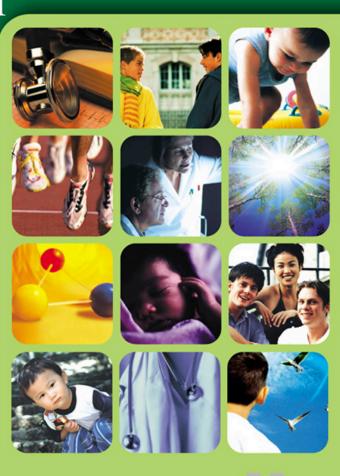




2007-2009

Centre for Health
Protection Strategic Plan
on Prevention and Control of
Communicable Diseases

衞生防護中心 防控傳染病策略計劃





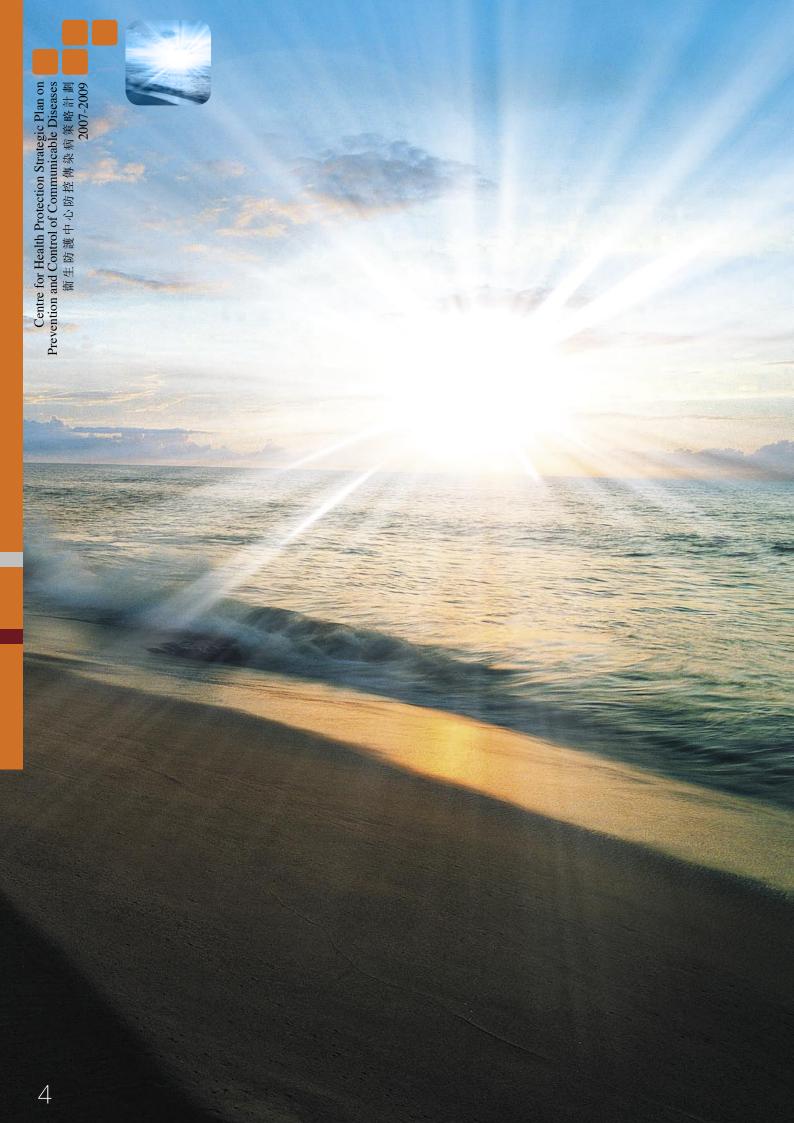
Centre for Health Protection Strategic Plan on Prevention and Control of Communicable Diseases 衞生防護中心防控傳染病策略計劃 2007-2009





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am pleased to present the Strategic Plan on Prevention and Control of Communicable Diseases for the Centre for Health Protection (CHP) for the period 2007-2009.

The establishment of CHP in June 2004 brought about a new milestone in the public health system of Hong Kong. Charged with a mission of achieving effective prevention and control of diseases in Hong Kong, CHP has endeavoured to enhance systems on disease control to tackle health threats and response to outbreaks of infectious diseases in collaboration with local and international stakeholders.

In our first three years of operation, the emphasis was on building up the new infrastructure as well as spearheading new initiatives in disease prevention and control. These included expansion of the disease surveillance network with the aid of information technology, enhancement of public health laboratory services and infection control capacity, development of emergency preparedness and response plans, and



十分高興能向各位介紹衞生防護中心2007至2009年的防控傳染病策略計劃。

衛生防護中心於2004年6月成立,標誌着香港的公共衛生系統進入新里程。衛生防護中心肩負着在香港有效地預防及控制疾病的使命,致力與本港及國際的衛生機構合作,提升疾病控制的系統,以處理威脅健康的疾病和應付傳染病的爆發。

在衞生防護中心首三年的運作當中,重點 工作是建立新的基礎設施和開展疾病防控的 新措施,包括利用資訊科技擴大疾病監測網 絡、加強公共衞生化驗服務和感染控制能 力、制定應急準備及應變計劃,以及建立合 作伙伴關係。儘管挑戰滿途,但我們在上述 範疇的工作都取得重大的成效,為中心的進 一步發展奠定穩固基礎。



establishment of collaborative partnerships. While the process was challenging, we have made significant achievements in these areas which have laid the foundation for further development of CHP.

The increasing and ongoing outbreaks of avian influenza in poultry as well as in humans in a number of places over the world since late 2003 have raised the alarm that the world is drawn closer to the brink of an influenza pandemic. This underscores the importance of strengthening our defence by continuing to enhance our surveillance systems as well as emergency preparedness and response

capacity. The fight against infectious diseases, particularly avian influenza, will continue to be a priority on the agenda of CHP.

With the commitment, dedication and hard work of our staff, support from the Chairmen and members of the Board of Scientific Advisers, Scientific Committees and Risk Communication Advisory Group, as well as our numerous partners, we have been able to achieve the objectives we set for our first three years of operation. I am greatly indebted to them all for their efforts, valuable time and expertise in helping to bring about better public health protection.



自2003年年底,全球多個地方陸續爆發家禽及人類感染禽流感的個案,響起流感大流行已迫在眉睫的警號。這顯示我們必須透過持續提升監測系統以及應急準備和應變能力,以增強本港防禦傳染病的能力。衛生防護中心將會繼續以對抗傳染病,特別是禽流感,為優先處理的工作。

我們能夠達致中心首三年運作所訂的目標, 實在有賴各位同事肩負承諾、努力耕耘,以 及中央科學顧問委員會、各科學委員會和風 險傳達顧問小組的主席及成員和多個合作伙 伴的支持。他們在協助改善公共衞生防護工 作上不遺餘力,付出寶貴的時間之餘,更提 供專門知識,本人在此衷心致謝。





In moving ahead, we will build on the solid foundation established during 2004-2006. We will continue to concentrate our efforts specifically on our commitment in three strategic directions, which are summed up as '3Rs' — real-time surveillance, rapid intervention and responsive risk communication, with a view to further strengthening CHP's capacity to prevent and control communicable diseases. What we will do and how we are going to make them

happen are set out in detail in this Strategic Plan, which outlines the roadmap for CHP in the prevention and control of communicable diseases for the next three years.

I commend the Strategic Plan to you and encourage you to join us in the fight against threats to public health.

Dr PY Lam

Director of Health

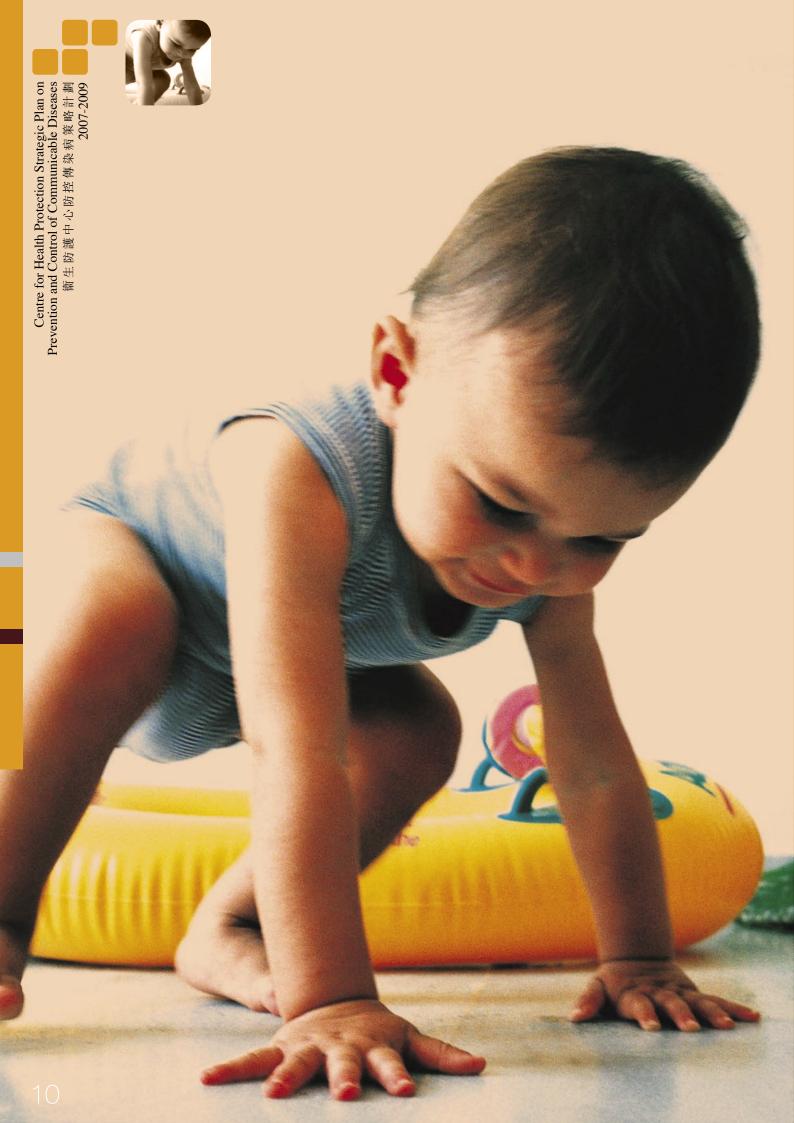


展望未來,我們將會在2004至2006年所建立的穩固基礎上繼續努力,特別着眼於我們就三個策略性方向所作的承諾:即實時監測、迅速介入和適時通報風險,從而進一步加強中心在防控傳染病方面的能力。我們的工作計劃和推行方式,以及中心未來三年就防控傳染病的發展藍圖概要,已詳列於本策略計劃內。

我誠請各位閱覽本策略計劃,並鼓勵你加入 我們的行列,共同對抗疾病,保障公共衛生。

衞生署署長林秉恩醫生







Overview

n putting together the building blocks of CHP, we mapped out three strategic directions which will guide the organization as it develops and evolves. These three strategic directions are summed up as the '3Rs'—real-time surveillance, rapid intervention and responsive risk communication. We are committed to the achievement of these three strategic directions in order to realize the vision and mission of CHP.

As a new public health infrastructure established under the Department of Health (DH), we charted new ground as we embarked on a number of new and wide-ranging initiatives for disease prevention and control.

Our first three years of operation have been both eventful and challenging. Guided by the three strategic directions, we have made significant progress towards achieving the objectives and key strategies of CHP for 2004-2006.



概覽

籌組衞生防護中心時,我們訂下了 三個策略性方向以引領中心的發展,該三個策略性方向為實時監測、迅速介 入和適時通報風險。我們致力落實推行這三 個策略性方向,從而實踐衞生防護中心的理 想和使命。

作為衞生署轄下新設立的公共衞生架構,我 們制定嶄新計劃,開展多項涵蓋範圍廣泛的 疾病防控新措施。

衞生防護中心首三年的運作極具意義,而且 充滿挑戰。在三個策略性方向的帶領下,我 們在實踐衞生防護中心2004至2006年的目 標和主要策略方面取得了重大的進展。



Enhanced surveillance and emergency preparedness and response for infectious diseases

Over the past three years, we have enhanced our surveillance for communicable diseases in the community as well as at hospitals with the setting up of effective notification and monitoring systems. Moreover, we have drawn up and regularly updated preparedness plans for major infectious disease outbreaks with public health significance, including that for influenza pandemic. Exercises and drills have been conducted regularly to review our contingency plans with a view to gearing up Hong Kong's preparedness at multiple levels.

Our emergency response mechanism has also been reinforced with the setting up of the Emergency Response Centre, the Outbreak Intelligence Centre, the Emergency Hotline Centre and the Risk Communication Centre. With the establishment of these centres and their designated functions, we are now better prepared for any public health emergency.

Enhanced infection control and laboratory capacity

As much as we have done for strengthening

the surveillance and response capacity for infectious diseases, we have also devoted a lot of efforts to enhancing infection control, clinical diagnostic, and public health laboratory services, which are no less important in our fight against outbreaks of infectious diseases. Infection control guidelines have been published and put into practice at various settings in the public and private sectors, whereas our laboratory capacity has been enhanced with the development of more rapid and comprehensive methods for detection and typing of various microorganisms.

Reinforced prevention and control of chronic infections

Apart from coping with the threat from new and emerging infectious diseases, we have also accorded priority to combating chronic infections. We have reinforced resources and structures for the prevention and control of tuberculosis (TB), human immunodeficiency virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), and sexually transmitted infections (STI).



加強對傳染病的監測和應急準備及應變工作

在過去三年,我們透過設立有效的呈報及監察 系統,加強了社區及醫院的傳染病監測工作。 此外,我們已就對公共衞生有重大影響的主要 傳染病爆發事故,制定應變計劃並定期更新, 當中包括流感大流行的應變計劃。我們亦定期 進行練習和演習,以檢討已制定的應變計劃, 從而加強本港在多個層面的應急準備。

緊急應變中心、疫情信息中心、緊急熱線中心和信息發布中心的成立,亦強化了我們的緊急應變機制。上述專責不同職能的中心設立之後,已進一步加強我們應付公共衞生緊急事故的準備。

加強感染控制及化驗服務的能力

除提升傳染病監測及應變能力外,我們亦致力加強感染控制、臨床診斷和公共衛生化驗服務,這對遏止傳染病的爆發亦十分重要。 我們已制定感染控制指引,並於公立及私營 醫院落實執行。此外,我們亦研發了更快速和全面的微生物檢測及分型方法,令化驗服務的能力得以提升。

加強慢性感染的防控工作

除了應付初次及突然出現的傳染病所帶來的 威脅外,防範慢性感染也是我們會優先處理 的項目。我們在防控結核病、愛滋病病毒感 染/愛滋病及性病方面亦已增撥資源和強化 架構。





Fostered partnership and collaboration

We have also attached great importance to building up partnership and collaboration, which is a cornerstone for public health protection. As soon as CHP was established, we set up a scientific advisory structure comprising a Board of Scientific Advisers and seven Scientific Committees to advise on issues of public health significance. A Risk Communication Advisory Group has also been set up to advise on matters relating to risk communication. On the regional and international fronts, we have built close alliances with the Mainland as well as international organizations including the World Health Organization (WHO) to facilitate regular exchange of up-to-date information and strengthen communication.

Enhanced communication with the public

Public support and participation are of paramount importance to the success of public health protection. We have placed great emphasis on keeping the community abreast of health risks by means of territorywide publicity and public education campaigns. We have also strengthened communication with different sectors of the community including the District Councils, non-government organizations (NGOs), professional associations, etc.

Our major achievements in relation to the prevention and control of communicable diseases from 2004 to 2006 are set out in detail at Appendix I.

Looking forward

Challenges ahead

Considerable progress has been made in the prevention and control of communicable diseases since the establishment of CHP. The accomplishments have brought us a step closer to achieving our vision and mission, but there is no place for complacency.



促進伙伴及合作關係

建立伙伴及合作關係是公共衞生防護工作的基石,亦是我們十分關注的事項。在衞生防護中心成立之初,我們已設立一個科學顧問架構。根據該架構成立的中央科學顧問委員會及其下七個科學委員會,會對公共衞生有重大影響的事宜提供意見。此外,我們亦設立了就有關風險傳達事宜提供意見的風險傳達顧問小組。在區域及國際層面上,我們與內地和國際組織,包括世界衞生組織(下稱世衞),建立密切聯繫,以便定期交換最新資料和加強溝通。

促進與公眾的溝通

公眾的支持及參與,對公共衞生防護工作的 成敗至為重要。我們十分重視透過全港性的 宣傳及公眾教育活動,向公眾發布最新的健 康風險訊息。我們亦加強與社會不同界別的 溝通,其中包括各區議會、非政府組織、專 業組織等。

衞生防護中心在2004至2006年間在防控傳 染病方面的主要工作成果載於附錄一。

展望將來

未來的挑戰

自成立以來,衞生防護中心在防控傳染病方面的工作取得重大的進展。有關成果使我們向實現理想及使命邁進一步,但我們絕不會因此而自滿。







Public health protection is an area of constant change. Emergence of new diseases and other health hazards brings new risks and threats. There is no doubt that we will continue to face challenges as we move on. The threat to public health posed by emerging and remerging infectious diseases underlines the need for a pro-active approach in combating such threat.

Strategic directions and key strategies

Our commitment to real-time surveillance, rapid intervention and responsive risk communication sets forth the strategic directions for the development of CHP. While we have laid the foundation of CHP, much remains to be done in the light of changing environment. In the coming three years, we will continue to work towards these three strategic directions.

For each of these strategic directions, we have set the respective objectives and strategies which detail what we will do to meet the challenges ahead. Performance indicators have also been developed to measure our progress. These are set out in detail in Chapter 4.

Apart from the key strategies as guided by the three strategic directions, we will continue to conduct other ongoing activities of CHP in the coming three years. These are set out in detail in Chapter 5.

I have no doubt that with the continued commitment of our staff and support of our partners, we will be able to cope with the challenges that lie ahead.

Dr PY Leung Controller, Centre for Health Protection

公共衞生防護工作瞬息萬變。新發現的疾病和其他健康問題,會帶來全新的風險和威脅。在推動衞生防護工作的同時,我們會不斷遇到種種挑戰。新發現或再度出現的傳染病對公共衞生構成的威脅,顯示我們有需要採取積極主動的措施加以防範。

策略性方向和主要策略

我們承諾實時監測、迅速介入和適時通報風險,闡明了衞生防護中心發展的策略性方向。 儘管我們已為中心奠定基礎,但我們仍須因應環境的轉變而採取適當的措施。在未來三年, 我們會繼續朝着這三個策略性方向邁進。

我們已就每個策略性方向制定相關目標及策略,詳述我們為迎接未來挑戰而將會進行的工作。我們亦制定了工作表現指標,以量度各項工作的進展。有關詳情載於第四章。

除了按照這三個策略性方向而制定的主要策略外,我們會繼續在未來三年推行中心其他 持續進行的活動。有關詳情載於第五章。

我深信在各位同事繼續肩負承諾和各合作伙 伴的鼎力支持下,我們將能夠應付未來的種 種挑戰。

衞生防護中心總監 梁栢賢醫生





Chapter 1 第一章 Overview of the Current Situation 現況概覽

In recent years, we saw the emergence of new diseases such as Severe Acute Respiratory Syndrome (SARS), which posed unprecedented challenges to the healthcare system in Hong Kong. Since the global resurgence of the highly pathogenic avian influenza H5N1 in late 2003, and the increasing number of human cases of infection with H5N1, concerns are mounting that the threat of an influenza pandemic is getting imminent.

Preparation for the occurrence of an influenza pandemic has been an important part of our work. Our preparedness for an influenza pandemic started off with the development of the Government's Preparedness Plan for Influenza Pandemic (the Preparedness Plan), which sets out the Government's three-level response system with a clear command and co-ordination structure to deal with influenza pandemic. Under the Preparedness Plan, a number of activities and measures have been put in place. These included strengthening of the surveillance system; stockpiling of antivirals, personal protective equipment and laboratory

全人工 年來,多種新疾病的出現,如嚴重 急性呼吸系統綜合症(下稱沙士), 為本港的醫療護理系統帶來前所未有的挑戰。自從2003年年底高致病性H5N1禽流感再次在全球爆發,以及人類感染H5N1病毒的 個案持續上升後,社會各界越來越關注流感大流行的威脅已日漸迫近。

為流感大流行的爆發作好準備,一向是我們的重點工作。為了就流感大流行作好準備,我們首先制定了政府流感大流行應變計劃 (下稱應變計劃),並訂立一個三級應變系統,訂明清晰的指揮和統籌架構以應付流感大流行。我們已根據應變計劃推行多項活動和措施,包括加強監測系統;儲備抗病毒藥物、個人防護裝備和化驗診斷試劑;提升公營界別化驗所的能力;加強應變能力;進行練習和演習以測試突發事故應變計劃等。

除沙士及禽流感/流感大流行外,香港在未來數年需特別注意更多項的傳染病。在食物傳播及腸道疾病方面,食物中毒(特別是細菌性食物中毒)數年來出現持續上升的趨勢,亦構成相當的疾病負擔。由於食物供應日益全球化,其他地方發生的嚴重食物感染

Centre for Health Protection Strategic Plan on Prevention and Control of Communicable Diseases 衛生防護中心防控傳染病策略計劃



diagnostic reagents; enhancing the capacity of laboratories in the public sector; building up surge capacity; conducting exercises and drills to test contingency plans, etc.

Besides SARS and avian/pandemic influenza, a growing number of infectious diseases warrant special attention over the next few years in Hong Kong. In the realm of foodborne and enteric diseases, food poisoning (especially bacterial food poisoning) has shown a consistent rising trend and carries significant disease burden. Certain types of severe foodborne infections (e.g. E coli O157:H7, food botulism) occurring in other places may also affect Hong Kong due to increasing globalization of food supplies. Epidemics of norovirus-associated gastroenteritis, despite their benign clinical course, are increasingly recognized worldwide a disruptive force in healthcare facilities. Moreover, epidemics caused by enteroviruses (especially EV71) need to be closely watched for.

For vaccine preventable diseases, an important mission over the next few years is to achieve the goals of measles elimination and hepatitis B control set by the Regional Office for the Western Pacific (WPRO) of WHO. The rapid advent of new vaccines requires us to regularly update guidance for local medical practitioners and systematically examine their cost-effectiveness for routine vaccination. Another important goal is to maintain high vaccination coverage among local born children and children coming to live in Hong Kong.

Regarding vectorborne diseases, dengue fever poses a constant threat owing to the prevalence of the mosquito vector *A. albopictus* in Hong Kong. Macao and Guangdong have experienced sizeable dengue fever outbreaks in the past seven years. Scrub typhus, together with some forms of rickettsial diseases and spotted fever which are endemic in Hong Kong, is more frequently diagnosed during recent years. West Nile fever, which spread across many parts of America, needs to be monitored closely as the risk of local introduction is not negligible.



(例如O157:H7大腸桿菌、食物肉毒桿菌中毒)亦有可能影響我們。與諾沃克病毒有關的腸胃炎雖然臨牀徵狀溫和,但此疫症爆發會對醫護設施造成衝擊。此外,我們必須密切注意腸病毒(特別是EV71型)所引致的疫症。

關於疫苗可預防的疾病,我們在未來數年的重要工作,就是要達到世衞西太平洋區域辦事處定下的消除麻疹和控制乙型肝炎的目標。由於越來越多的新疫苗迅速出現,我們必須定期更新給予本地醫生的指引,以及有系統地研究新疫苗防疫注射的成本效益。我們的另一項任務是維持本地兒童以及由外地來港居住兒童的高疫苗覆蓋率。

至於經病媒傳播的疾病,因病媒蚊白紋伊蚊 在本港普遍出現,登革熱對本港持續構成威 脅。澳門及廣東省在過去七年均曾經歷相當 規模的登革熱爆發。在近幾年,叢林斑疹傷 寒以及某幾種立克次氏體病和斑疹個案數目 有所上升。在美洲多處地方傳播的西尼羅河 熱入侵本港的風險亦不容忽視,因此必須密 切監察。





There is also the escalating problem of antibiotic resistance globally. The prevalence of certain antibiotic resistant microorganisms (e.g. penicillin-resistant pneumococci) in Hong Kong is high by international standard. Some others are emerging with potential for community spread, an example being Community-Associated Methicillin-Resistant *Staphylococcus aureus*.

Some zoonotic diseases with severe clinical outcomes such as anthrax, brucellosis and Japanese encephalitis (JE) may occur sporadically in Hong Kong. The potential of some zoonotic infections to be employed in bioterrorism is a major concern in some countries, and this should not be overlooked in Hong Kong.

Effective tackling of chronic infections including HIV and TB also poses a major public health challenge in Hong Kong. Sexual transmission is the predominant route of HIV infection,

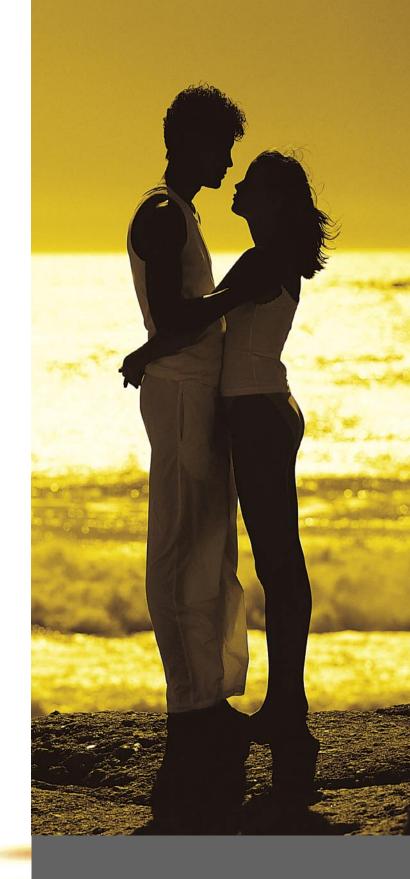
accounting for around 75% of reported cases in Hong Kong. Although Hong Kong has remained as a low HIV prevalence locality for two decades since the first report of HIV/AIDS in 1984, there were discernible signs that the HIV epidemic has moved from a phase of slow growth to an early phase of fast growth, mainly in the population of men who have sex with men (MSM). In 2005, the HIV voluntary reporting system in Hong Kong captured a record high number of HIV infections at 313, where 96 cases were HIV infections in MSM. HIV seroprevalence surveys in outreach settings conducted on MSM by a NGO showed an increase in HIV prevalence from less than 1% in 2002 to 2.5% in 2005. In February 2006, there was the first detection of a local cluster of HIV-1 Subtype B infection involving at least 20 men. By December 2006, this cluster of HIV infection already expanded to include at least 34 men. At the same time, there was the



全球的細菌抗藥性問題亦日趨嚴重。一些耐抗生素的微生物(例如耐青霉素肺炎球菌)在香港的普遍率,根據國際標準屬於高水平。 另有一些新出現的病菌可能在社區傳播,如社區型耐甲氧西林金黃葡萄球菌便是一例。

一些動物傳染病,如炭疽病、布魯氏菌病和日本腦炎等均可引致嚴重疾病,此等病症或會在香港出現零星個案。有些經動物傳播的傳染病可能被利用進行生化恐怖活動,這問題在有些國家引起很大關注,而香港亦不應忽視。

有效控制包括愛滋病病毒感染及結核病在內 的慢性感染,亦是本港一項主要的公共衞生 挑戰。性接觸傳染是感染愛滋病病毒的主要 途徑,約佔本港呈報個案的75%。雖然自 1984年出現首宗愛滋病病毒感染/愛滋病呈 報個案以來,香港在這二十年間的愛滋病普 遍率依然處於低水平,但有迹象顯示愛滋病 的流行情況已由增長緩慢的階段轉為迅速增 長的早期階段,主要以男男性接觸者個案 的升幅最為顯著。愛滋病病毒感染自願呈 報系統在2005年錄得高達313宗愛滋病病毒 感染個案,其中有96宗為男男性接觸者感 染個案。由一個非政府組織在外展場所對男 男性接觸者進行的血清現患率研究顯示, 愛滋病病毒的感染率由2002年的少於1%上 升至2005年的2.5%。在2006年2月,當局 首次在本地發現一組愛滋病病毒一型B亞型







detection of a second cluster of HIV-1 Subtype B involving at least 12 men. The identification of these two separate HIV-1 Subtype B clusters provided further evidence that there was rapid local spread of HIV among MSM in Hong Kong. The trend of rising HIV prevalence among MSM in Hong Kong is also in line with the situation in the region.

The HIV prevalence among injecting drug users (IDU) has been kept at low levels, unlike the rising trend in many neighbouring places. In 2004 and 2005, the HIV prevalence among methadone clinic attendees was reported as 0.2% and 0.32% respectively. Needle-sharing is also comparatively low in Hong Kong. Mother-to-

child transmission has been reduced since the introduction of universal HIV testing programme for pregnant mothers in 2001.

One of the major challenges will be to expand prevention and community mobilization efforts urgently to tackle the problem. It is important to curb the rise in HIV infections among MSM by increasing the proportion of men who practise safer sex. At the same time, protective behaviour will continue to be advocated through the existing preventive programmes for IDU and sex workers and clients. This will need to be done through concerted efforts of the Government, NGOs and the communities that are involved.



感染群組,涉及最少20名男士。在2006年 12月,這個愛滋病病毒感染群組已擴大至包 括最少34名男士。與此同時,本港亦發現第 二組愛滋病病毒一型B亞型感染群組,涉及 最少12名男士。這兩組獨立的愛滋病病毒一 型B亞型感染群組的出現,進一步證實愛滋 病病毒已在本港的男男性接觸者之間迅速傳 播。本港男男性接觸者感染愛滋病病毒的比 率有上升趨勢,而鄰近地區的情況亦相若。

本港注射藥物者的愛滋病病毒感染率在過去一直處於低水平,與多個鄰近地方感染率持續上升的情況截然不同。在2004年及2005年,美沙酮診所病人的愛滋病病毒感染率分別錄得0.2%及0.32%。本港共用針筒個案亦相對較少。自2001年為孕婦推行愛滋病病毒抗體普及測試計劃以來,嬰兒從母體感染愛滋病病毒的個案已經減少。

我們面對的主要挑戰之一,就是要緊急地擴大預防和動員公眾參與工作,以應付有關問題。我們必須鼓勵更多男士進行安全性行為,以遏止男男性接觸者感染病毒個案的上升趨勢。與此同時,我們亦須透過現時為注射藥物者和性服務工作者及其顧客而設的預防計劃,繼續倡議安全性行為。為此,政府、非政府組織和有關社羣必須同心協力,攜手合作。



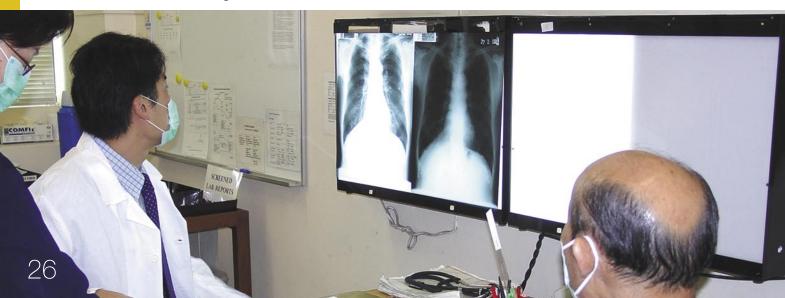


Today, TB is still an important infectious disease globally. Despite the availability of effective treatment, TB has become resurgent alongside increasing drug resistance and HIV co-infection in various parts of the world. Among patients co-infected with HIV, outbreaks of extensive drug resistant TB with high rates of fatality have recently been reported.

According to WHO, Hong Kong is currently a place with an intermediate TB burden in the Western Pacific Region. There are around 6,000 to 7,000 notified TB cases each year in Hong Kong, at a rate slightly below 100 per 100,000 population. The control of TB in the local setting faces a number of challenges, including an ageing population with a burden of latent TB infection, rising prevalence of chronic debilitating diseases and iatrogenic conditions, as well as

busy population movement. The decline of the TB notification rate has slowed down in the recent decade, with a drop of only 17% from 1996 to 2006, as compared to 25% from 1986 to 1996. Despite the relatively low prevalence of TB-HIV co-infection, vigilant efforts have to be maintained to curb any possible upsurge of such problem in Hong Kong.

To extend our defence line against infectious disease outbreaks, we have strengthened our communication and response network with other health authorities, especially with the Mainland. Further activities are under way to strengthen the capacity of our systems to respond to local and international events of public health significance, to tie in with the updated International Health Regulations (2005) which will come into effect in 2007.

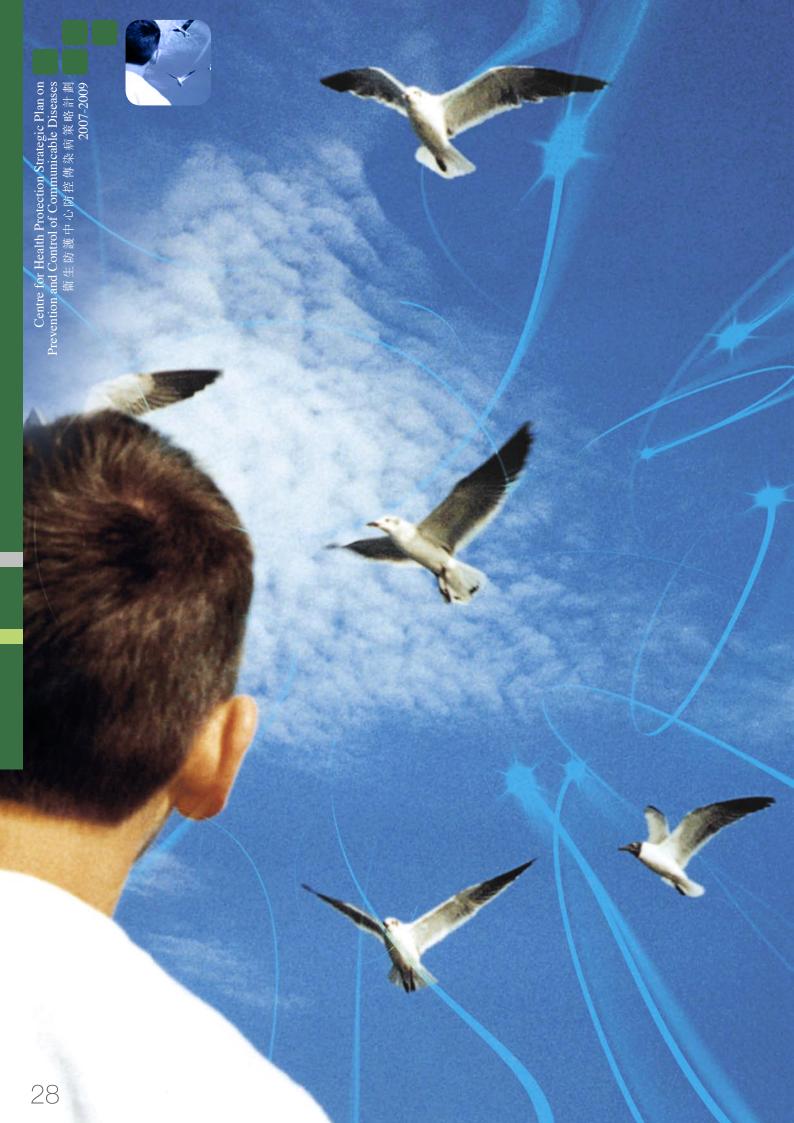


時至今日,結核病仍然是全球的主要傳染病之一。雖然現時不缺有效的治療方法,但世界多個國家因抗藥性問題日益嚴重和病人兼受愛滋病病毒感染的個案增加,令結核病再度在全球流行。在兼受愛滋病病毒感染的病人當中,最近亦有爆發死亡率甚高的廣泛抗藥性結核病的個案報告。

根據世衞的資料,香港現時為西太平洋區域內結核病屬中度負擔的地方。本港每年的結核病呈報個案約有6,000至7,000宗,呈報率為每10萬人略少於100宗。本地的結核病控制工作面對不少挑戰,如人口老化和其中潛伏性結核病感染的負擔、令人身體衰弱的慢性疾病和醫原性病症的比率增加,以及人口流動頻繁等。過去十年來,結核病呈報率的下降趨勢已經放緩,與1986至1996年錄得的25%比較,1996至2006年的下降率只有17%。雖然結核病和愛滋病病毒同時感染的比率相對較低,我們仍須繼續努力,以遏止有關問題可能在本地激增的情況。

為了增強對抗傳染病爆發的防線,我們已加強與其他衞生部門(特別是內地)的溝通及應變網絡。我們現正籌辦多項活動,以提升香港對影響公共衞生的本地及國際事故作出應變的系統,從而配合將於2007年生效的《國際衞生條例(2005)》的最新規定。







Vision

 To be a centre of excellence in disease prevention and control.

Mission

 To achieve effective prevention and control of diseases in Hong Kong in collaboration with local and international stakeholders.

Core Values

 To fulfil our vision and mission, we work to a set of principles and core values:

Excellence — We strive for quality outcomes and excellence in all we do.

Accountability — We take responsibility for our work and are accountable to the people we serve.

Professionalism — We strive for the highest professional standards and provide evidence-based advice.

Partnership — We work in partnership with our stakeholders to provide high quality services.

理想

• 成為卓越的疾病預防及控制中心。

使命

 與本港及國際的衛生機構合作,務求在 香港有效地預防及控制疾病。

核心價值

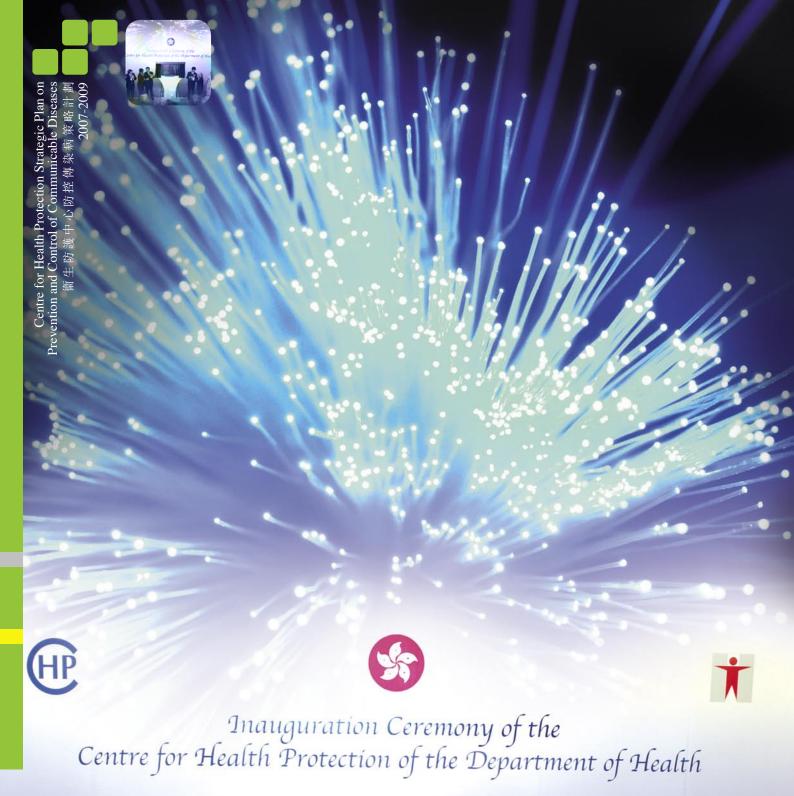
為了履行衞生防護中心的理想和使命, 我們採取以下原則和核心價值:

力臻完善— 我們凡事悉力以赴,力求取得優質成果。

接受問責 — 我們對所負責的工作承擔責任,並向服務對象負責。

專業精神 — 我們致力保持最高的專業水平,並提供以實證為本的意見。

齊心協力 — 我們與相關各方共同合作, 提供優質服務。







The organization

HP was established on 1 June 2004 under DH to strengthen Hong Kong's public health system against communicable diseases and other public health hazards.

Underpinned by six Service Heads, the Controller leads CHP in its guard for public health. There are six functional branches of CHP:

- Emergency Response and Information Branch
- Infection Control Branch
- Programme Management and Professional Development Branch
- Public Health Laboratory Services Branch
- Public Health Services Branch
- Surveillance and Epidemiology Branch

組織架構

生署轄下的衞生防護中心於2004年 1月 6月1日成立,旨在強化公共衞生體系,以防護香港免受傳染病和其他公共衞生危機的侵害。

衞生防護中心總監負責統領中心的公共衞生防護工作,其下設有六個服務單位主管。中心的六個功能分處為:

- 緊急應變及資訊處
- 感染控制處
- 項目管理及專業發展處
- 公共衞生化驗服務處
- 公共衞生服務處
- 監測及流行病學處



The functions of the six branches are set out as follows:

Emergency Response and Information Branch

- Facilitate emergency preparedness and management of public health crisis, including develop and update contingency plans as well as plan and co-ordinate exercises and drills;
- Formulate risk communication strategy;
- Co-ordinate the formulation of CHP's objectives and strategies.

Infection Control Branch

- Develop, promulgate and evaluate best practices in infection control at healthcare and non-healthcare settings;
- Co-ordinate, facilitate and support training in infection control for all levels of healthcare workers;

- Support epidemiological investigation of nosocomial infections in hospital; and
- Conduct surveillance on infection hazards in healthcare and non-healthcare setting.

Programme Management and Professional Development Branch

- Co-ordinate and organize training activities for medical and nursing professionals of CHP, Hospital Authority (HA) and other institutions;
- Liaise with local and international institutions to arrange attachment and exchange programmes;
- Co-ordinate research studies, including research projects in collaboration with universities, HA and other government departments;
- Provide secretarial support to various Scientific Committees; and
- Undertake health promotion activities.



六個分處的職能如下:

緊急應變及資訊處

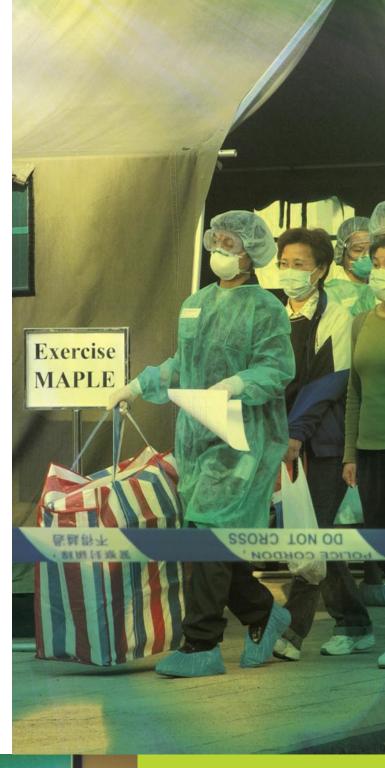
- 促使衛生防護中心作好準備,應付及處理 公共衛生危機,包括制定及更新突發事故 應變計劃,以及策劃及統籌練習和演習;
- 制訂風險傳達策略;以及
- 就制訂衛生防護中心的目標和策略擔當統 籌角色。

感染控制處

- 制訂、公布及評估適用於醫護及非醫護環境的感染控制指引;
- 協調、促進及支援為各級醫護人員所提供的感染控制培訓;
- 支援醫院內感染病例的流行病學調查;以及
- 監測醫護及非醫護環境的感染風險。

項目管理及專業發展處

- 協調及組織為衛生防護中心、醫院管理局 (下稱醫管局)和其他機構的醫療及護理 專業人員而設的培訓活動;
- 與本港及國際機構保持聯繫,安排實習及 交流計劃;
- 協調研究工作,包括與大學、醫管局及其 他政府部門合作進行的研究項目;
- 為各個科學委員會提供秘書處支援服務:以及
- 推行健康促進活動。







Public Health Laboratory Services Branch

- Provide laboratory diagnostic services for surveillance, control and prevention of diseases;
- Provide consultative services relating to various disciplines of pathology;
- Provide laboratory support on outbreak investigation;
- Conduct quality assurance programmes for continuous improvement of standards of laboratories in Hong Kong; and
- As Reference Laboratory to provide confirmatory service and technology transfer/ training for laboratory personnel.

Public Health Services Branch

- Support the prevention and control of TB, HIV/AIDS and STI; and
- Provide specialized treatment and care services for patients infected with TB, HIV/ AIDS and STI.

Surveillance and Epidemiology Branch

- Manage and respond to communicable disease outbreaks and develop control measures;
- Monitor, and issue alerts as appropriate, the changing epidemiology of communicable diseases of local and regional importance through operation and ongoing enhancement of a series of surveillance systems;
- Mastermind a surveillance system for Guangdong-Hong Kong-Macao and focus on the situation of communicable diseases in the Pearl River Delta (PRD) Region; and
- Conduct surveillance and control of noncommunicable diseases of public health significance.

The organization chart of CHP is set out at Appendix II.



公共衞生化驗服務處

- 為疾病監測、控制及預防的工作提供化驗 診斷服務:
- 提供有關病理學多個專科的顧問服務;
- 為爆發事故的調查工作提供化驗支援;
- 推行質素保證計劃,以期不斷提高香港化 驗室的水準;以及
- 作為參比實驗室,提供確定診斷服務,並 為化驗人員提供技術轉移/培訓的安排。

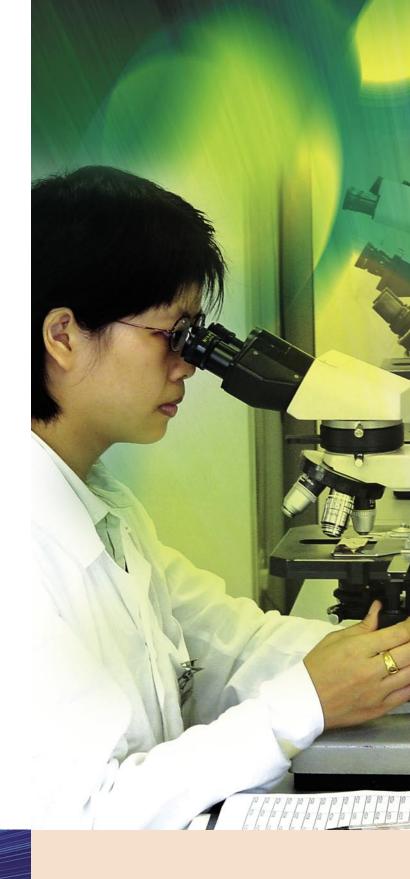
公共衞生服務處

- 支援結核病、愛滋病病毒感染/愛滋病和性病的預防及控制工作;以及
- 為結核病、愛滋病病毒感染/愛滋病和性病患者提供專科治療及護理服務。

監測及流行病學處

- 處理傳染病爆發事故並作出回應,以及制 定控制措施;
- 透過行動和持續提升一系列的監測系統,監察對本地及區域有重要影響的傳染病流行病學的變化,並在適當情況下發出警報;
- 管理廣東一香港一澳門的傳染病監測系統,並關注珠江三角洲的傳染病情況;
 以及
- 監測及控制對公共衛生有重大影響的非傳染病。

衞生防護中心的組織圖見附錄二。







Board of Scientific Advisers and Scientific Committees

The Board of Scientific Advisers formulates comprehensive and effective strategies that reinforce the local health protection system, with the support and assistance of seven Scientific Committees. Each of these Scientific Committees advises the Controller of CHP on the scientific basis of public health actions aimed at protecting the community from infectious diseases, and also reviews and develops strategies for prevention and control of a specified group of infectious diseases/risk factors in the light of changing epidemiology and advances in medical science.

Membership of the Board of Scientific Advisers and respective Scientific Committees for 2004-2007 is set out at Appendix III.

Risk Communication Advisory Group

The Risk Communication Advisory Group advises the Controller of CHP on the formulation of risk communication strategies and action plans, and provides independent assessment and feedback on the effectiveness and relevance of risk communication actions implemented by CHP.

Membership of the Risk Communication Advisory Group for 2004-2007 is set out at Appendix IV.



中央科學顧問委員會和 科學委員會

在七個科學委員會的支持和協助下,中央科 學顧問委員會負責協助制定全面及有效的政 策以加強本地衞生防護體制。各科學委員會 負責就保障市民免受傳染病影響的公共衞生 措施,向衞生防護中心總監提供科學依據, 以及因應疾病流行情況的變化及醫療科學的 發展,檢討及擬訂有關處理某類傳染病或風 險因素的公共衞生策略。

2004-2007年度的中央科學顧問委員會和有關科學委員會的成員名單,載於附錄三。

風險傳達顧問小組

風險傳達顧問小組負責就衞生防護中心制 定的風險傳達策略及方案,向衞生防護中 心總監提出建議,並就衞生防護中心推行 的風險傳達措施的成效及適切性,提供獨 立評估及意見。

2004 - 2007年度的風險傳達顧問小組成員名單,載於附錄四。







ver the next three years, we will continue to work towards the following strategic directions:

- 未來三年,我們會繼續朝着以下的 策略性方向邁進:
- Real-time surveillance efficient
 appraisal of disease burden and early
 recognition of unusual patterns of disease,
 in order to act promptly to prevent and
 control disease spread.
- Rapid intervention prompt and effective investigation into outbreaks, such that appropriate control measures can be implemented at the earliest possible time.
- Responsive risk communication —
 responsiveness to impending disease
 threats, typified by issue of timely alerts and
 orderly dissemination of credible information
 on disease risks, in order that various sectors
 of the community can take precautionary
 measures as early as possible.

We strive to achieve different public health objectives under these three strategic directions. Key strategies are mapped out under the objectives, setting out the actions and measures to be undertaken. Performance indicators are developed alongside to measure progress towards achievement of our targets.

- 實時監測 迅速評估疾病在各方面所 造成的負擔,及早察覺不尋常的疾病模 式,以便立即採取行動,預防及控制疾 病蔓延。
- *迅速介入* 對爆發事故進行快速有效的 調查,以便儘早執行適當的控制措施。
- 適時通報風險一在面臨疾病威脅時作出 反應,特別是適時發出警告及有系統地 發布有關疾病風險的可靠資料,以令社 會各界儘早採取預防措施。

我們致力實踐三個策略性方向下的不同公共 衛生目標。我們在這些目標下制定了各項主 要策略,並列出將要推行的行動和措施。同 時,我們亦制定表現指標,以量度實踐目標 的進度。



STRATEGIC DIRECTION: REAL-TIME SURVEILLANCE

Surveillance forms the first line of defence for health protection. New tools and approaches to public health surveillance will provide better detection systems for new or re-emerging diseases and changes in disease trends.

In the coming three years, we will further strengthen our surveillance system and network for infectious diseases.

Objective: To further strengthen infectious disease surveillance system and network

There is a need to continuously improve the sensitivity and timeliness of outbreak detection.

Key Strategies

Performance Indicators

,	
(a) Enhance surveillance on infectious diseases	
Monitor infectious disease trends in the	Timely infectious diseases alerts to be issued
region	as and when appropriate
Enhance the functions of the sentinel	The electronic platform to be in place by
surveillance systems in detecting	2009
community epidemics by putting in place	
an electronic platform linking sentinel	
sites and CHP	
⇒ Enhance effectiveness of outbreak	The incorporation of computerized aberration
detection by incorporating computerized	detection methods into monitoring of
aberration detection methods into the	infectious disease activities to be achieved
monitoring of infectious disease activities	by 2008

策略性方向:實時監測

監測是維護公共衞生的第一道防線。嶄新的公共衞生監測工具及方法,有助建立更完善的系統,以偵測初次或再度出現的疾病和疾病趨勢的轉變。

在未來三年,我們會進一步加強傳染病的監測系統及網絡。

目標:進一步加強傳染病監測系統及網絡

我們需要持續改善偵測疫症爆發的敏感度和作出適時的偵測。

主要策略

表現指標

(a) 加強對傳染病的監測	
⇒ 監察區域內傳染病的趨勢	在適當情況下,發出適時的傳染病警告
⇒ 透過設立電子平台,連接監察點與衞生	在2009年年底或之前設立該電子平台
防護中心,增強定點監察系統在偵測社	
區疫症方面的功能	
⇒ 藉引入電腦化異常情況偵測方法來監察	在2008年年底或之前引入電腦化異常情況
傳染病活動,從而提高偵測疫症爆發的	偵測方法來監察傳染病活動
工作成效	





There is a need to continuously fine-tune and enhance the surveillance of TB, HIV/AIDS and STI in order to tie in with the changing epidemiology in the local setting, in the neighbourhood and in other parts of the world.

Key Strategies Performance Indicators

(b) Enhance surveillance on TB, HIV/ AI	DS and STI
Monitor TB and collate statistics for	Reports on TB surveillance statistics, rates
surveillance	of anti-TB drug resistance and treatment
	outcomes of TB patients to be published
	annually
Maintain a register on TB/HIV co-infection	A report on surveillance of TB/HIV co-infection
	to be published annually
	An epidemiology report on TB/HIV co-infection in Hong Kong to be published by 2008
Further enhance HIV surveillance in the	An enhanced electronic platform for exchange
PRD Region	of surveillance data and information on HIV
	situation among 13 cities in the PRD Region
	to be in place by 2008
Develop practicable surveillance methodology for better monitoring of STI	A report on the results of a practicable surveillance methodology to be published by 2008
Enhance STI partner notification monitoring system	An enhanced STI partner notification monitoring system to be in place by 2008

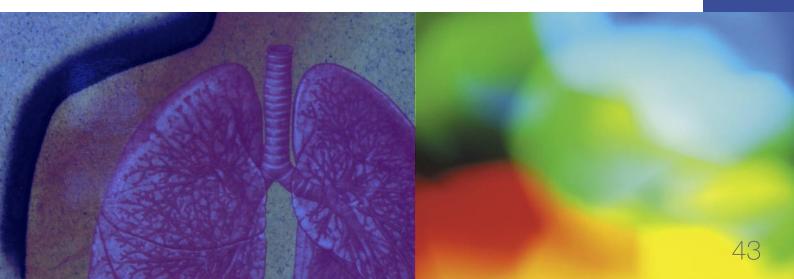


我們需要持續修訂及加強結核病、愛滋病病毒感染/愛滋病和性病的監測工作,以配合本地、鄰 近地區及世界各地流行病學的變化。

主要策略

表現指標

(b) 加強對結核病、愛滋病病毒感染/愛滋	病及性病的監測
⇒ 監察結核病及整理用於監測的統計數字	每年就結核病監測統計數字、結核病藥物
	抗藥性比率及結核病患者的治療結果刊發
	有關報告
● 備存有關結核病/愛滋病病毒同時感染個	每年就結核病/愛滋病病毒同時感染個案的
案的紀錄冊	監測工作刊發有關報告
	+0000 (大)
	在2008年年底或之前就香港的結核病/愛滋
	病病毒同時感染個案刊發流行病學報告
● 進一步加強監測在珠江三角洲地區的愛	在2008年年底或之前強化電子平台,以便
滋病病毒感染情况	珠江三角洲地區13個城市可交換有關監察
	愛滋病病毒感染情況的數據及資料
⇒ 制定實際可行的監測方法,對性病進行	在2008年年底或之前刊發有關實際可行的
更有效的監察	監測方法所得結果的報告
→ 加強性病伴侶呈報監察系統	在2008年年底或之前加強性病伴侶呈報監
	察系統





Better surveillance on healthcare associated infections enables us to identify the problem early, monitor the trend and introduce timely intervention measures.

Key Strategies

Performance Indicators

(c) Enhance surveillance on healthcare associated infections

Monitor nosocomial infections and antibiotics resistance and usage in public hospitals for early intervention Surveillance reports on nosocomial infections, antibiotic resistance and usage in public hospitals to be compiled on a half-yearly basis

Standardize the sharps injury reporting systems for DH clinics

A standardized template for sharps injury reporting for DH clinics to be developed by the first quarter of 2007

There is a need to continuously enhance laboratory surveillance to allow for more rapid detection and confirmation of any emerging and re-emerging infections.

Key Strategies

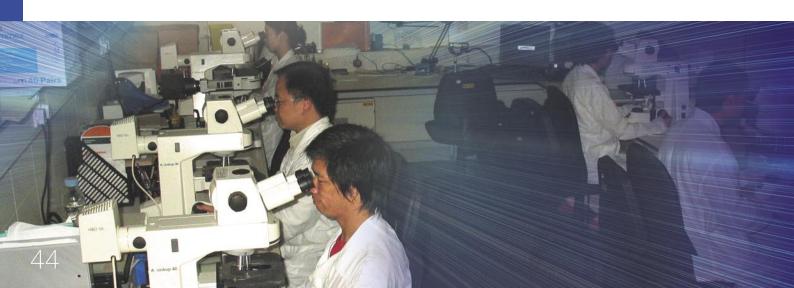
Performance Indicators

(d) Enhance laboratory surveillance

- Identify areas of public health importance for enhancing laboratory surveillance
- Monitor laboratory surveillance data for unusual infections or trends

The need for laboratory surveillance programmes to be reviewed regularly

Relevant partners to be informed to take actions when unusual infections or trends are detected



加強醫護環境的感染監測,有助我們及早找出問題、監察有關趨勢和實施適時的介入措施。

主要策略

表現指標

(c) 加強醫護環境的感染監測

⇒ 監察公立醫院內的醫院感染個案以及抗 生素的抗藥性和使用情況,以便及早採 取介入措施 每半年就公立醫院內的醫院感染個案以及 抗生素的抗藥性和使用情況編製監測報告

● 統一衞生署診所的利器刺傷意外呈報系統

在2007年第一季完結時或之前為衞生署診所制定統一的利器刺傷意外呈報範本

我們需要持續加強實驗室監測,以便更快檢測和確定任何初次或再度出現的傳染病。

主要策略

表現指標

(d) 加強實驗室監測

- ⇒ 識別對公共衞生有重大影響的範疇,以 加強實驗室監測
- 定期檢討對實驗室監測計劃的需求
- ⇒ 分析實驗室監測數據,找出不尋常感染 個案或趨勢

在發現不尋常感染個案或趨勢時,通知相 關伙伴





STRATEGIC DIRECTION: RAPID INTERVENTION

Rapid intervention hinges on a number of factors, among which emergency preparedness and planning, and outbreak management are of foremost importance. Thorough and comprehensive preparation and planning for public health emergencies enable control measures to be implemented promptly whereas effective outbreak management minimizes the damages that could have been done as a result of the crisis.

Emergency preparedness and planning as well as outbreak management are gaining increasing international recognition as essential components in health protection. A successful response to public health emergency will require effective collaboration and communication across both medical and non-medical sectors.

Objective: To further enhance the preparedness for public health emergencies

Rapid and co-ordinated response to major public health emergencies requires contingency planning, constant review of contingency plans and the conduct of exercises and drills.

Key Strategies

Performance Indicators

(a) Develop and regularly review contingency plans

Contingency plans to be developed and put in place in time for major public health emergencies and kept under constant review

(b) Conduct regular exercises and drills to test the emergency preparedness

Exercises and drills to be conducted annually to review various aspects of the preparedness for major public health emergencies



策略性方向:迅速介入

迅速介入取決於許多因素,而當中最重要的因素是應急準備及計劃,以及疫症爆發處理。為公 共衞生緊急事故作出充分和全面的準備並制定計劃,方可迅速執行控制措施,而有效的疫症爆 發處理,會把危機可能造成的破壞減至最低。

應急準備及計劃和疫症爆發處理,逐漸獲國際公認為衞生防護工作的必要部分。對公共衞生緊 急事故成功作出應變,需要醫療及非醫療界別之間進行有效合作與溝通。

目標:進一步加強對公共衞生緊急事故的準備

要就大型的公共衞生緊急事故作出快速及協調的回應,我們必須進行突發事故應變策劃、定期 檢討突發事故應變計劃,以及進行練習和演習。

主要策略	表現指標
(a) 制定及定期檢討突發事故應變計劃	就重大公共衞生緊急事故適時制定和 執行突發事故應變計劃,並經常檢討 有關計劃
(b) 定期進行練習及演習,以測試對緊 急事故所作的準備	每年進行練習及演習,以檢討在不同 方面為重大公共衞生緊急事故所作的 準備



Objective: To contain outbreaks of infectious diseases effectively

Timely activation of the emergency response mechanism is crucial to effective management of infectious disease outbreaks.

Key Strategies

Performance Indicators

(a) Activate the emergency response mechanism

Activate Emergency Response Centre, Outbreak Intelligence Centre, Emergency Hotline Centre and Risk Communication Centre These centres to be activated during major public health emergencies

Emerging infectious diseases and new intervention approaches require constant updating of techniques and procedures for proper investigation and control.

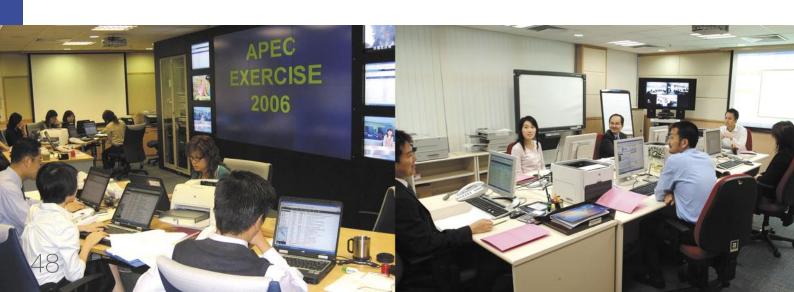
Key Strategies

Performance Indicators

(b) Improve quality of disease investigation

Continuously update protocols for infectious disease investigation and control taking into account the latest scientific practice

Four infectious disease investigation and control protocols to be updated annually



目標:有效控制傳染病爆發事故

適時啟動緊急應變機制,對有效處理傳染病爆發事故至為重要。

主要策略

表現指標

(a) 啟動緊急應變機制

◆ 啟動緊急應變中心、疫情信息中心、緊 ◆ 急熱線中心及信息發布中心 在發生重大公共衞生緊急事故時啟動該等 中心

我們需要經常更新技術和程序,才可對新出現的傳染病和新介入方法進行妥善的調查及控制 工作。

主要策略

表現指標

(b) 改善疾病調查的質素

● 因應最新的科學方法,不斷更新進行傳 染病調查及控制工作的規程 每年更新四套傳染病調查及控制工作的規程





As recommended by the SARS Expert Committee Report, field epidemiological expertise is a crucial area for development in Hong Kong.

Key Strategies

(c) Build up a workforce of specialized field epidemiology expertise to improve capacity to deal with complex infectious disease outbreaks

Performance Indicators

Two specialized infectious disease investigations to be conducted under the Field Epidemiology Training Programme annually

Rapid laboratory confirmation of infections enables timely implementation of infection control measures. There is a need to continuously review and improve the turn-around-time of tests on infections to enhance infection control.

Key Strategies

Performance Indicators

(d) Enhance diagnostic laboratory services in support of infection control measures

Identify areas of need for rapid diagnosis of microorganism of infection control concern The turn-around-time of different tests to be reviewed and improved regularly to enhance infection control



沙士專家委員會報告建議,現場流行病學的專門知識是本港必須開發的重要範疇。

主要策略

(c) 建立擁有專門現場流行病學知識的工作隊伍,以提高應付複雜傳染病爆發事件的能力

表現指標

每年在現場流行病學培訓計劃之下進 行兩次傳染病專門調查

快速確定化驗傳染病的結果,使感染控制措施可適時實施。我們需要持續檢討及改善得出傳染 病測試結果所需的時間,以加強感染控制。

主要策略

表現指標

(d) 加強支援感染控制措施的診斷化驗服務

⇒ 識別有需要進行與感染控制工作有關的 微生物快速診斷的範疇 定期檢討及改善各種測試所需的時間,以 加強感染控制



There is a need to continuously reduce the incidence of infection in healthcare settings. Infection control audit ensures that proper internal control practices are complied with whereas the use of safety devices for blood sample collection helps reduce venepuncture-related sharps injury.

Key Strategies

Performance Indicators

(e) Reduce the incidence of infection in different healthcare settings

- Conduct infection control audit to evaluate infection control practices at different healthcare settings
- practices at selected healthcare settings to be conducted annually

An audit of compliance of infection control

Evaluate the use of safety devices to reduce venepuncture-related sharps injury The pilot scheme to be completed by the first quarter of 2007

Hong Kong is committed to fulfilling WPRO's targets in relation to hepatitis B control and measles elimination.

Key Strategies

Performance Indicators

(f) Refine and implement strategic public health measures for hepatitis B control and measles elimination in line with WPRO's target for achievement by 2012 Effectiveness of these measures to be reviewed regularly



我們需要持續減少在不同醫護環境出現的感染個案。感染控制審核可確保有關人員執行適當的內部控制措施,而使用安全儀器抽取血液樣本,可有助減少與靜脈穿刺有關的利器刺傷意外。

主要策略

表現指標

(e) 減少在不同醫護環境出現的感染個案	
⇒ 進行感染控制審核,以評核不同醫護環	每年就選定的醫護環境推行的感染控制措
境的感染控制措施	施的執行情況,進行一次審核
⇒ 評估安全儀器的使用事宜,以減少與靜	在2007年第一季完結時或之前完成試驗
脈穿刺有關的利器刺傷意外	計劃

香港致力達到世衞西太平洋區域辦事處有關控制乙型肝炎及消滅麻疹的目標。

主要策略

表現指標

(f) 修訂及推行有關控制乙型肝炎及消滅麻疹的策略性公共衞生措施,務 求在2012年或之前達到世衞西太平 洋區域辦事處的目標 定期檢討有關措施的成效



STRATEGIC DIRECTION: RESPONSIVE RISK COMMUNICATION

Risk communication plays a critical role particularly during major public health crises. With effective and responsive risk communication, the community is better informed and can take precautionary measures as early as possible.

Objective: To raise stakeholders' awareness of and preparedness for public health threats

The threat of major infectious diseases persists. It is crucial to communicate the risk with the public in a timely manner.

Key Strategies

Performance Indicators

(a) Enhance risk communication with the public	
◆ Launch risk communication campaigns	Risk communication based on the seasonal
on diseases	pattern of communicable diseases to be
	conducted throughout the year
€ Enhance the public's understanding of	Health information and advice about diseases
diseases	to be disseminated through various means
	such as the mass media, websites, 24-
	hour educational hotline, exhibitions and
	publications on a regular basis
Provide timely and consistent information	Timely and consistent information and
and messages during major public health	messages to be provided as appropriate
emergencies	



策略性方向:適時通報風險

風險通報在重大公共衞生危機出現時擔當極為重要的角色。有效及適時通報風險,可以讓市民 得到更多資訊,使他們可儘早採取預防措施。

目標:提高相關各方對公共衞生威脅的意識及準備

主要傳染病的威脅時刻存在,因此,我們必須適時對市民作出風險通報。

主要策略

表現指標

(a) 加強對市民的風險通報	
● 展開有關各種疾病的風險通報運動	根據傳染病的季節性模式,全年進行風險通報
● 加深市民對各種疾病的認識	透過傳媒、網站、24小時教育熱線、展覽及刊物等不同途徑,定期向市民發布有關疾病的資料及指引
② 在發生重大公共衞生緊急事故時,提供 適時和統一的資料及訊息	在適當情況下提供適時和統一的資料及訊息



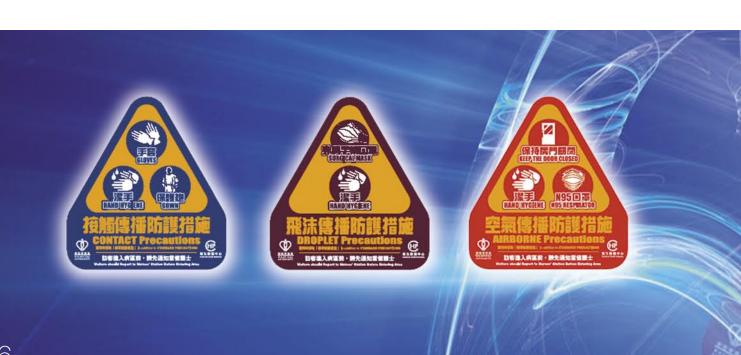


Communicating risks with partners and other stakeholders is important because their efforts and collaboration is crucial in the successful management of major public health emergencies.

Key Strategies

Performance Indicators

(b) Enhance risk communication with partners and other interested parties	
◆ Disseminate surveillance data of public health significance to relevant partners	Surveillance reports to be uploaded onto the CHP's website regularly
Develop and review infection control guidelines and manuals for use at different healthcare settings	Eight to ten infection control guidelines for healthcare institutions to be promulgated by 2008
◆ Promote hand hygiene at healthcare settings and elderly homes	10-12 hand hygiene promotion activities to be organized at healthcare facilities annually



向各伙伴及其他相關方面作出風險通報至為重要,因為各方的努力和合作是成功處理重大公共 衛生緊急事故的關鍵。

主要策略

表現指標

(b) 加強與各伙伴及其他有關方面的風險通報	
● 向相關伙伴發布對公共衞生方面有重要性的監測數據	定期將監測報告上載到衞生防護中心的網站
● 編製及檢討供不同醫護環境使用的感染 控制指引及手冊	在2008年年底或之前公布八至十項為醫護機構而編製的感染控制指引
◆ 在各醫護環境及安老院推廣保持手部 衛生	每年在醫護機構舉辦10至12項保持手部衞 生的推廣活動





In order to support the three strategic directions, resources will be allocated to develop training programmes and conduct research studies on areas of public health concern to ensure that our work is delivered by professional teams equipped with the relevant knowledge, expertise and skills, and supported by evidence. To this end, key strategies are developed to pursue the objective of providing high quality and professional public health protection services.

Objective: To provide high quality and professional public health protection services

There is a need to continuously provide training to healthcare professionals to meet new demands and needs in various public health areas.

Key Strategies

Performance Indicators

(a) Develop training programmes to mee	t specific capacity needs
Develop e-learning programmes on	Two e-learning programmes to be
infection control and infectious disease	developed annually
management	
Provide training on infection control	150 training programmes to be organized
practices to enhance occupational	annually
health and safety of healthcare workers	
Organize forums on infection control and	12 infection control/infectious disease forums
infectious disease	to be organized annually
Identify areas of need for training and	Training programmes for laboratory personnel
establishing programmes on quality	within and outside the public sector to be
assurance	organized annually
Provide training on public health and	Training to be provided to at least 15
clinical HIV medicine for healthcare	healthcare professionals annually
professionals in the region and Hong Kong	
Promote professional development and	Symposia to be organized regularly
collaboration	



為支持三個策略性方向,我們將投放資源在與公共衞生有關的範疇,以制定培訓計劃及進行研究,從而確保我們的工作是由具有相關知識、經驗和技術的專業隊伍進行,並且得到證據支持。為此,我們制定了多個主要策略,以達至提供優質及專業的公共衞生防護服務的目標。

目標:提供優質及專業的公共衞生防護服務

我們需要持續為醫護專業人員提供培訓,以應付不同公共衞生範疇的新需求。

主要策略

表現指標

(a) 制定培訓計劃,以滿足特定的需要	(a) 制定培訓計劃,以滿足特定的需要	
⇒制訂有關感染控制及傳染病治理的網上學習課程	每年編製兩套網上學習課程	
⇒ 提供有關感染控制措施的培訓,以促進 醫護工作人員的職業健康與安全	每年籌辦150項培訓課程	
● 籌辦有關感染控制及傳染病的論壇	每年籌辦12個感染控制/傳染病論壇	
⇒ 識別需要進行培訓和制定質量保證計劃 的範疇	每年為公營界別以內及以外的實驗室人員 籌辦培訓計劃	
⇒ 為區域內及本港的醫護專業人員提供有關愛滋病在公共衞生及臨牀治療的培訓	每年為最少15名專業醫護人員提供培訓	
◆ 促進專業發展與合作	定期舉辦研討會	





There is a need to continuously conduct research studies to promote evidence based public health actions.

Key Strategies

Performance Indicators

(b) Conduct research studies	
Conduct cohort studies of people living with HIV/AIDS	The first study to be conducted by end-2007
Strengthen research capability in clinical management of STI and skin diseases	At least one clinical study to be conducted annually
Sequence of de-gowning of personal protective equipment (PPE)	A research study on de-gowning sequences to be completed by the first quarter of 2007
◆ Coordinate applied research under the Research Fund for Control of Infectious Diseases of the Research Council	Research proposals to be coordinated and a strategic plan to be submitted to the Research Council by mid-2007
Conduct a research study on hand hygiene at nursing homes	The research study to be commenced by the second quarter of 2007



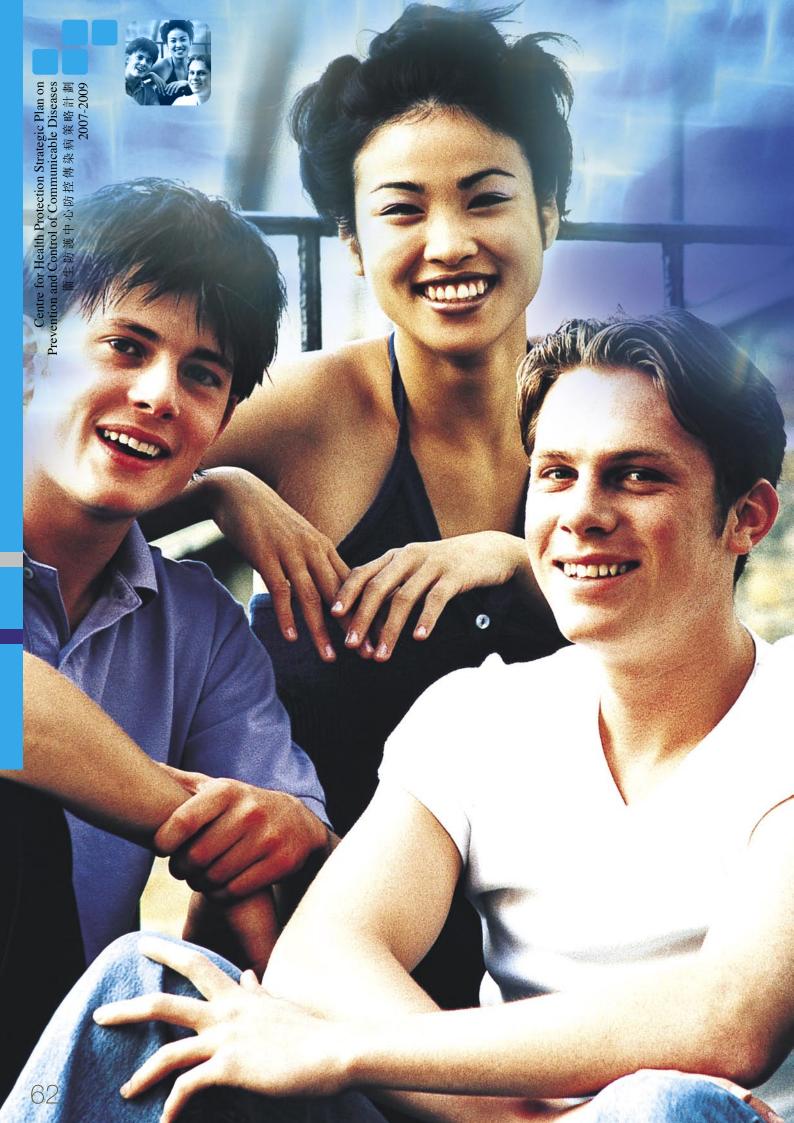
我們需要持續進行研究,以推動以實證為本的公共衞生措施。

主要策略

表現指標

(b) 進行研究	
◆ 進行愛滋病病毒感染者/愛滋病患者的群組研究	在2007年年底之前進行首項研究
⇒ 提高在性病及皮膚病臨牀治理方面的研究能力	每年最少進行一次臨牀研究
⇒ 就卸下個人防護裝備的最佳次序進行 研究	在2007年第一季完結時或之前完成研究
◆ 統籌在研究局的控制傳染病研究基金之下的應用研究	在2007年年中或之前統籌研究建議,並向 研究局提交策略計劃
⇒ 就護養院內保持手部衛生的情況進行一項調查研究	在2007年第二季完結時或之前展開該項調 查研究







ngoing activities in a number of areas will continue as we roll out initiatives and strategies set out in Chapter 4.

Provision of services including clinical and diagnostic laboratory services

Clinical services for treatment of patients suffering from TB and various chest diseases; skin diseases; STI and HIV as well as screening and preventive health services will continue to be undertaken as our core services. Specifically, we will organize health education activities to facilitate TB case finding in the community; conduct screening examination in risk groups/institutions; provide HIV screening for TB patients; provide targeted screening and treatment of latent TB infection; supervise and implement Bacille Calmette Guerin (BCG) vaccination programme for newborns and children under 15.

們在推展第四章所載的各項措施和 策略時,會繼續在若干範疇內推行 持續進行的活動。

臨牀及診斷化驗等服務的提供

為結核病和各種胸肺疾病、皮膚病、性病患者及愛滋病病毒感染者提供臨牀治療服務,以及提供篩查和預防保健服務,將繼續是我們的服務重點。具體而言,我們會籌辦健康教育活動,以協助尋找在社區中的結核病個案;在高風險組別/機構中進行篩查;為結核病患者提供愛滋病病毒感染篩查;提供特定目標的潛伏性結核病感染篩查及治療;以及監督和進行新生兒及15歲以下兒童的卡介苗接種計劃。



On HIV prevention and health promotion, the newly renovated and expanded Red Ribbon Centre will continue to strengthen its roles and functions as UNAIDS Collaborating Centre for technical support in the region.

We will continue to provide quality laboratory testing services in Hong Kong. Our laboratory will continue to play the role of a reference laboratory in the local setting and in the neighbouring region. More advanced laboratory methods and techniques will be developed and used as necessary for rapid detection and typing of microorganisms of public health concern. We will also provide advice and expertise

on quality assurance and laboratory safety to relevant partners.

Management of TB, HIV/AIDS

We will continue to develop and publish guidelines, recommendations and reports to uphold the standards in the management of TB and HIV/AIDS. We will promulgate and update diagnostic and management guidelines in respect of TB. Measures will be introduced to control the spread of TB. We will strengthen the prevention and control of HIV/AIDS by developing clinic-based HIV preventive service and supporting the Hong Kong Advisory Council on AIDS to develop new AIDS strategies for enhanced community prevention efforts.



在預防愛滋病病毒感染及有關的健康推廣工作方面,新裝修及經擴充的紅絲帶中心將繼續強化其作為區域內聯合國愛滋病規劃署合作中心(專業支援)的角色及功能。

我們會繼續在香港提供優質的化驗測試服務,我們的實驗室會繼續擔當作為本地及鄰近地區的參比實驗室的角色。我們將會開展及使用更先進化驗方法與技術,就與公共衞生有關的微生物進行迅速檢測及分型。我們亦會為相關伙伴,提供有關質量保證及實驗室安全的意見和專門知識。

結核病、愛滋病病毒感染/愛滋病的治理

我們會繼續制定及刊發指引、建議及報告,以維護結核病及愛滋病病毒感染/愛滋病的治理標準。我們會公布及更新有關結核病的診斷及治理指引,並會推行措施以控制結核病的傳播。我們會發展診所為本的愛滋病病毒感染預防服務,以及支持香港愛滋病顧問局制定有關加強針對愛滋病的社區預防工作的新策略,從而加強愛滋病病毒感染/愛滋病的防控工作。







Publicity and public education

Public education and publicity programmes as well as health promotion activities will continue to be conducted to disseminate health information, raise community awareness of health enhancing actions and encourage self-responsibility for health. Effective means of health communication will be deployed. Communicable disease prevention will remain a focus of attention and preventive action. Safer sex promotion activities will be strengthened.

Partnership and collaboration

The challenges cannot be met by CHP alone, but with the concerted efforts of our partners locally, regionally and internationally.

strengthen liaison with local, regional and international partners for enhancing expertise, experience collaborative work. Locally, will continue to maintain a close liaison with HA, healthcare professionals in the private sector, NGOs, the academia as well as community and district organizations. On the regional front, we will continue to foster our ties with the health authorities in the Mainland, Macao and other places. Internationally, we will continue to liaise closely with WHO and major health protection agencies and authorities to explore areas of further collaboration.



宣傳及公眾教育

我們會繼續推行公眾教育和宣傳計劃以及健康促進活動,藉此發放健康資訊、提高市民對健康促進行動的意識,以及鼓勵市民注重個人健康。我們會採用有效的方法來傳達健康訊息。注意力和預防行動將繼續集中於預防傳染病方面。安全性行為的宣傳活動亦會加強。

伙伴與合作關係

衞生防護中心不可以獨力應付這些挑戰,我們 必須得到本地、區域和國際伙伴的共同協助。

我們將加強與本地、區域及國際伙伴的聯繫,藉此增進專門知識、經驗及彼此之間的合作。在本地方面,我們會繼續與醫管局、私營界別的醫護專業人員、非政府組織、學術界以及社區和地區組織保持緊密聯繫;在區域方面,我們會繼續與內地、澳門及其他地方的衛生當局建立聯繫;在國際方面,我們會繼續與世衛及主要衛生防護機構及機關保持密切聯繫,以探討進一步合作的範疇。





World Health Organization A Year of Cleaner and Safer Care







hen CHP was established in June 2004, we had set objectives and strategies within the scope of the three strategic directions for its first three years of operation. Our major achievements are set out below:

生防護中心在2004年6月成立時, 我們就中心首三年在三個策略性方 向範圍內的運作,定下了目標和策略。中心 主要的工作成果如下:

REAL-TIME SURVEILLANCE

Enhanced surveillance for communicable diseases

- The Central Notification Office (CENO)
 was set up in June 2004 to centralize
 notifications and monitoring of all infectious
 diseases in Hong Kong. It also provides
 one-stop services to medical practitioners
 in reporting infectious diseases.
- 'CENO On-line', a new web-based system,
 was launched on 1 March 2005 to provide
 a convenient and secure electronic platform
 for online reporting of statutory notifiable
 infectious diseases and other infectious
 diseases of public health concern.

實時監測

加強傳染病監測工作

- 我們於2004年6月成立中央呈報辦公室 (CENO),集中處理本港所有傳染病呈報和 監測工作,也為醫生提供一站式呈報傳 染病機制。
- 一個名為「網上中央呈報辦公室」(CENO On-line)的網上系統於2005年3月1日啟用,為網上呈報法定傳染病和其他受公眾關注的傳染病,提供一個方便和安全的電子平台。



- To improve the sensitivity of outbreak detection of communicable diseases in the community, a sentinel surveillance system covering more than 40 child care centres has been launched since December 2004. The system has been further extended to more than 50 residential care homes for the elderly since April 2005.
- An electronic platform for exchange of surveillance data and information on HIV situation among 13 cities in the PRD Region was established in June 2005.
- Surveillance and reporting systems have been established in public hospitals for detection of hospital acquired infections.
- An Antibiotic Stewardship Programme was launched in November 2005 in conjunction with HA to reduce antibiotics consumption.
- A revised infection control plan for avian influenza was developed and promulgated in collaboration with HA in February 2006

- to provide guidelines on the management of patients with suspected or confirmed avian influenza in various healthcare settings. A training kit on avian influenza was produced.
- Serological surveys on measles, mumps and rubella, polio, JE, hepatitis A, chickenpox, West Nile Virus and avian influenza have been conducted.
- Laboratory surveillance for infection control purposes has been conducted. In addition to laboratory surveillance on multiple-drug resistant *Pseudomonas aeruginosa* (MRPA), laboratory surveillance on methicillin-resistant *Staphylococcus aureus* (MRSA) isolated from the outpatient setting has been initiated since January 2005.
- A consultancy study has been conducted to outline the development plan for the Communicable Disease Information System (CDIS).



- 為提升社區層面偵測傳染病爆發的敏感度,我們自2004年12月開始,將定點監測系統擴展至40多間幼兒中心。自2005年4月開始,有關監測系統的涵蓋範圍更擴展至超過50所安老院舍。
- 我們已於2005年6月建立電子平台,讓 珠江三角洲內13個城市互換有關監測愛 滋病病毒感染的數據和資料。
- 我們已在公立醫院建立醫院感染監測及 呈報系統,監察醫院環境下的感染。
- 我們於2005年11月與醫管局合作推行 「抗生素導向計劃」,以減低抗生素的使 用量。
- 我們於2006年2月與醫管局合作制訂和公布針對禽流感的修訂感染控制計劃, 為不同醫療環境的懷疑或確診禽流感病人,提供治理指引。我們製作了一套有關禽流感的教材。
- 我們已就麻疹病毒、流行性腮腺炎病毒、風疹病毒、脊髓灰質炎病毒、日本腦炎病毒、甲型肝炎病毒、水痘病毒、西尼羅河病毒及禽流感病毒進行血清學檢測。
- 我們已開展實驗室監測計劃以作感染控制用途。除了為抗多藥性綠膿假單胞菌進行實驗室監測計劃外,自2005年1月起,我們也就門診檢測到的抗甲氧苯青霉素金黃葡萄球菌進行實驗室監測。
- 我們已進行顧問研究,以勾劃傳染病資訊系統的發展計劃。





RAPID INTERVENTION

Enhanced emergency preparedness and response for communicable diseases

- Framework Government's of Preparedness Plan for Influenza Pandemic (the Preparedness Plan) has been developed and uploaded onto CHP's website since early 2005. The Preparedness Plan sets out the Government's three-level response system with a clear command and coordination structure to deal with influenza pandemic.
- The Emergency Response Centre, which serves as DH's nerve centre for dealing with major public health emergencies, was established in March 2006.
- A number of inter-departmental exercises have been organized to test various aspects of our preparedness for major

outbreaks of infectious diseases. These included Exercise MAPLE in November 2004, Exercise CEDAR in July 2005, Exercise POPLAR in November 2005 and Exercise CYPRESS in September 2006. DH and CHP have also participated in regional exercises. In June 2006, we participated in the first regional exercise on influenza pandemic organized by the Asia Pacific Economic Cooperation (APEC) to test the emergency responses and communication efficiency among APEC member economies. In November 2006, we organized Exercise Great Wall jointly with the health authorities in the Mainland and Macao to test the emergency response mechanism among the three places.

 A mechanism for mobilizing the support of volunteers to increase surge capacity at times of major public health emergencies has been established.



迅速介入

加強傳染病的緊急準備及應變工作

- 我們訂立了政府流感大流行應變計劃的架構(下稱應變計劃),並於2005年年初開始將其上載至衛生防護中心的網頁。有關應變計劃訂立了一個三級應變系統,訂明清晰的指揮和統籌架構以應付流感大流行。
- 我們於2006年3月設立一個緊急應變中心,作為衞生署處理重大公共衞生緊急事故的神經中樞。
- 我們舉行了多次跨部門演習,以測試處理重大傳染病爆發事故時在不同範疇的應變能力。這些演習包括2004年11月的「楓葉行動」、2005年7月的「CEDAR行動」、2005年11月的「楊木行動」和2006年9月的「柏樹行動」。衞生署和衞生防護中心亦有參加區域性演習。在2006年6月,我們參加了亞太經濟合作組織(下稱亞太經合組織)所舉辦的首次區域性流感大流行演習,以測試亞太經合組織成員之間的緊急應變措施和溝通效率。在2006年11月,我們聯同內地和澳門的衞生當局舉行「長城演練」,以測試三地之間的緊急應變機制。
- 我們已建立相關機制以動員志願人員提供 支援,從而增強應付重大公共衞生緊急事 故的能力。





- A 24-hour Hospital Outbreak Response
 System has been established to deal with
 outbreaks of infectious diseases in public
 hospitals and post outbreak follow-up in a
 timely manner.
- The Field Epidemiology Training Programme (FETP) was launched in October 2004 to enhance field epidemiology capacity in Hong Kong by training a cadre of healthcare staff with specialized epidemiology expertise to deal with outbreaks of infectious diseases.
- Treatment of latent TB infection has been expanded to widen the coverage of TB close contacts.

Closer liaison with partners

 At the local level, we have maintained close liaison with HA to build a comprehensive network of disease surveillance, ensure swift detection and control of outbreaks of infectious diseases, and reinforce the capability of the public healthcare system in responding to outbreak emergencies. At the regional level, a direct communication channel with Guangdong and Macao has been established. At the international level, a registry of international contacts has been set up to enhance the speed of obtaining infectious disease information.

- Co-operation agreements have been signed with the health authorities in the Mainland and Macao. For instance, the Implementation Framework Article under the Co-operation Agreement on Response Mechanism for Public Health Emergencies was signed with the Ministry of Health of the People's Republic of China and the Health Bureau of Macao on 12 April 2006. A Co-operation Agreement on emergency response mechanism was signed with the Department of Health of Guangdong and Health Bureau of Macao on 29 June 2006.
- A Memorandum of Understanding with the Health Protection Agency of England and Wales was signed in May 2004 for closer tie in public health protection and experience sharing.



- 我們設立了一個24小時的醫院傳染病爆發 反應系統,在公立醫院爆發傳染病時及爆 發後提供適時的跟進。
- 我們於2004年10月開展現場流行病學培訓計劃,以提升香港在現場流行病學方面的效能。我們旨在透過此計劃,培訓一隊具專業知識的流行病學醫護人員,以應付傳染病爆發。
- 我們已擴展與結核病病人有緊密接觸者的 潛伏性結核感染治療的覆蓋範圍。

與伙伴更緊密聯繫

- 在本地層面,我們與醫管局保持密切聯繫,以建立一個全面的疾病監測網絡,確保在傳染病爆發時進行快速偵查及控制,以及鞏固公共醫護系統在應付緊急疾病爆發時的能力。在區域層面,我們與廣東省及澳門的有關部門已建立一套直接溝通機制。在國際層面,我們也設立了國際聯絡點資料庫,加快獲取傳染病的資料。
- 我們與內地及澳門的衞生部門已簽署合作協議。例如,我們與國家衞生部和澳門衞生局於2006年4月12日簽署了《衞生部、香港特別行政區政府衞生福利及食物局、澳門特別行政區政府社會文化司關於突發公共衞生事件應急機制的合作協議》實施細則。我們亦於2006年6月29日與廣東省衞生廳和澳門衞生局簽署了一份關於緊急應變機制的合作協議。
- 我們於2004年5月與英格蘭及威爾斯衛生 防護局簽署合作備忘錄,加強雙方在公共 衛生防護工作的合作,以及分享經驗。





Enhanced laboratory diagnostic capacity and quality

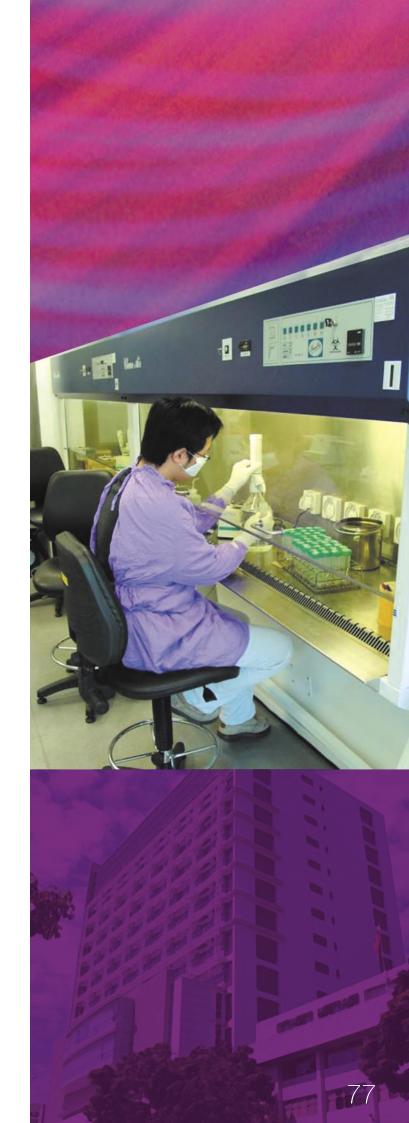
- Rapid molecular methods for detection of enterovirus type 71 (EV71), other enteroviruses, human influenza A and B viruses, rhinovirus, adenovirus, parainfluenza virus type 4, coronavirus OC43 and 229E, and Bordetella pertussis have been developed and implemented.
- A more sensitive in-house real-time polymerase chain reaction (PCR) for detection of SARS, influenza A (H5N1), JE, rabies and norovirus which can shorten the reporting time from six hours to three hours have been developed.
- Guidelines on how to safely and securely handle SARS infectious materials have been issued and safety audits on the laboratories in HA and CHP performing SARS investigation have been conducted.
- To promote quality assurance in the field of laboratory testing, we have continued to administer quality assessment

- programme for laboratory diagnosis of infectious diseases such as SARS, TB and malaria. The scope of the programme has been further expanded to cover syphilis, influenza A (H5N1) and hepatitis C.
- Various laboratories of the Public Health Laboratory Services Branch have been accredited by the Hong Kong Laboratory Accreditation Scheme.
- The Public Health Laboratory Centre
 has been designated by WHO
 as a Supranational TB Reference
 Laboratory in February 2006 to monitor
 the global TB control and treatment
 programmes.
- The Laboratory Information System has been in full operation since October 2005 for registration of specimen / test requests, processing of test requests, recording of test results, statistical data analysis, quality control and stock management, etc.



提升化驗診斷的能力和質素

- 我們已推行EV71型腸病毒、其他腸病毒、甲及乙型流行性感冒病毒、鼻病毒、腺病毒、四型副流行性感冒病毒、OC43及229E冠狀病毒及百日咳博代桿菌的快速分子技術檢測方法。
- 我們已推行靈敏度更高的實時定量聚合 酶鏈反應測試,將檢測沙士病毒、甲型 流行性感冒(H5N1)、日本腦炎病毒、狂 犬病病毒及諾羅病毒的報告時間由六小 時縮短為三小時。
- 我們已發放一份關於安全處理沙士病毒 傳染性物品的指引,並已對在醫管局及 衞生防護中心內處理及研究沙士病毒的 實驗室作出安全審核。
- 為提倡化驗測試的質量保證,我們繼續 為處理沙士病毒、結核病及瘧疾等傳染 病的實驗室診斷進行質量評估計劃。有 關計劃將會進一步涵蓋梅毒、甲型流 行性感冒(H5N1)及丙型肝炎等疾病。
- 公共衞生化驗服務處轄下多個實驗室獲 得香港實驗所認可計劃的認可。
- 公共衞生檢測中心於2006年2月獲世衞評 定為「跨國結核參比實驗室」,以協助監 測全球的結核病控制工作和治療計劃。
- 實驗室資訊系統於2005年10月開始全面 投入服務。該資訊系統的功能包括登記 樣本/化驗要求、處理化驗項目、記錄化 驗報告、統計數據分析、質量管控和存 貨管理等。





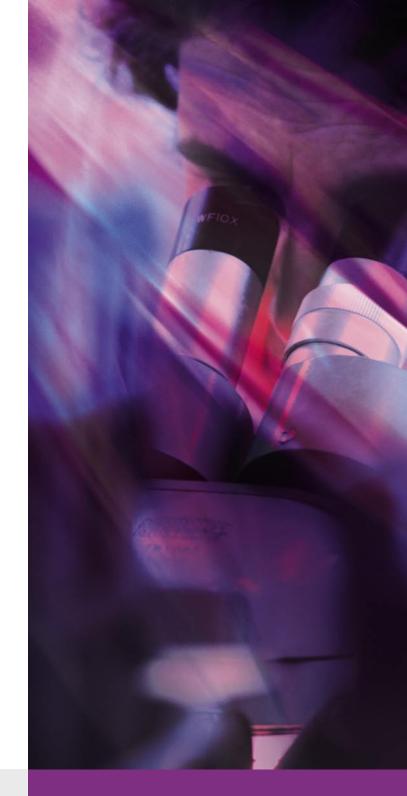
Consolidated professional knowledge and expertise

- We have collaborated closely with local, regional and international partners in the exchange of professional knowledge.
 Meetings, seminars, attachment and exchange programmes with local, regional and international stakeholders have been organized for experience sharing and training purposes.
- CHP joined the International Association of National Public Health Institutes (IANPHI) as a founding member in April 2006. IANPHI is a growing network of public health institutes from around the world. By becoming a founding member of IANPHI, CHP's network with the world's major national public health agencies will be strengthened and its capacity in disease prevention and control further enhanced.
- · CHP's FETP became a member of the Training Programs in Epidemiology Public Health Interventions and Network (TEPHINET) in March 2006. The TEPHINET is an international professional alliance of field epidemiology training programmes located in more than 300 countries around the world, with a mission strengthen international health capacity through initiating, supporting and networking field-based training programmes that enhance competencies in applied epidemiology and public health.
- Updated guidelines on the management of TB, HIV/AIDS and STI have been developed and promulgated.



鞏固專業知識和技能

- 我們與本地、區域及國際伙伴緊密合作,交流專業知識。我們也與這些合作伙伴舉辦會議、研討會、派駐實習和交流計劃,藉此分享經驗和加強培訓。
- 衞生防護中心於2006年4月加入國家公共 衞生機構國際協會成為創會成員。該協 會是由全球多個公共衞生機構所組成的 網絡,規模日增。成為該協會的創會成 員後,衞生防護中心與世界主要國家公 共衞生部門之間的網絡聯繫將會加強, 疾病防控能力亦會進一步提升。
- 衛生防護中心的現場流行病學培訓計劃於 2006年3月成為流行病學培訓和公共衞生 干預網絡的成員。該網絡是由全球三百多 個國家的現場流行病學培訓計劃所組成的 國際專業聯盟,其使命是藉發起、支持及 聯結以提升應用流行病學及公共衞生工作 成效的現場培訓計劃,從而增強國際社會 應付公共衞生問題的能力。
- 我們已制訂及公布有關治理結核病、愛滋病病毒感染/愛滋病及性病的最新指引。





- A scientific advisory structure comprising
 the Board of Scientific Advisers and seven
 Scientific Committees has been set up.
 Each scientific committee advises on the
 public health management of a specified
 group of infectious diseases, or works on a
 specialized area to support disease control.
 This collaborative arrangement has brought
 together knowledge and experience from
 across disciplines and institutes to formulate
 strategies and actions for communicable
 disease control.
- Clinical Infection and Public Health Forums
 have been organized on a monthly basis to
 facilitate experience sharing and exchange
 of knowledge on public health issues.

Training and research programmes

With the funding support of the Research
Fund for the Control of Infectious Diseases
(RFCID), we have embarked on a number
of research projects including an economic
analysis on new vaccines for childhood

immunization, HIV surveillance through molecular characterization, evaluation of T SPOT-TB test for screening of close contacts and comparison of T SPOT-TB and QuantiFERON®-TB Gold test with tuberculin test in the targeted screening of HIV-infected subjects.

- A Metabolic Research Clinic, a joint project with the Centre for Emerging Infectious Disease of the Chinese University of Hong Kong, has come into operation since March 2005.
- Strategic training programmes have been set up to meet specific capacity needs. For instance, infection control training has been provided to healthcare professionals, including infection control officers, general practitioners, officers of the Auxiliary Medical Service (AMS), healthcare related workers (e.g. St John Ambulance Brigade). Training on management of HIV for neighbouring countries/ places has been ongoing.



- 我們已設立了一個科學架構,包括一個中央科學顧問委員會及七個科學委員會。每個科學委員會均就如何治理某些特定的傳染病提供意見,或就某特定範疇,協助控制疾病。這種合作安排,把來自不同領域和機構人士的知識和經驗匯聚,有助制定控制傳染病的策略和措施。
- 我們每月舉辦臨床感染及公共衞生論 壇,透過交流,分享與衞生防護事宜相 關的經驗和知識。

培訓及研究計劃

- 我們已開展多項研究計劃,包括為本港 兒童免疫注射計劃採用新疫苗的經濟分析、透過分子特性監測愛滋病病毒感染、為與結核病者有緊密接觸人士進行 TSPOT-TB的血液檢測評估,以及在針 對愛滋病病毒感染者的結核菌感染篩查中,比較TSPOT-TB及QuantiFERON®-TB Gold測試與結核菌素測試。這些研究計劃由控制傳染病研究基金撥款資助。
- 我們與香港中文大學防疫研究中心合作,成立一個名為 Metabolic Research Clinic的研究診所,並已於2005年3月開始運作。
- 我們已設立策略性培訓計劃以切合特定需要。例如,我們為醫護專業人員,包括感染控制人員、註冊醫生、醫療輔助隊、與醫護界相關的員工(例如聖約翰救傷隊),提供感染控制培訓。另一方面,我們現正為鄰近國家/地區提供治理愛滋病病毒感染的培訓。





RESPONSIVE RISK COMMUNICATION

been set up to advise on the formulation of risk communication strategies and action plans for CHP, establish and reinforce communication networks for timely and effective risk communication using a variety of means. It also serves as an independent body in assessing the effectiveness of the risk communication actions of CHP. We have been consulting the Risk Communication Advisory Group

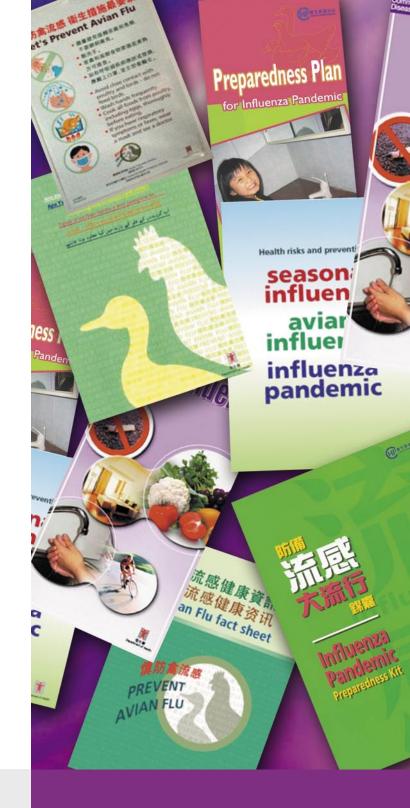
on the formulation of public relations strategies and risk communication plans.

- A risk communication framework document for CHP has been developed.
- Health advice has been provided to the public through various media such as TV, radio, press, roving exhibitions, the internet and our 24-hour health education hotline, etc. Health education materials including booklets, pamphlets and posters have been widely disseminated.



適時通報風險

- 我們已設立一個風險傳達顧問小組,就衞生防護中心所制定的風險傳達策略和行動方案提供意見,建立和強化溝通網絡,務求通過不同的渠道適時及有效地傳達訊息。小組也會就衞生防護中心推行風險傳達措施的成效作獨立評估。我們一直就公關策略和風險傳達計劃的制定事宜,徵詢風險傳達顧問小組的意見。
- 我們已擬備衞生防護中心風險傳達框架 文件。
- 我們透過不同的媒體,包括電視、電台、報章、巡迴展覽、互聯網,以及衛生署24小時健康教育熱線,向公眾發放健康訊息。我們也廣泛派發健康教育小冊子、單張和海報。





- The CHP's website was launched in June 2004 to serve as a platform for dissemination of topical health information to the public.
- The Communicable Disease Watch (CD Watch), a bi-weekly on-line publication, has been published on the CHP's website since June 2004. It provides the public and healthcare professionals with up-to-date infectious disease news and knowledge relevant to Hong Kong.
- The new wing of the Red Ribbon Centre was opened in June 2006 with more

facilities to facilitate education, health promotion and research studies on AIDS.

- Since June 2004, health promotion campaigns on various topics have been launched (e.g. campaigns on prevention of avian influenza, dengue fever, etc).
- We have established and maintained an effective communication system with District Councils for dissemination of health information on a regular basis.



- 衛生防護中心的網站於2004年6月成立, 作為向公眾傳達健康資訊的平台。
- 由2004年6月開始,我們於衞生防護中心網站發布「傳染病直擊」的雙周期刊。期刊為公眾人士及醫護專業人士,提供與香港相關的最新傳染病資訊及知識。
- 紅絲帶中心的新翼於2006年6月開幕,中 心增添了設施,以協助推動有關愛滋病的 教育、健康促進及研究工作。
- 自2004年6月開始,我們推行針對不同課題的健康推廣運動(如有關預防禽流感、 登革熱等運動)。
- 我們與區議會建立並保持有效的溝通,定期向他們傳達健康資訊。











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¹ The Scientific Committee on AIDS was established in June 2004 and transformed into the Scientific Committee on AIDS and STI with effect from 1 August 2005. 愛滋病科學委員會在2004年6月成立,並由2005年8月1日起改組為愛滋病及性病科學委員會。

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³ Served the committee from June 2004 to March 2006. 在2004年6月至2006年3月期間擔任委員會成員。





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⁵ Appointed in May 2006. 在2006年5月獲得委任。

⁶ Appointed in April 2005. 在2005年4月獲得委任。

⁷ Served the committee from June 2004 to March 2005. 在2004年6月至2005年3月期間擔任委員會成員。

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