

SCST commences visit to Beijing (with photos)

The Secretary for Culture, Sports and Tourism, Miss Rosanna Law, commenced her visit to Beijing today (April 2). She called on the Hong Kong and Macao Affairs Office of the State Council (HKMAO) and the General Administration of Sport of China (GASC).

Miss Law briefed the Director of the Hong Kong and Macao Work Office of the Communist Party of China Central Committee and the HKMAO, Mr Xia Baolong, on the major work in the last four months and future plans of the Culture, Sports and Tourism Bureau (CSTB). She expressed sincere gratitude to Mr Xia and the HKMAO for their guidance and unwavering support. Mr Xia encouraged the Secretary to lead the CSTB in taking forward its duties by staying principled and innovative, to utilise the rich local resources in tourism in particular and pursue innovation, with a view to telling the good stories of Hong Kong.

Also joining the visit to Beijing are the Permanent Secretary for Culture, Sports and Tourism, Ms Vivian Sum; the Commissioner for Tourism, Mrs Angelina Cheung; the Head of the National Games Coordination Office (Hong Kong), Mr Yeung Tak-keung; the Director of Leisure and Cultural Services, Ms Manda Chan; the Deputy Secretary for Culture, Sports and Tourism, Miss Winnie Tse; the Commissioner for Sports, Mr George Tsoi; and the Commissioner for Cultural and Creative Industries, Mr Victor Tsang.

Accompanied by the delegation, Miss Law called on the Minister of the GASC, Mr Gao Zhidan, and briefed him on the preparatory work of the 15th National Games and the 12th National Games for Persons with Disabilities and the 9th National Special Olympic Games in Hong Kong. Asserting that the Government of the Hong Kong Special Administrative Region attaches great importance to the mega sports event co-hosted by Guangdong, Hong Kong and Macao for the first time, Miss Law said not only does it demonstrate Hong Kong's ability in hosting major sports events, but it also deepens collaboration between the three places and promotes development of the Greater Bay Area, laying the foundation for hosting more mega events in future.

In the afternoon, Miss Law and the delegation visited the Museum of the Communist Party of China (CPC) and met with the Director of the Museum, Mr Li Zongyuan. Miss Law said it was the second time she visited the Museum and she had a stronger impression this time. Noting that Hong Kong is planning for the construction of a museum to showcase the development and achievements of the country, Miss Law said the content of the Museum of the CPC's permanent exhibition matches with one of the themes about the CPC's history and development in the museum-in-planning. She hoped that support and professional guidance from the Museum of the CPC could be given in future exhibitions and collaborations.

At night, Miss Law and some members of the delegation watched a performance by Wiener Symphoniker at the National Centre for the Performing Arts to experience high-level arts and cultural exchanges.

Miss Law and the delegation will continue their visit to Beijing tomorrow (April 3).



[HK SAR search and rescue team found a](#)

survivor at Myanmar

The Hong Kong Special Administrative Region (HKSAR) search and rescue team went to the quake-stricken areas in Myanmar on March 29 afternoon to assist in the search and rescue work. The team successfully found one survivor today (April 2).

The HKSAR team and the China Search and Rescue Team jointly conducted a search and rescue operation in Mandalay and successfully located a survivor. The teams rescued him in concerted efforts and assisted in moving him to an ambulance.

"We have spared no effort in the search and rescue work upon arrival, and are very encouraged and excited to be able to find one survivor six days after the earthquake. The team will grasp every opportunity, never give up and do its best to find the remaining survivors," the Commander of the HKSAR search and rescue team, Mr Cheu Yu-kok, said.

The team will continue to make every effort to conduct the search and rescue operations in Myanmar.

LCQ14: Prevention and treatment of hepatitis

Following is a question by the Hon Joephy Chan and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 2):

Question:

It is learnt that hepatitis is one of the common diseases in Hong Kong, and it is estimated that hundreds of thousands of people in Hong Kong are affected by hepatitis. Hepatitis may further develop into cirrhosis of the liver or even liver cancer if it is not diagnosed and treated in a timely manner, which will bring about a serious impact on the health and finances of patients and their families, and place a burden on the public healthcare system. In this connection, will the Government inform this Council:

(1) in respect of education on the prevention of hepatitis, whether the Government has organised preventive educational programmes to promote the importance of keeping the liver healthy in schools and in the community in 2024; if so, of the relevant expenditure, the number of programmes organised, as well as the respective numbers of students or members of the community who have participated in such programmes; whether it will increase the relevant

estimated expenditure for this year; if it will, of the details; if not, the reasons for that;

(2) in view of the Government's commitment in the 2024 Policy Address to implement hepatitis B screening to prevent liver cancer, whether the Government has formulated the relevant implementation plan; if it has, of the budget and target number of people to be screened; whether it will accord priority to screening for high-risk persons, and introduce primary healthcare networks and the public-private partnership approach to expand the screening capacity, e.g. carrying out blood monitoring for liver cancer in high-risk groups; if it will, of the details; if not, the reasons for that;

(3) whether it knows the respective numbers of new cases of liver cirrhosis diagnosed by the Hospital Authority (HA) and patients with liver cirrhosis who continued to receive treatment in public hospitals under HA in each of the past five years;

(4) whether it knows the respective numbers of cases of liver cirrhosis and liver cancer among the oesophago-gastro-duodenoscopy services provided in public hospitals in each of the past five years; whether the relevant data reflects the incidence trends of liver cirrhosis and liver cancer in Hong Kong; whether the Government has adjusted its prevention strategies on the basis of such data; and

(5) in order to provide more treatment options for patients and effectively relieve the pressure on public hospitals, whether the Government will consider using the public-private partnership approach or expanding the scope of the "Elderly Health Care Voucher Greater Bay Area Pilot Scheme" to arrange, under the risk-based principle, for low-risk patients to receive treatment at healthcare institutions in the Mainland cities of the Guangdong-Hong Kong-Macao Greater Bay Area; if so, of the details; if not, the reasons for that?

Reply:

President,

Hepatitis is an inflammation of the liver, which can be classified into acute or chronic disease. Serious hepatitis cases will lead to liver failure, cirrhosis or liver cancer. Hepatitis is the most commonly caused by the hepatitis virus infection worldwide. In Hong Kong, the major risk factor leading to liver diseases including liver cancer is chronic hepatitis B (CHB) infection. The Government is strongly committed to the prevention and treatment of hepatitis and liver cancer. Among which, in 2018, the Government established the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) to provide advice on overall policy, targeted strategies and effective resource allocation related to prevention and control of viral hepatitis. In October 2020, the SCVH formulated the Hong Kong Viral Hepatitis Action Plan 2020 – 2024 and all the new initiatives outlined in the plan have been fully implemented.

The Government has been adopting a series of effective and free-of-charge measures to prevent mother-to-child transmission (MTCT) of hepatitis B virus (HBV) which may lead to CHB, including:

- (i) universal neonatal hepatitis B vaccination since 1988;
- (ii) universal antenatal screening for hepatitis B;
- (iii) administration of hepatitis B immunoglobulin for babies born to mothers with hepatitis B;
- (iv) using antivirals to further minimise the risk of MTCT of HBV among pregnant women with CHB and high viral load since August 2020 under the steer of the SCVH; and
- (v) post-vaccination serologic testing arranged for babies born to mothers with hepatitis B since January 2022.

As shown in the results of the Population Health Survey 2020 – 22 of the Department of Health (DH), the prevalence of HBV infection of the Hong Kong population dropped from about 10 per cent in the 1970s to about 5.6 per cent in 2022. About 410 000 people in Hong Kong are with hepatitis B currently. The prevalence of HBV infection was lower than 1 per cent among the group aged below 35, reflecting that the series of measures against MTCT of HBV implemented since the 1980s are effective in lowering the prevalence of HBV infection in the younger generation. The prevalence of HBV infection was much higher among those aged 35 or above and peaked at those aged 35 to 54 (8.4 per cent prevalence estimated; about 200 000 living with hepatitis B), who were born before the implementation of the universal childhood immunisation programme for hepatitis B vaccines in 1988.

The reply, in consultation with the DH, the Primary Healthcare Commission (PHC Commission) and the Hospital Authority (HA) to the question raised by the Hon Joeey Chan is as follows:

(1) Viral Hepatitis Control Office (VHCO) of the DH co-ordinates the actions and programmes related to prevention and control of viral hepatitis, including health education, and surveillance and prevention of viral hepatitis, and provides secretariat support to the SCVH. The VHCO has been providing health education related to viral hepatitis for the public through various channels, including social media, health talks and themed exhibitions. The VHCO also collaborates with community partners to launch promotion activities.

Currently, the Maternal and Child Health Centres under the DH provide hepatitis B vaccination services for infants and young children from birth to five years old. For those primary school children who have not completed the hepatitis B vaccination, the School Immunisation Team under the Centre for Health Protection of the DH provides mop-up vaccination services to ensure that local school children are protected by the hepatitis B vaccine. The current vaccination rate for school children is 99 per cent while the prevalence of HBV infection among those under 35 years old is below 1 per cent. Hence, the health promotion efforts of the VHCO focus on reminding adults at higher risk of infection in the community to undergo early testing and treatment for hepatitis B, including those who have not been benefited

from vaccination.

In 2024, the VHC0 conducted nine public health talks and 11 themed exhibitions, reaching over 7 000 attendances. Over 33 000 health education materials were distributed to community health promotion partners, healthcare institutions and the general public. The related expenditure cannot be separately identified given that they have been subsumed into the viral hepatitis control programmes provided by the DH.

The Government will closely keep in view local and international situation of hepatitis B, promulgate the Hong Kong Viral Hepatitis Action Plan 2025 – 2030 this year, and continue to enhance health promotion and educational activities.

Meanwhile, District Health Centres and District Health Centres Expresses (collectively referred to as DHCs) in all 18 districts across the city are promoting the Life Course Preventive Care Plan along with family doctors to enhance citizens' self-management ability. Family doctors and primary healthcare professionals will provide vaccination information and education (such as Hepatitis B vaccine), guidance on healthy lifestyles, as well as recommendations and services for chronic disease and cancer screening, according to personal factors like age, sex and family history. DHCs also organise talks on liver health, providing the public with related education and information.

(2) The DH has been enhancing the focused risk-based testing service for viral hepatitis for people at a higher risk of HBV infection in its Services in recent years. With effect from April 2022, all men who have sex with men and sex workers attending Social Hygiene Clinics of the DH are offered with HBV screening as part of the comprehensive screening for sexually transmitted infections. With effect from July 2023, the DH has launched risk-based viral hepatitis screening services at its Elderly Health Service, Woman Health Service, Families Clinics and methadone clinics.

As announced in the 2024 Policy Address, the Government will roll out a new programme to subsidise hepatitis B screening to prevent liver cancer. The PHC Commission will provide hepatitis B screening and continued management to groups with higher risk via DHCs and family doctors through strategic purchasing and co-payment model. The programme enables early detection of people infected with HBV in the community and early identification and treatment of CHB to reduce the risk of complications (such as cirrhosis and liver cancer). The PHC Commission will announce the programme details within 2025.

(3) The number of in-patient and day-in-patient discharges and deaths with the principal diagnosis of chronic liver disease and liver cirrhosis at various hospitals under the HA in the past five years is set out as follows:

Year	Number of in-patient and day-in-patient (Note) discharges and deaths with the principal diagnosis of chronic liver disease and liver cirrhosis
2020	707
2021	766
2022	720
2023	762
2024 (Provisional figures)	687

Note: The aforementioned figures do not include patients with principal diagnosis other than chronic liver disease and liver cirrhosis. Day-in-patients refer to patients admitted into hospital for non-emergency treatment and discharged within the same day, while in-patients refer to those admitted into hospitals via the Accident and Emergency Department or those who stayed for more than one day.

The HA does not separately maintain statistics on the number of new cases of liver cirrhosis diagnosed in specialist out-patient clinics.

(4) Oesophago-gastro-duodenoscopy (commonly known as gastroscopy) is not a mandatory examination for the diagnosis, assessment, or treatment of liver cirrhosis or liver cancer. The HA provides appropriate examination and necessary treatment to liver cirrhosis or liver cancer patients based on clinical needs. The HA does not maintain statistics on the number of cases diagnosed with liver cancer or liver cirrhosis among those undergoing gastroscopy. The relevant data is not related to the trends of liver disease incidence in Hong Kong.

According to data from the Hong Kong Cancer Registry, there were 1 612 new cases of liver cancer in 2022, accounting for 4.6 per cent of all new cancer cases in Hong Kong. Liver cancer ranks as the fifth most common types of cancer and is the third leading cause of cancer deaths in Hong Kong. Based on the crude incidence rate, there are 22 new cases per 100 000 population in Hong Kong. Males are more susceptible to liver cancer than females, with a male-to-female incidence ratio of 2.7 to 1 in 2022. Compared with ten years ago, the number of new cases of liver cancer has dropped by about 10 per cent.

The number of liver cancer cases diagnosed each year and its percentage in the total number of new cancer cases from 2012 to 2022 are set out below:

Year	Number of new cases of liver cancer	Percentage of the total number of new cancer cases
2012	1 790	6.4 per cent

2013	1 852	6.4 per cent
2014	1 847	6.2 per cent
2015	1 791	5.9 per cent
2016	1 810	5.8 per cent
2017	1 834	5.5 per cent
2018	1 742	5.1 per cent
2019	1 876	5.3 per cent
2020	1 735	5.1 per cent
2021	1 771	4.6 per cent
2022	1 612	4.6 per cent

On prevention and control strategies, key measures of the Government include:

- (i) continuing to closely monitor the hepatitis situation locally and internationally;
- (ii) formulating the Hong Kong Viral Hepatitis Action Plan 2025-2030 within 2025;
- (iii) preparing for the launch of a pilot programme for hepatitis B in the community in a risk-based approach by the PHC Commission with reference to the screening strategy recommended by the SCVH; and
- (iv) apart from the three clusters currently piloting the collaborative service model for the management of hepatitis B, the HA will continue to pilot the service model concerned in the Medicine Specialist Out-patient Clinics and Family Medicine Specialist Clinics of other clusters, as well as collaborate with the DH and the PHC Commission to promote hepatitis B management to family doctors. Through the above measures, it is expected that the overall management capability for hepatitis B and service volume in Hong Kong will be further enhanced, thereby reducing the transmission of hepatitis B and its associated disease burden.

In addition, the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG), established under the Cancer Coordinating Committee chaired by the Secretary for Health, regularly reviews local and international scientific evidence with a view to making recommendations to the Government on formulating evidence-based measures for cancer prevention and screening programmes applicable to the local population. Currently, the CEWG does not recommend routine liver cancer screening for asymptomatic individuals at average risk.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has long been encouraging citizens to adopt healthy lifestyles, including avoidance of smoking and alcohol, healthy diet, regular physical activities and maintenance of a healthy body weight and waist circumference to reduce the risks of non-communicable diseases including cancer.

(5) In terms of primary healthcare, the Government is establishing a "Family Doctor for All" system and a multidisciplinary public-private partnership

model with DHCs as the hub through the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) to subsidise citizens in the diagnosis and management of chronic diseases in the private medical sector. As mentioned above, the Government is planning to implement a subsidised hepatitis B screening programme through family doctors and DHCs using the same multidisciplinary public-private partnership model to encourage citizens to understand their health status through early screening to achieve the goals of "early prevention, early detection, and early treatment". The DH will also continue to strengthen the Government's different vaccination programmes, such as exploring the best use of public-private partnership arrangement where appropriate.

The Hong Kong Special Administrative Region (HKSAR) Government has been following the principles of complementarity and mutual benefits to enhance the cooperation with various cities of the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), on the premise that the development of Hong Kong and the Mainland's healthcare system will be benefited. This is to promote the medical professional standard in the region in general and provide convenience for Hong Kong citizens travelling to and from the Mainland in terms of choices of medical services. Among which, in collaboration with designated collaborating healthcare institutions in the Mainland cities of the GBA, the Government gradually launched the Pilot Scheme for Supporting Patients of the Hospital Authority in the Guangdong-Hong Kong-Macao Greater Bay Area, the Elderly Health Care Voucher Greater Bay Area Pilot Scheme, the Pilot Scheme for Direct Cross-boundary Ambulance Transfer in Greater Bay Area, as well as the new functions under the five-year plan of eHealth+, which enables citizens to keep and use their personal medical records from within and outside Hong Kong across the boundary.

As a member of the GBA, the HKSAR Government, in formulating cross-boundary healthcare measures, will not only focus on meeting the needs of Hong Kong citizens, but will also consider the potential impact of the policies on the social resources and livelihood of citizens on the Mainland. The healthcare resources and needs, relevant laws and regulations, as well as regulatory regimes for healthcare professions are different in Hong Kong and the Mainland. Upholding the important role of protecting the health of Hong Kong citizens, the HKSAR Government will continue to provide quality healthcare services to Hong Kong citizens, including the above-mentioned strategies and work in the prevention and treatment on hepatitis B. The Government will also explore cross-boundary healthcare measures under the premise that these measures are feasible and mutually beneficial. Meanwhile, the HKSAR Government is exploring the strategic purchase of healthcare services for Hong Kong citizens from suitable healthcare institutions in the GBA to alleviate the pressure on service demand of our public hospital services and shorten the waiting time of Hong Kong residents.

DH receives carbon monoxide poisoning case and reminds public to ensure ventilation when using gas water heaters

Following a notification from the Hospital Authority on a case of carbon monoxide poisoning, the Centre for Health Protection (CHP) of the Department of Health and the Electrical and Mechanical Services Department (EMSD) today (April 2) appealed to members of the public to take precautionary measures against carbon monoxide poisoning.

The case involved a 29-year-old female patient, who lost consciousness after taking a shower at home on March 31. Her family member immediately reported the case to the police. She was sent to Yan Chai Hospital and later transferred to Pamela Youde Nethersole Eastern Hospital. She was discharged after treatment.

The EMSD conducted a site investigation immediately and confirmed that there was no town gas leakage at the scene. The subject gas water heater is a model installed before the scheme for the Approval of Domestic Gas Appliances took effect in 2003, and therefore did not bear a "GU" mark. The investigation revealed serious corrosion at the flue of the gas water heater, which is believed to have caused the incident. The EMSD seized the gas water heater for further investigation.

Carbon monoxide is a colourless, odourless and tasteless gas that is a by-product of the incomplete combustion of any fuel containing carbon, such as wood, natural gas and gasoline. Exposure to a low concentration of carbon monoxide can lead to a range of symptoms, such as dizziness, headache, tiredness and nausea, whereas exposure to a high concentration of carbon monoxide can lead to impaired vision, disturbed co-ordination, unconsciousness, brain damage or even death.

â€‹ The CHP reminded members of the public that a gas water heater should be used in a well-ventilated area. They should seek medical attention immediately if they suspect developing symptoms of carbon monoxide poisoning.

â€‹ The EMSD also reminded members of the public of the following:

1. Occupants should buy and use a gas water heater which has been approved by the EMSD and bears a "GU" mark. If the gas water heater was installed before the scheme for the Approval of Domestic Gas Appliances took effect in 2003, the occupant should maintain the gas water heater in good condition and consider replacing it with one bearing the "GU" mark;
2. Occupants should arrange for a regular safety inspection of gas water heaters every 18 months by a registered gas contractor. If in doubt

- about the condition of the gas water heater, please contact the registered gas supply company at any time;
3. Occupants should stop using the gas water heater if there are anomalies (e.g. corrosion or damage to the casing) or signs of gas leakage observed. Please contact the registered gas supply company or dealer of the gas water heater for inspection and repair immediately; and
 4. Gas appliances, including gas water heaters and gas cookers, should be used in a well-ventilated area, such as by switching on exhaust fans and not closing all windows and doors.
-

Import of poultry meat and products from areas in Poland suspended

The Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department announced today (April 2) that in view of notifications from the World Organisation for Animal Health (WOAH) about outbreaks of highly pathogenic H5N1 avian influenza in Nowy Tomyśl District of Wielkopolskie Region and Działowo District of Warmińsko-Mazurskie Region in Poland, the CFS has instructed the trade to suspend the import of poultry meat and products (including poultry eggs) from the above-mentioned areas with immediate effect to protect public health in Hong Kong.

A CFS spokesman said that according to the Census and Statistics Department, Hong Kong imported about 6 600 tonnes of frozen poultry meat from Poland last year.

"The CFS has contacted the Polish authority over the issue and will closely monitor information issued by the World Organisation for Animal Health and the relevant authorities on the avian influenza outbreaks. Appropriate action will be taken in response to the development of the situation," the spokesman said.