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編者的話 **Editor's Note**

新的一年到來,本編輯委員會謹在此 祝各位新年進步,身體健康。本期專題介 紹衞生防護中心公共衞生化驗服務處的工 作,讓大家瞭解該服務處如何協助各政府 部門對抗疫疾。

與此同時,我們亦歡迎新任衞生防護 中心總監梁挺雄醫生。梁醫生不但在應付 傳染病及非傳染病具豐富的經驗,並深諳 運動養生之道; 本期通訊很高興邀請到梁 醫生接受訪問,分享他對運動的體會與心

As we celebrate the beginning of a new year, we would like to wish you all good health. In this newsletter, you will get to know more about the Public Health Laboratory Services Branch, which plays an important role in supporting the functions of various government departments in the prevention and control of infectious diseases.

In the meantime, we would also like to extend a warm welcome to our new Controller, Dr TH Leung. Whilst Dr Leung has rich experience in prevention and control of communicable as well as noncommunicable diseases, he also knows very well how to stay healthy with regular exercise. In this issue, we are most happy to have Dr Leung to share with us his views and interest in his favourite sporting activity.

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防控流行病的背後力量

公共衞生化驗服務處 **PHLSB**

The Impetus behind Disease Control and Prevention

微生物及病毒化驗工作較少與公 眾及病人接觸,但公共衞生化驗服 務處(「服務處」)及其前身的香港病 理檢驗所,多年來一直默默地為香港 醫學界及社會服務;當社區爆發疾病 時,服務處會迅速檢測及鑑定細菌、 病毒,並協助衞生防護中心及其他政 府部門監測、預防和控制傳染病。

香港傳染病的化驗工作,可追溯 至十九世紀末;當時政府因鼠疫爆發 而設立細菌學檢驗所。2002年,原 本分散於各區的多家實驗室合併為兩 家,分別為位於石硤尾的公共衞生檢 測中心及位於沙田的臨床病理化驗中 心。2004年,衞生署衞生防護中心 成立,化驗服務也易名為公共衞生化 驗服務處,成為衞生防護中心分處之

服務處現時分為五個分部,包括 化學病理及血液部、組織病理及細胞 部、微生物部、初生嬰兒普檢部、及

Patients and members of the public may not be aware of the role of microbiological and viral testing services, yet the Public Health Laboratory Services Branch (PHLSB), formerly known as the Pathological Institute, has been working hard behind the scene for the medical sector as well as society. It provides prompt detection and identification of bacteria and viruses to support the functions of Centre for Health Protection (CHP) and other government departments in the surveillance, prevention and control of infectious diseases.

The history of public health laboratory services dates back to the late 19th century, when the government set up the Bacteriological Institute to respond to the outbreaks of bubonic plague in Hong Kong. In 2002, various pathology laboratories, all scattered over Hong Kong, were integrated into two centres, namely the Public Health Laboratory Centre at Shek Kip Mei and the Clinical Pathology Laboratory Centre in Shatin. When the CHP was established in 2004, the laboratory service was renamed PHLSB to become one of its functional branches.

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病毒部。職責包括疾病監測和控制、健康促進及疾病預防,提供以下各項服務:

- 為公營和私營機構的臨床及監察樣本的化驗診斷;
- 為爆發事故的調查工作提供化驗支援;
- 有關微生物學及病毒學的公共衞生諮詢;
- 推行質素保證計劃,從而不斷提高香港化驗室的水準;
- 作為鑑定實驗室,提供確診服務;
- 為化驗人員提供技術轉移或培訓的安排;及
- 與本港及國際伙伴就疾病監測及感染控制標準互相合作, 促進資訊交流。

站在防控傳染病最前綫



的支援角色。服務處主任羅懿之醫生表示,在流行 病爆發期間,服務處工作最為繁重,例如在豬流 感肆虐期間,服務處共處理了超過6.5萬個有關樣 本;同事需要超時工作,盡快完成化驗報告,以協 助政府各部門阻止疾病蔓延。

羅醫生補充,服務處也時刻留意國際傳染病的資訊,主動 與世界衞生組織及其他國家的疾病控制中心聯繫,並分享樣本 進行測試;他們亦不時與香港兩家大學的醫學院合作化驗和確

診病毒,或為醫學院提供樣本 作研究之用。

世界級水準的化驗服務

1997年,服務處首次發現 全球首宗人類感染H5N1禽流 感,2009年又迅速開發了人 類豬型流感快速測試,在美國 首次公布該病後不夠兩周,即 於5月1日,便確診了首宗病 例,可見香港的化驗水平是走 在世界的前列。



The PHLSB and its five functional divisions (Chemical Pathology & Haematology Division, Histopathology & Cytology Division, Microbiology Division, Neonatal Screening Division and Virology Division) are responsible for disease surveillance and control, health promotion and disease prevention. Its main functions are to:

- provide laboratory diagnostic services for the public and private health sectors;
- provide laboratory support to outbreak investigation;
- provide public health consultation service in relation to microbiology and virology;
- conduct quality assurance programmes for local laboratories for continuous improvement of standards of laboratories in Hong Kong;
- · act as Reference Laboratory to provide confirmatory service;
- technology transfer/training for laboratory personnel; and
- collaborate with local and international partners on disease surveillance, infection control standards and information exchanges.

Combating Infectious Diseases on the Frontline

The Virology Division is perhaps the most well-known unit of the PHLSB in its supporting role of combating infectious diseases including the avian flu in 1997, SARS in 2003 and human swine flu in 2009. Dr Janice Lo, Head of PHLSB, said, 'Our workload is at its peak when there is an outbreak.'

for instance, the unit had to test a total of over 65,000 samples for the infection. Her colleagues worked around the clock to provide fast and accurate medical laboratory reports to assist various government departments in curbing the spread of the disease.

According to Dr Lo, the Branch always keeps up to date with the latest information about infectious diseases. It works in close collaboration with the World Health Organization (WHO) and other national health authorities, and shares viral samples with them. It also works closely with Hong Kong's two medical schools in viral testing and confirmation, sometimes by providing them with samples for research purposes.

World-Class Laboratory Services

The PHLSB's practices have achieved international standards, and its laboratory services are ranked among the best in the world. In 1997, the first avian influenza A (H5N1) strain in humans was detected by the Virology Division (the then Government Virus Unit).

病毒部獲香港認可處發出驗證試驗機構的認可證書。

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Certificate of accreditation to the Virology Division as Proficiency Testing Provider, issued by Hong Kong Accreditation

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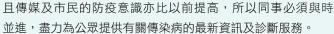
服務處的質和實施的性定別流資國國病家室與實際的行感體驗病家室毒麻。

轄下的世界衛生組織指定參比實驗室包括:全球禽流感和嚴重 急性呼吸系統綜合症參比實驗室、西太平洋區麻疹病毒參比實 驗室及肺結核跨國參比實驗室。

羅醫生表示,有賴先進的設備支援,服務處的臨床試驗才 有高水準表現;她舉最新引入的一組儀器為例,只需要兩、三

小時便可完成鑑別細菌工作,過往則有可能需時兩至三星期。

羅醫生於1992年加入 衞生署,一直從事病理化 驗工作。她表示,隨着資 訊及科技進步,化驗服務 近年的發展一日千里,而



In 2009 the Virology Division rapidly developed a diagnostic test for human swine influenza virus which helped Hong Kong diagnose the first case on 1 May, less than 2 weeks from its official announcement by the United States. These achievements have reflected the leading position of PHLSB's laboratory services in the world.

The Branch's Virology Division is designated by the WHO as National Influenza Centre, National Poliovirus Laboratory and National Measles Laboratory for the Hong Kong Special Administrative Region, China. Other WHO reference laboratories in the Branch include global reference laboratory for the diagnosis of avian influenza and SARS, the measles regional reference laboratory for the Western Pacific Region and the supranational tuberculosis laboratory.

Dr Lo commented that 'the Branch cannot achieve a high standard of clinical laboratory service without advanced and reliable equipment'. A recently installed set of equipment, she cited, has helped identify

bacteria in just two to three hours, while in the past it could take two or three weeks' time.

Dr Lo, who joined the Department of Health (DH) in 1992, believes that advances in knowledge and technology have led to rapid progress in clinical laboratory testing in recent years, which is accompanied by growing awareness of the community of the importance of disease prevention. Their team, therefore, will keep abreast of new developments and continue to provide

the public with timely and accurate information and diagnostic service on infectious diseases.

业定,强力总公从依保有的特条例的取利更引及涉粤版份。

公共衞生化驗服務處檢測新發病毒案例

Case Studies Illustrating How the PHLSB Detects Novel Virus

個案一 甲型禽流感(H5N1) Case I Influenza type A (H5N1)

1997年5月,一名三歲男童在伊利沙伯醫院死於呼吸衰竭。病毒部(當時稱「政府病毒科」)在他的呼吸道樣本中分離出甲型流感病毒,但未能分辨亞型。樣本分別寄送全球參比實驗室作進一步檢驗。同年8月,荷蘭的專家確認該病毒為甲型流感(H5N1)。後來全港共有18人受到感染;為阻止疾病蔓延,當局下令撲殺全港130萬雞隻。

In May 1997, a 3-year-old boy died of respiratory failure in Queen Elizabeth Hospital. The virus from a respiratory sample was initially identified by the Virology Division (then called Government Virus Unit) as influenza virus type A, but the subtype could not be determined. The samples were sent separately to global reference laboratories for further testing. By August, researchers from the Netherlands first identified the virus as influenza A (H5N1). Eventually, a total of 18 humans were infected and the Government ordered the slaughter of all 1.3 million chickens in Hong Kong to contain the infection.

個案二 人類豬流感 (H1N1) Case II Human Swine Flu (H1N1)

2009年4月底,美國疾病控制及預防中心首次發表在墨西哥和美國首次出現人類確診豬流感個案,病毒部於短時間內研發出快速測試,並於5月1日確診一名由墨西哥前來香港的男子感染甲型H1N1流感,成為香港首宗確診個案。由於該名患者曾經入住灣仔一間酒店,政府下令該酒店所有住客及員工隔離七天。

In late April 2009, the first cases of 'human swine influenza' discovered in the US and Mexico were first published by the Centers for Disease Control and Prevention of the United States. The Virology Division rapidly developed a diagnostic test for the virus.

On 1 May, Hong Kong confirmed the first case of the new H1N1 flu virus infection in a Mexican traveller. Guests and staff at a hotel in Wanchai, where the Mexican had stayed, were put under quarantine for 7 days.





2012年10月,世界衞生組織西太平洋地區辦事處向衞生 署中央健康教育組與教育局合作推行的「至『營』學校認證計 劃」頒發「特別嘉許獎」,以表揚計劃在推動和建設健康城市 方面的貢獻。

「至『營』學校認證計劃」是「健康飲食在校園」運動其中一個主要項目,目的是鼓勵學校持續推動校園健康飲食文化。參與小學必須訂立學校行政措施、提供健康午膳和小食,並進行相關教學及宣傳,才可獲發認證資格,從而確保兒童能夠在鼓勵攝取營養的環境中學習和實踐健康飲食。因此,所有成功取得認證的小學都是學界典範。

計劃自2009/10學年推出至今,已有超過二百間小學參與,當中約三成半已成功取得認證資格,並於一年一度舉行的「小學校長高峰會」上獲頒授證書。

In October 2012, the 'EatSmart School Accreditation Scheme' (ESAS) received a 'Special Recognition Award' from the Western Pacific Regional Office of the WHO for its national-level contribution to the conception and promotion of a healthy city.

The ESAS, co-organised by the Central Health Education Unit of the DH and the Education Bureau, is an integral part of the 'EatSmart@school.hk Campaign' with the aim to promote healthy eating in schools in a sustainable manner. To become accredited under the ESAS, a school needs to demonstrate commitment to execution of administrative measures, provision of healthy lunches and snacks, implementation of education and publicity, all with a view to forging a nutrition-friendly school environment for children. Hence, all accredited schools are exemplars of the school sector.

Since the launch of the ESAS in the 2009/10 school year, more than 200 primary schools have enrolled in the scheme. About 35 per cent of them have attained accreditation status and have been recognised in the annual 'Principal Summit for Primary Schools'.

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「流感大流行應變計劃」於2005年制訂,列明緊急準備工作和應變計劃,以應付流感大流行爆發。根據過往計劃的框架作藍本,並參照近年包括2009年人類豬型流感大流行的實際經驗,政府當局對應變計劃作出修訂,並於2012年8月22日公布了「流感大流行應變計劃2012」(應變計劃)。

重點介紹

應變計劃由食物及衞生局(食衞局)及衞生署制訂,主要的修 訂如下:

- (甲)應變計劃保留三級應變級別,每個級別分別代表流感大流 行可能影響香港的分級風險,以此代替過往以情況為本的 方法;
- (乙) 定下風險評級的六個主要因素,包括:
 - **咸染的傳播能力**,例如是否有證據顯示病毒有能力在 人與人之間傳播,並造成持續的社區爆發;
 - 人類或動物疾病的傳播地域,例如受影響地區的全球 分布,以及受影響地區與香港之間的貿易和旅客流量;
 - **臨牀患者病情的輕重**,例如嚴重併發症、住院及死亡 情況;
 - **人羣中易受感染的情況**,包括人羣對病毒預存的免疫力、有較高感染比率或有較高感染嚴重疾病風險的目標組別;

The Preparedness Plan for Influenza Pandemic was developed in 2005, with a view to enhancing emergency preparedness and response in relation to influenza pandemic. With reference to the framework of this plan and experience in recent years including the human swine influenza pandemic in 2009, an updated plan, i.e. the Preparedness Plan for Influenza Pandemic 2012 (The Plan), was drawn up and launched on 22 August 2012.

Highlights of the Plan

The Plan is published jointly by the Food and Health Bureau (FHB) and the DH. Major enhancements are set out below –

- (a) The Plan maintains the three-tiered response structure with each level representing a graded risk instead of pegging with certain scenario.
- (b) Six key factors in risk level assessment have been identified which cover:
 - transmissibility of the infection, such as evidence of humanto-human transmission capable of sustaining community level outbreaks;
 - geographical spread of the disease in humans or animals, such as the global distribution of affected areas, the volume of trade and travel between the affected areas and Hong Kong;
 - clinical severity of the illness, such as serious complications, hospitalisations, and deaths;
 - vulnerability of the population, including pre-existing immunity, target groups with higher attack rates or increased risk of serious disease;



- 預防措施的可用情況,例如疫苗和抗病毒藥物;以及
- 國際衛生當局的建議,例如世界衞生組織等。
- (丙) 以每個應變級別可能出現的情況作為例子;
- (丁)應變級別不但可以處理禽流感,更包括禽流感以外的其他 新型流感;
- (戊) 清楚載述啟動及解除機制;以及
- (己)更新指揮架構,例如增設由食衞局局長擔任主席的小組委員會,以便於有需要時加強對特定措施或行動細節的推行和監察。

- availability of effective preventive measures, such as vaccine and antiviral agents; and
- recommendations of international health authorities, such as the WHO.
- (c) Possible scenarios for each response level are set out as examples.
- (d) Response levels are drawn up with reference to other novel influenza apart from avian influenza.
- (e) The activation and stand-down mechanisms are explicitly set out.
- (f) The command structure has been updated with enhanced features such as the introduction of sub-committees to be chaired by the Secretary for Food and Health (SFH) to strengthen implementation and monitoring of specific measures or operation details as required.

參照上述風險評級的六項主要因素後,現對三級應變級別訂出更新如下:

With reference to the above six key factors in risk level assessment, the three-tiered response levels have also been updated as follows -

戒備應變級別 Alert Response Level	在香港出現的新型流感病毒,對人類健康造成新而嚴重影響的風險屬於低的情況。 食衞局會統籌及策導政府的應變工作。衞生署、醫院管理局、漁農自然護理署及食物環境 衞生署是負責評估風險性質及級別的主要機構。 Corresponds to a situation where the risk of a novel influenza virus causing new and serious health impact in Hong Kong is low . FHB will coordinate and steer the Government response. DH, the Hospital Authority, the Agriculture, Fisheries and Conservation Department and the Food and Environmental Hygiene Department will be the main parties assessing the nature and level of risks.
嚴重應變級別 Serious Response Level	在香港出現的新型流感病毒,對人類健康造成新而嚴重影響的風險屬於 中等 的情況。 當局會設立由食衞局局長擔任主席的督導委員會,成員為相關決策局及部門的高層官員。 Corresponds to a situation where the risk of a novel influenza virus causing new and serious impact to human health in Hong Kong is moderate . A Steering Committee chaired by SFH will be set up, comprising senior officials from relevant bureaux and departments.
緊急應變級別 Emergency Response Level	在香港出現的新型流感病毒,對人類健康造成新而嚴重影響的風險屬於 高而迫切 的情況。當局會設立由行政長官擔任主席的督導委員會,成員為相關決策局局長及其他高層官員。督導委員會之下可成立小組委員會,以處理執行事宜和特定事項。 Corresponds to a situation where the risk of a novel influenza virus causing new and serious impact to human health in Hong Kong is high and imminent . A Steering Committee chaired by the Chief Executive will be set up, comprising directors of bureaux and other senior Government officials. Sub-committees may be set up under the Steering Committee as appropriate, to look after operational matters and specific issues.

計劃未來

以新方法界定應變級別後,我們預期應變計劃的應變能力會有所改善,尤其是可以應付範圍較廣的情況,不但可以處理 禽流感,也可以處理關於其他新型流感的情況改變。展望未 來,政府會不時檢視應變計劃,確保採取適當的應變措施。

Way forward

With the new approach in defining response level, the responsiveness of the Plan is expected to improve, especially in terms of a broader range of scenarios and the evolving situation in relation not only to avian influenza but other novel influenza types. The Government will review the Plan from time to time to ensure that the appropriate response measures are adopted.

有關應變計劃的更多資料,可參考 More information on the Plan can be accessed at

http://www.chp.gov.hk/files/pdf/erib_preparedness_plan_for_influenza_pandemic_2012_2012080601_tc.pdf http://www.chp.gov.hk/files/pdf/erib_preparedness_plan_for_influenza_pandemic_2012_2012080601_en.pdf





「澳門-世界衞生組織健康城市領袖計劃」代表團到訪

Visit of Delegates from Macao-WHO Healthy City Leadership Programme

由世界衞生組織(世衞)西太平洋區域辦事處主辦,澳門特別行政區政府資助的「澳門-世界衞生組織健康城市領袖計劃」代表團於2012年11月8至10日期間到訪衞生署,就健康促進(包括非傳染病防控、健康飲食、恆常運動、控煙、傳染病預防)和「健康城市」計劃等議題進行交流。代表團的14名內地衞生官員和1名世衞代表亦參觀了一間「至『營』學校認證計劃」成員小學、世衞控煙及煙癮治療合作中心、無煙街市及公園、葵青安全社區及健康城市協會和荔景社區結合保健中心。

Delegates from the Macao-WHO Healthy City Leadership Programme, which was organised by the Western Pacific Regional Office of the WHO with funding support from the Macao Special Administrative Region Government, visited the DH from 8 to 10 November 2012 to learn about the experience of health promotion (including non-communicable diseases prevention and control, healthy eating, active living, tobacco control, and communicable diseases prevention) and Healthy Cities Project. The 14 health officials from the Mainland and one representative from the WHO also visited a primary school cum EatSmart School Accreditation Scheme member, the WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, smoke-free markets and parks, the Kwai Tsing Safe Community and Healthy City Association, and the Integrative Community Health Centre at Lai King.



第5次區域性麻疹及風疹實驗室診斷培訓工作坊

5th Regional Hands-on Training Workshop on the Laboratory Diagnosis of Measles and Rubella



由世界衞生組織主辦、衞生署公共衞生化驗服務處協辦的 第五次區域性麻疹及風疹實驗室診斷培訓工作坊,已於2012年 10月29日至11月3日在香港舉行。是次工作坊的目的,主要是 介紹如何以新開發的實時聚合酶鏈反應技術檢測麻疹及風疹, 以進一步提升西太洋地區進行麻疹及風疹基因測序的能力。與 會者包括13位來自中國、蒙古、馬來西亞、韓國、越南、菲律 賓、澳洲、新西蘭和新加坡等多個地區及國家參比實驗室的代 表,以及5名來自美國、日本、中國大陸和香港的臨時顧問。

The 5th Regional Hands-on Training Workshop on the Laboratory Diagnosis of Measles and Rubella was held in Hong Kong from 29 October to 3 November 2012. The event, organised by the WHO with assistance from the PHLSB of the DH, aimed to introduce the new real-time polymerase chain reaction (PCR) techniques for measles and rubella detection, and to further strengthen the genotyping capacity for both measles and rubella in the West Pacific Region. Participants in the training included representatives of 13 reference laboratories in China, Mongolia, Malaysia, Korea, Vietnam, Philippines, Australia, New Zealand and Singapore and 5 temporary advisers from U.S.A., Japan, Mainland China and Hong Kong.







為加強傳媒工作者對公共衞生及相關工作的認識,從而強 化他們與衞生署的合作伙伴關係,衞生防護中心轄下的風險傳 達顧問小組於2012年8月16日舉辦了一個為時半天的「公共衞 生傳媒工作坊」,約20名傳媒工作者應邀出席。

風險傳達顧問小組召集人陳紹雄太平紳士、小組成員陳曦 齡醫生、前任衞生防護中心總監曾浩輝醫生、前任緊急應變及 資訊處主任蔡美儀醫生等均在百忙中抽空出席,以表支持。

當天的主講嘉賓包括監測及流行病學 處高級醫生冼家偉醫生、公共衞生化驗服 務處主任羅懿之醫生及助理署長(健康促 進)程卓端醫生;三位分別就「香港的傳 染病監測工作、主要趨勢及最新發展」、 「香港的公共衞生實驗室」及「健康飲食 三件事、一五一十講你知」的主題跟與會

者交流。曾浩輝醫生表示,希望藉這個工作坊加深傳媒朋友對 公共衞生工作的認識,並加強彼此的合作及聯繫。

出席的傳媒工作者反應熱烈,積極提問。他們表示工作坊 內容適切,有助加深他們對公共衞生工作的認識,令傳媒能更 有效及更準確地報道有關預防及控制疾病的資訊。日後如衞生 防護中心再舉辦同類工作坊,他們必定踴躍參加。

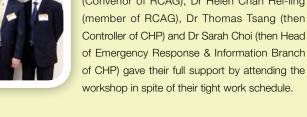


公共衞生傳媒工作坊 Workshop on Public Health for Media Partners

To promote understanding among media workers of public health and related work, as well as to strengthen partnership between them and the DH, the Risk Communication Advisory Group (RCAG) of the CHP organised a half-day Public Health Workshop for Media Partners

> on 16 August 2012. Around 20 media workers attended the workshop.

Honourable guests Mr Chan Siu Hung, JP (Convenor of RCAG), Dr Helen Chan Hei-ling



Dr Eddie Sin, Senior Medical Officer of Surveillance and Epidemiology Branch; Dr Janice Lo, Head of Public Health Laboratory Services Branch and Dr Regina Ching, Assistant Director of Health (Health Promotion) attended the workshop, as guest speakers. The topics of their presentations were 'Surveillance and Latest Development of Communicable Diseases in Hong Kong', 'The Public Health Laboratory in Hong Kong' and 'Three Pillars of Healthy Eating Promotion' respectively. Dr Thomas Tsang said he hoped the workshop would not only deepen media workers' knowledge about public health issues, but also strengthen the partnership between them and the DH.

The workshop was enthusiastically received, and the participants, actively involved, asked one question after another. They found that the content addressed some highly relevant public health issues, and they thought that the workshop had enhanced their ability to provide effective and accurate reports on disease control and prevention. They expressed keen interest in attending such workshops again in the future.



愛滋病及性病科學委員會

更新「預防圍產期愛滋病病毒母嬰傳染的臨牀指引建議」

Scientific Committee on AIDS and STI

Revision of 'Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission'

愛滋病及性病科學委員會於2012年6月發表經修訂的「預 防圍產期愛滋病病毒母嬰傳染的臨牀指引建議」,以減低愛滋 病病毒的母嬰傳播。新修訂的文件跟原來的文件一樣,共包含 了六項臨牀處理的原則,希望通過及早進行愛滋病病毒抗體測 試及治療,達到最終消除所有愛滋病病毒母嬰傳播的個案。

建議文件更新的範圍包括孕婦和初生嬰兒的藥物使用,以 及對未有在產前接受藥物治療的產婦在臨盆時的臨牀處理及藥 物應用。簡單來說,受病毒感染的孕婦在懷孕期間盡早接受治 療是十分重要的;她們於臨盆時需要接受藥物注射。剛產的嬰 兒不能以母乳餵哺,而且也要接受藥物治療,以避免愛滋病病 毒母嬰傳播。

香港在2001年9月開始推行產前愛滋病病毒抗體普及測 試;2008年開始,醫護人員亦為所有在公立醫院分娩而又從未 在產檢中接受愛滋病病毒抗體化驗的產婦提供快速測試。

In June 2012, the Scientific Committee on AIDS and STI published a revised version of 'Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission' as reference material for the management of HIV positive pregnancy and prevention of mother-to-childtransmission (MTCT) of HIV with up-to-date scientific knowledge base. The newly revised guidelines, as with the original document, focus on six major principles of clinical management, with a view to eradication of MTCT of HIV by the combined approach of early diagnosis and timely evidence-based interventions.

Key updated areas include the use of antiretroviral therapy (ART) during pregnancy, recommended antiretroviral prophylaxis in women who present late and have not received antepartum ART, and infant ART prophylaxis. In short, early use of appropriate combination ART in the antenatal period is vital for management of HIV positive pregnancy. When the women are in labour, infusion of antiretroviral drugs is also required. In the immediate postpartum period, antiretroviral drugs should be given to the newborn, and the mothers are advised against breastfeeding.

The Universal Antenatal HIV Testing Programme was launched in Hong Kong in September 2001. In 2008, rapid HIV testing was introduced in labour wards of all public hospitals to fill the gap for latepresenting pregnant women without HIV testing during the antenatal period.

如要知道更多有關資料,請瀏覽

For detailed information about the guidelines, please visit the website of Virtual AIDS Office

http://www.aids.gov.hk





中央健康教育組推出

「幼營喜動校園」

宣傳短片

Central Health Education Unit Launches New TV Announcements for the StartSmart@school.hk Campaign

為對抗兒童肥胖的問題,衞生署聯同教育局和康樂及文化 事務署於2012年初開展了全港性的「幼營喜動校園計劃」,以 鼓勵學校和家長協助2至6歲的幼兒培養健康的生活習慣。為提 高公眾對相關健康資訊的認識,兩輯宣傳短片現已在電視及電 台播放。

「愛孩子 獎勵孩子 從『幼營喜動』開始」

為了表達你對孩子的愛,你有沒有以 食物鼓勵他們?這樣會令他們偏愛高糖 或高脂食物,妨礙他們養成健康飲食習 慣,更會增加患上肥胖和慢性疾病的風 險。愛孩子,切勿用食物鼓勵他們!

「熒光屏 減少看 多活動 更快樂」

孩子花在玩電子遊戲的時間越長,進行體能活動的時間便越少,而且他們探索周圍環境和學習新事物的動機也越低。身

為家長的你,應減 少自己和子女使用屏 幕媒體的時間,多進 行親子體能活動或遊 戲。



To combat the obesity epidemic that is plaguing local children, the DH joined hands with the Education Bureau and the Leisure and Cultural Services Department to launch a territory-wide StartSmart@school.hk Campaign in early 2012 to encourage schools and parents to help children aged between 2 and 6 cultivate a sustainable healthy lifestyle. In a continuous effort to raise public awareness of related health issues, two APIs are being broadcast on TV and radio channels.

'Healthy Rewards Make Healthy Kids, Start Smart With Health'

Give your kids food reward to show them your love? This will reinforce their liking for sugar and fat, thus hindering their

developing healthy eating habits; worse still, it will increase their risk of obesity and other chronic diseases. If you love your kids, remember: 'NO FOOD REWARD'!

'Slash the Screen Time - Get Active'

The more time children spend on electronic entertainment, the less time they have for physical activities. Screen time also undermines their motivation to explore environments and learn new things. As a parent, remember to limit your children's screen time (as well as yours), and spend more time doing physical activity or playing games with them.



為己為人 打流感針

Protect Yourself and Others Get a Flu Jab

疫苗可預防疾病科學委員會建議醫護人員接種季節性流感 疫苗,以預防流感、阻止其傳播及併發症的出現。

還記得一段有關衛生署署長陳漢儀醫生接種流感疫苗的短 片嗎?為鼓勵衛生署員工接種季節性流感疫苗,陳醫生應邀參與 拍攝一段名為「一年一度衞生署員工流感疫苗接種計 劃」的短片。陳醫生説:「流感疫苗安全有

致,不單是健康良好的朋友,即使患有 慢性病的人士,都適宜接種流感疫

苗。」

為鼓勵衞生署員工於本年度 接種流感疫苗,凡已接種疫苗的 員工,均可獲贈襟章一枚,以答 謝他們的支持;襟章以先到先得的 方式送出。 「只要你是衞生 署的同事,就可免費 接種流感疫苗!」

'As long as you are working in the Department of Health, you may receive free flu vaccination!'

The Scientific Committee on Vaccine Preventable Diseases recommends health care workers to receive seasonal influenza vaccination; this is to reduce morbidity as well as the risk of transmitting influenza to patients who are at high risk of complications and mortality from influenza.

Do you still remember the video clip featuring the Director of Health, Dr Constance Chan, getting a flu jab? In an effort to appeal to staff of the DH to receive seasonal influenza vaccination, Dr Chan has been invited to appear in a short video titled 'Annual Seasonal Influenza Vaccination Programme for DH Staff'. In the clip, Dr Chan says, 'Flu vaccine is safe and effective. It is not only suitable for healthy people, but also for those with chronic diseases.'

To encourage staff to get flu vaccination this year, those who get a flu shot will receive a badge in appreciation for their support. The badges are available on a first-come-first-served basis.

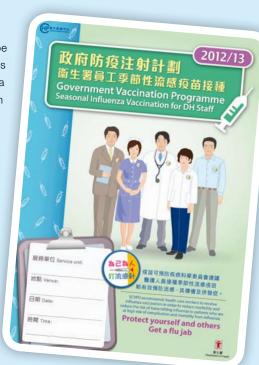
2012/13年度 建議接種季節性流感疫苗的 目標群組 -孕婦需要更多保護

孕婦繼續成為2012/13年度建議接種季節性流感疫苗的目標群組之一。孕婦接種流感疫苗,可減少母親和嬰兒呼吸道受感染的機會。世界衛生組織認為孕婦以注射形式接種「滅活流感疫苗」是安全的,況且即使在妊娠第一期(即首三個月)接種「滅活流感疫苗」,現時也沒有證據證明會對胎兒造成不良影響。



Target groups for 2012/13 seasonal influenza vaccination - pregnant women require more protection

Pregnant women continue to be regarded as one of the target groups for 2012/13 seasonal influenza vaccination. Influenza vaccination in pregnant women has shown benefits for both mother and baby in terms of reduced risk of acute respiratory infections. The WHO considers the 'inactivated influenza vaccine', which is given by injection, safe for use during pregnancy, and there is no evidence to prove that such vaccine will cause abnormality in the foetus even if given during the first trimester of pregnancy.



除醫護人員和孕婦外,2012/13年度建議接種季節性流感疫苗的其他目標群組包括:

- 居於安老院舍的長者;
- 長期居於殘疾人士院舍的院友;
- 50歲或以上的人士;
- 有長期健康問題,包括肥胖(體重指標*達30或以上) 的人士;
- 6個月大至未滿6歲的兒童;
- 家禽業從業員;及
- 豬農及宰豬行業從業員。

Apart from health care workers and pregnant women, other target groups for 2012/13 seasonal influenza vaccination include:

- elderly persons living in residential care homes;
- · long-stay residents of institutions for the disabled;
- persons aged 50 or above;
- persons with chronic medical problems including obesity (body mass index* at 30 or above);
- children above the age of 6 months and below 6;
- poultry workers; and
- pig farmers and pig-slaughtering industry personnel.
- * 體重指數的計算方法是體重(公斤)除以身高平方(米):公斤/米 2 。
 Body mass index is calculated by dividing the body weight (in kg) by the square of height (in m): kg/m 2

接種疫苗後,身體約需兩星期產生抗體來 預防流感病毒,故有關人士應盡早接種疫苗; 最佳接種時間為冬季流感季節來臨前(通常在每 年首季)。 As it takes about two weeks after vaccination for antibodies to develop in the body, individuals should get vaccinated as soon as possible and preferably before the arrival of the winter influenza season, which usually comes during the first quarter of every year.





衛生署衞生防護中心總監梁挺雄醫生自 中學開始便有長泳的習慣,十年如一日。無論工作如何忙碌, 梁醫生總會堅持一周五天早上六時半便到達泳池,游泳約40分鐘,然後才開始一天的工作。

梁醫生選擇長泳作為一種鍛煉,其精髓為超越自己,而非跟他人比較。現時他每節仍會橫渡泳池26次,即1,300米。除鍛煉身體外,他亦很享受水中的寧靜感覺,可讓身心鬆弛。

梁醫生建議大家不論選擇做甚麼運動,只要能維持每星期三 天的鍛煉,身體自然能適應運動的規律,往後就可以慢慢加強 運動量或改進技術了。梁醫生年輕時亦有練習越野長跑,後來 為減少膝部關節的勞損,現已改為急步行,以進行心肺及腿肌 的鍛煉。

運動的好處眾所周知,梁醫生還有另一番見解;他認為,健康的身體是實現理想人生的其中一個很重要的基礎,同時亦能延緩衰老,讓你看來更年輕。看梁醫生精神奕奕,相信大家都同意吧!

Dr TH Leung, Controller of the Centre for Health Protection, started long-distance swimming while he was a secondary student. He never gives up swimming despite his busy work schedule. He usually arrives the pool at 6:30 a.m., swims for around 40 minutes 5 days a week before he starts a day's work.

Dr Leung takes long-distance swimming as a personal challenge, to compete against himself rather than others. Every morning he would finish 26 laps, or 1,300 metres, for the session. He enjoys the moments of peace and quiet in the water, which enables him to relax his body and mind.

Dr Leung suggests that everybody keep practising any kind of exercise three times a week, as this allows your body to adapt automatically to the rhythm of exercise, and then you can gradually increase the intensity level and develop better technique. In his teenage, Dr Leung also loved crosscountry running. To protect his knees from overuse, he now practises brisk walking regularly to enhance his cardiopulmonary endurance and muscular strength.

Everybody knows the benefits of exercise. Dr Leung takes one step further: he regards physical health as one of the very important foundations for achieving lifetime goals and, at the same time, an effective way to slow down the aging process. No doubt Dr Leung always looks so agile and energetic!





7.6.2012

加坡國立大學醫學培訓團參觀衛 學培訓團參觀衛 生防護中心,瞭解疾病防控、健康促進及緊急應變等方面的工作。 Participants of a medical training programme from the National University of Singapore visited CHP to understand its work of disease prevention and control, health promotion and emergency response.

9.7.2012

家衞生部「衞生應急工作管 理幹部學習班」的學員到 訪衞生防護中心,就傳染病防控及 疾病爆發的應變措施等經驗進行交 流。

Participants of 'Workshop for Managerial Cadres on Public Health Emergencies' of the Mainland's Ministry of Health visited CHP to share experience of prevention and control of infectious diseases and emergency response to disease outbreak.





15

央健康教育組和香港醫學會合作,在多個區份舉辦了一系列的運動處方證書課程,目的是加強基層醫療醫生為病人提供運動處方的基礎,以預防非傳染病。該計劃由衞生署基層醫療統籌處贊助,並得到中國香港體適能總會和香港物理治療師學的支持。

The Central Health Education Unit and the Hong Kong Medical Association co-organised a series of Exercise Prescription Certificate Courses in various districts to strengthen primary care doctors' capacity for prescribing exercise to their clients for non-communicable disease prevention. The training programme was sponsored by DH's Primary Care Office with the support of the Physical Fitness Association of Hong Kong China and the Hong Kong Physiotherapy Association.



生署署長陳漢儀 醫生出席南區區 議會,向區議員介紹本署 的主要工作。

Dr Constance Chan, Director of Health, attended a meeting of Southern District Council to present the Department's major health initiatives to the district councillors.

央健康教育組聯同香港心臟專科學院舉行「世界心臟日2012」新聞簡報會,呼籲市民多進食水果和蔬菜,以減低患上心血管疾病的風險。

The Central Health Education Unit and the Hong Kong College of Cardiology held a joint press briefing on 'World Heart Day 2012'. They encouraged members of the public to eat more fruit and vegetables to reduce the risk of cardiovascular diseases.

19.9.2012



3.11.2012 - 4.11.2012



區聯絡部與中西區區議會合辦「2012中西區健康 節」,通過講座和遊戲攤位向市民傳達注重衞生及有 「營」飲食的信息。兩天的活動吸引了共三千多人參加。

Community Liaison Division worked jointly with the Central & Western District Council to organise 'Central & Western Health Festival 2012'. Health talks and game booths were prepared to disseminate the messages of good hygiene and healthy eating. The two-day event attracted some 3,000 participants.

區聯絡部首席社會醫學醫生鍾偉雄出席 香港防癆心臟及胸病協會舉辦的「愛 心總動員」開幕禮。鍾醫生表示,要預防心臟 病,我們應養成健康的生活習慣,包括均衡飲 食和恆常運動。

Dr Thomas Chung, Community Physician, attending the opening ceremony of Heart Exhibition 2012, suggested that we adopt healthy lifestyle, which includes a healthy diet and regular exercise, to prevent heart diseases.

10.11.2012

