

# Hong Kong Customs seizes suspected illicit cigarettes (with photos)

Hong Kong Customs mounted an anti-illicit cigarette operation in To Kwa Wan and Mong Kok from November 12 to yesterday (November 13). A total of about 180 000 suspected illicit cigarettes with an estimated market value of about \$470,000 and a duty potential of about \$340,000 were seized.

Customs officers yesterday intercepted two men in To Kwa Wan and seized about 60 000 suspected illicit cigarettes from a light goods vehicle next to them. The two men, aged 36 and 38, were arrested. Customs officers later escorted one of the arrested men to an industrial unit in Kwun Tong where about 80 000 further suspected illicit cigarettes were seized.

In addition, Customs officers seized about 40 000 suspected illicit cigarettes from a shop in Mong Kok on November 12. Three men and three women, aged between 26 and 61, were arrested.

Investigations are ongoing.

Under the Dutiable Commodities Ordinance, anyone involved in dealing with, possession of, selling or buying illicit cigarettes commits an offence. The maximum penalty upon conviction is a fine of \$1 million and imprisonment for two years.

Members of the public may report any suspected illicit cigarette activities to the Customs' 24-hour hotline 2545 6182 or its dedicated crime-reporting email account ([crimereport@customs.gov.hk](mailto:crimereport@customs.gov.hk)).



# Analytical Accounts of the Exchange Fund

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA) released today (November 14) the key analytical accounts of the Exchange Fund at the end of October 2018.

Foreign assets, representing the external assets of the Exchange Fund, decreased during the month by HK\$18.2 billion to HK\$3,473.5 billion.

The Monetary Base, comprising Certificates of Indebtedness, Government-issued currency notes and coins in circulation, the balance of the banking system and Exchange Fund Bills and Notes issued, amounted to HK\$1,615.1 billion.

Claims on the private sector in Hong Kong amounted to HK\$209.2 billion.

The analytical accounts of the Exchange Fund are released in accordance with the International Monetary Fund's Special Data Dissemination Standard (SDDS) and are referred to as the Analytical Accounts of the Central Bank under SDDS (Annex).

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At present, four press releases relating to the Exchange Fund's data are issued by the HKMA each month. Three of these releases are issued to disseminate monetary data in accordance with the International Monetary Fund's Special Data Dissemination Standard (SDDS). The fourth press release, on the Exchange Fund's Abridged Balance Sheet and Currency Board Account, is made in accordance with the HKMA's policy of maintaining a high level of transparency. For the month of November 2018, the scheduled dates for issuing the press releases are as follows:

November 7 (Issued)	SDDS International Reserves (Hong Kong's Latest Foreign Currency Reserve Assets Figures)
November 14	SDDS Analytical Accounts of the Central Bank (Analytical Accounts of the Exchange Fund)
November 30	SDDS Template on International Reserves and Foreign Currency Liquidity

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## Effective Exchange Rate Index

The effective exchange rate index for the Hong Kong dollar on Wednesday, November 14, 2018 is 105.9 (down 0.1 against yesterday's index).

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## LCQ8: Prevention of atrial fibrillation

Following is a question by the Hon Kwong Chun-yu and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 14):

Question:

It is learnt that the incidence of atrial fibrillation (AF) increases with age, the risk of AF patients having a stroke is five times higher than that of an ordinary person, and strokes caused by AF are more severe and have a higher mortality rate than other types of strokes. A medical research has revealed that currently there are more than 70 000 individuals in Hong Kong suffering from AF, and one-fourth of the local stroke cases were caused by AF. Regarding the prevention of AF and the strokes caused by it, will the Government inform this Council:

- (1) whether it knows the current number of confirmed AF patients in public hospitals, and the measures taken by public hospitals to prevent such patients from having a stroke;
- (2) whether it knows the number of stroke patients receiving treatment in public hospitals, the number of such patients whose stroke was caused by AF, and the expenditure incurred for providing rehabilitation treatment to the latter, in each of the past five years;
- (3) whether it will consider launching, in the near future, a community-wide AF screening programme for early identification and treatment of AF patients, so as to reduce their risk of stroke; if so, of the specific timetable, and whether such a programme will be implemented by (i) adopting a public-private partnership approach and (ii) entrusting the programme to the

District Health Centres; if it will not consider, of the reasons for that, and whether it will set up an expert group to study the pros and cons of such a programme;

(4) whether it knows if the general and specialist outpatient clinics in the public sector will, for the purpose of early identification and treatment of AF patients, (i) use a checklist of AF high-risk factors and (ii) conduct relevant check-ups for those people who have such risk factors; if they will, of the specific timetable; if not, the reasons for that; and

(5) as the District Health Centres in Kwai Tsing, Kwun Tong and Island East will be commissioned shortly, whether the Government will request the non-governmental organisations which operate such Centres to step up their efforts in (i) identifying AF patients and (ii) educating AF patients on stroke prevention; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by the Hon Kwong Chun-yu is as follows:

(1) As at 2017, more than 70 000 patients with atrial fibrillation (AF) received treatment in the Hospital Authority (HA). In general, the treatment for AF is prescription of oral anticoagulants, while catheter ablation or left atrial appendage occlusion may be used in some cases. Depending on patient's condition, the healthcare team may also use drugs for treating arrhythmia or other interventional procedures.

(2) There are over 13 000 adult cases of admission to public hospitals due to acute strokes every year. Different rehabilitation treatment plans are arranged for stroke patients in the light of their aetiologies and severity of disease. Such treatment plans will, during the course of treatment, be adjusted according to their progress of recovery by healthcare professionals. The HA therefore does not maintain records of expenditure on the cost of rehabilitation services for patients whose strokes are caused by AF.

(3) to (5) A working group was set up jointly by the Department of Health (DH) and the HA earlier and experts in related fields were invited to participate in the deliberation on the proposal for AF screening. The working group and the experts have concluded that there is yet sufficient evidence from international studies on AF screening to support the introduction of a universal screening programme in Hong Kong. The HA will help frontline doctors further consolidate their knowledge of AF management and strengthen the support for the prescription of anticoagulants for AF patients so as to reduce their risk of stroke. The working group will continue to keep in view and examine the latest evidence from international studies and their recommendations, including relevant information on universal, opportunistic or high-risk patient screening, and explore with the

experts feasible measures for enhancing AF management.

In respect of public-private collaboration, we will, while taking account of relevant expert advice, continue to communicate with the public and patient groups and work closely with relevant stakeholders to explore the feasibility of introducing new initiatives. We will carefully consider a number of factors in exploring the launch of new Public-Private Partnership (PPP) programmes, including the service demand, case suitability, potential complexity, readiness and capacity in the private market, as well as long-term financial sustainability of the PPP Fund.

Regarding services provided by District Health Centres (DHCs), as indicated above, there is not adequate evidence from clinical studies to support the introduction of a universal screening for AF, and therefore we do not have plans to provide such a service in DHCs. Services offered in DHCs will focus on primary, secondary and tertiary prevention of disease, covering health promotion, health assessment, chronic disease management and community rehabilitation. Taking into account health service needs of the public and adopting an evidence-based approach, DHCs will accord priority to the management of common chronic diseases such as hypertension, diabetes mellitus and musculoskeletal disorders, as well as the provision of community rehabilitation services for patients in the post-acute myocardial infarction and those who have suffered from stroke and hip fracture. A basic assessment will be offered for members of the public, and those with health risk factors identified or suspected to have hypertension or diabetes mellitus will be referred to a network doctor for further examination. Individuals confirmed as having hypertension or diabetes mellitus may choose the service packages under the programme for follow-up.

The Government believes that, by stepping up efforts to promote individual and community involvement and enhance co-ordination among various medical and social sectors, district-level primary healthcare services can be strengthened. This will also enhance the public's awareness of disease prevention, encourage them to maintain a healthy lifestyle and enhance their capability in self-care and home care as well as their ability in self-management of health, thereby reducing the demand for specialist services and hospitalisation which are largely avoidable. Early identification of health risk factors (e.g. hypertension), enhancement of self-management of health and development of a healthy lifestyle can help prevent strokes as well. To this end, DHCs will provide personalised health advice and drug and care counselling services, organise health promotion activities (e.g. exercise classes, falls prevention advice, talks on healthy diets, advice on the prevention and management of diabetic and hypertension risks) and implement the community-based Patient Empowerment Programme, etc.

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# Retailer convicted of supplying unsafe laser pointers

A retailer was convicted and fined \$8,000 in total today (November 14) at Kowloon City Magistrates' Courts for supplying unsafe laser pointers, in contravention of the Consumer Goods Safety Ordinance (CGSO) and its subsidiary legislation, the Consumer Goods Safety Regulation (CGSR).

Customs officers earlier conducted a test-buy operation on a model of laser pointer from the retailer for safety testing. Test results revealed that the product was not equipped with the safety device components required under the relevant safety standard, such as a warning device, beam stop or attenuator. The laser pointer was also marked with a warning with respect to use in English only.

Customs reminds members of the public to avoid eye contact with the light dots emitted by such laser pointers under any circumstances as the beam emitted by the type of laser pointer can pose eye and skin injuries to users.

Under the CGSO, it is an offence to supply, manufacture or import into Hong Kong consumer goods unless the goods comply with the general safety requirements for consumer goods. Under the CGSR, where consumer goods or their packages are marked with any warning or caution with respect to their safe keeping, use, consumption or disposal, such a warning or caution shall be in both the English and the Chinese languages. The maximum penalty is a fine of \$100,000 and imprisonment for one year on first conviction, and \$500,000 and imprisonment for two years on subsequent conviction.

Members of the public may report any suspected violations of the CGSO or the CGSR to the Customs 24-hour hotline 2545 6182 or its dedicated crime-reporting email account ([crimereport@customs.gov.hk](mailto:crimereport@customs.gov.hk)).