護裝備方面的情況和其手部衛生措施，並為其提供相關培訓，對確保他們正確穿除個人防護裝備至關重要。有關訊息亦應在公私營臨床及醫療機構（例如安老院舍）中廣為宣揚。

為推廣正確使用個人防護裝備和正確潔手技巧，感染控制處已製作相關的指引和教育資源，供公眾在衛生防護中心網站內查閱。感染控制處亦鼓勵醫療機構員工充分利用網上資源，定期進行練習，並採用「夥伴制度」。同時，感染控制處建議醫療機構設立指定的穿除區域，配以提示海報和步驟圖，以確保員工正確穿除個人防護裝備。如欲了解更多正確使用個人防護裝備的資訊，請瀏覽衛生防護中心的專題網頁（www.chp.gov.hk/tc/static/32975.html）。

Since 2014, the DH has been conducting assessments to monitor the compliance with proper donning and doffing of personal protective equipment (PPE) among healthcare workers (HCWs).

The results of the 5th Evaluation Exercise on Donning and Doffing of PPE conducted by the ICB in 2024 showed that in the past decade, the overall compliance rates for the donning and doffing procedures among doctors and workmen have continuously improved, with the one for the donning procedure increasing from 84.5% in 2014 to 98.0% in 2024, and that for the doffing procedure increasing from 71.8% to 95.3% during the same period. Of note, the hand hygiene practices during donning and doffing showed significant improvement, with the compliance rates increasing from 52.8% to 89.2% and from 48.3% to 98.2%, respectively.

On the other hand, the evaluation results indicated areas in infection control that require improvement. For instance, among the specific actions during the doffing process, “avoiding environmental contamination” (66.7%) and “removing disposable caps” (78.9%) showed relatively low compliance rates. As for “hand hygiene”, the overall compliance rate in donning (89.2%) was found to be lower than that in the doffing procedure (98.2%).

The findings showed that regular reviews on the donning and doffing of PPE and the hand hygiene practices among HCWs, as well as the provision of relevant training to HCWs, are essential to ensure the compliance with proper donning and doffing of PPE among HCWs. This message should be promulgated in both public and private clinical and healthcare settings such as Residential Care Homes for the Elderly.

To promote the proper use of PPE and the correct hand hygiene techniques, the ICB has produced relevant guidelines and education materials for the public to access on the CHP website. Staff members working in any healthcare facilities are encouraged to utilise the online resources, practise regularly, and adopt the buddy system. Healthcare facilities are advised to set up designated donning/doffing areas with visual reminders, and display step-by-step picture guides to ensure compliance. For more information on the proper use of PPE, please visit the CHP's thematic web pages on PPE (www.chp.gov.hk/en/static/32975.html).



疫苗可預防疾病科學委員會有關腦膜炎雙球菌和季節性流感疫苗的建議

Recommendations of the Scientific Committee on Vaccine Preventable Diseases Regarding the Use of Meningococcal and Seasonal Influenza Vaccines



衛生署衛生防護中心轄下的疫苗可預防疾病科學委員會（委員會）於2025年7月28日召開會議，討論並更新了香港接種腦膜炎雙球菌疫苗的建議。委員會檢視了侵入性腦膜炎雙球菌的本地流行病學情況，以及世衛的最新建議和海外經驗。基於本地侵入性腦膜炎雙球菌的發病率非常低，委員會並不建議把腦膜炎雙球菌疫苗納入香港兒童免疫接種計劃。另一方面，委員會建議三類侵入性腦膜炎雙球菌感染風險較高人士，包括有較高暴露風險的外遊人士（例如在旱季前往非洲撒哈拉沙漠以南地區的人士）、免疫力弱人士，以及恆常接觸腦膜炎雙球菌分離株的實驗室人員，接種合適的腦膜炎雙球菌疫苗作個人保護。

此外，委員會亦於2025年3月就本港於2025-26年度流感季節的流感疫苗接種作出了建議。

有關委員會建議的詳情，請瀏覽衛生防護中心網頁（只有英文版）（www.chp.gov.hk/en/static/24008.html）。

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP of the DH held a meeting on 28 July 2025 to discuss and update recommendations on the use of meningococcal vaccines in Hong Kong. The SCVPD reviewed the local epidemiology of invasive meningococcal disease (IMD) as well as the latest WHO recommendations and overseas practice. In view of the very low local IMD incidence, the SCVPD did not recommend introducing meningococcal vaccination into the HKCIP. On the other hand, it recommended that three groups of individuals who have increased risk of IMD, including travellers at higher risk of exposure (for example, those travelling to the Sub-Saharan African regions during the dry season), individuals with immunodeficiency, and laboratory workers routinely exposed to isolates of *Neisseria meningitidis*, receive meningococcal vaccinations as appropriate for personal protection.

In addition, the SCVPD also made recommendations on seasonal influenza vaccination for 2025-26 in Hong Kong in March 2025.

For details of the recommendations, please visit the CHP website (www.chp.gov.hk/en/static/24008.html).



製作背後 BACKSTAGE

蚊叮傳播疾病多 防蚊措施要做受！ Guard Against Mosquito Bites to Stop the Spread of Mosquito-borne Diseases

健康促進處最新製作有關預防蚊傳疾病的電視宣傳片已經出爐！影片以病媒蚊為主角，利用旅遊人士和一家三口的生活為切入點，透過生動、輕鬆的手法，講述蚊傳疾病的傳播途徑，並提醒大家防避蚊子叮咬。請即瀏覽衛生防護中心的YouTube頻道（www.youtube.com/@ChpGovHkChannel），觀賞有關短片！

想知更多有關蚊傳疾病的資訊，歡迎瀏覽衛生防護中心網站（www.chp.gov.hk/tc/features/38847.html）。

The latest Announcement of Public Interest (API) produced by the Health Promotion Branch (HPB) about the prevention of mosquito-borne diseases has been released! With a mosquito (the “vector”) as the main character, and the daily lives of a traveller and a family of three as the entry point, the API talks about the mode of transmission of mosquito-borne diseases in a lively and lighthearted style. It reminds everyone to prevent mosquito bites. Visit the CHP YouTube Channel (www.youtube.com/@ChpGovHkChannel) to watch the API now!

For more information about mosquito-borne diseases, please visit the CHP website (www.chp.gov.hk/en/features/38847.html).





香港污水監測工作全解析 污水為何可作為傳染病「晴雨表」？

Analysing Sewage Surveillance in Hong Kong: Why Can Sewage Serve as a Barometer of Communicable Diseases?

人體在感染傳染病後，會視乎病原體的本身特性，在代謝過程中隨糞便、尿液排出部分病毒和細菌殘餘（例如病毒核酸片段、細菌DNA等），進入城市的污水系統。我們可透過先進的化驗技術，從污水樣本中偵測出這些病原體的殘餘。在污水檢測到病原體，意味着有感染源存在該區域的污水收集範圍內。這樣可提供監測傳染病的渠道。

污水監測相比傳統的傳染病監測方案有何優勝之處？

覆蓋面廣：污水監測不受個人就醫或接受檢測與否影響，只要區域內有人感染，病原體就會在日常生活中以污水方式排出。只要配合合適的採樣策略，不論污水是來自住宅、學校或醫院等不同區域，皆可被採樣分析。

成本效益高：傳統方法需為每名受檢者進行檢測和採樣，在人力、物力和財力上成本都很高昂。污水監測可對一個區域的污水進行集中採樣和分析，一次檢測就能檢視大量人口的健康狀況，大幅降低監測成本。

預警性強：污水監測可定期進行，如發現病毒的濃度突然上升，衛生防護中心在大量臨床症狀個案出現前先發出預警，較使用傳統監測能更早察覺疫情苗頭，為疾病防控爭取寶貴時間。

污水監測目前應用於哪些傳染病？

現時污水監測主要應用於恆常監測新冠病毒在社區的活躍程度，以及病毒變異株在本地流行的動態，2025年10月起季節性流感污水監測亦已恆常化。



香港目前如何進行污水採樣和化驗？ How are sewage sampling and laboratory analysis currently conducted in Hong Kong?



- 衛生署聯同環境保護署和渠務署在全港揀選了18個（每區一個）位於較下游並覆蓋最多人口的抽樣點進行採樣工作。
- 於採樣當天早上，工作人員會使用專業設備（如自動採樣器）進行採樣。
- 樣本送達實驗室後，工作人員會首先對污水樣本進行處理，把污水中的病原體濃縮，然後採用即時聚合酶連鎖反應（Real Time PCR）技術，快速、靈敏地檢測出污水中特定病原體的核酸片段。
- 化驗完成後，實驗室會在同日傍晚把數據傳送至衛生防護中心。
- The DH, together with the Environmental Protection Department (EPD) and the Drainage Services Department (DSD), has selected 18 sampling sites across Hong Kong (one per district) located downstream to cover a large target population for sampling.
- On the morning of the sampling day, staff will collect samples using professional sampling equipment (e.g. automatic sampling device).
- After the samples are sent to the laboratory, staff members will first prepare the sewage samples by means such as filtration and concentration. Real Time PCR, which is then used to detect the RNA fragments of specific pathogens in a fast and sensitive manner, is mainly used.
- Upon the completion of the analysis, the laboratory will send the data to the CHP for analysis in the evening that day.

特別鳴謝

衛生防護中心鳴謝環境保護署和渠務署就「全港性污水病毒監測計劃」提供專業支援，同時鳴謝香港賽馬會慈善信託基金為推行和進一步加強計劃提供資助。

Special Acknowledgement

The CHP would like to express its gratitude to the EPD and the DSD for their professional support to the Territory-wide Sewage Surveillance Programme, and The Hong Kong Jockey Club Charities Trust for its funding support for the implementation and further enhancement of the programme.



26.04.2025

衛生署健康促進處在九龍清真寺舉辦健康講座，目的為提升社羣有關的疾病預防知識，特別是每年前往沙地阿拉伯參加朝覲的人士，藉此加強自我防護，保障公眾健康。

The HPB of the DH organised a health talk at the Kowloon Mosque for members of the Muslim community, particularly individuals who travel to Saudi Arabia to participate in the annual Hajj pilgrimage. The aim was to enrich their knowledge of disease prevention, thereby enhancing their self-protection and safeguarding public health.



04.2025

2025年「開心『果』月」的活動主題和口號為「水果TWO-A-DAY 健康你有Say」，獲超過1 700間幼稚園及幼兒中心、小學、中學和特殊學校報名參與，受惠學生人數超過59萬！衛生署感謝各方對活動鼎力支持，亦希望大眾能培養每天吃充足水果的良好習慣！

The theme cum slogan for the "Joyful Fruit Month" 2025 was "Two Servings of Fruit, Your Health, Your Say". Over 1 700 kindergartens and child care centres, primary, secondary and special schools participated in the event, with the number of student beneficiaries exceeding 590 000! The DH would like to thank all parties for their support for this event, and hope that the general public can develop the good habit of eating enough fruit every day!

07.05.2025

健康促進處舉辦2024/25年度「我好『叻』社區健康推廣計劃」嘉許典禮，表揚逾70間協作機構積極響應計劃，合力於社區宣揚健康飲食、恆常運動和預防肥胖的訊息。衛生防護中心總監徐樂堅醫生與其他嘉賓主禮。

The HPB presented commendations to over 70 participating organisations at the "I'm So Smart" Community Health Promotion Programme 2024/25 Recognition Ceremony for their collaborative efforts in promoting the messages of healthy eating, regular physical activity and obesity prevention in the community. Dr Edwin Tsui, the Controller of the Centre for Health Protection, officiated at the ceremony with other guests.



19.06.2025

衛生防護中心推出了名為《效果》的第六版抗菌素指引（只備英文版），並舉辦了一場論壇，為超過150名與會的公私營醫護人員介紹指引的主要更新內容。有關《效果》的詳細內容，請瀏覽《效果》網頁（impact.chp.gov.hk）。

The CHP launched the 6th edition of the Interhospital Multi-disciplinary Programme on Antimicrobial ChemoTherapy (IMPACT) Guidelines, and organised a forum to introduce the major updates on the guidelines to over 150 participating healthcare professionals from the public and private sectors. For details of the IMPACT Guidelines, please visit the IMPACT web page (impact.chp.gov.hk).

