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Ten Years of Bespoke Medicine in Integrated Treatment Centre (1999 - 2009) - a Commemorative Album

不一樣的治療 綜合治療中心10周年（1999-2009）紀念特刊

不一樣的治療

Ten Years of Bespoke Medicine in Integrated Treatment Centre *1999-2009*

綜合治療中心

周年紀念特刊

a Commemorative Album

衛生署 Department of Health

衛生防護中心 Centre for Health Protection

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Preface

It does not happen too often that one can look back 10 years and feel some satisfaction. For exactly a decade, I have been fortunate to be associated with Integrated Treatment Centre (ITC) and today I am satisfied that something meaningful has probably been accomplished.

The decade did not have a promising start when ITC came into being amid strong opposition in the neighbourhood. Hitherto, patients had been used to anonymity and had accepted discrimination as a way of life. ITC stole an uneasy limelight that caused trepidation to patients and staff alike. As it turned out, this incident served to set the agenda of discussion and acceptance of HIV infected patients. It led to the formation of the Committee on Promoting Acceptance of People Living with HIV under the Advisory Council on AIDS. Equal Opportunity Commission asserted its support. Since then, society has formed consensus that the rights of HIV infected patients are as inalienable as those of any other.

The decade also coincided with the era of HAART - highly active antiretroviral therapy. And what an understatement it was. The treatment was not only highly active, it was utterly life-saving and life-changing. Patients' outlook immediately improved. They now stayed out of the hospital and could focus on returning to productive work. What it all meant to ITC was that our outlook also had to change, to an ambulatory model focussed on quality effective treatment. Instead of integrating with day care treatment, ITC dedicated itself to horizontally integrating with relevant specialties across institutions. Rehabilitation has now replaced hospice as the by-word.

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假如一個人能夠回顧過去十年而心感滿足，可算是很難得的了。整整十年，我有幸能與綜合治療中心並肩前行。而今天，眼見往日的默默耕耘終於修成正果，實在令我深感欣慰。

這十年並非從一帆風順開始，因為綜合治療中心是在鄰里的反對聲浪中誕生的。在那個時候，愛滋病患者都習慣於隱姓埋名，接受歧視成為他們生活的一部分。綜合治療中心的成立成為眾矢之的，使得患者及員工寢食難安。不過，這次事件觸發了對愛滋病病毒感染者的討論，並將接納愛滋病病毒感染者的需要提上議程，同時，也促使了愛滋病顧問局轄下接納愛滋病患者促進委員會的成立。此外，平等機會委員會對此亦大表支持。自此以後，社會達成了一個共識，就是愛滋病病毒感染者的權利與任何其他人的權利同樣是不可剝奪的。

過去十年，也是高效能抗逆轉錄病毒治療法（HAART）發展的紀元。「高效能」這個名稱也實在略嫌保守，因為該治療法不僅高效，而且完全挽救及改變了患者的性命。自此，患者的前景充滿希望，他們現在能夠擺脫了醫院的桎梏，專心重投生產工作。對於綜合治療中心而言，這一切意味著我們未來亦須加以轉變，以注重優質高效治療的非住院模式為目標。綜合治療中心已致力橫向開展綜合各個機構及相關專科的工作，以取替綜合日間護理治療。康復現已取代寧養成為愛滋病工作的代名詞。

Preface

These were dramatic changes and ITC has responded with admirable adaptation. Clinical governance took its appropriate place to enforce quality service. Capacity building never ceased. Recruitment of collaborators has strengthened its position. And we have never wavered in putting the welfare of our patients first. After all, they are the very reason for existence of ITC.

This album commemorates what ITC has stood for, documenting its history, operation, integration with partner institutions, promulgation of clinical governance, and contribution in public health programmes and HIV surveillance. Prof CN Chen also explains how he came to be involved in a volunteer psychiatry clinic in ITC.

Much as this compilation is a dedication to our patients, it is also a tribute to all of those doctors and nurses who are now with ITC and who have since left. To their work, they have shown devotion. To their patients, they have shown compassion. To the inequality our patients suffered, they have taken up advocacy. Nurses in particular have been instrumental in building and sustaining clinical programmes. They have never been afraid to reinvent themselves to adapt to the ever changing landscape of HIV care. Today, after ten years, I must say I am proud to have been associated with such great company.

Dr Chan Chi-wai, Kenny
Senior Medical Officer
Integrated Treatment Centre (In-charge)

序

綜合治療中心採取果斷的措施，出色地應對了這些巨大的變化，當中包括落實臨床管治以強化優質服務，堅持舉辦培訓活動，以及透過招攬合作夥伴鞏固自身地位。由始至終，我們堅持將患者的福利放於首位，畢竟因為他們，綜合治療中心才有存在的需要。

這本特刊旨在紀念綜合治療中心所象徵的意義，記載著它的歷史、運作、與合作機構的整合、臨床管治的實行及它對公共衛生項目及愛滋病監測的貢獻。陳佳鼐教授亦娓娓道來他義務投身於綜合治療中心精神科診所的心路歷程。

這本紀念特刊既是贈予患者的獻詞，其實也是獻給綜合治療中心所有現任及已離任醫護人員的頌歌。對於工作，他們滿腔熱誠；對於患者，他們心存憐憫；對於患者所遭受的不公，他們挺身而出。特別是護士們，他們一直是建設及維持臨床項目的關鍵。他們從不畏懼，不斷自我提升，以適應日新月異的愛滋病治理形勢。在十年之後的今天，我必須說，我一直以擁有如此優秀的同伴而自豪。

陳志偉醫生
高級醫生
綜合治療中心主管

Foreword

Year 2009 marks the tenth anniversary of Integrated Treatment Centre (ITC) at Kowloon Bay. ITC is the designated HIV clinic of the Centre for Health Protection (Department of Health) and the largest of its kind in Hong Kong. ITC has a remarkable history: witness its successful construction following dialogue with nearby residents, its gradually expanding range of services and activities, and above all, its ever-stronger bonds with the community and especially clients with HIV/AIDS.

Despite great strides in the medical management of HIV/AIDS, the epidemic is still growing and it poses a major public health challenge. People living with HIV (PLH) are not only passive recipients of treatment and care; they are also active key partners in preventing spread of the epidemic. Among HIV treatment centres in Hong Kong, ITC stands unique in its multi-disciplinary range of clinical services on the one hand and its well-developed capabilities in public health prevention and control programmes on the other hand.

This album recollects vividly the happenings and development of ITC in its first decade. Hopefully it gives the reader a glimpse of how ITC works, featuring clinical services, research initiatives, capacity building activities, surveillance, public health programmes, collaboration with health institutions and community organisations, and many others. I congratulate colleagues at ITC on producing this memorable album. Without a doubt, it is a superb signpost for making ITC even better as it serves our community in the new decade.

Dr Thomas TSANG
Controller
Centre for Health Protection
Department of Health

前言

二零零九年標誌著九龍灣綜合治療中心踏進第十周年。綜合治療中心是衞生防護中心（衞生署）的指定愛滋病診所，而且是香港同類診所中規模最大的一家。綜合治療中心度過了一段非凡歲月：在與鄰近居民誠懇地對話後順利落成的綜合治療中心，服務及項目範圍逐步擴大，而最重要的，是與社群的聯繫日益密切，特別是與愛滋病病毒感染者／患者的關係。

儘管治療愛滋病的醫學已取得重大進展，但疫情仍持續擴大，對公共衞生構成了嚴峻的挑戰。愛滋病病毒感染者不僅是治療及護理的被動接受者，他們亦是預防感染蔓延的主要而積極的夥伴。在香港各個愛滋病治療中心當中，綜合治療中心的獨特性在於一方面由於能夠提供多學科的臨床服務，另一方面則具備管理公共衞生預防及控制項目所需要的能力。

這本冊子生動地記述了綜合治療中心在首個十年的發展歷程，並重點介紹臨床服務、研究項目、能力建立活動、監測、公共衞生項目、與衞生機構及社區組織的合作以及其他方面的資訊，務求讓讀者一窺綜合治療中心的運作情況。我謹以這本紀念特刊向綜合治療中心各位同事致以祝賀。毋庸置疑，它就像一個為我們指示方向的路標，激勵我們在下一個十年不斷提升綜合治療中心的水平，繼續為我們的社群提供優質的服務。

曾浩輝醫生
衞生署
衞生防護中心總監

A brief history of Integrated Treatment Centre
綜合治療中心簡史

Dr Wong Ka-hing 黃加慶醫生
Consultant 特別預防計劃
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AIDS came to Hong Kong

As with most countries in Asia, HIV arrived in Hong Kong relatively late. The first reports happened in the mid-1980s, mostly as imported cases. By then, the fatal nature of the disease had dawned on most citizens of Hong Kong. That HIV was finally in the community struck a common chord of fear. The Hong Kong government was credited with swiftly setting up service for counselling and HIV antibody testing, thus opening the first chapter of the local AIDS programme.

The HIV pandemic never followed a prewritten script; neither should its responsive measures. The Hong Kong AIDS programme came to its form based on unmet and anticipated needs of the times. It has been flexible, adapting to changing dynamics of the HIV epidemic and the unique circumstances of Hong Kong. Yet it has never wavered in its dual goal of controlling the spread of HIV in Hong Kong and providing care for those who are infected. This chapter chronicles events leading to and shaping the Integrated Treatment Centre which has become a cornerstone of the AIDS programme.

愛滋病傳入香港

與亞洲大部分國家及地區一樣，香港也是在相對較遲的時間才發現愛滋病。首批病例發現於一九八零年代中期，多為輸入個案。在那時，大多數香港市民意識到這種疾病的致命性。愛滋病終於傳入社群這一消息一時間導致人心惶惶。香港政府迅即設立諮詢及愛滋病病毒抗體測試服務，由此拉開了本地愛滋病計劃的序章。

愛滋病疫情從不會按照劇本發展，其應對措施亦然。香港根據當時未能滿足的需求及預期未來的發展，制定了愛滋病計劃。該計劃靈活變通，配合愛滋病疫情的變化動態及香港的獨特情況。但是，對於控制愛滋病在港蔓延及為感染者提供治理這兩個目標，該計劃卻從未動搖。在這一章中，我們記錄了其間所發生的重要事件，及由此而促成綜合治療中心誕生的歷程，而中心其後更成為愛滋病計劃的基石。

An AIDS programme emerges

In 1985, a health education and counselling service was set up at Queen Elizabeth Hospital (QEH) under the auspices of the then Medical and Health Department. This evolved to become an HIV clinic two years later to fill the need of caring for those who were HIV infected. To address anxiety in the community, the same crew of doctors and nurses set up a telephone hotline for the public. And to help guide the proper professional approach to the disease, the group also published information booklets for doctors and dentists, predating the well known Scientific Working Group on AIDS.

With time, a structured programme began to take shape, perhaps catalyzed by the health care reform in the early 1990s. In 1992, Special Preventive Programme (SPP) was established under the Department of Health to take charge of an integrated public health and clinical programme on AIDS. More commonly known as the AIDS Unit, SPP was staffed mostly by the same team of doctors and nurses from QEH.

愛滋病計劃問世

一九八五年，當時的醫務衞生署在伊利沙伯醫院設立健康教育及輔導服務，並在兩年後發展成為一家愛滋病診所，以滿足愛滋病病毒感染者的治理需要。為了消除社區的憂慮，診所內的醫生及護士組成團隊，為公眾設立電話熱線，同時，為了協助引導醫生及牙醫以正確而專業的態度對待愛滋病，該團隊甚至較愛滋病科學工作小組更早展開工作，率先向有關人士刊發資料文件。

大概在一九九零年代初期，在醫護改革的催化下，一個結構性項目隨著時間的推移開始成形。一九九二年，衞生署設立特別預防計劃，以負責一個針對愛滋病的綜合公共衞生及臨床治療項目。特別預防計劃的員工主要來自上述伊利沙伯醫院的醫療團隊，而他們更以愛滋病服務組之名而廣為人知。

A brief history of Integrated Treatment Centre 綜合治療中心簡史

In 1994, SPP relocated the HIV Clinic to its new office in Yaumatei. This became the de facto Government HIV Clinic, providing out-patient-based HIV clinical treatment and care to all patients of Hong Kong. As historical continuation and for follow up of hospital discharges, QEH continued to operate a clinical AIDS service after establishment of Hospital Authority. Close linkage was maintained between SPP and QEH, especially on professional training and the interface between hospital care and outpatient management.

一九九四年，特別預防計劃將愛滋病診所遷往位於油麻地的新址，變成名副其實的政府愛滋病診所，為患者提供以門診為主的愛滋病臨床治療及護理。為貫徹歷史任務及跟進照顧出院的病人，伊利沙伯醫院在醫管局成立後繼續營運愛滋病臨床服務。同時，特別預防計劃與伊利沙伯醫院亦保持緊密聯繫，尤其著重專業培訓及醫院護理與門診治理的銜接事宜。

A dual programme of clinical and public health

The establishment of SPP represented an alignment of clinical care with public health medicine. At a time when the patient population was small and effective treatment non-existent, SPP already placed a dual emphasis on both care and prevention. While patients' quality of life was to be maintained in so far as possible with available treatment and within the existing framework of care delivery, SPP also began work on the broader issues of societal acceptance and HIV prevention. The unique access to this group of patients also enhanced surveillance, supporting the public health mandates of the Department. Thus was born the dualistic AIDS programme in Hong Kong. As a matter of fact, until the Integrated Treatment Centre (ITC) was set up, the HIV Clinic shared the same address and staff with the AIDS counselling and voluntary HIV testing service.

臨床治療及公共衞生雙重計劃

特別預防計劃的成立象徵著臨床治理與公共衞生醫學的互相結合。在患者人數不多及缺乏有效療法的時期，特別預防計劃已強調治理及預防的雙重重點。除致力在現有的治理服務架構內，藉著可以利用的治療方法盡量保持患者的生活質素之外，更著手解決更廣泛的問題，包括推廣社會接納愛滋病及加強愛滋病預防的工作。由於這是唯一接觸這類患者的途徑，因此監測工作也予以加強，從而為衞生署的公共衞生使命提供支援。香港的雙重愛滋病計劃由此誕生。事實上，在綜合治療中心成立之前，愛滋病診所與愛滋病輔導及愛滋病病毒抗體測試服務共用相同的辦事處及員工。

In anticipation of an expanding pool of patients and to improve care, the Administration in the 1990s began its planning of a designated HIV clinic in the Kowloon Bay Health Centre. This came to fruition in July 1999 when the purpose-built ITC was officially commissioned, replacing the Yaumatei clinic. The protests by the neighbourhood community in the preceding four years had been painful to all. Eventually, efforts spearheaded by the Community Liaison Group led by Rev Chu Yiu-ming and the Equal Opportunities Commission succeeded in bringing an end to the incident. Nevertheless, this incident served well to highlight the agenda of acceptance and paved the way for the subsequent establishment of the Committee on Promoting Acceptance of People Living with HIV under the Hong Kong Advisory Council on AIDS.

由於預期患者人數將會逐漸增加，同時也為了提升治理水平，政府於一九九零年代開始計劃在九龍灣健康中心設立指定的愛滋病診所。一九九九年七月，為此而成立的綜合治療中心正式啓用，以取代油麻地診所，該項計劃終告實現。回顧過去四年，鄰近社區所提出的激烈抗議對所有人來說都是一種煎熬。最後，以朱耀明牧師領導的社區聯絡小組及平等機會委員會為首的各方團體努力斡旋，終於成功解決了事件。不過，這事件亦充分凸顯出將接納愛滋病患者提上議程的重要性，並為日後香港愛滋病顧問局轄下接納愛滋病患者促進委員會的成立作好準備。

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ITC evolves

The date ITC began operation marked the beginning of a new chapter in AIDS care in the territory. This chapter has been and is still being written in response to patient and community needs. Marked changes have taken place in staff, patients, care delivery, community expectations, professional needs, and what not. However, there has been one constant, the dedication and enthusiasm which have been the driving force of all the staff.

Rising number of patients

The clientele of ITC has expanded dramatically. At the time of service commencement in 1999, there were less than 350 patients transferred from the Yaumatei clinic. After ten years, it was more than 1400. This increase reflected more than the parallel rise of newly reported HIV infections in the community. It was also a result of effective antiretroviral therapy and care in the clinic. Mortality after 1997 has been shown to fall by 90 percent for those with advanced HIV disease and treated at the Government HIV Clinic.

綜合治療中心的發展

綜合治療中心正式營運標誌著本港愛滋病治理進入新里程。直至現在，綜合治療中心仍然以針對患者及社群的需要為宗旨。雖然員工、患者、治理服務、社群期望、專業需求等等都發生了顯著的變化，然而，一直推動中心所有員工努力向前的獻身精神及滿腔熱忱依然毫無改變。

患者人數與日俱增

接受綜合治療中心服務的人數大幅增長。一九九九年，當服務剛開始時，轉介自油麻地診所的患者不足三百五十名。十年之後，患者人數已逾一千四百名。人數增長不僅反映社區新呈報愛滋病病毒感染病例宗數的上升，而且也彰顯了診所的高效抗逆轉錄病毒治療法及護理的成效。據資料顯示，自一九九七年後，在政府愛滋病診所接受治療的後期病患者的死亡率下跌90%。

Integrated public health objectives

The clinic has taken its public health mandates to a new level. The development of a structured public health programme targeting HIV positives for prevention in 2006 was a systematic consolidation effort of ITC to fulfil its public health role. Of which, the drug adherence counselling and support programme played dual role for individual health improvement and public health good of reduced risk of HIV transmission. ITC has successfully backed up local HIV/AIDS surveillance, from regular case reporting to in-depth epidemiologic investigation. The gamut of public health programme is still evolving to meet the prevention demands, and its monitoring and evaluation component is being integrated into the clinical governance arch of ITC.

Integrated clinical care

While delivery of direct treatment, care and support services to HIV/AIDS patients are the priorities of ITC, the Centre is also engaged in a variety of related service arenas. Acknowledging that HIV-related complications transcend multiple medical

綜合公共衞生目標

診所已將其公共衞生使命提升到嶄新層次。二零零六年針對愛滋病病毒感染者制定的結構性公共衞生項目，是綜合治療中心為履行其公共衞生職責而作出的一項有系統的強化工作。其中，藥物依從輔導及支援計劃肩負促進個人健康及減低愛滋病病毒傳播風險的雙重職責。綜合治療中心成功地為本地愛滋病監測提供支援，範圍包括由定期個案報告以至深入流行病學調查。公共衞生項目的整個範圍仍在不斷拓展，以應付預防愛滋病的需求，而其監測及評估部分漸被納入綜合治療中心的臨床管治架構。

綜合臨床治理

儘管綜合治療中心的首要任務是為愛滋病病毒感染者/患者提供直接治療、護理及支援服務，但中心亦同時參與多個不同的相關服務領域。由於中心了解到愛滋病相關併發症超

disciplines, systematised arrangement was sought for consultation with certain competent specialists or subspecialists. Within ITC, integrated services were developed for dermatology, genitourinary medicine, therapeutic prevention of HIV and hepatitis, psychiatric consultation, as well as primary HIV care. The goal has been to provide one-stop HIV-related services as far as possible at ITC. More often than not, our patients prefer to be seen in a familiar and friendly environment. Collaboration with Princess Margaret Hospital on the PMH-ITC Infectious Disease Programme in 2001 was conceived in this spirit. Continuity of care in the event of hospitalisation has since been streamlined for patients' benefit and convenience.

越於多個醫學範疇，因此努力作出安排不同專科醫生或分科專科醫生為患者作出診治。綜合治療中心針對皮膚科、生殖泌尿科、愛滋病及肝炎的預防治療、精神科會診及基層愛滋病治理，發展出多項綜合服務。一直以來，中心都是盡可能提供一站式的愛滋病相關服務。鑑於患者大多寧願在熟悉而友善的環境下就診，因此在二零零一年，我們與瑪嘉烈醫院合作設立「瑪嘉烈醫院 - 綜合治療中心」傳染病合作項目，以秉承這種構思。自此，患者在住院治療時接受的持續照顧更趨簡化，也使他們更感方便。

Integrated laboratory science

HIV medicine is a rapidly evolving discipline, requiring state of the art laboratory support. In this regard, the Public Health Laboratory Centre has been supportive with not only HIV diagnostic testing, but HIV subtyping, CD4 enumeration, viral load measurement, and what not. In more experimental areas, ITC has benefited from its partnership with academic institutions, making it possible to provide, among others, genotypic resistance, therapeutic drug monitoring and pharmacogenetic testing.

綜合實驗室科學

愛滋病醫學是一門發展迅速的學科，需要先進的實驗室檢測工作支持。在這方面，公共衞生檢測中心便一直為中心提供支援，其中不僅包括愛滋病診斷測試，還有愛滋病病毒亞型分析、CD4測試、病毒載量檢測等等。在更廣泛的實驗領域中，綜合治療中心因與學術機構締結夥伴關係而受惠，從而得以提供病毒耐藥性、治療藥物血含量監察及遺傳藥理學測試等。

Integrated psychosocial support

Straddling the turnaround of HIV prognosis, ITC has changed its objectives when it came to psychosocial support. The concept of hospice quickly gave way to rehabilitation. This required quick adaptation on the part of staff. Yet, as things changed, some things remained the same. For one, psychosocial support continues to be important as the patient, with an improved life expectancy, looks for full reintegration into society. Arguably better than 10 years ago, stigmatisation and non-acceptance by family and friends, and by society at large still exist.

ITC is blessed with dedicated nurse counsellors and medical social workers. They work with patients and their significant others on marital, family, work and other life issues. In addition, wherever appropriate, ITC has enlisted the assistance of community organisations, governmental or non-governmental. It may be cliché, but indeed each patient's circumstances are unique, posing very different challenges. Partly because of this, HIV care can be difficult at times, but never has it been boring for those who work in ITC.

綜合社會心理輔導

為應對愛滋病預後的轉變，綜合治療中心已改變在社會心理輔導方面的目標。由於寧養的概念迅速被康復取替，因此需要員工作出快速的適應和調整。然而，儘管時移世易，一些事物卻依然貫徹始終，其中之一便是社會心理輔導所具有的重大意義。因為患者的預期壽命不斷延長，使他們冀望能夠重新融入社會。不過，患者的家人、朋友及整個社會對愛滋病患者的不接納和排斥至今仍然存在，雖然情況較十年前已有改善。

綜合治療中心有幸能夠擁有一批專業護理輔導員及醫務社工。他們與患者及患者的至親並肩面對婚姻、家庭、工作及其他生活上的問題。此外，在適當的情況下，中心也會向政府或非政府機構、社區組織尋求協助。雖然這可能是老生常談，但每名患者的情況確實都是獨一無二的，由此而構成的挑戰亦截然不同，這也是令愛滋病治理人員有時會遇到困難的部分原因。儘管如此，中心的工作人員卻從未對有關工作感到煩悶。

A brief history of Integrated Treatment Centre 綜合治療中心簡史

Integrated audit and benchmarking

Evidence-based science and quality assurance are key to HIV medicine. Charged to be the subject officer of HIV/AIDS locally, SPP has worked to build in a clinical governance system at ITC. Standards were set, delivered and monitored for ITC and benchmarking of the territory. In addition, a computerized clinical information system (CIS) was set up to support governance, and programme monitoring and evaluation. Besides regular auditing, ad-hoc review of service provision and clinical impact can be made. One notable example is the evaluation of impact of HAART in local setting in 2004, yielding evidence of similar, if not better, health benefits of HAART in Hong Kong. The research activities of ITC in its first decade, be them done alone or in collaboration with other institutions, had centred on applied studies to better clinical and/or public health goods of HIV/AIDS.

Recommendations and professional support

Formulation and promulgation of guidelines, recommendations and manuals form an important dimension of standard maintenance. ITC has provided technical support to the work of Scientific Committee on AIDS and STI of the Centre for Health Protection, and its predecessor, Scientific Committee on AIDS of the Advisory Council on AIDS. This has been accomplishable by the practice-based nature of ITC services, which we treasured a lot. Standard setting is of course supplemented and complemented by professional training and capacity building activities, which had been organized for both local and non-local health care workers over the years.

綜合審核及設立基準

循證科學及質素保證是愛滋病醫學的關鍵所在。作為本地愛滋病工作負責的機構，特別預防計劃致力在中心建立一個臨床管治體系，以訂立、提交及監察各項標準，並以此作為本港的參照基準。此外，中心亦已設立電腦化臨床資訊系統以支援管治、項目監察及評估。除了定期審核以外，也會對服務提供及臨床作用進行特別審核。其中一個明顯的例子，是二零零四年對本地的高效能抗逆轉錄病毒治療法所產生的影響進行評估，結果證明該治療法為香港臨床和公共衞生帶來不少於西方國家，甚至有更大的裨益。中心在首十年的研究活動，無論是獨立進行或是與其他機構合作，都將焦點放在對愛滋病臨床及/或公共衞生更有利的應用研究上。

建議及專業支援

制定及頒佈指引、建議及手冊是維持標準的重要一環。綜合治療中心一直為衞生防護中心愛滋病及性病科學委員會，以及其前身(即愛滋病顧問局轄下愛滋病科學委員會)的工作提供技術支援。我們能夠完成這項任務，全賴綜合治療中心的服務是以實踐為本，而這種精神一直被我們珍而重之。當然，我們還舉辦專業培訓及能力建立活動，以補充及完善各項標準。多年來，我們已為本地及非本地醫護人員舉辦過不少這類活動。

An integrated HIV clinic
綜合愛滋病診所

Dr Chan Chi-wai, Kenny
Senior Medical Officer
Integrated Treatment Centre

陳志偉醫生
綜合治療中心
高級醫生

ITC 10th Anniversary

The early years of HIV and the concept of integrated care

The early years of the HIV epidemic in Hong Kong were marked by confusion, despair and most unfortunately discrimination. The medical community struggled to understand this fatal disease. From a service standpoint, it was not even clear if HIV should fall into the realm of infectious disease, immunology or venereology. There were also those who viewed HIV as a primary care issue more appropriately managed by primary care physicians. As a result, provision of care was inadequate and disorganized. The HIV specialist had yet to exist. Besides the obvious, it could not be overemphasized that an HIV infected patient also had to deal with the secrecy and taboo of what HIV implied, and the predicament of revealing to their loved ones a fatal sexually transmitted disease.

The early HIV clinic adapted by targeting selected interested specialists to provide medical care. Importantly, it did not overlook the emotional needs of patients, their families, and significant others. This duality of service has since marked HIV clinical care. The HIV clinic has been a focal point for both patients and families who did not come to expect cure. Yet they appreciated a patient-centred approach where they could find their dignity. It was also a place where hidden emotions could be articulated without fear of bigotry. Of course, this would not happen unless staff reciprocated with compassion and devotion.

At one time or another, the HIV Clinic of Department of Health has been attended by an unlikely mix of doctors from very different backgrounds - clinical immunologist, pulmonologist, paediatrician, dermatologist, general internist and family physician. At a time when HIV care was not a desirable career pathway, these doctors should be commended for their selfless dedication, courage and compassion which should also be essential qualities of an HIV specialist.

The benefits of successful antiretroviral therapy today tend to make one forget how HIV disease could ravage a previously healthy body, as it did at an unrelenting pace in yesteryears. Patients, generally young and in their productive years, went through debilitation, early dementia, uncontrollable diarrhoea, and stigmatizing skin diseases. Hospital stays were prolonged and medical procedures frequent. In their final days which would feel like years, a patient could be blind, required to take 30 or more pills a day, and tied to an intravenous drip all day.

愛滋病傳入初期與綜合治理的概念

愛滋病傳入香港初期，充斥著混亂和絕望，而最不幸的就是歧視。醫學界傾盡全力，從醫學角度了解這種致命的疾病。不過，從服務的觀點來看，就連愛滋病究竟應歸入傳染病學、免疫學還是性病學領域的問題都未能明確。亦有人認為愛滋病屬於基層醫療。因此，當時對愛滋病所提供的治理既不足夠亦雜亂無章，而愛滋病專科醫生更是匱乏。除了這些顯而易見的問題之外，更值得強調的，是愛滋病病毒感染者還須極力掩飾，對愛滋病所隱含的意義諸多避忌，同時亦須面對向摯愛親人揭露這一致命的性傳染病的困難。

初期的愛滋病診所是透過選定有興趣的專科醫生協助提供醫療治理服務。重要的是，它不可以忽略患者及家人的情感需要。這種雙重重點的服務自此一直成為愛滋病臨床治理的標誌。愛滋病診所為患者及其家人提供了盼望，雖然他們並不期望診所能令這種病痊愈，但是他們珍視以患者為中心、維護患者尊嚴的服務方式。此外，診所還可以讓壓抑的情緒得以宣洩，而毋須顧慮他人的偏見。當然，能夠締造這個環境，全賴員工的同情及熱誠。

在不同時候，衞生署愛滋病診所由一群背景迥異的醫生坐診，當中包括臨床免疫科醫生、胸肺科醫生、兒科醫生、皮膚科醫生、普通內科醫生及家庭醫生。愛滋病治理並不會提供理想的事業坦途，所以這群醫生能夠作出無私的奉獻、無畏的勇氣及無比的同情，實在值得嘉許，而這些情懷亦是愛滋病專科醫生應有的基本品質。

今天，抗逆轉錄病毒治療法取得成功，為患者帶來裨益，往往會讓人忘記愛滋病過去如何無情地摧殘曾經健康的身體。通常正值壯年的患者，會患上乏力、早期癡呆、無法控制的腹瀉及望而生厭的皮膚病，因而需要長時間住院及接受頻繁的醫療程序。到了生命的盡頭，患者會感覺度日如年，他們甚至可能雙目失明、每日須咽下三十粒或更多的藥丸，並且整天寸步難離靜脈點滴器。此外，

2 An integrated HIV clinic 綜合愛滋病診所

Depending on the complications that befell them, they might have to deal with painful surgeries, radiotherapy, chemotherapy, or all of the above. More often than not, they went through all these alone. And inevitably, they died.

The Integrated Day Treatment Centre (IDTC) was conceived in the early 1990s before effective therapy was available. The Centre would be 'integrated' in the sense that patients could benefit from day care that spared them from many hospital visits. Provision was made for a variety of procedures such as blood transfusion, endoscopy, minor operation, intravenous therapy, bone marrow study, inhalation treatment and lumbar puncture. A friendly and homely environment would also provide a certain degree of respite for some patients.

As such, the IDTC was designed to be a day care centre, with facilities befitting a mini-hospital. It would comprise two floors, one of which house six patient rooms, each with one to two beds. In addition, there were an operating room and treatment rooms with negative pressure for airborne infection control. A patient resting area complete with a kitchenette, television and small library was a good example of patient-focused design. The other floor would be where outpatient consultations as well as

隨著他們的身體發生各種併發症，可能還得接受無比痛苦的手術、放射治療、化療，或形形色色的治療方法。在這過程中，他們大多只能獨自默默承受，但最終還是難逃死亡的命運。

綜合日間治療中心的構思始於一九九零年代初期，當時尚無有效的治療方法。中心「綜合」的意義在於患者可受惠於日間護理，毋須多次前往醫院就診。中心會提供各種不同的治療服務，例如輸血、內窺鏡檢查、小型手術、靜脈注射治療、骨髓研究、吸入治療及腰椎穿刺術等。同時，一個友善而親切的環境也可以在一定程度上紓緩部分患者的痛苦。

因此，綜合日間治療中心被設計成一個日間護理中心，設施可以媲美一間小型醫院。中心分為兩層，其中一層設有六間病房，每間病房各設有一至兩張病床，另外還設有可控制空氣傳染的負壓治療室。小廚房、電視機及小型書庫等一應俱全的患者休息區，是以患者為中心的誠意設計。另一層是進行門診

treatment could be done. Facilities were provided for gynaecologic examination, slitlamp microscopy, indirect ophthalmoscopy, and skin disease treatment such as phototherapy and laser therapy.

From vertical to horizontal integration

Two years before the IDTC were to be commissioned into service, HAART came into being. Although double nucleoside therapy had been the norm, the profound impact of adding another class of drug, be it nonnucleoside or protease inhibitor, was quite unexpected. In 1997, the use of triple combination therapy as HAART was rapidly taken up in advanced patients with dramatic results. Clinical procedures and hospitalizations became less frequent. At the same time, convenient alternatives to usually intravenous drugs for AIDS-related complications were also being developed. The conclusion was obvious, that patients would live longer in relatively good health. This led to a new paradigm in which HIV care would be quickly transformed into an outpatient ambulatory model, designed for long term and patient-oriented care with a preventive focus. Instead of

及治療的場所，所配備的設施可供婦科檢查、裂隙燈顯微鏡檢查、間接眼底鏡檢查及皮膚病治療（例如光療及激光療法）使用。

由縱向綜合至橫向綜合

綜合日間治療中心計劃投入服務前兩年，高效能抗逆轉錄病毒治療法即問世。儘管雙核苷治療法已經成為常規的治療方法，但新藥物（不論是非核苷藥物還是蛋白酶抑製劑）所帶來的深遠影響實在大大超出人們的預期。一九九七年，採用三合一療法作為高效能抗逆轉錄病毒治療法醫治嚴重病患者取得卓越成效，降低了患者接受臨床程序及住院的次數。與此同時，愛滋病相關併發症常用靜脈注射藥物的簡便替代品亦正在研發之中。這一切產生了顯而易見的結果：患者的壽命增加，而健康情況亦相對較好。這種情況催生出一個新的範式，就是愛滋病治理迅速轉型為非住院門診模式，旨在以預防為基

palliation, one would now strive for rehabilitation. Paradoxically, integration would be important as ever as patients live longer and develop problems that cross traditional professional disciplines. Furthermore, health care has become highly specialized, if not fragmented. Frustrations easily build when patients have to endure long waiting lists to see specialists in hospitals they have never been to. The relative rarity of HIV disease also limits the experience of most specialists.

礎，提供長期及以患者為本的治理。患者如今將力爭康復，而非緩和痛苦。矛盾的是，綜合治療的重要性將一如既往，這是因為隨著患者壽命的延長，跨越傳統專業學科的問題亦逐漸顯現。現今，在醫療服務變得專業化的同時，亦變得繁覆，患者前往陌生的醫院向專科醫生求診時，往往必須先經過長時間的輪候，很容易會感到心灰氣餒。此外，愛滋病相對較為罕見，亦使一般專科醫生的經驗受到局限。

The ITC paradigm of HIV care

In 1999 when the Centre was commissioned for service, it was officially called the Integrated Treatment Centre (ITC), reflecting an emphasis on integration rather than day care. Indeed a new paradigm of treatment had evolved with the changing times.

Integrated care

Networked hospitals and clinics (Figure 1)

ITC, formerly IDTC, was intended to be vertically integrated, sparing patients from hospitalization as far as possible. This has

綜合治療中心的愛滋病治理範式

於一九九九年投入服務時，中心的官方名稱為綜合治療中心，反映出其注重綜合而非日間護理。的確，這是一種與時俱進的嶄新治療範式。

綜合治理

聯網醫院及診所（圖1）

綜合治療中心(前稱綜合日間治療中心)原本是為縱向綜合而設，旨在盡量讓患者免受住院

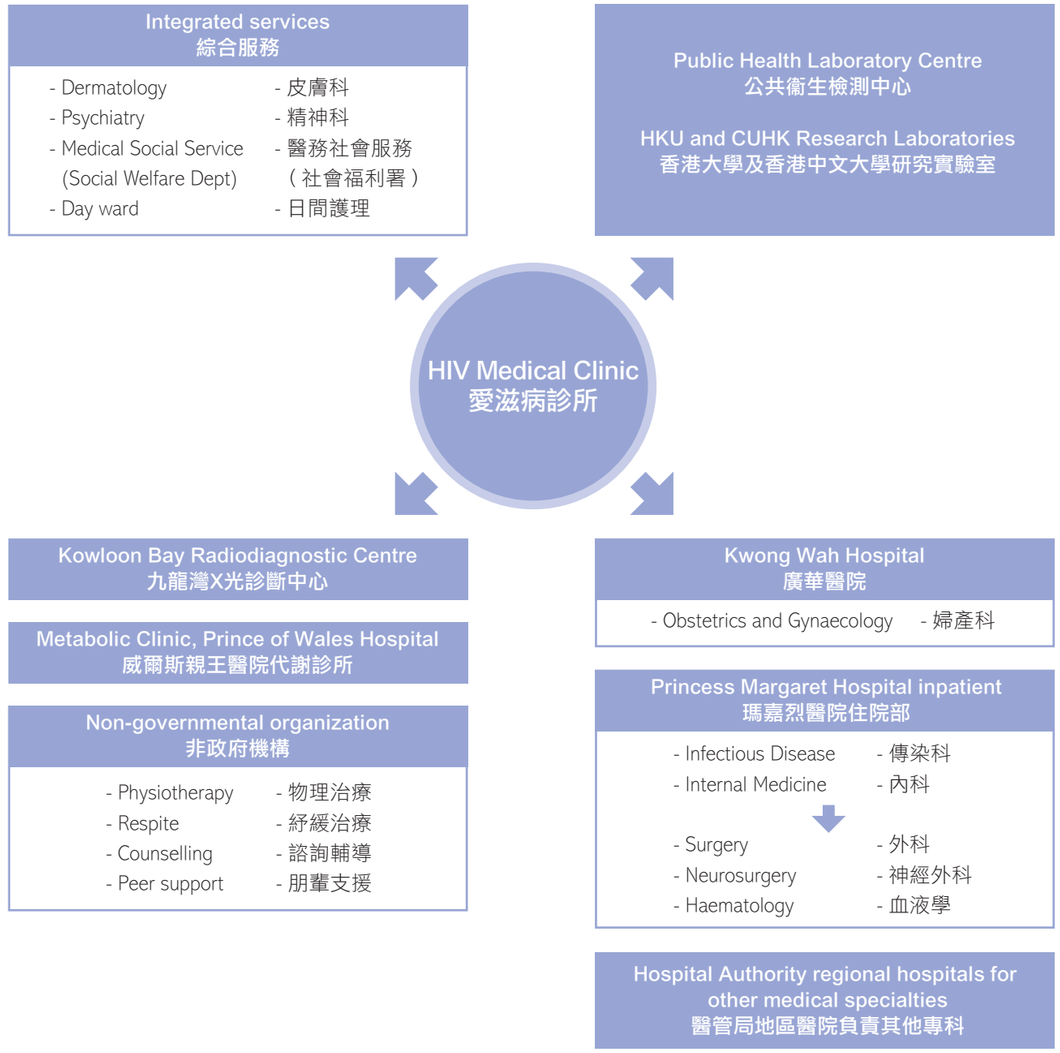

Figure 1: Schema of integrated care at Integrated Treatment Centre
圖 1: 綜合治療中心的綜合治理圖解

persisted in the form of day care and onsite treatment services. Intramuscular, inhalational and intravenous treatments are performed, as are most dermatologic procedures.

Today most patients are ambulatory although they require care from multiple services. Lateral integration with specialists knowledgeable in HIV-related complications is therefore important. In 2001, the collaboration with the Medical Unit of Princess Margaret Hospital, heavily staffed with Infectious Disease physicians, provided coordinated and readily accessible inpatient service for patients of ITC.

Efforts were also made to establish a framework of care in other specialties commonly required of HIV care, most notable of which are:

- Obstetrics and Gyncecology (Kwong Wah Hospital) – especially for management of pregnant patients, abnormal cervical cytology, etc
- Specialty Clinic (Prince of Wales Hospital) – for management of metabolic and endocrine problems including dyslipidemia, diabetes, and thyroid dysfunction.

之苦。這一宗旨以日間護理及現場治療服務的形式得到貫徹。另外，中心還提供肌肉、吸入及靜脈注射治療，以及大部分皮膚科治療程序。

儘管如今大部分患者都需要多項治理服務，但他們並不需要住院。因此，與精通愛滋病相關併發症的專科醫生進行橫向綜合便變得更加重要。二零零一年，綜合治療中心與瑪嘉烈醫院內科部攜手合作，為中心患者提供具協調性及隨時就緒的病人住院服務，而相關的工作人員則以傳染病科醫生為主。

中心還致力在愛滋病治理較常需要的其他專科部門設立綜合治理架構，其中比較值得注意的是：

- 婦產科(廣華醫院) - 特別是處理懷孕患者、子宮頸細胞異常等
- 專科診所(威爾斯親王醫院) - 處理代謝及內分泌問題，包括血脂異常、糖尿病及甲狀腺功能異常。

Such networking, while providing convenience to patients, helps build expertise and improve standard of care.

Laboratory and radiology service

The support of Public Health Laboratory Centre, the reference laboratory of Centre for Health Protection, has been crucial. The essential investigations of CD4 enumeration and viral load testing are done on a routine basis. More specialised tests such as genotypic resistance and HIV subtyping are also provided. In rapidly evolving HIV medicine, however, research investigations usually done in academic institutions can be important to patient care. In this respect, support from the Chinese University and Hong Kong University has been remarkable. They have contributed with tests such as HLA typing, therapeutic drug monitoring and viral fitness which translated to clinical benefits for some patients.

Access to routine radiodiagnostic services is also made convenient by proximity to the Kowloon Bay Radiodiagnostic Imaging Centre of CHP that is located in the same building. Seamless referral can be made and results rapidly obtained.

這種聯網在為患者提供便利之餘，亦有助累積專業知識及提升治理水平。

檢測及放射診斷服務

衛生防護中心的參考實驗室 - 公共衛生檢測中心的支援至關重要。檢測中心會進行常規的CD4基本量度及病毒載量檢測，並提供其他專業的檢測服務，例如基因型抗藥性及愛滋病病毒亞型分型。然而，在快速演變的愛滋病醫學中，一般由學術機構進行的研究亦可能對患者的治理至關重要。在這方面，中文大學及香港大學一直給予鼎力的支持，包括提供人類白細胞抗原分型、治療藥物血含量監察及病毒繁殖力測試等，這些工作其後轉化為部分患者的臨床助益。

綜合治療中心與衛生防護中心的九龍灣X光診斷中心位於同一幢大樓，令患者可以更方便地使用常規X光診斷服務，而轉介也可以暢通無阻地進行，並能夠迅速取得結果。

2 An integrated HIV clinic 綜合愛滋病診所

Multidisciplinary under one roof

The ultimate integrated care is one of multidisciplinary HIV polyclinic. But this by itself is never a goal of ITC. An HIV polyclinic may not be cost-effective for the relatively small size of the patient population. It may also risk overgrowing into a bureaucratic conglomerate devoid of the human touch. It is the belief in ITC that clinical service should be need-driven. For example, as metabolic complications became evident and actually common among patients on antiretroviral therapy, collaboration was made with the Department of Medicine of Chinese University to set up a metabolic research clinic in ITC in 2005. Considerable expertise was built in the next two years before it was relocated to Prince of Wales Hospital.

One huge need is psychosocial service. Modern antiretroviral therapy may have been a medical miracle, but it does not do away with the difficult adjustments to an HIV status. An improved prognosis also requires a new outlook toward emergence from a sick role and reintegration into productive society. These are some of the hurdles superimposed upon the direct

同一屋簷下的多個學科

最終極的綜合治理是設有多個專科服務的一個多專科診所，但這種模式不是綜合治療中心的目標。鑑於愛滋病患者人口相對較少，建立愛滋病分科診所可能不具成本效益，而且可能還須面對發展過快的風險，從而導致診所淪為官僚作風盛行、缺乏人性接觸的龐大機構。綜合治療中心的信念是臨床服務應由需求主導。舉例來說，在接受抗逆轉錄病毒治療法的患者身上，已經陸續發現代謝併發症，而且事實上這種病徵已變得屢見不鮮。有見及此，綜合治療中心於二零零五年與中文大學醫學院合作設立了代謝研究診所。診所在成立之後累積了大量專業知識，於兩年後遷往威爾斯親王醫院。

患者對社會心理服務的需求非常巨大。現代抗逆轉錄病毒治療法也許是一個醫學奇跡，但它無法解決患者在適應愛滋病病毒感染者身份的過程中所遭遇的困難。此外，人們還

neuropsychiatric complications of HIV disease. ITC has been blessed with the voluntary service of Prof Char-nei Chen, emeritus Professor of Psychiatry of Chinese University. In addition, the deployment of two full time medical social workers from Social Welfare Department provided a crucial range of social services needed by patients.

On the clinical side, Dermatology and Genitourinary Medicine are fully integrated in ITC, which is highly appreciated by patients. In the beginning, this service was also provided to general dermatology patients who were not HIV infected. But as demand from HIV infected patients steadily grew, it is now limited to our own clinic patients.

Accountable and client-oriented service

Team approach

Within the constraints of public health care, ITC has strived for accountable and client-oriented service. Towards this end, each patient is assigned to a care team headed by one HIV physician

未能用全新的角度，來看待脫離病患角色並重新融入生產性社會的患者。這些不過是愛滋病患者遭遇到困難的冰山一角。可幸的是，綜合治療中心得到了中文大學精神學榮譽教授陳佳鼐教授的義務協助。此外，社會福利署派駐的兩名全職醫務社工亦為患者提供多項重要的社會服務。

臨床方面，綜合治療中心已將皮膚科及生殖泌尿科全面綜合，此舉贏得了患者的高度讚賞。在最初，這項服務亦曾提供予沒有感染愛滋病病毒的普通科皮膚病人，但隨著愛滋病病毒感染者的需求穩步增長，這項服務現時只供我們的門診患者使用。

負責及以患者為本的服務

團隊合作方法

在公共醫療治理的限制下，綜合治療中心竭力提供負責及以患者為本的服務。為達成這

and staffed by nurse counsellors. This is to allow a case management approach that not only facilitates service coordination but excellent accountability.

Care-prevention continuum

The counselling service conducted by nurse-counsellors is instrumental in combining care and prevention in one setting. As a routine, a patient sees his counsellor in every clinic visit and usually before his doctor. In the initial meeting, knowledge about HIV, its treatment and prevention is given. In subsequent sessions, assistance is provided for partner counselling and referral, assessment is made of treatment adherence and support always given whenever a patient encounters adjustment difficulties. Furthermore, advice is given where appropriate on HIV prevention as it pertains to between partners or from mother to child. Close collaboration has been established with the Society for the Aid and Rehabilitation of Drug Abusers to jointly follow drug users. Peer support and rehabilitative services are also available through referral to other non-governmental organisations.

個目標，每名患者會被分配至一個治理團隊，該團隊由一名愛滋病醫生主管及幾名護士輔導員組成。此舉旨在讓中心得以實行一種既可以促進服務協調性、又有助達致卓越問責性的個案管理方法。

防治結合

護士輔導員提供的輔導服務對於防治結合具有莫大的幫助。這是一項在每次會見醫生之前進行的例行程序，患者會與其輔導員進行會面。在初次會面時，輔導員會提供有關愛滋病及其預防和治療的知識。在其後的會面中，輔導員會就伴侶輔導及轉介提供協助，並對治療依從的情況進行評估，同時，隨時為在適應方面遭遇困難的患者提供支援，及適時提供建議，以預防愛滋病在伴侶或母嬰之間傳播。中心已與香港戒毒會展開緊密合作，共同跟進吸毒者的情況。透過向其他非政府機構的轉介，患者亦可獲得朋輩支持及康復服務。

Computerized clinical database

ITC was among the first within Department of Health to computerize its clinical service. Not only did computerization add to patient and provider convenience, it created an extensive database that would be essential for good clinical governance.

電腦化臨床數據庫

綜合治療中心是衞生署轄下首批將臨床服務電腦化的機構之一。電腦化不僅為患者及醫護人員帶來了便利，還建立了一個對良好臨床管治至關重要的龐大數據庫。

3

Clinical governance
臨床管治

Dr Chan Chi-wai, Kenny
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Integrated Treatment Centre

陳志偉醫生
綜合治療中心
高級醫生

ITC 10th Anniversary

3 Clinical governance 臨床管治

Background

The year of 1997 marked the beginning of an era when highly active antiretroviral therapy (HAART) became available in Hong Kong. Its impact was way beyond expectation. AIDS, which had been uniformly fatal, now became controllable with long term drug treatment. In every sense of the word, HAART was a medical miracle. Amid the euphoria, however, one could have overlooked the accompanying challenge that would take place in a facility dedicated to HIV care.

HAART brought with it change on all fronts. Pessimism was to be overtaken by an aggressive approach using drugs and monitoring with novel technologies. Drug adherence would have to be emphasised and closely monitored. Medical procedures became less important. Disease manifestations would also be altered by a previously unheard of immune reconstitution syndrome. Palliation was to be superseded by rehabilitation.

Integrated Treatment Centre (ITC) was commissioned at this time of change, during the steep phase of a learning curve. But even in the planning stage of the Centre, it had become clear that a systematic approach would be needed to sustain and improve quality. This would later be known as clinical governance, a concept that originated in the United Kingdom and was modified for use in ITC.

背景

一九九七年標誌著一個新紀元的開始。此後，高效能抗逆轉錄病毒治療法在香港得以應用。這種治療法的影響超出預期。過往必然致命的愛滋病，現在已可透過長期藥物治療予以控制。可以絕對地說，高效能抗逆轉錄病毒治療法是一個醫學奇跡。然而，在歡欣鼓舞之餘，人們可能忽視隨之而來對一所致力於愛滋病治理的診所帶來的挑戰。

高效能抗逆轉錄病毒治療法對各方面均帶來改變。人們不再悲觀，而採取積極用藥及以新科技監察病情，但必須強調藥物依從並密切監控。醫療程序的重要性相對降低。疾病的臨床現象亦因前所未聞的免疫重建綜合症而改變。「紓緩病痛」被「康復」所代替。

綜合治療中心在此變化之際投入服務，而且正值尚待學習的階段。但即使在中心的規劃階段，我們已經清楚知道需要採取有系統的方式，才能維持及提升質素。這個概念其後稱為臨床管治。此概念源自英國，經修訂後引進綜合治療中心使用。

The concept of clinical governance

Clinical governance is the 'means by which organisations ensure the provision of quality clinical care by making individuals accountable for setting, maintaining and monitoring performance standards' [1]. Implicit in the definition of clinical governance is the idea that its implementation would involve a continuous cycle of quality improvement.

As defined by the US Institute of Medicine, 'quality' is the degree to which health services for individuals and populations

臨床管治的概念

臨床管治是「組織促使個人負責設定、維持及監督表現標準，以確保提供優質臨床治理的途徑。」[1] 臨床管治的定義隱含了在實施過程中持續改善質素的循環過程。

根據美國國家醫學院的定義，「質素」指對個人及人群的健康服務提升至期望的健康結果的可能性，及該等服務與現時專業知識吻合的程度。拋開醫學術語，「質素」可簡單

[1] Gray GR. Clinical governance: the challenge. Royal College of Surgeons (Glasgow) annual report 1998.

increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Stripped of the medical jargon, it may simply be understood as doing the right things at the right time and right first time. Nevertheless, this rightness is never absolute but relative. It needs to be silhouetted against benchmark, the process of comparison being carried out by setting standards. These standards are then delivered and monitored. The loop completes itself when information is fed back to improve on the standards themselves. The driver of this cyclic process is a combination of client and public monitoring, changing local and international standards of care, and professional requirements.

理解為於正確的時間做正確的事及在第一次便做對。然而，「正確」從來就非絕對，而是相對的。對照基準才能顯出「正確」，而比較過程則透過設定標準來實現。其後，這些標準會被提交及監督。當獲得資訊反饋以促進標準提升時，這個循環過程便會自我完成。循環過程的驅動力融合了客戶及公眾監督，以及本地及國際治理標準改變及專業要求等多種因素。

Essential elements of clinical governance

Five spheres of activities are essential for good clinical governance in an HIV clinic, ITC being no exception: infection control, evidence-based medicine, risk and complaint management, training and staff development, and clinical audit.

臨床管治的關鍵因素

愛滋病診所的良好臨床管治涉及五個不可或缺的環節，綜合治療中心亦不例外，包括：感染控制、實證醫學、風險及投訴管理、培訓及員工發展，以及臨床審核。

Infection control

As a matter of fact, the modern day development of infection control owes itself to the appearance of HIV. Universal Precautions, in which all blood and body fluids are viewed as potentially infectious, laid the foundation of a non-discriminatory approach in infection control. In ITC, an infection control committee writes its practice manual, conducts audit, and reviews the literature on relevant issues. Although day ward procedures have become relatively rare now that effective antiretroviral therapy has managed to improve a patient's clinical condition, potentially infectious procedures such as inhalation treatment are still necessary. All clinic procedures fall in the realm of oversight by this committee. This committee also maintains a close two-way dialogue with the departmental infection control committee to implement department-wide infection control policies.

感染控制

實際上，現代感染控制的發展應歸功於愛滋病病毒的出現。將所有血液及體液均視為潛在感染源的普及性預防措施，是感染控制的非歧視方式的基礎。在綜合治療中心，由感染控制委員會編寫實用手冊、進行審核、及對相關課題的文獻進行檢討。由於有效的抗逆轉錄病毒治療管理得宜，令病人的臨床病情得以改善，從而使日間治療程序變得相對較少，但吸入治療之類的預防感染程序仍屬必要。所有臨床程序均在委員會的監察範圍之內。委員會亦與部門感染控制委員會攜手，維持密切溝通，以實施部門範圍的感染控制政策。

3 Clinical governance 臨床管治

Evidence-based medicine

The advent of HAART was unanticipated but its impact profound. While it was life-saving, its longer term effects were not fully understood. The challenge therefore was to quickly adopt the treatment and yet on the alert for unexpected adverse effects. With time, the clinic has responded with strengthening of its clinical management of metabolic problems. Research and capacity building also took centre stage. In what was essentially uncharted territory, evidence-based medicine became the central philosophy.

In setting practice protocols, clinical staff held regular meetings in which literature was reviewed and protocols set with the goal of quality improvement. The collection of protocols was later modified and published as the first edition of the HIV Manual, available to all medical practitioners of Hong Kong. Since then, the editorial board has been broadened to include other collaborators in the field and a second edition of the manual has been published.

實證醫學

沒有人預料到高效能抗逆轉錄病毒治療的出現，但其影響深遠。儘管該療法能挽救生命，但其長期影響尚不完全清楚，因此迅速採取治療，同時提防無法預期的負面影響仍是一項挑戰。隨著時間的推移，診所已相應加強對代謝問題的臨床管理。研究及能力建立亦成為焦點。至於在仍未為人知的領域，實證醫學則已成為主要的原理依據。

於制定實際工作規程時，診所員工定期開會或檢討醫學文獻及設定指引，以期提升質素。其後，更將指引修訂及刊發，作為愛滋病手冊第一版，供香港所有醫生使用。此後，編輯部更擴展至包括該領域的其他合作者，而手冊第二版亦已經刊發。

Risk and complaint management

Without effective treatment, AIDS would be fatal. However, this should not be confused with treatment futility. Neither should the standard of medicine suffer in any way simply because there is no cure yet. In clinical governance, complaints are taken seriously because they provide a window to examine areas for improvement. The same applies to potential risks in daily clinical practice which are actively sought for examination. Similarly, regular patient surveys such as of quality of life monitor the overall status of standard delivery and identify issues that concern patients the most. All in all, such audit serves the purpose of quality improvement where it counts - patient satisfaction.

Training and staff development

Continuous staff development is not clichéd but actually imperative in an HIV clinic. Developments in HIV medicine have been at a relentless pace probably ever since AIDS appeared.

風險及投訴管理

在欠缺有效治療時，愛滋病將會致命，但不要與治療無用論相混淆，也不應該因無法治癒而降低治療水平。在臨床管治中，我們會認真對待任何投訴，因為投訴為檢討改善工作提供了方向。這項原則同樣適用於日常臨床治療，應積極找出潛在風險並進行評估。同樣地，定期對病人進行生活質素等調查，有助監督水準，並找出病人最關心的問題。總之，該等審核在客戶滿意這範疇內起到提升質素的作用。

培訓及員工發展

雖然看似老生常談，但員工的持續發展實際上是愛滋病診所必須進行的工作。大概自愛滋病出現之後，愛滋病病毒治療的知識就以毫不間斷的步伐向前發展。病人數目的增加及隨之而來的員工人數增長，加劇培訓和員

3 Clinical governance 臨床管治

The expansion of the patient population and the consequent addition of staff accentuate the importance of training and continuous staff development. On a professional level, training is provided toward fellowship status in the specialty of Infectious Disease and Dermatology. Activities such as journal club, clinical case round, and topic review are also in place and accredited for Continuous Medical Education (CME) by professional bodies.

In a broader sense, ITC contributes to capacity building for health care workers in Hong Kong and elsewhere. Open seminars on HIV are well received. Collaborative training with hospital staff is conducted as needed. Exchange training programmes with counterparts in Mainland and Macau have also been an ongoing process, to mutual understanding and benefit.

Clinical audit

The whole process comes together in the Clinical Audit Committee. This committee is charged with monitoring standards. Quarterly meetings chaired by Chief of Service have been held since 1999. The goal of such meetings is to refine practice for the benefit of quality improvement. Aside from reviewing clinical effectiveness indicators and reports from infection control, risk and complaint managers, the committee provides the forum where intensive chart reviews are discussed. Albeit a labour-intensive process, periodic chart review is both audit and education to those involved.

工持續發展的重要性。從專業水平而言，培訓亦對傳染病及皮膚病專科的人員提供專業地位。此外，文獻分享、臨床個案討論及專題檢討等活動亦相繼進行，並獲專業機構認可為持續醫學教育。

從更廣義的角度來說，綜合治療中心也對香港和其他地方的醫護人員的能力建立作出了貢獻。有關愛滋病病毒的公開講座深受歡迎、與醫院員工合作的培訓課程亦有舉辦、與內地及澳門的相關機構合作的交換培訓計劃亦時有進行，以達到互相交流了解，務求令各方受益。

臨床審核

臨床審核委員會彙集所有程序。該委員會負責制定及監察標準。自一九九九年起，季度會議即由主管醫生主持，旨在改善實務，以期提升質素。除了檢討臨床效果指標及感染控制和風險及投訴經理所作出的報告之外，委員會亦提供論壇，以便討論各種檔案檢討。雖然這是一項需要大量勞力的工作，但檢討週期性病人的檔案對參與者而言，既是審核的工作，也是學習的機會。

The framework of clinical governance in ITC

In terms of concrete activities, clinical governance may be looked at as the sum of the following components.

Setting standards -

- Participation in Scientific Committee on AIDS and STI (formerly Scientific Committee on AIDS)
- Clinic protocol development
- Editorial board of HIV Manual

綜合治療中心的臨床管治框架

在具體活動方面，臨床管治可包括下列元素。

訂立標準 -

- 參與愛滋病及性病科學委員會（前稱為愛滋病科學委員會）
- 制定臨床方案
- 愛滋病手冊編委會

Maintaining and delivering standards -

- Journal club
- Joint clinical meeting with counterpart HIV physicians of other clinics
- Clinical case round
- Case conference

Monitoring standards -

- Computerised information system with clinical effectiveness indicators
- Periodic chart review
- Risk and complaint management
- Mortality review
- Infection control committee

The interplay of these various activities is illustrated as follows. (Figure 1)

保持及履行標準 -

- 醫學文獻分享會
- 與其他診所的愛滋病醫生進行聯合臨床會議
- 臨床個案討論
- 個案討論

監察標準 -

- 臨床效果指標的電腦化資訊系統
- 週期性病人檔案檢討
- 風險及投訴處理
- 死亡個案檢討
- 感染控制委員會

這些不同活動的相互影響，如下圖列示。（圖1）

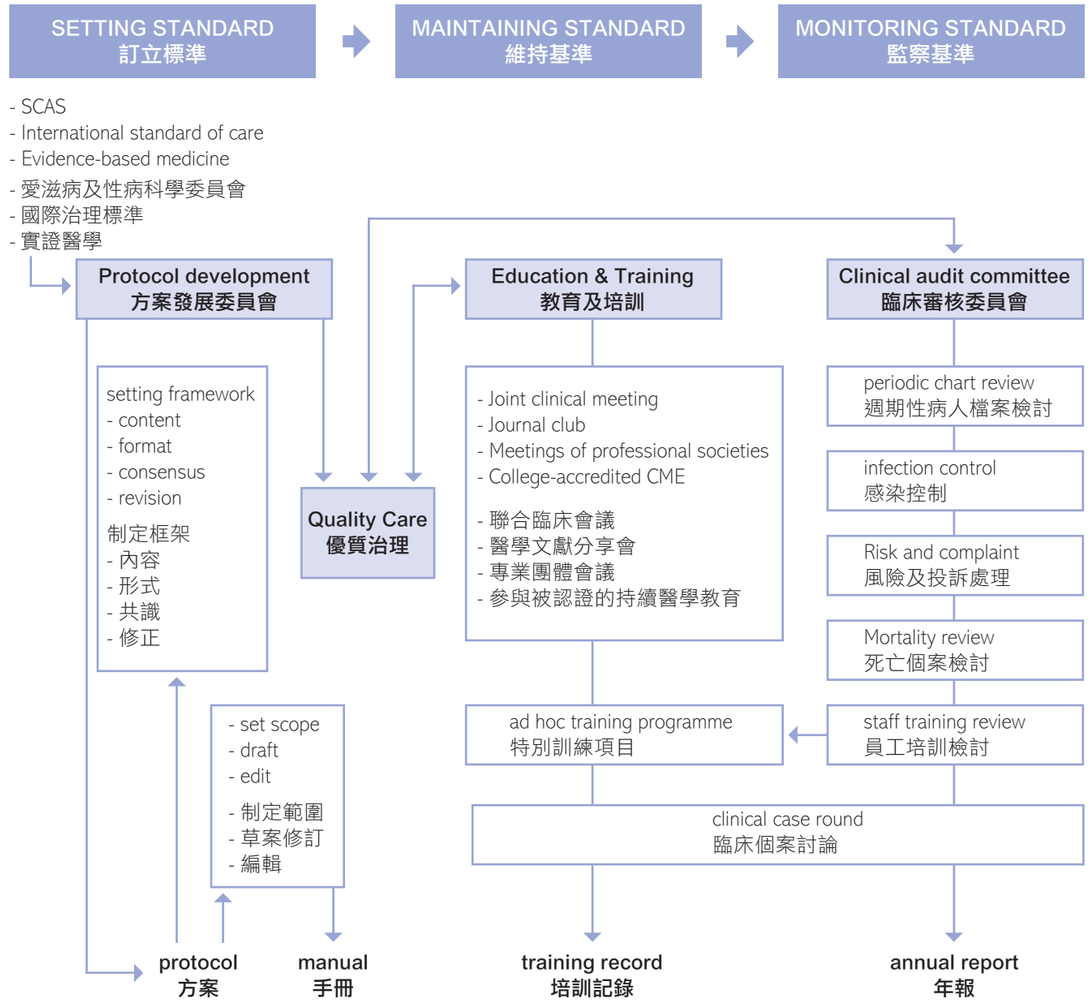

Figure 1: Components of clinical governance in ITC
圖 1: 綜合治療中心的臨床管治元素

3 Clinical governance 臨床管治

Clinical governance and cohort

It cannot be overemphasised that clinical governance is not a static process. The process as it is today has evolved with the times. While it made sense to have an ‘internet’ study group in the beginning, it quickly became obvious that this medium had become the major tool of study and thus the responsibility of every professional staff, thus eliminating the need of a specialised study group. On the other hand, as mortality in our patient population has become uncommon, each case is now intensively studied in the clinical audit committee.

The process of clinical governance is driven by quantitative data. For this reason, a computerised clinical information system was constructed and prospective data collected. In particular, clinical effectiveness indicators were set. This was a programme specifically written for the purpose of clinical governance and different from any clinical management programme. With time and with the accumulation of patients, a clinic cohort has effectively been established, allowing ad hoc studies to be performed. Such studies have yielded useful findings. For one, the decrease in mortality and morbidity in our patient population is now well documented and found to be among the best in the world. Full characteristics and outcome of the clinical cohort were published in 2007, setting the benchmark for the local standard of care.[2]

臨床管治及病人群組

臨床管治並非靜態過程，這絕不是誇張的說法。這個過程隨著時間演化，才有今天的結果。剛開始時，「網上」學習小組似乎具有存在的意義，但這媒介很快便成為學習的主要工具，並成為每位專業員工的職責，而專題學習小組的需要卻逐步減少。另一方面，因為患者死亡的現象已不常見，因此每個案例目前都由臨床審核委員會進行深入研究。

鑑於臨床管治過程以量化數據推動，因此，我們構建了電腦化臨床資訊系統，並收集前瞻性數據，特別是設定了臨床效果指標。程式是特別為臨床管治編寫，有別其他任何臨床管理程式。隨著時間推移以及病人人數的累積，我們已建立了一個病人群組，以進行專項研究，並取得有用的結果。例如，病人死亡率及發病率下降的資料現已完整備案。病人群組的所有特性及成果亦已於二零零七年公佈，成為本地治理標準的典範。[2]

A means to an end

As a framework of quality assurance and improvement, clinical governance has served well to safeguard patients’ welfare by a process of standard setting, delivery and monitoring. It is an intricate system very dependent on the drive of all those involved and quantitative data. Nevertheless, one should not forget this is nothing more than a means to an end. Patients of the clinic remain the focus and the very reason why ITC came to existence in the first place.

作為達到目的的手段

作為質素保證及提升的框架，臨床管治透過訂立標準、提交及監察程序，致力保障病人福利。這個複雜的系統非常依賴所有有關的人員及量化數據。但我們不應忘記，此舉不過是達到目的的方法。診所病人就是重心所在，亦是最初設立綜合治療中心的最終原因。

[2] Special Preventive Programme, CHP, DH (2007). Tracking the characteristics and outcome of HIV/AIDS patients cared for at the Integrated Treatment Centre - a report of 1999 to 2006

4

Public Health Programme
公共衞生項目

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4 Public Health Programme 公共衞生項目

Introduction

The emergence of HIV in the early 80s was quickly followed by knowledge of its modes of transmission. The incurable nature of the infection, coupled with the realization that HIV is preventable, has convinced many that resources should not be spared from prevention work. One important focus of HIV prevention has been to target persons who are not HIV infected, promoting their awareness and helping them avoid being infected. At the turn of the millennium, the importance of people living with HIV/AIDS (PLHA) in prevention became better defined.[3] Although the majority of seropositive persons who are aware of their HIV status reduce their risk behaviour, some fail to be consistent and some simply do not.[4] The underlying reasons are complex, but as PLHA live healthier and longer, they have assumed a central role in interrupting the onward transmission of HIV.

The notion that the HIV clinic should be active in HIV prevention was raised overseas and quickly endorsed locally.[5,6] This is especially feasible in Hong Kong because most, if not all, HIV infected patients obtain care in either one of two designated clinics: the Special Medical Service of Queen Elizabeth Hospital and ITC in Kowloon Bay. Traditionally both have placed emphasis on prevention counselling. In 2004, ITC attempted to systematically incorporate prevention programmes in its care model.

概述

於八零年代初期出現愛滋病病毒之後，人們很快便知道其傳染方式。鑑於愛滋病的不可治癒性，和人們認識到感染是可以預防的，使很多人相信不應減少對預防工作的資源投入。預防愛滋病病毒的其中一項重點，是針對並未受病毒感染的人士，提高他們的意識及幫助他們避免受到感染。但邁入千禧年之際，針對已受愛滋病病毒感染人士的預防工作的重要性得以更好的界定和肯定。[3] 儘管大多數的感染者儘量減少他們的風險行為，但其中有些人不能堅持，有些人更毫不理會。[4] 箇中原因十分複雜。但隨著感染者更加長壽，他們在阻止愛滋病病毒繼續傳播方面已擔當了核心的角色。

愛滋病診所應在預防愛滋病病毒傳播方面發揮積極作用，這一概念源自海外，並且很快獲得本地認同。[5,6] 這種概念在香港尤其可行，因為大多數（如果並非全部）的感染者都在其中指定的專科診所（伊利沙伯醫院、九龍灣的綜合治療中心）接受治療。傳統上，兩家診所均強調預防輔導。於二零零四年，綜合治療中心試圖有系統地將預防項目納入其治理模式。

Objectives and programme components

In 2004, ITC formed a public health team consisting of doctors, nurses and statisticians to study the concept and evaluate the systematic incorporation of public health programmes in the daily care of HIV infected patients. Preparatory work of the Team consisted of literature research and brainstorming sessions, after which following objectives were set and programme components defined: [7]

公共衞生項目的目標及組成部份

二零零四年，綜合治療中心成立了一個由醫生、護士及統計員組成的公共衞生小組，以研究該概念，並評估將公共衞生項目與感染者的日常治理作有系統性的融合。小組的準備工作包括文獻研究及集體研討，其後更設定了下列目標，亦界定了項目的組成部分：[7]

[3] Janssen RS, Holrgrave DR, Valdiserri RO, Shepherd M, Gayle HD. The serostatus approach to fighting the HIV epidemic: prevention strategies for infected individuals. AM J Public Health 2001; 91:1019-24.

[4] Crepaz N, Marks G. Towards an understanding of sexual risk behaviour in people living with HIV: a review of social, psychological, and medical findings. AIDS 2002; 16:135-49.

[5] CDC. Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Disease Society of America. MMWR 2003;52(No. RR-12):1-24.

[6] Scientific Committee on AIDS. Recommended framework for the delivery of HIV clinical care in Hong Kong. Hong Kong: CHP, DH, 2005.

[7] Ho CF, Lee SS. Prevention targeting the HIV positives. In: Lee SS, Wu JCY, Wong KH, editors. HIV Manual 2007. Hong Kong: Stanley Ho Centre for Emerging Infectious Diseases of CUHK and Special Preventive Programme of CHP, DH; 2007. p. 85-92.

4 Public Health Programme 公共衞生項目

Objectives:

(1) To minimise the risk of spread of HIV infection from known positive persons.

(2) To protect partners and carers from HIV infection.

(3) To support the development of strategy and programmes on the effective control of the HIV epidemic in Hong Kong.

Programme components:

(1) Case investigation – to determine the source of infection, clustering, and factors associated with infection.

(2) Drug adherence counselling – to perform assessment and counselling to promote patients' adherence to antiretroviral therapy.

(3) Partner counselling and referral – to identify at risk partners, provide voluntary testing and counselling, and if indicated, make referrals for marital counselling, drug rehabilitation, etc.

(4) Risk reduction assessment and counselling – to conduct screening for sexually transmitted infections and risk assessment on sex, injecting drug use, and mother-to-child transmission; to provide tailor-made risk reduction counselling on individual and/or group basis.

目標：

(1) 盡量減少已知受愛滋病病毒感染的人士傳播病毒的風險。

(2) 保護其伴侶及其照顧者免受愛滋病病毒感染。

(3) 支持制定策略及項目，務求有效控制香港的愛滋病病毒傳播。

項目組成部分：

(1) 個案調查 - 決定個案的感染源、群組的特性，以及與感染有關的因素。

(2) 藥物依從輔導 - 對患者進行評估及輔導，以提升他們對抗病毒治療的依從。

(3) 伴侶輔導及轉介服務 - 協助患者識別有受感染風險的伴侶，提供自願測試及輔導服務，並於有需要時轉介其伴侶往婚姻輔導、戒毒服務等。

(4) 風險緩減評估及輔導 - 提供性病檢測，並評估感染者對性、使用針具及母嬰傳播愛滋病病毒的風險；以個別及／或小組模式為感染者提供特設的風險緩減輔導。

(5) Post exposure prophylaxis (PEP) – to provide post-exposure management in occupational settings.

Components (2), (3) and (4) target seropositive patients and are primarily delivered by nurse counsellors. They form the backbone of the Public Health Programme in ITC and are described in detail in this chapter.

Whereas some elements of these programme components have been part of daily counselling activities in ITC, some were entirely new services. To ensure quality and consistency, standard forms are now in use for patient assessments. Data thus collected are then entered into the computerized Clinical Information System of ITC to facilitate tracking and timely intervention for individual patients. In aggregate, these data inform behavioural surveillance and programme monitoring. Regular meetings are held to provide feedback on the evaluation results and to discuss measures for programme improvement.

(5) 預防治療 - 提供預防治療予因職業暴露而有感染風險的人士。

第(2)、(3)及(4)項組成部分均針對感染者，工作主要由護士輔導員執行，這些組成部分是綜合治療中心公共衞生項目的核心，有關詳情會在本章稍後陳述。

在這些項目組成部分之中，某些元素早已成為綜合治療中心日常輔導工作的一部分，某些則完全是新服務。為確保服務的質素及一貫性，現已採用統一的表格為病人進行評估。收集的數據會輸入綜合治療中心電腦化臨床資訊系統，以便追蹤及對個別病人作出適切的干預。這些數據會被綜合分析，其結果有助持續地監察病人的風險行為及評估公共衞生項目的成效。我們定期召開會議，檢討評估結果及討論對項目的改善措施。

Drug Adherence Counselling

The success of highly active antiretroviral therapy (HAART) hinges on almost perfect adherence. Efforts toward sustained adherence begin at an individualized prescription to be followed by ongoing counselling and monitoring. As early as 1997, drug adherence counselling was chosen to be a nursing project of Continuous Quality Improvement. As part of the Public Health Programme in ITC, such counselling aims at enhancing adherence to maximize treatment benefits, promote health,[8] avoid emergence of drug resistance and lower infectivity.[9] The counselling model comprises four phases:

(1) General preparation – to provide general knowledge on HAART to all new patients attending ITC.

(2) At treatment initiation – to explore patients' readiness and barriers to adherence, and help them work out solutions, to explain adverse effects of individual drugs and ways to lessen their impact, and to review with patients their knowledge about drug storage and administration.

(3) Consolidation – for patients who were recently started on HAART or who have had their treatment regimen modified, to review experience of treatment, particularly adverse effects or convenience issues that may negatively impact adherence.

(4) Maintenance – in every medical visit of HAART treated patients, to assess drug taking behaviour and provide positive reinforcement, and to perform detailed drug adherence assessment on an annual basis.

藥物依從輔導

高效能抗逆轉錄病毒治療法的成功取決於能否對藥物高度的依從。要病人維持依從須對他們作出個別及持續的藥物依從輔導和監察。早在一九九七年，藥物依從輔導已被選作持續質素改善的一個護理計劃。作為綜合治療中心公共衞生項目的一部分，該等輔導旨在提高病人對藥物的依從性，以達致最佳治療效果，改善病人的健康[8]、避免出現耐藥性及降低傳染機會。[9] 輔導模式分四個階段：

(1) 一般準備 - 向所有在綜合治療中心就診的新病人提供高效能抗逆轉錄病毒治療法的一般知識。

(2) 開始治療 - 探討病人對藥物依從是否作好準備，及了解他們的障礙，幫助他們找出解決方法，解釋藥物的副作用及提供如何減輕其影響的方法，並與病人一同檢討藥物貯存及服用的知識。

(3) 鞏固依從 - 對於近期才開始接受高效能抗逆轉錄病毒治療、或者最近曾更改其藥物治療組合的病人，在輔導中探討他們的治療經歷，尤其是否有不利依從的負面經歷，如副作用和對日常生活有影響的情況。

(4) 堅持依從 - 對接受高效能抗逆轉錄病毒治療法的病人，在他們每次到綜合治療中心時，都評估其用藥行為，並提供積極的強化藥物依從輔導，並每年進行一次詳細的藥物依從評估。

Partner Counselling and Referral Services

Since 2002, a systematic service of partner counselling and referral services (PCRS) has been provided to new patients during their first year of attendance at ITC. Taking reference from international authorities,[10] the Public Heath Team has

伴侶輔導及轉介服務

自2002年起，我們已為在綜合治療中心接受第一年治療的新病人提供系統性的伴侶輔導及轉介服務。參考國際權威機構，[10] 公共衞生小組已制定伴侶輔導及轉介服務框架。目

[8] Palella FJ, Delaney KM, Moorman AC, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. N Eng J Med 1998; 338: 853-60.

[9] Porco TC, Martin JN, Page-Shafer KA, et al. Decline in HIV infectivity following the introduction of highly active antiretroviral therapy. AIDS 2004;18: 81-8.

[10] Centers for Disease Control and Prevention (CDC). HIV partner counseling and referral services guidance. USA: CDC, 1998.

developed a PCRS protocol that now targets all patients on an ongoing basis. (Figure 1) It aims at interrupting the chain of HIV transmission through early identification of the infected for referral for treatment. Those partners who test negative also benefit from behavioural change to prevent future infection.

By working with HIV positive persons, PCRS identifies, locates, notifies and refers partners at risk of HIV infection. Depending on circumstances, one of the following four forms of referrals may be adopted:

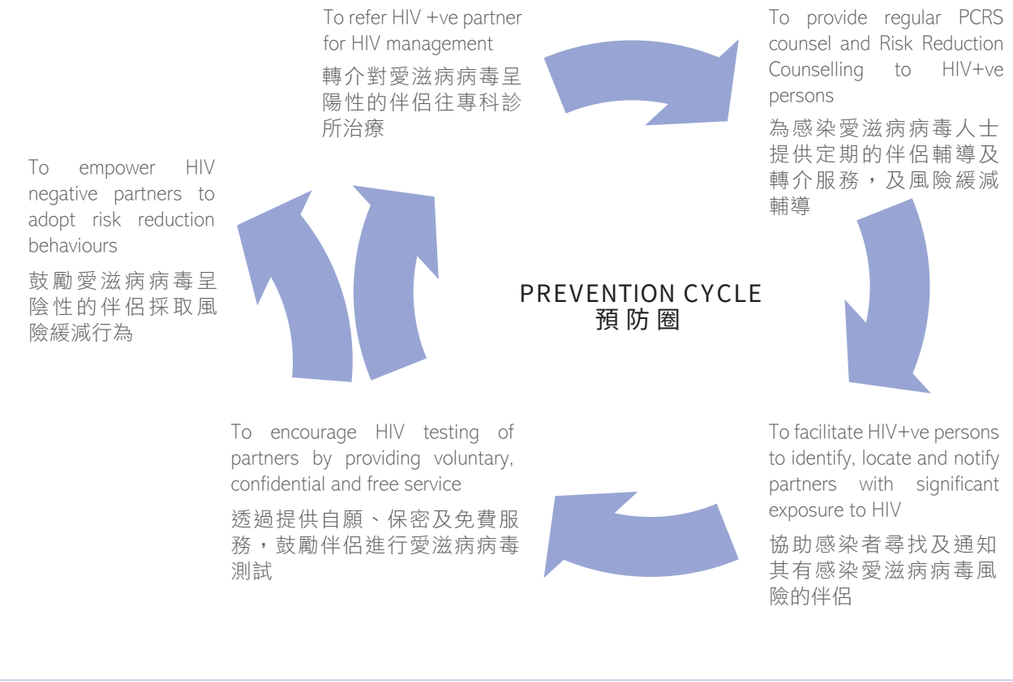
(1) Client referral – the HIV positive client informs partner(s) concerning possible exposure to HIV and the need of HIV testing and counselling.
(2) Dual referral – the HIV positive client discloses HIV status to partner(s) in the presence of nurse counsellor, in a setting where immediate counselling and testing are available.
(3) Contract referral – A contract is made with the index client that he or she will notify partners within a certain period of time. The nurse counsellor has been given contact

前，該服務已擴展至所有病人，並提供持續的服務（圖1）。該框架旨在透過早期確定感染者及進行專科轉介和治療，來阻斷愛滋病病毒的連鎖傳播。那些在測試中呈陰性反應的伴侶亦將因為在輔導後改變行為，而減低了日後感染愛滋病病毒的風險。

透過與病人(即感染者)共同合作，得以確定、尋找、通知及轉介有感染風險的伴侶進行伴侶輔導及轉介服務。並視乎情況，採取以下其中一種轉介方式：

(1) 病人轉介 - 由病人通知其伴侶有染上愛滋病病毒的可能性，以及轉介伴侶往本中心進行愛滋病病毒抗體測試和輔導。
(2) 雙向轉介 - 病人帶同伴侶往本中心，在護士輔導員陪同下病人向伴侶披露已感染愛滋病病毒，護士可向其伴侶即時提供輔導，並進行愛滋病病毒抗體測試。
(3) 合約轉介 - 與病人訂立合約，在特定時間內，病人會通知其伴侶有關感染愛滋病

Figure 1: The PCRS Prevention Cycle
圖 1: 伴侶輔導及轉介服務預防圈



information of these partners and would directly approach them for testing and counselling if the client failed to complete notification.

(4) Provider referral – the index client volunteers contact information of partners. The health care provider, without disclosing the identity of the index client, then makes contact with them, informs exposure to HIV infection, and provides counselling and voluntary testing.

HIV counselling and testing empowers exposed partners. For those who test positive, expeditious medical care can be provided. This is important now that effective treatment is available. They also provide new opportunities of PCRS to interrupt the chain of transmission. For those who test negative, counselling will impart knowledge of HIV transmission and facilitate behavioural change. Either way, PCRS contributes to HIV prevention.

病毒風險並轉介其往本中心接受測試。護士輔導員亦獲提供這些伴侶的聯絡資料，如果病人未能完成通知，護士輔導員會直接接觸這些伴侶，在不披露病人身份的情況下，提供愛滋病病毒抗體測試和輔導。

(4) 醫護人員轉介 - 病人自願提供伴侶的聯絡資料。醫護人員在不披露病人身份情況下，與這些伴侶聯絡，告知其感染愛滋病病毒風險，並提供輔導及自願測試。

愛滋病病毒輔導及測試服務能提高有病毒感染風險的伴侶的預防意識。對於測試呈陽性的伴侶(新確診者)，可提供迅速的醫療服務給他們。由於現時已有有效的方法控制病毒，因此立即行動是非常重要的。再者，提供伴侶輔導及轉介服務予新確診者能阻斷病毒的連鎖傳播。對於測試呈陰性的伴侶，輔導能增強其對愛滋病傳播的認識，並協助他們改變風險行為、預防感染。不論哪種情況，伴侶輔導及轉介服務均有助於預防愛滋病病毒的傳播。

Risk Reduction Assessment and Counselling

While PCRS focuses on risks in the past, risk reduction counselling looks to the present and future. In ITC, such counselling is systematic and aims at preventing HIV transmission from known HIV positive persons via: (1) unsafe sex, (2) sharing of needles and injecting equipment, and (3) mother-to-child. The following activities are its key components.

- assessment of ongoing risks of HIV transmission – for each visit, assessment is made of possible risk behaviour and HIV transmission.
- discussion on ways to reduce risks – use of condom and, if appropriate, proper use and disposal of needles are promoted. For those who habitually use heroin, methadone use is advised.
- positive reinforcements to safer behaviour.
- screening for and treatment of newly acquired sexually transmitted infections – since 2007, yearly urine testing for gonorrhoea and Chlamydia has been regularized as a routine service.

風險緩減評估及輔導

伴侶輔導及轉介服務是針對過去的風險，而風險緩減輔導則專注目前及未來。綜合治療中心的輔導工作具系統性，旨在預防愛滋病病毒透過病人經以下列途徑傳播：(1)不安全性行為，(2)共用注射針具，及(3)母嬰傳染。下列行動是主要的項目元素：

- 定期評估愛滋病病毒傳播的風險 - 如病人每次到診時，皆評估其有沒有傳播愛滋病病毒的風險行為。
- 協商如何降低傳播風險 - 正確使用安全套；對於使用海洛英的人士，建議改用美沙酮和正確使用及處置針具。
- 正面強化保障他人免受感染的行為。
- 定期檢測及治療性病 - 自二零零七年起，將淋病及衣原體尿液檢測規範為每年的例行服務。

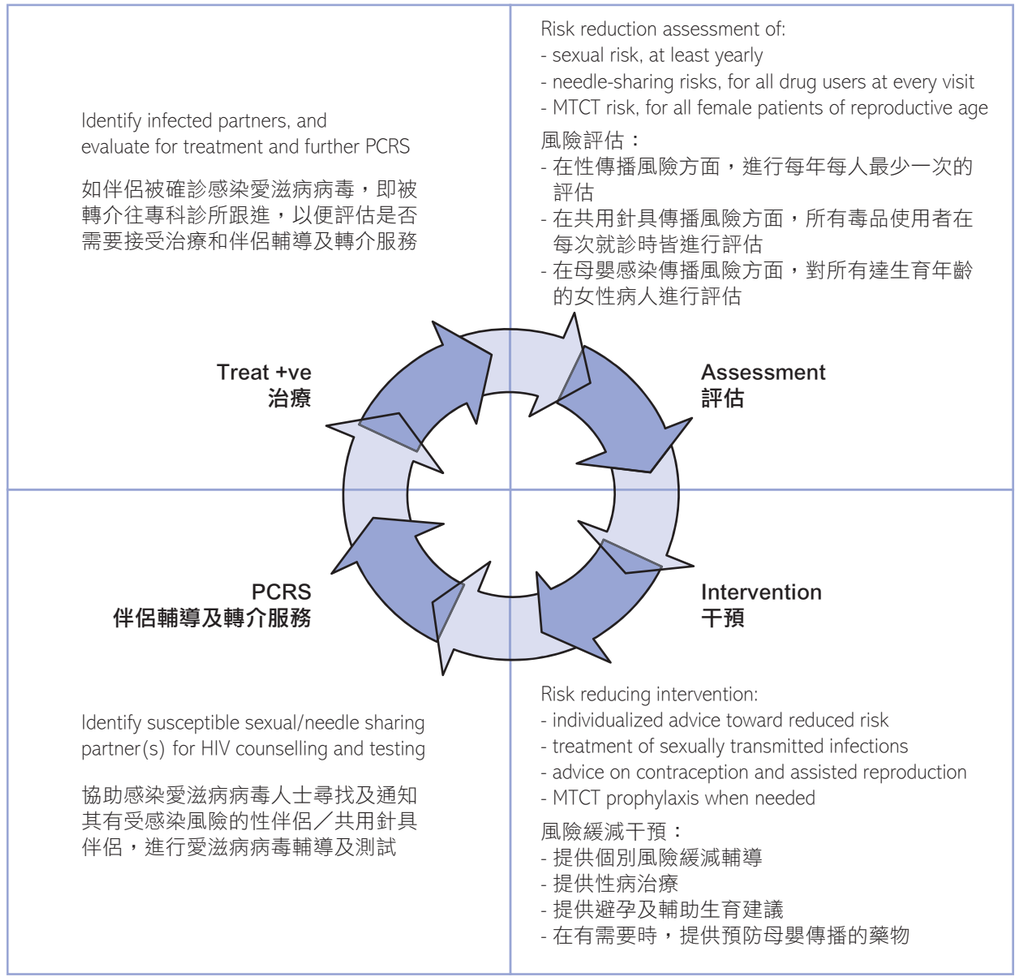
- For women of reproductive potential, provision of knowledge regarding mother-to-child transmission of HIV and its prevention, potential harmful effects of certain drugs to the foetus, and contraceptive methods. Assistance is also given to those who desire pregnancy before conception.
- Initiation of PCRS upon identification of risk practices.

Thus, risk reduction counselling and PCRS are complementary counterparts in the overall effort to curtail ongoing HIV transmission from a core group of seropositive patients. (Figure 2)

- 對有可能懷孕生育的婦女提供有關愛滋病病毒母嬰傳染及預防的知識，告知若干藥物對胎兒的潛在危害，以及商討避孕方法。並對有意懷孕者提供孕前協助。
- 如發現病人有風險行為時，即啟動伴侶輔導及轉介服務。

風險緩減輔導和伴侶輔導及轉介服務能互相補足，總的來說，它們能有助減低感染病毒者持續傳播愛滋病病毒的風險。（圖2）

Figure 2: PCRS and risk reduction counselling complement each other
圖 2: 伴侶輔導及轉介服務和風險緩減輔導互相補充



Preliminary outcome of the Public Health Programme

The three components of Public Health Programme were launched as pilot services. Although some of the interventions were new, the Programme as a whole was well received by patients, as indicated in patient surveys. It also achieved excellent coverage. In 2008, the coverage of risk reduction assessment and counselling was 80% for prevention of sexual transmission among all patients, and above 82% for prevention of needle-sharing transmission among drug users. At the same

公共衞生項目的初步成果

前述的三項公共衞生項目組成部分已在綜合治療中心推出作為試點服務。儘管某些干預措施是新的，但根據調查結果顯示，該計劃整體上受到病人歡迎，而且覆蓋率十分好。於二零零八年，在預防性傳播方面，80%使用本診所服務的病人曾參與風險緩減評估及輔導服務，而在預防共用針具傳播方面，82%有使用毒品習慣的病人參與，同時，伴侶輔導及轉介服務對新病人的覆蓋率達95%以上，對

time, the coverage of PCRS was over 95% for new patients, and 97% for existing patients who reported unprotected sex. Regarding HAART adherence, about 90% of treated patients were assessed and 97% of them had at least 95% of adherence rate. The rate of virological failure on treatment is less than 8%. These results are encouraging.

於報稱曾進行無保護性行為的現有病人的覆蓋率則達97%。在高效能抗逆轉錄病毒治療依從性方面，約90%接受治療的病人參與評估，當中97%的依從率至少達至95%。從病毒數量反映治療成效的指標得知我們的整體治療失敗率低於8%。這些成果都令人感到鼓舞。

Sustainable public health intervention

Since 2004, the various components of the Public Health Programme have come under the supervision of an HIV/AIDS Programme Office in ITC. Headed by a nursing officer and supported by a small research staff, the Office is limited in resources. Yet they are responsible for the conception, analysis, interpretation, review and report of all public health activities. Their work has proved that incorporation of public health functions into clinical service is feasible.

可持續性公共衞生干預

自二零零四年起，公共衞生項目的各個組成部分均已納入為綜合治療中心之愛滋病病毒／愛滋病項目辦公室的監督範圍。該辦公室雖然資源有限，僅由一位護士長領導及少量研究人員支援，但他們卻肩負起構思、分析、解釋、檢討及報告所有針對綜合治療中心感染愛滋病病毒的病人的公共衞生項目事宜。他們進行的工作證明了將公共衞生職能納入臨床服務實屬可行。

However, public health intervention is very labour-intensive. Counselling is given one-on-one and has to be intensive to be effective. It also takes time to develop a client-counsellor relationship that will allow one to divulge one ' s sexual behaviour, among others. Yet, the recent steep rise in patients attending ITC has begun to threaten the availability and effectiveness of counselling, unless commensurate strengthening of staff can be instituted in time. The staff at ITC realize the importance of such intervention in the face of a rapid epidemic and they are commended for their commitment to make it work.

然而，公共衞生干預是一項勞累的工作。輔導須以一對一的方式進行，並且需要頻密輔導才能奏效。同時，建立感染者與輔導員的關係亦相當費時，但這樣才能讓感染者將自己的性行為及其他事情坦白披露。然而，鑑於近期在綜合治療中心就診的病人人數陡增，除非可適時安排相稱的支援人手，否則輔導的提供及其有效性勢必受到影響。在面對病情迅速傳播的情況，綜合治療中心的員工均意識到提供干預的重要性，同時亦因積極將這些項目付諸實踐而受到表揚。

5

Role of ITC in HIV surveillance
綜合治療中心在愛滋病病毒監測方面的角色

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ITC 10th Anniversary

5 Role of ITC in HIV surveillance 綜合治療中心在愛滋病病毒監測方面的角色

HIV surveillance in Hong Kong

HIV is a stigmatising disease disproportionately affecting such marginalised groups as men who have sex with men, female sex workers and injecting drug users. Precise data related to these hard-to-reach populations are traditionally difficult to obtain. However, ITC, by virtue of its access to HIV infected patients, provides a feasible setting to collect epidemiological and behavioural data as well as laboratory specimens. Since its establishment, ITC has been the most important sentinel for collecting HIV surveillance data in Hong Kong.

The Hong Kong HIV surveillance system is run by Special Preventive Programme of the Department of Health. Four major programmes combine to describe the HIV/AIDS situation in Hong Kong. They are (a) voluntary HIV/AIDS case-based reporting; (b) seroprevalence studies; (c) sexually transmitted infections (STI) caseload statistics; and (d) behavioural studies. In addition, several registries are maintained to monitor special features of the epidemiological situation.

ITC is not only a major source of the case-based reporting system, it keeps registries related to tuberculosis and vertical transmission of HIV, among others. When necessary, ITC also provides an appropriate venue for surveillance studies involving HIV-infected individuals.

香港的愛滋病病毒監測

愛滋病是容易招人歧視的疾病，影響男男性接觸者、女性性服務工作者及注射毒品者等邊緣社群。這類人士由於不易尋訪，因此一向難以獲得他們的準確數據。然而，綜合治療中心利用接觸愛滋病病毒感染者的優勢，提供可行的方式，收集流行病學及行為數據，以及實驗樣本。綜合治療中心自成立之後，已成為收集香港愛滋病監測數據的最重要哨崗。

香港愛滋病監測系統由衞生署特別預防計劃運作，以四項主要計劃共同提供香港的愛滋病病毒感染／愛滋病狀況，分別是(a)自願愛滋病病毒感染／愛滋病個案呈報； (b) 血清研究；(c) 性病個案統計；及 (d)行為研究。此外，系統亦維持若干資料庫，以監督流行病學狀況的特徵。

綜合治療中心不但是個案呈報系統的主要來源，還維持有關結核病及母嬰傳染等等項目的資料庫。於必要時，綜合治療中心還會提供適當場地，以供進行涉及愛滋病病毒感染者的監測研究。

HIV and AIDS reporting

In 1984, the Department of Health implemented a voluntary anonymous HIV/AIDS reporting system. Input to this system includes standardized reporting by medical doctors (form DH2293) (http://www.info.gov.hk/aids/english/surveillance/form.htm) and laboratories conducting HIV antibody tests. The design of the system was based on good principles of public health. It respects patients' privacy and rights, thus encouraging testing in the broader community. Nevertheless, voluntary and anonymity risk incomplete reporting and data duplication, were it not for the fact that ITC has been able to provide a backup, supplementary mechanism for cross referencing physicians' reports, thus ensuring and enhancing

愛滋病病毒及愛滋病呈報

一九八四年，衞生署實施自願及不記名的愛滋病病毒／愛滋病呈報系統。包括醫生(表格DH2293) (http://www.info.gov.hk/aids/chinese/surveillance/form.htm) 及進行愛滋病病毒抗體測試的化驗所都可呈報至該系統。該系統是以良好公共衞生原則為設計基礎，尊重病人的隱私和權利，由此鼓勵更多人進行測試。儘管如此，要不是綜合治療中心一直提供支援及補充機制，反覆參考醫生的報告，自願和匿名的數據便會發生申報不全及數據重複的風險。機制亦從而確保及提高了呈報系統的代表性。值得注意的是，儘管在未向綜合治

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the very representativeness of the reporting system. Of note, while the route of transmission could not be determined in 31% of those who did not attend ITC, this percentage dropped to only 1% among those who did. Thus, as long as ITC captures the major bulk of newly diagnosed HIV cases, it effectively becomes the lens through which the dynamics of the epidemic is observed.

By end of 2008, the reporting system had received 4047 reports of HIV infections. Seven out of 10 had been under the care of public specialist care services at one time or another. And approximately 45% of cases had been seen at ITC since 1999. In recent years, consistently 60 to 70% of newly diagnosed cases attended ITC for care. These figures explain why ITC were able to provide detailed epidemiological information on 60% of those with DH 2293 reports. ITC is also the sole reporting source of some 40% of patients. These were patients diagnosed elsewhere who would not be otherwise reported.

ITC is also a major reporting source with regard to AIDS. About one third of AIDS cases were reported by ITC. This figure is significant considering the fact that ITC was established in the post-HAART era when progression to AIDS became less common. However, in the last three years, ITC furnished half of all reports on AIDS cases.

Gender and age are largely similar between those patients who attend ITC and who do not. Nevertheless, 74% of those attending ITC are Chinese, compared with 60% of those who do not. Currently, among the clientele of ITC, 52% have acquired the virus by heterosexual contact, 36% by male-male sex, and 10% by injecting drug use.

Special registries

The HIV epidemic in Hong Kong has been dominated by sexual transmission, be it heterosexual or homosexual. Transmission through injecting drug use has accounted for less than 10% of

療中心就診的患者當中，有31%無法找出其傳染途徑，但在已經接受綜合治療中心服務的就診者當中，只有1%無法找出傳染途徑。因此，只要綜合治療中心掌握到絕大部分新診斷愛滋病的個案，就能像透視鏡一樣，有效反映出傳染的動態。

截至二零零八年年底，呈報系統已接到4047宗愛滋病病毒感染報告。當中十分之七曾經接受公共專業治理服務。自一九九九年起，約45%個案於綜合治療中心就診。近年來，一直有60%至70%的新診斷個案於綜合治療中心接受治療。這個數字解釋了為何綜合治療中心能就60%的DH2293呈報者提供詳細的流行病學資料。綜合治療中心亦是約40%病人的唯一呈報來源，否則這些在其他地方確診的病人的情況將無法得到呈報。

綜合治療中心亦是愛滋病的主要呈報來源。約三分之一的愛滋病個案由綜合治療中心呈報。鑑於在高效能抗逆轉錄病毒治療法面世之後，發展成愛滋病的現象已不常見，因此，在該治療法出現之後才成立的綜合治療中心所呈報的這個數字便具有很重要的意義。然而，過去三年，綜合治療中心提供的愛滋病個案佔整體報告的半數。

在綜合治療中心就診的與沒有就診的病人當中，其性別及年齡比例大致相似。不過，在綜合治療中心的就診者當中有74%為華人，而沒有就診的病人當中則只有60%是華人。目前，在綜合治療中心的就診者當中，52%透過異性性接觸、36%透過男男性接觸、10%則透過注射毒品染上病毒。

特設資料庫

香港愛滋病病毒傳播的主要途徑一直是性傳播，即異性或同性。透過注射藥物的感染者只佔個案比例10%以下。近年來，透過血液或

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cases. Infections through blood or its products, or through the perinatal route have been especially rare in recent years. When the number of infections is small, it may not be meaningful to assess for any particular epidemiological pattern of transmission. Rather, the very occurrence of such transmission is by itself significant. Thus, one single transmission through blood/blood product infusion, if confirmed, would be enough to call for immediate remedial action. Other examples are less extreme. In some parts of the world, HIV has become an important driver of tuberculosis. Outbreaks of HIV through shared needle use have also been known to spark serious epidemics. These are situations that should preferably be looked at before they become serious epidemiological forces. In surveillance, such foresight can be obtained by setting up special registries, and ITC maintains quite a few of them.

Universal HIV antibody (urine) testing in methadone clinics

This programme was pilot-tested in late 2003 and launched in 2004. All drug users are recruited for HIV antibody testing at least once a year. Those who test positive are referred to ITC for further care. A MUT (Methadone Urine Testing) registry has been set up in ITC in which the route of transmission of each referred case was ascertained. The patient would also be tracked for predefined outcomes in both ITC and the methadone clinic. As of 2008, 72 drug users had been diagnosed in this programme. In 2005, using data from the MUT registry, the surveillance office was able to identify a surge of HIV-infected drug users of ethnic minorities. In response, it quickly launched a campaign called “Test, Information, Assessment”, targeting this group of drug users in all methadone clinics. This campaign consolidated the initial impression by showing that the HIV prevalence of ethnic minority drug users was indeed 4 times higher than that of Chinese drug users. The finding helped initiate a series of health promotion activities for ethnic minority drug users in Hong Kong.

Mother-to-child transmission of HIV (MTCT) registry

Under the universal antenatal HIV testing (UAT) programme

血液製品感染，或透過母嬰感染的個案非常罕見。當感染個案數目少時，對流行病學模式作出任何評估可能並無太大意義。相反，每次發生該感染個案本身卻意義重大。因此，只需確定單獨一宗因輸血／血液製品而傳染的個案，已足以要求採取即時的補救措施。其他例子並沒有那麼極端。在世界上某些地區，愛滋病病毒已成為結核病的一個重要推動因素，而共用針具所引發的愛滋病病毒爆發亦已激發過嚴重疫情。因此，最佳方法是在嚴重疫情仍未出現之前，早加留意準備。透過特別設立的資料庫，可事先在檢測時獲取有關資料。綜合治療中心保存了不少有關的資料庫，以供參考和追蹤。

美沙酮診所愛滋病病毒抗體（尿液）普及測試

這項計劃於二零零三年年底開始作試點測試，並於二零零四年推出。計劃要求所有毒品使用者至少每年進行一次愛滋病病毒抗體測試。測試呈陽性的人士將被轉介至綜合治療中心作進一步治療。綜合治療中心已設立美沙酮尿液測試資料庫，以確定每個轉介個案的傳染途徑，並根據綜合治療中心及美沙酮診所預先訂立的指標跟進病人。截至二零零八年，已有72位毒品使用者透過該計劃確診。二零零五年，監測辦公室利用美沙酮尿液測試資料庫的數據，確定了在使用毒品者當中，少數族裔的愛滋病病毒感染者人數急升。作為回應措施，辦公室迅速針對使用各美沙酮診所的毒品使用者，推出一項名為「測試、資料、評估」的活動。活動加強了對有關社群的初步認識，顯示少數族裔毒品使用者的愛滋病患病率實際上較華人毒品使用者高4倍。該項發現更協助開展一系列促進香港少數族裔毒品使用者健康的活動。

愛滋病病毒母嬰傳染資料庫

根據二零零一年推出的產前愛滋病病毒抗體普及測試計劃，利用選擇不測試方式(opt out)

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launched in 2001, all pregnant women in Hong Kong are tested for HIV antibody using an opt out approach. A MTCT registry was set up and maintained at ITC, monitoring, in particular, the number of maternal infections, antiretroviral use, vertical transmissions, and clinical outcomes. Longitudinal reports are obtained from attending obstetricians, HIV physicians and paediatricians, requiring no less than five standard reporting forms. This registry helps track the success of UAT and its deficiencies.

Occupational exposure of HIV

In the health care setting, transmission of HIV by the percutaneous route is a possibility, though very uncommon when good infection control practice is in place. In ITC, the therapeutic prevention clinic sees health care workers who have been potentially exposed to HIV as well as those in the community who have been potentially exposed through injecting drug use or sex. It provides post-exposure management of HBV and HCV as well as HIV. Thus, this clinic provides a unique window to audit lapses of infection control. By 2008, the registry recorded 3677 cases of occupational exposure.

為香港所有孕婦測試愛滋病病毒抗體。綜合治療中心已設立及保存有關資料庫，尤其著重監察孕婦感染、抗逆轉錄病毒藥物使用、母嬰傳染及臨床結果的數據。追蹤調查報告則來自主治產科醫生、愛滋病內科醫生及兒科醫生，並要求不少於五份統一表格。該資料庫有助追蹤產前愛滋病病毒普及測試計劃的成效及其不足之處。

愛滋病病毒的職業暴露風險

於醫護環境中，雖然採取了良好感染控制措施時，經皮膚穿刺傳染愛滋病病毒的情況並不常見，但卻仍有可能。在綜合治療中心，預防治療診所針對因職業意外而有機會暴露於愛滋病病毒的醫護人員，以及社區上因透過注射藥物或性接觸而有機會暴露於愛滋病病毒的人士，提供乙型肝炎病毒、丙型肝炎病毒及愛滋病病毒的暴露後處理服務。因此，該診所提供了一個獨特的窗口，審核感染控制上的失誤。截至二零零八年，該資料庫共錄得3677宗職業暴露個案。

The new case registry

HIV has been more than a simple viral infection because of its manifold implications other than fatality if untreated. Sexually transmitted, it is about taboo, love and betrayal. It may also be drug related. Either way, it is sensitive and highly stigmatizing. The voluntary anonymous HIV/AIDS reporting system per se may be able to collect very crude data about the transmission. In-depth knowledge, however, will be impossible unless a trusting relationship has been built as in the case of an HIV clinic. Patients also need time to regroup themselves after a very emotional diagnosis. ITC is able to keep a new case registry which attempts to identify new significant trends and information useful for HIV surveillance and response. Included are those who have been newly infected, either by documented seroconversion or history of recent seroconversion illness. Data collected include that of suspected place of infection and suspected partner type. As such, the ITC new case registry helps put together the jigsaw pieces provided by the voluntary anonymous reporting system.

新個案資料庫

一直以來，愛滋病絕非單一的病毒感染，除了缺乏治療可致命外，還涉及多重含義。性傳播涉及禁忌、愛和不忠，還可能與毒品有關。不論屬於那個範疇，愛滋病病毒都是既敏感，也令人感到非常恥辱。自願不記名愛滋病病毒／愛滋病呈報系統本身也許可以收集到非常原始的傳染資料，然而，除非像愛滋病診所一樣與患者建立信任關係，否則不可能獲得更深入的資料。同時，病人經過一段極易引起情緒波動的確診後，亦需要時間調整自己。綜合治療中心能夠維持新個案資料庫，以試圖識別對愛滋病監測和回應有用而重要的新趨勢和資料。當中包括有血清轉化證據或是近期曾有血清轉化疾病歷史的新感染者。所收集的資料包括可能的感染地點及可能的伴侶類型。因此，綜合治療中心新個案資料庫有助將自願不記名的愛滋病呈報系統所提供的零碎資料整理彙集。

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HIV-tuberculosis coinfection registry

In the developing world, HIV has been fuelling a resurgence of the TB epidemic. Although HIV has yet to have this effect in Hong Kong, we could ill afford to lose track. Indeed, it is cause for concern that HIV has been spreading rapidly in Asia, a region where TB already has a huge presence. As early as 1996, the Government HIV Clinic, in collaboration with the TB and Chest Service, established a registry of those who were coinfected with both infections. Data on treatment and clinical outcome were collected. As of 2007, the registry had recorded 360 TB-HIV co-infections. Findings of the registry were disseminated as part of the Annual report of the TB and Chest Service.

愛滋病 - 結核病共同感染資料庫

在發展中的國家，愛滋病病毒正引致結核病疫情死灰復燃。儘管愛滋病在香港尚未產生這種影響，但我們斷然不能減少對這情況的追蹤。事實上，鑑於亞洲的結核病患者人數甚多，愛滋病一直在亞洲迅速蔓延便成為了令人擔憂的原因。早在一九九六年，政府愛滋病診所聯同胸肺科服務，針對兩種病的共同感染人士建立資料庫，並收集治療及臨床結果。截至二零零七年，資料庫已記錄了360宗結核病-愛滋病共同感染個案。統計結果已載入胸肺科年報並對外公佈。

Molecular epidemiology

The genetic sequence of the HIV RNA is very prone to change. In fact, it changes within an individual after infection and between individuals after transmission from one to another. On a broader scale, HIV can also be classified into different groups and subtypes. The prevalent subtype varies between routes of transmission and geographic locations. For example, HIV infections in North America are predominantly subtype B whereas subtype C is common in the Indian Peninsula. Analysis of subtype distribution can provide hints as to how HIV is spread and how epidemics interact between neighbouring regions. Based on the subtype pattern, epidemiologists may be able to project the likely transmission category for undetermined cases.

分子流行病學

愛滋病的核糖核酸基因序列極易變化。事實上，在人感染後，或由人傳至另一人時，核糖核酸便會改變。從廣義而言，愛滋病病毒可分為不同的組和亞型，而普遍盛行的亞型也因傳播路徑及地理位置不同而各異。例如在北美感染的愛滋病病毒主要是B亞型，而在印度半島，C亞型則較為常見。對亞型分佈進行分析可提供愛滋病如何傳播以及流行病學如何在周邊地區互相影響的資料。根據亞型類別，流行病學家也許可以推斷待定個案可能的傳染類型。

Subtype analysis

The Public Health Laboratory Centre of the Centre for Health Protection has been performing regular analysis of newly diagnosed HIV infections, using samples collected from ITC and elsewhere. Very often, the samples were originally sent for HIV antibody testing and might be inappropriate for subtype analysis either because they were in the form of urine or there were of insufficient quantity. In these cases, the contribution by ITC assumed special importance.

亞型分析

衞生防護中心的公共衞生檢測中心一直使用自綜合治療中心及其他地方搜集的樣本，就新診斷的愛滋病病毒感染進行定期分析。很多時候，樣本會首先進行愛滋病病毒抗體測試，但可能因為樣本是尿液或數量不足而不適合進行亞型分析。在這些情況下，綜合治療中心的作用便愈見重要。

5 Role of ITC in HIV surveillance 綜合治療中心在愛滋病病毒監測方面的角色

Phylogenetic analysis

Beyond subtype analysis, molecular epidemiology is also used for phylogenetic analysis. The extent of sequence differences among genetic viruses isolated from different individuals provided how close in time were they infected. Where clusters of closely related viruses occur, it is possible that these individuals are related epidemiologically. As of 2008, three different clusters of HIV-1 subtype B viruses were reported. About 80% of the clusters cases sought care in ITC.

Drug resistance surveillance

In analysing the gene sequence, molecular technology can also identify mutations associated with antiretroviral drug resistance. It is particularly significant when such resistance is primary as in those who are naive to treatment. Primary drug resistance implies failure in both prevention and treatment and it has enormous public health implications. Uncontrolled primary drug resistance threatens to revert HIV back to being an untreatable fatal disease.

系統進化分析

除亞型分析之外，分子流行病學亦用於系統進化分析。從不同個體隔離出來的病毒之間所顯示的序列差異，提供了它們在感染時間上的接近程度。在密切相關的病毒群組出現時，這些個體便可能在流行病學上互相關連。截至二零零八年，共呈報了愛滋病病毒一型B亞型病毒的三個不同群組，群組中約80%的案例在綜合治療中心尋求治療。

耐藥性監測

在分析基因序列時，分子科技亦可辨別與抗逆轉錄病毒耐藥性有關的突變。尤其重要的是監測那些未進行治療的病者的體內是否有這些原發性耐藥性病毒。原發性耐藥性意味著預防及治療兩者的失敗，對公共衞生情況有重大含義。不受控制的原發性耐藥性病毒有可能使愛滋病病毒重新變回不可治療的致命疾病。

Genotype resistance test is now performed for all new patients of ITC, well before the initiation of treatment. As such, ITC has effectively served as a sentinel site for primary drug resistance surveillance. By promptly checking for genotypic resistance in those who fail treatment, ITC also contributes to surveillance of secondary drug resistance.

Epidemiological investigation

The access to the HIV infected afforded by ITC makes it possible to not only collect specimens for molecular epidemiology but also to conduct case-control epidemiological studies. For instance, two epidemiological studies have been done in ITC on the largest cluster of HIV infections in 2006 and 2007. Recruitment was made by public health doctors in ITC and comparison was made between those who belonged to the cluster and who did not. The investigations were able to identify several risk factors associated with clustering, such as the use of

目前，綜合治療中心早在對所有新病人進行治療之前，為他們進行耐藥性基因測試。因此，綜合治療中心已成為原發性耐藥性測試的監控根據點。透過迅速檢查治療失敗的耐藥性基因，綜合治療中心亦能協助繼發性耐藥性的檢測工作。

流行病學調查

綜合治療中心透過接觸愛滋病病毒感染者的機會，不但能夠收集分子流行病學的樣本，而且能夠進行病例對照的流行病學研究。例如，二零零六年和二零零七年，綜合治療中心對愛滋病的最大感染群組進行兩項流行病學研究。公共衞生醫生在綜合治療中心招募研究對象，並對群組和非群組患者進行比較。調查有助找出與群組相關的多項風險因素，例如使用互聯網、在性接觸時使用精神

internet, psychotropic substances during sex, and home-based sex parties. Some of these were new findings and contributed to the planning of subsequent prevention campaigns in the territory.

Conclusion

HIV is a serious infectious disease. It is also stigmatizing, primarily affecting marginalized groups of the community. Prevention and control are possible only in the presence of reliable epidemiological information. It is not often realized that a clinical HIV service of good coverage provides unsurpassed surveillance information. Since its inception ten years ago, ITC has consistently made important contributions in this regard, serving as the perfect model of integration of the public health and clinical aspects of the disease. In the process, it bridges the different stakeholders, including clinicians, public health doctors, epidemiologists and virologists (Figure 1).

藥物，以及在家舉辦的性派對。其中某些新發現更對隨後的針對性預防活動計劃的開展貢獻良多。

結語

愛滋病病毒是一種嚴重的傳染病。這是一種容易招人歧視的疾病，而且主要影響社區的邊緣社群。只有在可靠的流行病學資料的支持下，預防和控制才有可能。人們通常沒有意識到，提供廣泛的臨床愛滋病服務，有助提供卓越的監測資料。綜合治療中心成立十年以來，一直在這方面作出重大貢獻，成為結合愛滋病的公共衛生和臨床治理的完美模型。在此過程中，中心在不同持份者（如臨床醫生、公共衛生醫生、流行病學家及病毒學家）之間擔當了橋樑的重任（圖1）。

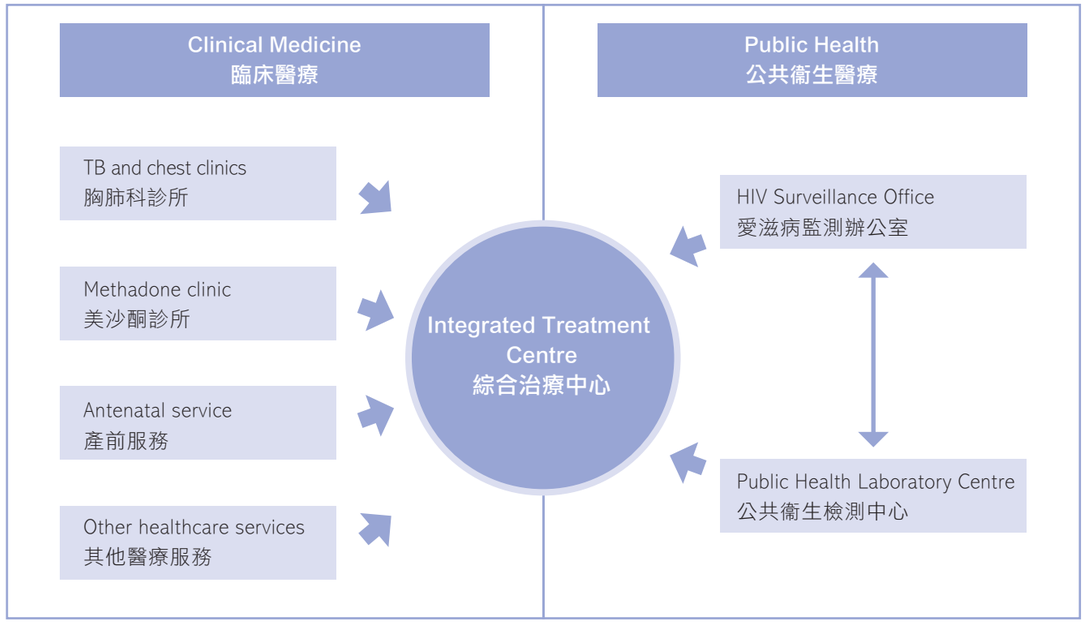

Figure 1: Integration of clinical HIV care and public health surveillance in ITC
圖 1: 綜合治療中心臨床愛滋病治理及公共衛生監測服務的結合

6

Programmes of capacity building and research
能力建立及研究計劃

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Programmes of capacity building and research 能力建立及研究計劃

The need and drive to build capacity

Integrated Treatment Centre (ITC) delivers not only clinical care to ambulatory HIV patients, it also provides a whole range of integrated services, including Dermatology, Genitourinary Medicine, post-exposure management, day care, hepatitis vaccination, counselling and medical social service. Furthermore, the Centre targets patients for prevention efforts designed to interrupt onward HIV transmission. As such, another dimension of integration exists with that between care and prevention.

The skills required of ITC to carry out its mandates are thus extensive, running the gamut of clinical infectious disease, dermatology, behavioural modification, counselling to epidemiology. And this list continues to change with the times. In the face of the rising HIV epidemic among men who have sex with men (MSM), skills specific to this group of patients become important and have to be developed.

能力建立的需要及驅動因素

綜合治療中心不僅向愛滋病病毒感染者提供臨床門診服務，亦提供一系列綜合服務，包括皮膚科、生殖泌尿醫學、暴露後處理、日間護理、乙型肝炎疫苗注射、輔導及醫務社會服務。此外，中心亦為病者制定公共衞生措施，以阻斷愛滋病病毒進一步傳播。固此，在治療與預防之間，便存在著其他綜合的層面。

因此，為履行其職責，綜合治療中心須具備多方面的能力，包括臨床傳染病、皮膚病、行為修正、輔導及流行病學等，而且，隨著時間的發展，內容亦會有所變化。面對當前男男性接觸社群當中愛滋病病毒廣泛傳播的形勢，針對這個感染者社群需運用的技考亦日趨重要，而且必須進一步加以發展。

The impressive range of services notwithstanding, the history of HIV is relatively short, despite the fact that it has been remarkable for dramatic changes. The availability of effective treatment is one obvious example. The incorporation of public health intervention into clinical care is another. Yet, in Hong Kong prevalence of HIV has been generally low, leading to a limited mass of expertise. There is a real risk of quickly falling behind the times if continual upgrading of skills is not vigorously pursued.

In ITC, the adoption of clinical governance provides a critical driver to build capacity. In the cycle of setting, delivering and monitoring standards, areas of deficiency are identified and addressed. In recent years, this has been complemented by the focus on continuous education and professional development in both the medical and nursing professions. ITC has benefited by both delivering and attending activities that carry credits toward Continuing Medical Education (CME) or Continuing Nursing Education (CNE).

儘管所涉及的服務範疇極為廣泛，但其實愛滋病病毒的歷史相對較短，而且還經過多次戲劇性變化。其中，感染者現在可以得到有效的治療就是一個明顯的例子，而將公共衞生干預與臨床治理結合亦屬一例。然而，愛滋病病毒在香港的流行程度相對較低，因此在這方面的專業能力亦顯不足。如果不努力持續提升相關技能，香港在這方面就很有可能跟不上時代發展。

綜合治療中心採用臨床管治成為能力建立的一個關鍵驅動因素。在設立、提供及監察標準的循環過程中，可以找出不足的領域，並設法予以解決。近年來，醫學及護理專業注重持續教育及專業發展。同時，綜合治療中心亦透過提供及參與持續醫學教育及持續護理教育活動而獲益，使這個循環過程得到進一步完善。

Programmes to build or maintain medical capacity

Continuing medical education

ITC is blessed with doctors accredited in such diverse specialties as dermatology, clinical immunology and infectious disease. It also benefits from the involvement of public health doctors. But of course, even accredited specialists need continuous learning if they were to maintain their standards.

Most regular professional meetings in ITC have been accredited for CME hours with the Colleges of Physician and Community Medicine. They are the weekly clinical case round, and the monthly journal club and topic review. In addition, medical staff of ITC contributed to Internet Continuing Education (iCE). In the website of www.aids.gov.hk, education activities on HIV/AIDS are made available for doctors, nurses and other health professionals. Credits of iCE can be claimed upon satisfactory completion of the work on line. An iCE certificate can then be printed and such credits are now recognized for the CME programme of non-specialist doctors.

建立或維持醫療功能的計劃

持續醫學教育

綜合治療中心擁有多個認可專業領域的醫生，包括皮膚病學、臨床免疫學和傳染病等，而公共衛生醫生的參與，更令綜合治療中心如虎添翼。當然，即使是認可專業人士，亦需持續進修，才可維持其水準。

綜合治療中心舉行的定期專業會議，大部分已被納入醫學及社會醫學學院的持續醫學教育計劃，當中包括每週一次的臨床個案討論以及每月一次的醫學文獻分享及專題檢討。此外，綜合治療中心的醫護人員亦提供專業課題，以協助網上持續進修活動。網站 www.aids.gov.hk 為醫生、護士及其他醫療專業人士提供有關愛滋病病毒／愛滋病的教學活動。於網上完成作業並達到要求後，即可獲得網上持續進修課程的學分。修滿學分後可獲得網上持續進修證書。有關學分現已獲非專科醫生持續醫學教育計劃認可。

Cross institution meetings

Considering the scarcity of HIV-related professionals, it is vitally important to maintain professional ties with our counterparts in other institutions. The monthly DH/HA joint clinical meeting on HIV has been held regularly on a monthly basis for almost 15 years. This provides not only CME accreditation but importantly a forum for communication among local physicians and nurses involved in HIV care.

The collaboration extends to hospital rounds. Every week, doctors from ITC regularly join the staff of both Queen Elizabeth Hospital (QEH) and Princess Margaret Hospital (PMH) in following the progress of all admitted HIV infected patients. This allows excellent communication and liaison of care for patients of ITC.

跨機構合作

鑑於愛滋病病毒相關專業人才的短缺，因此與其他機構同業在專業方面保持緊密聯繫便顯得至關重要。過去十五年，衞生署／醫管局每月舉行聯合臨床會議，正是針對愛滋病病毒這課題而設。會議不但提供持續醫學教育認證，更重要的，是為參與愛滋病病毒治理的本地醫生及護士提供了一個互相交流的平台。

這種合作已擴展至醫院範疇。每星期綜合治療中心的醫生會定期與伊利沙伯醫院和瑪嘉烈醫院的人員會面，以跟進所有入院的愛滋病病人的進展。這有助於為綜合治療中心的病人提供治理時，能有良好的交流及聯繫。

It is opportune to highlight the ITC-PMH collaboration programme of HIV care. This is a scheme that started in 2004 with the aim of integrating the outpatient and inpatient treatment of patients. Direct admission is made possible as a result. Furthermore, ID physicians of PMH join clinics in ITC while ITC doctors would participate in hospital rounds.

綜合治療中心-瑪嘉烈醫院愛滋病病毒治療合作計劃的推出適逢其時。該計劃始於二零零四年，旨在將門診治療與住院治療相結合，從而提供直接入院的可能性。而且，瑪嘉烈醫院的傳染科醫生參與綜合治療中心的門診治療，而綜合治療中心的醫生亦會參與醫院的住院治療。

Fellowship training

Being the largest care provider for HIV infected patient, ITC offers unique opportunities for training in a few subspecialties of internal medicine. One clinical immunologist was trained in the HIV clinic in Yaumatei, the predecessor of ITC. Similarly, training in ITC has so far contributed to the specialist status of two infectious disease physicians and four dermatologists.

In the spirit of clinical governance, ITC has also sent its medical staff to overseas institutions for acquisition of new skills when necessary. One physician obtained the Diploma in Genitourinary Medicine after training in UK. Another obtained fellowship in Infectious Disease after two years with University of British Columbia.

學人培訓

作為最大的愛滋病病毒感染治療機構，綜合治療中心為一些內科分科醫生提供了獨特的培訓機會，例如一名臨床免疫學醫生曾在油麻地的愛滋病診所（即綜合治療中心的前身）接受培訓，而綜合治療中心亦已培養出兩名具有專業水準的傳染科醫生和四名皮膚科醫生。

根據臨床管治的理念，綜合治療中心在需要時會派員前赴海外機構學習必要的新技能。例如一名醫生在英國接受培訓後取得生殖泌尿科醫學文憑，另一名醫生則在英屬哥倫比亞大學進修兩年後取得傳染病學專科資格。

By the same token, ITC has been taking an active role in building capacity of medical doctors from other countries. In collaboration with the Chinese CDC, a 10 week Fellowship Programme in Clinical HIV Management has been taken up by doctors from Henan (one), Guangdong (one), and Guangxi (two). Collaboration with Gansu has been especially close. Other than the two Gansu doctors who joined the fellowship training programme, there have been visits paid by other Gansu doctors to ITC for sit in sessions lasting from one day to a week.

出於同樣的原因，綜合治療中心一直積極為來自其他國家及地區的醫療人員提供能力建立的機會。在與中國疾控中心的合作中，四名醫生參與了一項為期十星期的臨床愛滋病治理學人計劃，該四名醫生分別來自河南（一名）、廣東（一名）和廣西（兩名）。綜合治療中心與甘肅的合作尤為緊密。除兩名參與學人培訓計劃的甘肅醫生外，亦有其他甘肅醫生參加為期一天至一星期的探訪，直接觀察綜合治療中心的臨床服務。

Teaching medical students

Considering the magnitude of the HIV pandemic, it might sound surprising that structured teaching of Clinical HIV Medicine did not happen until 2005 when final year medical students would spend time at ITC for both didactic teaching and sit-in learning from actual patient encounters. The generally low prevalence

醫科學生培訓

臨床愛滋病病毒治療的學科體系直至二零零五年才初步成型。畢業班的醫科學生到綜合治療中心接受擁有臨床經驗的導師提供的教誨式教

could have accounted for this late inclusion in the medical syllabus. Nevertheless, it is believed that early engagement of medical students could sensitize them to the needs of HIV infected patients and ultimately make them better and more compassionate doctors.

學和旁聽式學習。相對於愛滋病病毒流行的廣泛性，在教育這方面的發展著實令人驚訝。也許本港的愛滋病流行程度整體而言仍屬較低，才令這項目在很後期才納入醫學教學大綱。然而我們相信，醫科學生較早參與臨床實踐，會更了解愛滋病病人的需要，最後亦會成為更好和更富同情心的醫生。

Programmes to build or maintain nursing capacity

Effective from Nov 2006, the Nursing Council of Hong Kong implemented its voluntary scheme of Continuing Nursing Education (CNE), paving the way to a mandatory system. The spirit of CNE is that nurses would, even after registration, continue to develop their knowledge and skills through continuing education. In other words, the nursing as well as medical profession should embody lifelong learning. This might have become clich é but it could not be more true in the setting of ITC.

建立或維持護理功能的計劃

自二零零六年十一月起，香港護士管理局實施了持續護理進修自願計劃，是為強制性系統的開端。持續護理進修計劃的理念，是護理人員於註冊後仍須透過持續教育發展其知識及技能。換言之，護理及醫療專業人士亦應體現終身學習的精神。這種說法可能稍嫌老套，但是對於綜合治療中心來說卻是最確切不過。

In fact, a nurse in ITC may assume such diverse roles as specialist nurse, to counsellor, public health nurse, health promoter, coordinator, advocator, case manager and even mediator. Needless to say, it is pivotal that the nurse be up to date in all these various aspects of her job. It might be easier said than done but ITC had been making this its priority before CNE came into official existence. From the very orientation programme to new joined staff to commissioned training, ITC never lost sight of the fact that quality care could only result from quality staff.

Orientation programme

The field of HIV medicine has been characterized by not only rapid scientific advances but swings in treatment and prevention paradigms. General principles of public health medicine would not be adequate. Prognosis has changed so dramatically that a counsellor who used to give advice on hospice is now learning all she can about rehabilitation and employment issues.

事實上綜合治療中心的護士需要擔當多種角色，負起由專科護士以至輔導員、公共衞生護士、健康推廣員、協調員、倡導者、個案經理甚至是調停者等多種不同職能。了解自身工作各方面的最新發展對於護理人員而言無疑非常重要。要做到這一點也許並非易事，但早在持續護理教育出現之前，綜合治療中心就已將培訓列作優先事項。從新員工啟導計劃到委託培訓，綜合治療中心一直堅信惟有優質員工，才能提供優質護理服務。

啟導課程

除了有關科學研究的快速發展外，治療方法與預防範式的不斷轉變也是愛滋病醫學領域的特色。單憑公共衞生醫學的普遍原則已不足以應對，對病情發展的預測也出現巨大的變化，使以往只需要就寧養提供輔導的護士輔導員現在也要盡量學習康復與就業方面的課題。

Orientation of new nurse-counsellors in ITC is both intensive as well as broad. It aims at providing nursing officers and registered nurse (health) with knowledge and skills to allow them to function independently and effectively at a high level. The programme covers the three areas of clinical practice, counselling and public health programmes. The latter spans from drug adherence to partner counselling and referral.

It is also important that those who work on HIV prevention understand how HIV progresses and how patient care is delivered. Therefore, an abbreviated version of this programme is extended to new staff of Red Ribbon Centre and AIDS Counselling and Testing Services, the two other branches of Special Preventive Programme.

Cross institution collaboration

In a similar fashion as with the medical staff, nurses and social workers from ITC join weekly rounds in QEH and PMH. These are mainly work rounds in which coordination of care can be made with the hospitals, especially in relation to discharge planning. Nurses from PMH also paid ad hoc visits to ITC to exchange experience in HIV care.

In 2007, staff of ITC participated in the territory-wide Seminar on HIV/AIDS for Nurses. Its topics ranged from epidemiology, treatment to counselling skills. The target was all nurses in Hong Kong.

In-service training programmes

Nurses of ITC undergo regular in-service training or re-training. The reason is two-fold. First, staff movement between the HIV Clinic, day ward and hepatitis services is common. Second, work-related issues come up constantly. There could be introduction of new antiretroviral drugs, new guidelines for infection control, territory-wide infection threats such as new influenza, and what not. Such in-service training ranges from an afternoon lecture to extensive commissioned training. It all depends on the identified need. The following are noteworthy programmes that have been specially commissioned for nursing staff of ITC, some of which also involved the medical staff.

我們對綜合治療中心新任護士輔導員培訓是深入而全面的，旨在為護士長和註冊護士(健康科)提供知識及技能，使他們能夠在更高層面上獨立而高效地工作。有關課程涉及臨床實務、輔導及公共衞生三方面，而後者還涵蓋藥物依從以至伴侶輔導及轉介等內容。

同時，從事預防愛滋病工作的護士員工也須了解愛滋病的發展及如何為病人提供護理。因此，我們推出精簡版的啓導課程，向特別預防計劃的其他兩個分支 — 「紅絲帶中心」和「愛滋病輔導及測試服務」的新任護士員工提供有關資訊。

跨機構合作

與醫療人員相似，綜合治療中心的護士與醫務社會工作者(醫務社工)每週都會在伊利沙伯醫院和瑪嘉烈醫院聚會。這些工作聚會主要是就有關醫院(尤其有關出院計劃)的護理工作進行協調。瑪嘉烈醫院的護士還會特地探訪綜合治療中心，以便交流愛滋病護理的經驗。

二零零七年，綜合治療中心的護士員工參加了由中心舉辦的全港性的愛滋病研討會。會議主題涵蓋流行病學、治療方法以至輔導技巧，而對象則為全港所有的護士。

在職訓練課程

綜合治療中心的護士會定期接受在職訓練或再培訓，原因有兩方面：首先，他們需要經常在愛滋病診所、日間病房與肝炎服務的工作崗位之間調動；其次，與工作有關的各種問題不斷湧現。有關訓練涉及抗逆轉錄病毒治療的新藥、感染控制新指引，以及介紹威脅全港的傳染病如新型流感等。這些在職訓練從半天講座以至較大規模的委托培訓不等，完全取決於所確定的需要。以下是專為綜合治療中心的護理人員所提供的課程的一些例子，其中一些課程也提供予醫生員工。

Customized courses on counselling -

It certainly takes compassion if a nurse were to deliver meaningful counselling. However, there are also skills required, as with other areas of care, for counselling to be effective. To respond to nurses' request, ITC has commissioned training by professional counsellors on 'Marital Counselling and Emotion-focussed Therapy', 'Solution-based Approach in Counselling', and 'Neuro-linguistic Programming for the Workplace'.

Customized course on oral Putonghua -

More often than not, Putonghua is the only medium in which we could effectively communicate with our Mainland counterparts. Since 1997, the close ties that we have built with them in capacity building and surveillance have accentuated the need that we should speak Putonghua reasonably well. In 2006, a weekly course on oral Putonghua was conducted in ITC for interested staff.

有關輔導的特設課程 -

假如護士希望自己所提供的輔導有用，必須要具備同理心，但正如其他護理一樣，要使輔導工作有效，技巧也是不可或缺的。為回應護士的要求，綜合治療中心委託專業輔導員就「婚姻輔導及情緒關注療法」、「尋解導向輔導」及「工作場所的身心語言程式學」提供專門訓練。

有關普通話的特設課程 -

在大多數情況下，普通話是我們能夠與內地同業進行有效交流的唯一媒介。自一九九七年以來，我們在能力建立與監測方面與他們密切連繫，亦由此要求我們掌握更為熟練的普通話。二零零六年，我們為有興趣的醫護員工在綜合治療中心舉辦了每週一次的普通話口語課程。

Customized course on psychosocial care in coping with death, dying and bereavement, with focus on HIV / AIDS -

The euphoria of effective HIV treatment tends to overshadow the fact that HIV still leads to death, especially if diagnosed or treated late. It was recognized that nurses, especially counsellors, should reacquaint themselves with the sensitive subject of death and bereavement, though in a different context from the pre-HAART era. A commissioned course was organized to this effect in 2005.

Commissioned training in sensitivity toward MSM -

The prominence of MSM as the major vulnerable group with HIV infection did not go unnoticed by ITC. It is essential that our staff are fully aware of their needs and sensitivities. A series of workshops have been organized to this end. Speakers were invited from AIDS NGOs and MSM volunteer groups. A

有關應對死亡、垂死及喪親的社會心理護理（重點針對愛滋病）特設課程 -

有效的愛滋病療法為患者及其家人帶來的樂觀情緒，很容易掩蓋愛滋病（尤其是在晚期確診或治療的情況下）仍會導致死亡的事實。雖然現在已不同於高效抗逆轉錄病毒治療法尚未面世時的情況，但護士（尤其是輔導員）應對死亡和喪親這敏感話題仍然要重新加以認識。為此，我們在二零零五年舉辦了有關這課題的專門課程。

針對男男性接觸者敏感性的專門訓練 -

作為容易感染愛滋病的主要社群之一，男男性接觸者的重要性並未被綜合治療中心忽視。我們的醫護員工對他們的需求及敏感性充分了解，對他們至為重要。為此，我們舉辦了一系列的工作坊，所邀請的講者均來自

systematic week-long programme was commissioned in 2008 for not only ITC but Red Ribbon Centre and NGOs in Hong Kong. It was conducted by trainers from Albion Street Centre of Sydney and very well received.

Capacity building of counterparts

Fellowship in Clinical HIV Nursing

Analogous to the training programme for doctors, this is an attachment programme that allows hands on exposure for nurses from abroad. Such training programmes are often designed around the expressed needs of the trainee. Assistance from other institutions such as the hospitals and laboratory may therefore be required. Over the years, trainees have come from Beijing, Gansu, Macau, Guangdong and Guangxi.

Lions Red Ribbon Fellows

This fellowship scheme is an initiative of Red Ribbon Centre under the sponsorship of Lions Clubs International District 303, Hong Kong and Macau. Its purpose is to support Mainland health professionals to visit Hong Kong and learn from the AIDS programme here. Their visits, usually 2 weeks in duration, facilitated experience sharing, professional networking, and technical exchange on HIV control. Almost invariably, ITC would receive the Fellow by giving a half day tour of the facilities and outlining our scope of work.

Overseas conferences

Nursing staff of ITC have been consistent participants of regional and international AIDS conferences. These are opportunities in which nurses present their findings and learn from their peers. In the International AIDS Conference in 2006, staff of ITC helped organize a workshop on rehabilitation for HIV infected patients, sharing their experiences in this important topic of the HAART era.

愛滋病非政府機構及男男性接觸者志願者團體。二零零八年，我們舉辦為期一週的系統性專門課程，參加者不但來自綜合治療中心，還包括紅絲帶中心及香港的非政府機構。課程由來自澳洲悉尼 Albion Street Centre 的培訓導師主持，並受到參加者熱烈歡迎。

相關人員的能力建立

愛滋病病毒臨床護理學人實習課程

這相當於醫生的培訓課程，是一項讓來自外地的護士得以實地接觸患者的實習課程。由於有關培訓課程經常針對受訓者所表達的需求而設計，因此可能需要醫院及實驗室等其他機構協助。過去多年，參與此項課程的學人分別來自北京、甘肅、澳門、廣東及廣西。

獅子會紅絲帶學人

此學人計劃是在國際獅子總會港澳三〇三區的贊助下由紅絲帶中心所創辦的活動，旨在支持內地的衞生專業人員訪問香港並向本地的愛滋病項目學習。他們的訪問一般為期兩週，既促進經驗分享，亦有助建立專業人員之間的聯繫網絡及愛滋病控制的技術交流。在綜合治療中心的一般接待學人程序包括半天時間的參觀，以便向他們介紹中心的設施及我們的工作範圍。

海外會議

綜合治療中心的護士員工一直參加地區性及國際性的愛滋病會議。在會議上，護士可藉機介紹中心的臨床/研究數據及結果，並與同業交流學習。在2006年國際愛滋病會議上，綜合治療中心的醫護員工幫助組織了有關愛滋病病毒感染者康復的工作坊，就這個在高效能抗逆轉錄病毒治療法的年代中佔重要地位的課題分享他們的經驗。

Research in ITC

Rationales of research in ITC

Probably more so than any other branch of medicine, advances in HIV care have been rapid. To keep abreast with the newest development, the care provider not only has to be aware of findings from peers, but looks at his own cohort of patients. Overseas data do not necessarily generalize to patients in Hong Kong and reporting unusual findings also benefits all parties. Certain epidemiological phenomena also require study as they might have implications on the local spread of HIV, e.g. a case control study was once performed after clusters of HIV infections had been identified in MSM.

These were reasons why ITC placed a heavy emphasis on research. They also explained why ITC focused on research that was operational or could be clinically applied for the benefit of patient care. ITC has been able to maintain a small research staff for assistance. For research that involved advanced technology, ITC also formed useful partnerships with academic institutions.

Categories of research

Research that has been carried out in ITC can be broadly divided into the following categories.

Case reports

Unusual disease manifestations are worth reporting. For one, it is an opportunity to review available literature and possibly improve on patient care. It also supplements existing knowledge and may invite helpful feedback from the international medical community. Examples of such include antiretroviral-associated facial atrophy, EBV-associated smooth muscle tumour, and Graves' disease as an immune reconstitution syndrome.

綜合治療中心進行的研究

綜合治療中心進行研究的理由

愛滋病治療取得的進步在醫學所有分支中可能是最多的。為了緊貼最新發展，醫療人員不但應了解同業的發現，還應反過來觀察自己的病人群組。外國的數據並不一定普遍適用於香港的病人，但對異常發現的報告常會對其他病人帶來脾益。此外，若干流行病學現象亦須予以研究，因為這些現象可能對愛滋病的本地傳播具有影響，例如，我們在男男性接觸者中確定出現愛滋病群組感染後，即進行了一次病例對照研究。

以上都是綜合治療中心對研究極為重視的原因，亦説明了綜合治療中心的研究為何注重可提升病人利益的運作或臨床應用。綜合治療中心已擁有少量研究人員，以提供研究支援。至於涉及先進科技的研究，綜合治療中心亦與學術機構締結了緊密的合作關係。

研究的分類

在綜合治療中心進行的研究大致可分為以下類別。

病例報告

疾病的異常臨床表現有報告的必要。首先，可藉此檢討適用文獻，而且可能有助改善對病人的治療。此外，這可以補充現有的知識，並可能引發來自國際醫學界的有用反饋。這方面的報告例子包括與抗逆轉錄病毒治療法有關的面部萎縮、與愛巴氏病毒有關的平滑肌腫瘤，以及作為一種免疫重構綜合症的格雷夫斯病。

Programmes of capacity building and research 能力建立及研究計劃

Cohort studies

As the number of patients increases, a cohort of patients has effectively been formed who are all HIV infected and followed at ITC. By virtue of the computerized information system, clinical data have been carefully tracked and their outcome amenable for analysis. Detailed reports have been made on the drastic reduction in mortality and morbidity of our patients after the introduction of HAART. Studies have also been made of threshold CD4 count for treatment initiation, differences between efavirenz-based and lopinavir-based regimens, use of PPD testing, metabolic complications of HAART, etc.

Psychosocial research

Antiretroviral treatment is certainly effective but it has to be given indefinitely. Almost impeccable adherence is required, and adverse effects are not fully known yet. In ITC, studies have been done on factors of non adherence and quality of life. An extensive review of patients attending the psychiatric service has also been made. These were all done with the goal of improving the quality of treatment.

Clinical research to improve quality of care

Arguably all research should be done with a view to improving quality. There have been however studies in ITC that were specifically done to evaluate or validate ancillary tests that might improve care. They included therapeutic drug monitoring, genotypic resistance, HLA typing for abacavir use, T-spot TB test, and replication capacity. Intervention trial has also been done. The use of valacyclovir in prevention of herpes has been studied in ITC as part of a multi-centre randomized clinical trial.

Public health oriented research

HIV being a disease of huge public health import, ITC has been a most appropriate venue for epidemiologic and behavioural studies. Full length sequencing of recently acquired HIV had been studied. A case control study in ITC identified certain

世代研究

由於病人數目不斷增長，一群已受感染而且由綜合治療中心追蹤的病人實際上已形成群組。憑藉電腦化臨床資訊系統，我們得以認真追蹤臨床數據，所取得的結果也可用作分析。自高效能抗逆轉錄病毒治療法推出後，病人的死亡率及患病率大幅下降，對此我們已作出了詳細報告。對於開啟治療的臨界CD4淋巴細胞計算、基於依非韋倫或洛匹那韋之間的療程所產生的差異、結核菌素試驗的使用、高效能抗逆轉錄病毒治療法的代謝併發症等，亦已進行研究。

社會心理學研究

抗逆轉錄病毒治療法確實有效，但須要長期服用。這種治療法需要得到幾乎一絲不苟的依從，而治療後的不利影響卻仍未充分被了解。綜合治療中心已對未堅持服藥的因素及生活質素進行研究，並對接受精神科服務的病人進行大規模的檢討，務求提升治療質素。

為提高治療質素而作的臨床研究

可以說，所有研究均以提高質素為目標。不過，綜合治療中心亦進行其他專門研究，對可能改善治療的附屬測試進行評估或驗證。有關研究包括治療藥物血含量監察、基因型耐藥性、針對使用阿巴卡韋而進行的人類白細胞抗原分型、T細胞斑點結核測試以及複製能力。此外，中心亦進行干預試驗，並對伐昔洛韋在預防疱疹方面的使用進行研究，以作為多中心隨機臨床試驗的一部分。

以公共衞生為主導的研究

愛滋病是一種對公共衞生而言極為重要的疾病，綜合治療中心則已成為對這種疾病進行流行病學及行為研究的最理想場所。中心對

associated factors of the largest local cluster. Risk behaviours of our MSM clients have been studied. And the extensive use of genotypic resistance testing in ITC allows monitoring of primary and secondary drug resistance. Similarly, ITC participates in the surveillance of HIV/TB coinfection and mother-to-child HIV transmission through special registries.

Basic science

A few studies of HIV virology and proof of concept are being done in collaboration with the Department of Microbiology and AIDS Institute of Hong Kong University. Results may not be immediately useful to patients but they will contribute to the overall understanding of HIV.

Coordination of research

A fairly well structured Research Committee was set up in 2005 to oversee research activities in ITC. The Committee is chaired by the Head of SPP and members include major medical, nursing and research staff. A voting mechanism is in place to vet research proposals prior to submission to the departmental ethics committee.

All in all, the Committee sought to monitor research activities pertaining to patients in accordance with 'clinical governance, scientific merits, sound ethical principles and administrative realities'.

近期感染愛滋病病毒人士的全部感染過程已進行研究。此外，綜合治療中心進行的一項病例對照研究，確定了與本地最大群組感染有關的一些關連因素。針對男男性接觸者的高風險行為的研究亦已進行。同時，綜合治療中心廣泛應用基因型耐藥性測試，有助監察初發及繼發耐藥性。與此相同，綜合治療中心還對愛滋病-結核病共同感染及母嬰傳播進行監測，並將數據納入特別資料庫。

基礎科學

我們與香港大學微生物學系及愛滋病研究所正合作進行一些對愛滋病病毒學及概念驗證的研究。研究結果可能並不能對病人起即時作用，但對於提升愛滋病的整體認識仍會帶來一定貢獻。

對研究的協調

一個架構相當良好的研究委員會於二零零五年成立，對綜合治療中心的研究活動進行監督。委員會由特別預防計劃的顧問醫生擔任主席，成員包括主要的醫生、護士及研究人員。委員會更設立投票機制，先對研究建議進行審核，才遞交至部門的道德事務委員會。

總而言之，該委員會力求根據「臨床管治、科學價值、良好的倫理原則及行政實況」的原則，對與病人有關的研究活動加以監察。

Integrated Specialty Services
多專業綜合服務

Dr Tse Chi-tat, Ian
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謝志達醫生
綜合治療中心
高級醫生

ITC 10th Anniversary

HIV care is multi-specialty

There are many reasons why multiple specialties have to be involved in care of HIV. For one, modern medicine is highly specialized to begin with. For another, HIV devastates mainly the immune system but its consequences are multi-system. AIDS-defining opportunistic infections range from pneumonia to meningitis and colon ulcers. Other than infections, HIV infected patients may also develop malignancies. In the era of effective HIV treatment, a typical patient lives much longer. Yet new complications continue to arise, immune reconstitution being a good example. Adverse effects of antiretroviral therapy can also be prominent, requiring specialist attention. And certain HIV-related complications continue to occur despite virologic suppression of HIV. Therefore, although the need of hospitalization may have decreased, the need of specialist input is just as huge.

Multi-specialty involvement does not necessarily equate to a multi-disciplinary team. Far from it, care may become fragmented and lose its focus on the patient. The onus falls on the patient to navigate through a bureaucracy to make appointments to different doctors, at the right time and in proper sequence. Communication between specialists who do not know each other and who are located miles apart very often has to rely on the patient as a messenger.

While this happens to any patient with a chronic multi-system disease in Hong Kong, the HIV infected patient faces the additional burdens of stigmatization and fear of discrimination.

愛滋病病毒治療涉及多個專業

愛滋病病毒治療涉及多個專業，其中牽涉很多原因。一方面，現代醫學具有高度的專業性；另一方面，雖然愛滋病病毒主要破壞免疫系統，但由此引發的後果卻涉及許多系統。愛滋病機會性感染的範圍極廣，包括肺炎、腦膜炎和結腸潰瘍等。除感染之外，愛滋病病毒感染者還可能發展成惡性腫瘤。在今天愛滋病病毒可以得到有效治療的年代，典型病人存活的時間會更長，但也不斷湧現出新的併發症，免疫重建就是一個例子。抗逆轉錄病毒治療的副作用也很重要，需要專家高度重視。此外，儘管愛滋病病毒已得到病毒學抑制，但一些與愛滋病病毒相關的併發症卻不斷出現。因此，儘管住院治療的需求可能有所減少，但對專家的需求量還是非常龐大。

多專業參與並不等同於多學科團隊。而且遠非如此，治療可能變得比較分散，也不再以患者為焦點。治療責任落在患者身上，他們需要在適當的時間並按適當的次序奔波約見不同的醫生。通常這些醫生互不認識，而且相距甚遠，因此只能依靠患者作為信差來進行交流。

在香港，儘管任何有多系統慢性疾病的患者都會碰到這種情形，但愛滋病病毒感染者還要面對恥辱和害怕被歧視的壓力。

Integrating specialties in HIV care

In the last decade, we have been seeing signs of acceptance of HIV infected patients, either socially or in terms of medical care. Overt acts of discrimination are now rare. However, HIV is still NOT diabetes, something that the patient can speak out loud while asked by the clinic receptionist. Our patient still squirms when asked how he was infected with HIV, and yet this happens with every new specialist he meets. HIV is NOT diabetes again because it is uncommon. A neurologist might be expert on diabetic neuropathy but quite ignorant of HIV dementia. A patient easily becomes entangled in a complicated web of referral upon referral.

愛滋病病毒治療的綜合專業範疇

過去十年，我們看見社會和醫護界對愛滋病病毒感染者逐步接納，如今已鮮有公然歧視的行為。然而，愛滋病病毒畢竟不是糖尿病，可以大聲告訴診所接待員。當患者被問到如何感染上愛滋病病毒時，仍會感到局促不安，而且每次約見新的專家都會重複這種經歷。愛滋病病毒不同於糖尿病，因為它不是普通的疾病。神經病學家在糖尿病神經病變的範疇是專業，但可能對愛滋病腦退化症卻了解甚少。因而，患者很容易陷入不斷轉診的複雜漩渦。

One objective of ITC was to integrate the commonly involved specialists in the same setting, providing real multi-disciplinary care. The specialists may have changed, though. Ophthalmologists were heavily involved in the early days, but not now. Endocrinologists used to be overlooked but, with the prevalent metabolic complications nowadays, they figure more prominently in modern HIV care. Psychiatrists and dermatologists, on the other hand, have continued to play an important role, with or without the availability of HAART.

On the other hand, expertise gained in HIV care helps ITC contribute in another context. Post-exposure management of blood borne infections requires extensive counselling, serology testing, immunization, and sometimes antiretroviral drugs. A clinic of this nature would therefore be within the capability of ITC and in fact has been in service since the first year of the Centre. It is known as the Therapeutic Prevention Clinic.

綜合治療中心的其中一個目標，是將通常涉及的專家集中到同一場所，從而提供真正的多學科治療。不過，對不同專家的需求可能已有所變化。眼科醫生是早期參與甚多的專家，但現在已非如此。在過去，內分泌學家不受重視，而如今隨著代謝併發症盛行，內分泌學家在現代愛滋病病毒治療中發揮著極為重要的作用。此外，無論高效能抗逆轉錄病毒治療法可用與否，精神病學家及皮膚科醫生都繼續擔當著重要的角色。

另一方面，在愛滋病病毒治療過程中攫取的專業知識有助綜合治療中心應對其他情形。血液傳染病的暴露後處理要求大量諮詢輔導、血清學測試、免疫注射，有時還需要抗逆轉錄病毒藥物。因此，這種性質的診所需要具備綜合治療中心的能力，事實上，自綜合治療中心成立的第一年以來，這種性質的診所就已經在提供服務，也就是我們的預防治療診所。

A skin clinic in ITC

A specialist skin service is indispensable if the quality of life of a patient were to be improved in any meaningful way because 90% of them will suffer from skin diseases during their course of illness. For example, the incidence of adverse cutaneous eruptions in response to a variety of drugs in HIV-infected persons is 100 times more common than in the general population.[11] The skin problems of patients may also manifest in atypical ways that are bewildering to practitioners unfamiliar with them.

Since its establishment, ITC has been staffed by dermatologists among others. It has installed equipment such as laser and phototherapy machine required by the typical dermatologist. The availability of an operating room also allows minor surgical procedures. All these put the Centre in a good position to set up a Dermatology clinic. Instead of travelling to an unfamiliar clinic to make appointments and explain to a dermatologist who may not have seen HIV-associated skin diseases, an ITC patient can

綜合治療中心皮膚科診所

由於90%的患者在生病期間都會受皮膚病折磨，因此，如果需要對改善患者的生活質素提供有意義的幫助，皮膚專科服務便必不可少。例如，愛滋病病毒感染者因藥物過敏而引發皮膚發疹的機率極為普遍，比一般人高100倍。[11] 患者的皮膚問題還可能以反常方式出現，使不熟悉這些皮膚問題的醫生感到束手無策。

尤其值得一提的是，自成立開始，綜合治療中心一直駐有皮膚科專科醫生。中心還配備了激光機和光療機等典型的皮膚科設備。此外，綜合治療中心還設有手術室，可進行小型手術。所有這些優勢都有利於綜合治療中心設立皮膚科診所。這樣，中心的患者便毋須前往陌生的診所預約，也毋須向未接觸過與愛滋病病毒相關的皮膚病的皮膚科醫生解釋，他們可以在預約愛滋病專科醫生的同

[11] Coopman SA, Johnson RA, Platt RM, Stern RS. Cutaneous disease and drug reactions in HIVinfection. N Engl J Med1993; 328:1670-74

conveniently make an appointment with a knowledgeable dermatologist at the same time as he makes one with his HIV physician. Over the years, patients have come to appreciate the availability of this service.

As of May 2009, more than 2000 clients with skin problems have been seen. From 1999 to 2004, the skin clinic served both HIV-infected patients of ITC and general patients referred from Kowloon Bay General Out-patient Clinic. However, in response to the rising number of PLWHA and thus the greater demand on skin service, the skin clinic now sees only HIV-infected patients. Regardless, the clinic is one of a kind, being the only skin service in Hong Kong that longitudinally follows up PLWHA. Such profile has provided invaluable experience in Kaposi's sarcoma and HIV dermatosis. The broad experience thus accumulated also allowed its dermatologists to deliver their fair share of scientific insight. They are among the first to report the high incidence of nevirapine rash in women [12] and eosinophilic folliculitis in HIV infected Chinese women. [13]

時，一起預約我們的皮膚科專科醫生。多年來，患者一直對我們這項極為方便的服務表示感激和讚賞。

截止二零零九年五月，我們已約見了2000多位有皮膚問題的患者。自一九九九年至二零零四年，皮膚科診所為綜合治療中心的愛滋病病毒感染者和九龍灣普通科門診所轉介的普通科病人提供服務。不過，隨著愛滋病病毒感染者數量上升和隨之引發的皮膚科服務需求增加，皮膚科診所目前只接受愛滋病病毒感染者。無論如何，我們的皮膚科診所是香港唯一一家以縱向方式為愛滋病病毒感染者提供皮膚科服務的診所。這樣的背景為我們提供了治療卡波西氏腫瘤和愛滋病病毒皮膚病的寶貴經驗。正由於累積了豐富的經驗，皮膚科診所的醫生得以發表他們的科學卓見。他們在同類型課題中最早報道奈韋拉平藥在女性的高發率[12]和在中國女性愛滋病病毒感染者的嗜酸性毛囊炎。[13]

Manned by a fully accredited dermatologist and nurses, the well-equipped clinic now provides a broad range of services. Patch test is done to evaluate allergic skin reaction. Diagnostic skin biopsy is performed to investigate the nature of skin disorders. Cryotherapy, phototherapy, nail surgery, CO2 laser surgery are some other examples of procedures routinely performed. Facial lipoatrophy, a common and devastating complication of thymidine anitretroviral, may be partially reversed by switching to non-thymidine equivalents, but the benefits are usually limited. In recent years, ITC has been pioneering the use of non-animal stabilized hyaluronic acid injection for mild-to-moderate HIV-associated facial lipoatrophy.

Apart from its clinical service, the skin clinic is also known for its educational resume. Under the supervision of a senior dermatologist, trainees will be able to receive invaluable training and experience. As far as higher physician training is concerned, up to two years can be accredited in the specialty of Dermatology and Venereology. As of 2009, there have been four

今天，皮膚科診所由認可的皮膚科專科醫生和護士組成，且設施完善，可提供各種服務。我們透過貼布試驗來測試皮膚過敏反應，並進行皮膚活切來診斷皮膚病。其他日常進行的治療程序包括冷凍療法、光線療法、趾甲手術和二氧化碳激光手術等。面部脂肪萎縮症是胸苷抗逆轉錄病毒藥物所引致的一種常見及令人苦惱的併發症，雖然改用非胸苷藥物可能會令情況得到一些好轉，但通常收效極微。近年來，綜合治療中心已率先嘗試對輕度到中度的愛滋病病毒相關面部脂肪萎縮症注射非動物性穩定玻尿酸(NASHA)。

除了臨床服務，皮膚科診所還以其教育培訓工作而聞名。在資深皮膚科專科醫生的督導下，皮膚科實習醫生可得到寶貴的培訓和經驗，更可獲得最多兩年的皮膚病及性病學專業認可培訓。截止二零零九年，綜合治療中

[12] Ho TTY, Wong KH, Chan KCW, Lee SS. High incidence of nevirapine-associated rash in HIV-infected Chinese. AIDS 1998; 12:2082-2083

[13] Ho MH, Chong LY, Ho TTY. HIV-associated eosinophilic folliculitis in a Chinese woman: a case report and a survey in Hong Kong. Int J of STD & AIDS 1998:489-493

dermatology trainees in ITC. All completed their fellowship and became registered dermatologists.

心已有四名皮膚病學實習醫生，他們均完成了專業培訓，成為註冊皮膚科專科醫生。

A clinic for sexually transmitted infections (STI) in ITC

As in many parts of the world, sexual transmission has been a major mode of HIV transmission in Hong Kong.[14] A sizeable proportion of patients are co-infected with sexually transmitted infections (STI). They could have acquired such infections before or after their HIV diagnosis was known. In ITC, the STI clinic provides prompt and effective treatment of STI. From the viewpoint of public health, this also facilitates referral of partners for testing and interruption of HIV transmission.

Patients of the HIV clinic who experience genital symptoms or, for whatever reason, are suspected to be infected with a sexually transmitted infection can be referred to the STI clinic for free evaluation and treatment. Infections such as syphilis, chlamydia, gonorrhoea, anogenital wart and genital herpes can usually be diagnosed and treated promptly. For example, a rapid diagnosis of gonorrhea can often be made after examining a urethral smear microscopically. Other tests, such as cultures and serology testing, are performed according to symptomatology so that bacterial STI can be eradicated and symptoms of viral STI alleviated.

Nevertheless, many STIs are asymptomatic. In 2006 the STI clinic collaborated with Hong Kong University to embark on a screening programme using urine-based nucleic acid amplification test (NAAT). It was simple, non-invasive, and effective in picking up infection by Chlamydia trachomatis and Neisseria gonorrhoeae among sexually active HIV-infected patients.[15] This annual screening programme is now taken up by the Public Health Laboratory Centre and expanded to cover all HIV-infected patients of ITC. The volume of testing has also grown from 250 in 2006 to more than 1,000 in 2008. Those who test positive are routinely followed up with not only treatment but intensified counselling on safer sex, and partner referral for testing. All these activities are integral in our commitment to HIV prevention.

綜合治療中心性病診所

與世界上許多地區一樣，性傳播已成為香港愛滋病病毒傳播的主要模式。[14] 大部分患者亦同時感染性病。他們也許在確診愛滋病之前已患上這些疾病，或在之後才感染。綜合治療中心性病診所提供即時及有效的性病治療。從公共衞生角度來看，這亦有助轉介伴侶以進行檢查以及阻止愛滋病病毒傳播。

愛滋病診所的病人如出現生殖器官疾病的症狀或疑似感染性病（不論因任何理由），均可轉介至性病診所以便接受免費評估及治療。梅毒、衣原體感染、淋病、肛門生殖器疣、生殖器疱疹等傳染病通常可確診及立即治療。例如進行顯微鏡檢查尿道塗片後，即可快速確診淋病。培養菌及血清化驗等其他檢查則根據症狀進行，從而令細菌性性病得以根除，並令病毒性性病症狀得以緩減。

然而，很多性病並無症狀。於二零零六年，性病診所與香港大學合作，開始實施採用尿液核酸增幅測試法的檢查計劃。該方法既簡單，又不具侵入性，而且可以有效地在性生活活躍的愛滋病病毒感染者中找出砂眼衣原體和淋病雙球菌感染者。[15] 這每年一次的檢查計劃現由公共衞生檢測中心負責，並已擴大至綜合治療中心的所有愛滋病病毒感染者。化驗人數已由二零零六年的250名增至二零零八年的1000多名。化驗結果呈陽性的人士不但需要覆診和治療，更包括對他們進行安全性行為的加強輔導，同時亦會轉介伴侶進行檢查。而所有上述的措施對於我們致力於預防愛滋病來說均不可或缺。

[14] Centre for Health Protection, Department of Health, HKSAR. The Hong Kong STD/AIDS Update (Available at: http://www.info.gov.hk/aids/archives/backissuestd/std08q4.pdf. Accessed 11th May2009)

[15] CT Tse, KH Wong, OW Fong, WY Yeung, WK Chan, WC Yam. Asymptomatic Chlamydia trachomatis and Neisseria gonorrrhoea urethritis among HIV-infected patients in Hong Kong detected by urine nucleic acid amplification test[TUPEC019]. The 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention.2007, Sydney, Australia.

The Metabolic Research Clinic

The first years of using HAART brought unexpected consequences, one of which was the multitude of metabolic complications, ranging from diabetes, thyrotoxicosis to dyslipidaemia. This was uncharted territory beyond the traditional approach of managing HIV as an infectious disease.

The need thus arose that experts in endocrinology should be involved. To this end, discussion was held with the Chinese University which culminated in the setup of the Metabolic Research Clinic in ITC in 2005. This provided a unique opportunity to develop the critical expertise required to manage this increasingly important part of HIV care. The clinic was subsequently moved to Prince of Wales Hospital and renamed the metabolic clinic, where it could also effectively utilize the resources of the diabetic centre. As of today, it continues to serve our patients' needs when metabolic complications become difficult to manage.

代謝研究診所

採用高效能抗逆轉錄病毒治療法的最初幾年出現了意想不到的結果，包括出現了糖尿病、甲狀腺機能亢進以至血脂異常等眾多代謝併發症。這是將愛滋病作為傳染病處理的傳統治療法所從未曾涉足的領域。

因此，治療過程需要內分泌學專家的參與。二零零五年，綜合治療中心與中文大學討論後，決定在中心設立代謝研究診所。這提供了難得的良機，藉此可發展所需要的關鍵性專業知識，以便處理在愛滋病治療中這個日漸重要的課題。該診所隨後遷往威爾斯親王醫院，並易名為代謝診所。在這裡，診所得以有效利用糖尿病患者中心的資源。至今，該診所繼續服務中心的患者，解決他們在處理代謝併發症時的需要和遇到的困難。

The Therapeutic Prevention Clinic (TPC)

Blood-borne transmission is an important mode of HIV transmission, usually referring to that caused by sharing of needles or syringes by injecting drug users. However, HIV infection may also rarely result from exposure in the health care setting. In 1984, the first case of documented HIV seroconversion after occupational exposure was reported in UK. There have been subsequent incidents, reminding all of us the small but genuine risk of contracting HIV in the health care setting through percutaneous or mucosal exposure.

In Hong Kong, the Accident & Emergency Department (A & E Dept) is by far the most common service provider to which clients with potential exposure to blood borne viruses will first present. However, as post-exposure management requires intensive counselling and longer term follow up, a designated clinic that provides comprehensive post-exposure management (PEP) for HIV and viral hepatitis B and C is needed. Against this

預防治療診所

血液傳播是愛滋病病毒傳播的重要形式，通常指注射藥物使用者因共用針頭或注射器而引致的傳播。然而，亦有少量愛滋病病毒感染是因為從事相關的醫療治理而導致。一九八四年，英國報告首宗因職業暴露而導致愛滋病病毒血清轉化的個案。隨後這類個案陸續出現，提醒我們在醫護工作環境下，經由皮膚或黏膜接觸而感染愛滋病病毒的風險雖然很小，但仍是真實存在。

在香港，急症室是血液暴露人士最先及最普遍的服務供應者。然而，由於暴露後處理需要緊密的輔導工作及長期覆診，因此需要設立指定診所，以便為愛滋病病毒以及病毒性乙型肝炎和丙型肝炎的暴露後處理進行全面跟進。為此，預防治療診所於一九九九年投入運作，成為香港唯一一間同時處理醫護人

background, the Therapeutic Prevention Clinic (TPC) came into operation in 1999 and has become the only clinic in Hong Kong that manages both health care workers and public who have been accidentally exposed to blood and body fluids.

Following first aid measures in the A & E Dept of hospitals, those who are exposed are referred to TPC for further risk assessment, counselling and serology testing. Apart from HIV antibody screening, clinic protocol also screens for viral hepatitis B and hepatitis C because of their even higher transmission risk. Depending on the serology results, hepatitis B immunoglobulin may be offered and hepatitis B vaccine given or advised. Assessment is taken as to the need of antiretroviral prophylaxis if already initiated in A & E Dept.

Although data on the efficacy of HIV PEP are fairly limited, they suggest that a short course of antiretroviral could reduce the chance of HIV transmission following needle stick exposure.[16] At any rate, it has now become standard practice to consider chemoprophylaxis for people with percutaneous, mucosal or non-intact skin exposure to blood/body fluids which could have been HIV contaminated in the occupational setting. Increasingly, occupational exposure in Hospital Authority is followed and managed at Queen Elizabeth Hospital. Other health care workers, including dentists and their assistants, are mostly seen at TPC.

Accidental needlesticks are not restricted to the health care setting. The public may also be exposed, e.g. cleaning workers are commonly stuck by improperly disposed needles. They are also referred to TPC. International interest in using ART to prevent HIV transmission following sexual & other non-occupational exposure continues to grow, although there is no direct evidence of its efficacy in such contexts. Results of animal studies and studies involving occupational exposure and mother to child transmission nevertheless provide indirect evidence to support its biological plausibility. In 2003, chemoprophylaxis was first offered to a sexually exposed client in ITC. By May 2009, HIV chemoprophylaxis had been given to 26 clients for occupational exposure and 20 for sexual exposure. None developed seroconversion.

員以及意外接觸血液和體液的公眾人士的診所。

在醫院急症室接受急救措施後，受到血液暴露的人士會被轉介至預防治療診所作進一步風險評估、輔導及血清化驗。除愛滋病病毒抗體檢查外，臨床指引亦會對病毒性乙型肝炎和丙型肝炎進行檢查，因為這兩者具有較高的傳播風險。視乎血清檢測結果，預防治療診所可能為受到血液暴露的人士提供乙肝免疫球蛋白，以及為他們注射或建議注射乙肝疫苗。如果他們在急症室已開始接受了預防措施，預防治療診所便會評估是否需要採取抗逆轉錄病毒治療。

雖然有關愛滋病病毒暴露後處理的療效數據相當有限，但仍顯示採取短療程的抗逆轉錄病毒治療可減少被利器刺傷後傳播愛滋病病毒的機率。[16] 無論如何，那些因在工作環境下經由皮膚、黏膜或破損皮膚接觸而可能受愛滋病病毒感染的人士，考慮給予預防藥物治療措施已經成為標準的處理方法。醫院管理局內因工作接觸而受到血液暴露的人士，愈來愈多在伊利沙伯醫院接受治療及處理。至於其他醫護工作人員，包括牙醫及牙醫助手，則大部分在綜合治療中心接受治療。

意外被利器刺傷不只限於醫護場所，公眾人士亦可能發生。例如清潔工人便經常被未經適當處理的針頭刺傷，他們也會被轉送至預防治療診所。雖然並無直接證據證明在有關情形下抗逆轉錄病毒治療具有療效，但國際上對於採用該治療法以預防透過性及其他非職業暴露的愛滋病病毒傳播，仍是興趣日濃。動物研究以及涉及職業暴露和母嬰傳播的研究，也提供了間接證據，證實了這治療法的生物合理性。二零零三年。綜合治療中心首次對一名經性接觸暴露人士採用預防藥物治療措施。截至二零零九年五月，綜合治療中心共對26名職業暴露人士和20名性接觸暴露人士進行愛滋病病毒預防藥物治療措施，當中並無任何人士產生血清轉化。

[16] DM Cardo, Culver DH, Ciesielski CA, et al and the CDC needle surveillance group. A Case-control study of HIV seroconversioin in health-care workers after percutaneous exposure to HIV-infected blood. New England J Med. 1997;337:1485-1490

TPC is a unique service in Hong Kong. Its experience has served well the Scientific Committee of AIDS and STI of the Centre for Health Protection in formulating its technical guidance and recommendations on the use of antiretrovirals in non-occupational settings in 2006 [17] and post-exposure management and prophylaxis of needlestick injury or mucosal contact to HBV, HCV and HIV in 2007. [18]

預防治療診所是香港一項獨特服務。衞生防護中心愛滋病及性病科學委員會於二零零六年制定在非工作環境下暴露而使用抗逆轉錄病毒藥物的技術指引和建議 [17]，以及於二零零七年制定被利器刺傷及經黏膜與乙型肝炎、丙型肝炎及愛滋病病毒暴露後的處理方法及預防措施時，預防治療診所的治療經驗均提供了莫大的幫助。[18]

A psychiatry clinic

An HIV diagnosis wreaks psychological havoc. Adjustment is difficult not only to the knowledge that one is infected, but also to the many changes that come with it. Morbidity of the disease or its treatment may constrain one's ability to maintain the usual way of life. Marital relationship may be tested. Family planning may be on hold and those with children now have a reason to worry about future financial security. Today, societal attitudes toward HIV, though improving, are far from favourable for psychological health. In addition, opportunistic infections and some of the antiretroviral drugs may cause psychiatric symptoms. Certain treatment such as that of hepatitis C requires clearance from psychiatry.

All in all, HIV is a disease of the mind as much as of the immune system. The HIV clinic provides counselling to all its patients but time and again professional expertise is called for since 2000, ITC has been fortunate to have Prof CN Chen, emeritus professor and previously Head of Psychiatry of Chinese University. He is responsible for setting up and running a psychiatry clinic for patients of ITC. His account of his involvement in work on HIV/AIDS in Hong Kong is enlightening and it illustrates the importance of psychological health in the overall care of patients (Chapter 8).

精神科診所

確診為愛滋病病毒感染者會給患者造成心理創傷。難以調整心態的原因不但是獲悉自己已被感染，更因為隨之而來的諸多變化。愛滋病的發病或治療可能限制患者維持正常生活方式的能力，婚姻關係可能受到考驗，家庭計劃可能需要擱置，有子女的患者更有理由擔憂未來的財政保障。如今，社會對愛滋病的態度雖然已有所改善，但與心理健康的要求仍有很大距離。此外，機會性感染及一些抗逆轉錄病毒藥物也可能引起精神症狀，而若干治療（例如丙肝的治療），更需要排除精神問題才可進行。

總而言之，愛滋病不但是免疫系統疾病，也是心理疾病。愛滋病診所為所有病人提供輔導，但亦不時需要專業知識的增援。自二零零零年以來，綜合治療中心有幸邀請到中文大學精神病學退休名譽教授兼前精神科學系主任陳佳鼐教授負責設立及營運精神科診所，為綜合治療中心的患者提供服務。他詳細描述了參與香港愛滋病病毒感染者／愛滋病患者工作的歷程，對我們極具啓發意義，也彰顯了心理健康在患者的整體治理中的重要性（詳見第8章）。

[17] Scientific Committee of AIDS and STI, Centre for Health protection, Department of Health, HKSAR. "Using antiretrovirals for post exposure prophylaxis against non-occupational setting- position statement of SCAS", Mar 2006. (Available at http://www.chp.gov.hk/files/pdf/sas_scas_rr1-2006.pdf. Accessed 11th May 2009)

[18] Scientific Committee of AIDS and STI, Centre for Health protection, Department of Health, HKSAR. "Recommendations on the postexposure management and prophylaxis of needlestick injury or mucosal contact to HBV, HCV and HIV", Sep 2007 (Available at http://www.chp.gov.hk/files/pdf/20080131_SCAS.pdf. Accessed 11th May 2009)

8

On my psychiatry service in ITC
我在綜合治療中心精神科所從事的工作

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ITC 10th Anniversary

On my psychiatry service in ITC 我在綜合治療中心精神科所從事的工作

Health is in the mind

It may seem unusual, at least in Hong Kong, for a psychiatrist to be so involved in the policy, epidemiology, treatment and care for people living with HIV (PLHIV). But there are reasons for me to do so. First, as a psychiatrist, I believe psychiatry is more medicine of living than just a branch of medicine inside a hospital, clinic or behind a desk. The basic components of human living include feeling, thinking, reacting, socialising, learning/working, eating/drinking, sleeping, recreations, etc., as well as sexual identity, orientation and activities. These components are basic because their optimal functioning gives every person a sense of well-being. In other words, whether men or women, old or young, healthy or unhealthy, PLHIVs or non-PLHIVs, one needs to perform these functional components satisfactorily in order to achieve a good quality of life. It is therefore the job of a psychiatrist to help people perform these components or tasks effectively.

健康在心中

至少就香港而言，一名精神科醫生如此熱衷於愛滋病病毒感染者的政策、流行病學、治療及護理工作似乎很不尋常，但卻有很多理由推動我這麼做。首先，作為一名精神科醫生，我認為精神科不只是在醫院或診所內的一個分支，也不是只需要端坐桌後便可進行的一門醫學。精神科是與生活密切相關的醫學。人生的基本組成部分包括感覺、思考、反應、社交、學習／工作、飲食、睡眠、娛樂等，還包括性別身份、取向及活動。這些都是基本的組成部分，如果它們能夠運作良好，便會使人感到幸福。換言之，無論男女老少、健康或患病、愛滋病病毒感染者或非愛滋病病毒感染者，都需要令這些組成部分運作良好，才可以達到高質素的生活。因此，一名精神科醫生的工作就是幫助人們有效運作這些組成部分或功能。

Second, as a clinician, I was trained at St. George's Hospital, London, where psychosomatic medicine was an essential part of psychiatric training. The school of psychosomatic medicine is concerned with continuous interactions, in varying degrees and at different periods in time, among biological, psychological and social factors. It does not accept that anyone of these factors is the only root of a particular disease. This is why, in medicine, you do not just treat a disease but help the whole person. HIV infection is as stressful as, if not more than, any stressful life event, hence likely to create psycho-pathological reactions. Indeed, according to a projective estimate from the Harvard School, by 2020 HIV may become the tenth leading cause for loss of disability-adjusted life years (DALYs) worldwide and in the developing regions.[19] In recent years, because of advances in HIV medicine, AIDS has become a chronic treatable disease. Because it is chronic and treatable in the absence of a cure, it increases longevity on the one hand, but on the other hand it also demands long-term adjustment to various life adversities including long-term medication, repeated infections,

其次，作為臨床醫生，我曾在倫敦的聖佐治醫院接受培訓。在那裡，身心醫學是精神科培訓的最基本元素。身心醫學學派最關心的，是在生物、心理及社會因素之間在不同時期所發生的不同程度的持續互動。身心醫學學派並不承認有關因素中任何一項是某特定疾病的唯一根源。因此，在醫學上，不能只是治療病人的病症，還要為整個人提供幫助。愛滋病病毒感染所帶來的壓力即使不比任何緊張的生活壓力大，也絕不會少，因此很可能會導致心理性病理反應。事實上，根據哈佛醫學院所作的投射估計，至二零二零年，愛滋病可能成為全球及發展中地區導致傷殘調整壽命年減少的第十大因素。[19] 近年來，由於愛滋病醫學的進步，愛滋病已成為一種可以治療的慢性疾病。由於愛滋病是屬於不能治愈但可治療的慢性病，一方面使病人壽命增長，但另一方面也令病人需要長期面對各種生活困境，包括長期治療、反覆感

[19] Murray JL, Lopez AD. Alternative projections of mortality and disability by cause 1990-2020: Global Burden of Disease Study. Lancet 1997; 349:1498-1504.

hospitalisations and investigations, drug side-effects, drug resistance, social stigma, interpersonal and employment problems, as well as psycho-sexual adjustments. Indeed, as shown in a questionnaire study, over half of PLHIV experienced distress, especially those with high viral load.[20] In a US national survey, psychiatric disorders were detected in 2,864 PLHAs, these being major depression (36%), dysthymia (26.5%), anxiety disorder (15.8%), panic attack (10.5%), drug dependence (12.5%), etc.[21] It was subsequently confirmed by meta-analysis that HIV-positive subjects were nearly two times more likely to suffer from major depression than HIV-negative subjects. [22]

染、住院及檢查、藥物副作用、耐藥性、社會污名、人際關係及就業問題，以及心理暨性調整。實際上，根據調查問卷研究所顯示的結果，逾半數的愛滋病病毒感染者曾經感到抑鬱，尤其是那些病毒載量較高的病人。[20] 在美國的一次全國性調查中，有2,864名愛滋病病毒感染者被檢出患有精神科疾病，包括嚴重抑鬱症(36%)、精神抑鬱(26.5%)、焦慮症(15.8%)、驚恐發作(10.5%)、藥物依賴(12.5%)等。[21] 後來經過整合分析確認了有關結果：愛滋病病毒感染者患嚴重抑鬱症的可能性幾乎是沒有感染愛滋病病毒的人士的兩倍。[22]

My involvement with work on HIV

When I moved to Hong Kong in 1981, psychosis was the only major concern in the community. Yet there was, and still is, no

我對愛滋病工作的參與

當我在一九八一年移居至香港時，精神病是這個社會唯一最擔心的疾病。但那時並沒有

[20] Cohen M, Hoffman RG, Cohen CC, et al. The prevalence of distress in persons with human immunodeficiency virus infection.Psychosomatics 2002;43: 10-15

[21] Bing EG, Burnam MA, Longshore D, et al. Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. Arch Gen Psychiatry. 2001;58:721-8

[22] Ciesla JA, Roberts JE. Meta-analysis of the relationship between HIV infection and risk for depressive disorders. Am J Psychiatry, 2001;158 (5): 725-30

specialist domiciliary visit, and little was done in after-care for psychotic patients from hospital psychiatric practice. In the early 80s I had the opportunity to join the Mental Health Association (MHA) of Hong Kong, and witnessed the importance of community rehabilitation for the mentally-ill patients and ex-patients.

Meanwhile, in 1984-86, a community epidemiological study in Shatin conducted by the Department of Psychiatry, Chinese University of Hong Kong (CUHK), further taught us that mood and behaviour disorders were also highly prevalent in the Hong Kong community.[23] Yet, in practice, these patients were not commonly served at the time in public hospitals in Hong Kong because of shortage in manpower and facilities, as well as a lack of public education and the presence of social stigma. This is a gross ignorance of the global trend. According to estimates of the World Bank in 1993, the loss of DALYs in psychiatric disorders was 17.3% for depressive disorders, 15.9% for self-inflicted injury, 12.7% for dementias, 12.1% for alcoholism, 9.3% for epilepsy, 6.8% for psychoses, 4.8% for drug

專業醫生進行上門診治，這情況直至今天依然維持不變。同時，當時在精神病人接受醫院精神科治療後的善後治理工作也做得很少。我有機會於八十年代初加入了香港心理衛生會，並目睹了社區復康對於心理疾病患者及已痊癒患者的重要性。

與此同時，香港中文大學精神科學系曾於一九八四年至一九八六年間在沙田進行社區傳染病學研究，使我們進一步了解到在香港社會中，情緒與行為失常的現象亦極為普遍。[23] 然而，基於人力和設施不足，以及公眾教育的缺乏和社會污名的存在，有關病人在香港公立醫院獲得服務的情況並不普遍。這顯示我們對世界趨勢的全然無知。根據世界銀行於一九九三年所作的估計，因精神科疾病而導致傷殘壽命調整年減少的個案中，17.3%是由於抑鬱症，15.9%由於自我傷害，12.7%由於腦退化，12.1%由於酗酒，9.3%由於癲癇，6.8%由於精神病，4.8%由於藥物依賴，4.7%

[23] Chen CN, Wong J, Lee N, et al. Shatin Community Mental Health Survey in Hong Kong: II. Major findings. Arch Gen Psychiatry, 1993;50: 125-133

dependence, 4.7% for posttraumatic stress disorder, and 16.4% for other psychiatric disorders.[24] It was estimated that by 2020, unipolar major depression might become the second leading cause of loss in DALYs worldwide, being the first in developing regions and the third in developed regions.

The importance of preventing disability among people with non-communicable diseases like depression and those with communicable diseases like HIV is therefore obvious. To do this psychiatrists would have to move into the community and more clinical facilities should be made available in community settings or outpatient clinics in district general hospitals.

It is against this background that, in addition to my involvement with MHA, I was eager to be involved in clinical and community work against substance abuse initially and HIV infection subsequently. With the help of Western Pacific Regional Office (WPRO) of WHO, I visited Changsha in 1992 and Kumming in 1994, and discussed issues relating to substance abuse and HIV

由於創傷後因壓力而出現的失常情況，還有16.4%是由於其他精神科疾病。[24] 據估計，到二零二零年，單極嚴重抑鬱症可能成為全球導致傷殘壽命調整年減少的第二大主因，在發展中地區範圍內則為第一大主因，在發達地區則為第三大主因。

因此，對患有抑鬱症等非傳染性疾病和患有愛滋病等傳染性疾病患者提供預防殘疾便顯得非常重要。為此，精神科醫生便需要進入社區，而社區內亦應提供更多臨床設施，還需要在各區的醫院中增加更多精神科診所。

在此背景下，我除了參與香港心理衛生會的工作外，還先後參與防治藥物濫用和愛滋病病毒感染的臨床及社區工作。透過世界衛生組織西太平洋區辦事處的幫助，我在一九九二年及一九九四年分別訪問長沙及昆明，並與當地的醫療工作者討論與藥物濫用和愛滋

infection with the local health-care providers. In 1994 and 1995, again with the help of WPRO, I organised, at Shaw College, CUHK, training courses, each of which catered for 200-400 healthcare providers from China, on prevention, treatment and after-care of people with substance abuse and HIV infection. In 2002 and 2008 I also participated in two separate symposia in Hong Kong and Shenzhen, respectively on methadone maintenance treatment and on the need of, and care for, PLHIVs.

病病毒感染有關的課題。一九九四年及一九九五年，我再次透過西太平洋區辦事處的幫助，在香港中文大學逸夫書院舉辦了培訓課程。兩次課程分別吸引了內地的200至400名醫療護理人員參加。課程內容主要是關於對藥物濫用和愛滋病病毒感染者的預防、治療及善後工作。我還曾經於二零零二年及二零零八年參加分別在香港及深圳舉行的兩次座談會，內容分別關於美沙酮替代療法，以及愛滋病病毒感染者的需要和治理。

My clinic in ITC

The above explains why I have been interested in psychosomatic problems. In August 2000, I was pleased, and grateful, to be given the opportunity to provide psychiatric services to the PLHIVs in Hong Kong, alongside the medical clinic in ITC. I am

我在綜合治療中心的診所

我在上文解釋了為甚麼我對身心問題產生興趣。二零零零年八月，我很高興，也很榮幸有機會在綜合治療中心為香港的愛滋病病毒感染者提供精神科服務。看到綜合治療中心

[24] World Bank (1993). World Development Report 1993: Investment in Health. New York: Oxford University Press.

On my psychiatry service in ITC 我在綜合治療中心精神科所從事的工作

glad to say that the psychiatric outpatient clinic is marching into its 9th anniversary when ITC is celebrating its 10th. What then is the role of psychiatric services for PLHIVs?

Dr. P.M. Lee reviewed referrals to our psychiatric clinic between September 2000 and September 2005. There were 113 of them, amounting to 13% of all PLHIVs attending the medical clinic at the ITC in Kowloon Bay during this period. 97.3% of those referred were assessed. In comparison with those who were not referred, there were significantly more women, more in separated/divorced but less in married status, more with bisexual but less with homosexual orientation, and more prior to anti-retroviral therapy. This would seem to suggest that the PLHIVs who need psychiatric referral tended to be women, those with marital problems or conflicts in sexual orientation, and being early in the course of HIV infection. It is important not to overlook adherence to antiretroviral therapy (ART) in AIDS patients with depression, anxiety and drug abuse.[25,26] We also came across patients who refused ART because of depression with suicidal intention, and accepted it later when mood was lifted.

慶祝成立十周年，而精神科門診也即將迎接第九個周年的來臨，實在感到欣慰。精神科服務究竟能為愛滋病病毒感染者起到甚麼作用呢？

李培文醫生檢討了在二零零零年九月至二零零五年九月期間轉介至精神科診所的113名病人，佔綜合治療中心九龍灣診所在此段期間內所接診的全部愛滋病病毒感染者的13%。而當中97.3%已經過評估。與並沒有轉介的病人比較，轉介病人多為婦女，其中分居／離婚的病人較多，已婚的病人則較少；同時，較多雙性戀取向而較少同性戀取向，而且病人中並未曾接受抗逆轉錄病毒療法的也較多。這似乎暗示了需要精神科轉介的愛滋病病毒感染者通常為女性病人，是那些婚姻出現問題或性取向混亂的病人，以及處於愛滋病病毒感染初期的病人。不過，重要的是不應忽視患抑鬱症、焦慮及藥物濫用的愛滋病病人中未依從抗逆轉錄病毒療法的情況。[25,26] 我們

The role of psychiatric services in ITC therefore is to assist HIV physicians in the secondary prevention of HIV infection. Remission of psychiatric disorders or resolution of psycho-social problems improves chances for better HIV management including regular attendance at clinic, drug acceptance and adherence, and reduced drug resistance. Psycho-social management may also help in tertiary prevention by promoting better interpersonal, family and social functioning, reducing over-sensitivity to social stigma and improving daily adjustment. It is also hoped that, with better outcome in psycho-pathological problems, recovered PLHIVs can help people-at-risk in the primary prevention of HIV infection. That is, to help reduce blood-borne spread and promote safer sex behaviours, to encourage voluntary counselling and testing and early diagnosis and treatment, and, better still, to become peer counsellors in the fight against HIV infection.

亦曾遇到病人因患有自殺傾向的抑鬱症而拒絕接受抗逆轉錄病毒療法，但其後當心情好轉時又願意接受。

因此，綜合治療中心的精神科服務所扮演的角色，是協助愛滋病專科醫生提供併發症的次階段預防。緩解精神疾病或解決社會心理問題將有助改善愛滋病管理，包括定期就診、藥物接受和依從，以及降低耐藥性。管理社會心理問題還可以透過促進良好的人際關係、家庭及社會職能，減低對社會污名的過度敏感及改善日常的調整，從而促進第三階段的預防。此外，心理病理學問題如能得到良好解決，便可透過康復的愛滋病病毒感染者幫助高危人群對愛滋病病毒感染進行首階段預防，即幫助減少血液傳播及促進安全的性行為、鼓勵接受自願輔導與測試及提早接受診斷及治療，而更大的助益，是在對其他愛滋病病毒感染者提供現身說法的輔導。

[25] Ingersoli K. The impact of psychiatric symptoms, drug use, and medication regimen on non-adherence to HIV treatment.AIDS Care 2004;16: 199-211

[26] Dalessandro M, Conti CM,Gambi F, et al.Antidepressant therapy can improve adherence to antiretroviral regimens among HIV-infected and depressed patients. J ClinPsychopharmacol, 2007;27: 58-61

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Medical Social Services
醫務社會服務

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ITC 10th Anniversary

HIV has been a psychosocial disease

It cannot be overemphasized that HIV is more than an infection. Being sexually transmitted, stigmatizing and very chronic, HIV has serious psychosocial implications. To begin with, those who are vulnerable to HIV are the traditionally marginalized groups such as men who have sex with men (MSM), injecting drug users and commercial sex workers. In different contexts, an HIV diagnosis can be the ultimate test of connubial forgiveness, ‘retribution to a wanton lifestyle’, threat of financial security, cause for discrimination, or all of the above. One patient has described it well, ‘it is the verdict of my worth as a human being’.

Unlike other sicknesses for which one could easily gain sympathy from family and friends, the HIV infected patient tries his best to hide from this important source of support. He will find excuses to explain his visits to doctors or absences from work. He pretends to be healthy when he is sick. Even when he absolutely needs and fulfils all criteria of welfare, he would rather suffer than disclose his diagnosis. Such is the plight of having a psychosocial disease known as HIV.

愛滋病已成為一種心理社會疾病

愛滋病不只是一種傳染病，這並非誇大其詞。作為一種會令病人感到標籤而且治療過程極為漫長的性傳染疾病，愛滋病會產生嚴重的心理社會影響。首先，容易感染愛滋病的是男男性接觸社群、注射毒品人士及性服務工作者等都是傳統上被邊緣化的社群。在不同的情況下，愛滋病的確意味著夫妻間能否取得原諒的最終試驗、「放縱生活方式的報應」、對財務保障的威脅、受到歧視的原因，甚至是上述各種情況的總合。一位病人曾對此作出了非常精闢的描述：「愛滋病，就這樣子判決了我的一生。」

對於患上其他疾病的人，很容易會得到家人和朋友的同情，但愛滋病病人則不同，他們會盡量逃避這一重要的支持來源。他們編造各種藉口，解釋接受治療或缺席工作的行為，並在患病時仍把自己偽裝成健康的人。即使他們絕對需要各種福利，也完全符合領取的標準，他們仍然寧可忍受疾病折磨也不願透露病情。這就是患上愛滋病這種心理社會疾病時所遭受的困境。

HIV requires social support services

Thanks to the Disability Discrimination Ordinance enacted in 1995, an HIV infected person is protected at least from overt forms of discrimination. He is also entitled to benefits and services under the same eligibility requirements as with other citizens of Hong Kong. Before there was effective therapy, the tangible needs were obvious: home help, home infusion therapy, hospice, financial subsidy, compassionate housing and relocation, etc. The intangible needs however have not become

愛滋病需要社會支援服務

由於殘疾歧視條例於一九九五年頒佈，使愛滋病病毒感染者得到保護，至少不再受到公然歧視。此外，愛滋病病毒感染者還與其他香港市民一樣，只要具備同樣規定資格，便可以享有同樣的福利和服務。在有效的治療方法出現之前，愛滋病病毒感染者的實質有形需求是顯而易見的：家務助理、家居靜脈注射治療、寧養、財政資助、體恤住屋及安

less in the era of HAART. The stigma of HIV persists and its disclosure is as difficult as ever. Nowadays, as patients' health improves, the need to reintegrate into the community has also become a challenge.

Medical Social Service in ITC

From one medical social worker (MSW) in the Yaumatei HIV clinic, the medical social service in ITC has expanded to two full time MSWs, assisted by part time clerks and supervised by senior staff from the Kwun Tong region of the Social Welfare Department. They provide counselling service and tangible assistance to help patients and their families cope with personal and social problems arising from HIV and its complications.

置等。然而，愛滋病病毒感染者的無形需求則並未隨著高效能抗逆轉錄病毒治療法時代的到來而減少。因愛滋病所產生的恥辱感一直存在，而要透露病情也仍然困難如昔。至今，隨著病人的健康狀況有所改善，重新融入社群的需求已成為他們的另一個挑戰。

綜合治療中心的醫務社會服務

綜合治療中心的醫務社會服務最初只得油麻地愛滋病診所的一名醫務社會工作者(醫務社工)提供，現已發展至兩名全職醫務社工，並得到兼職職員的協助，及由社會福利署觀塘區社會工作主任監督。醫務社工提供輔導服務和實際協助，以幫助病人及其家人應付因愛滋病及其併發症所產生的個人和社會問題。

Objectives [27]

The stated objectives of the Service are:

- to assist patients and their families in managing social and emotional problems arising from illness, trauma and disabilities;
- to provide them with services contributing to their holistic rehabilitation and reintegration into the community;
- to help them formulate rehabilitation plan with the clinical teams, and make referrals for rehabilitation services and community resources for them and their families; and
- to promote their health and that of their families and the community.

General scope of service

Other than the Disability Discrimination Ordinance, provisions for assistance exist with the Protection of Children and Juvenile

目標 [27]

公佈的服務目標包括：

- 協助病人及其家人管理因疾病、創傷和殘疾而產生的社會和情緒問題；
- 為病人提供服務，以協助他們全面康復和重新融入社群；
- 與臨床團隊合作，幫助病人制定康復計劃，及為康復服務提供轉介，並為病人及其家人提供社群資源；及
- 改善病人及其家人以及社群的健康。

整體服務範圍

除殘疾歧視條例外，保護兒童及少年條例、精神健康條例及罪犯感化條例也有相關的條

[27] Social Welfare Department. Manual of Procedures for Medical Social Services. Revised Jun 1999:1-1

9 Medical Social Services 醫務社會服務

Ordinance, the Mental Health Ordinance, and the Probation of Offenders Ordinance. The MSW in ITC is charged with the responsibility of assisting our clients in application for the assistance just like any other social worker in a different setting. However, their availability on site assures that patients in need do not fall through the cracks and fail to obtain the appropriate assistance.

The scope of assistance that may be required is extensive. Financially, it might include waiver of medical charges, one-off financial assistance in times of crisis, and referral for social security benefits and food bank. Nowadays, as patients regain their health, it is important that they reintegrate into society and become a productive member. Full rehabilitation is not only physical but should also involve adopting a new mindset and where needed acquisition of new skills. For some, drug detoxification programmes may be needed. All in all, medical recovery will have to be accompanied by an individualized plan of rehabilitation in which the MSW plays a pivotal role.

文提供援助。綜合治療中心的醫務社工就像在不同範疇的任何其他社工一樣，負有協助我們的病人申請援助的責任。他們隨時出現，提供支援，可確保有需要的病人絕不會希望落空或不能獲得適當的協助。

病人可能需要援助的範圍非常廣泛。在財務上，可能包括豁免治療費用、緊急情況下的一次性經濟援助，以及向社會保障福利和食物銀行作出轉介。今天，隨著病人重獲健康，他們重新融入社會並成為有用的一員便非常重要。完全康復不但指身體的康復，還應包括採取新的心態及根據需要學習新的技能。有些感染者可能還需要接受戒毒計劃。總而言之，醫療康復應該以個人化的康復計劃為輔助，而醫務社工將在其中發揮重要作用。

In Hong Kong, housing assistance is especially important. Relocation may be necessary because of marital discord or medical problems. For those with special needs, home modification may have to be arranged. Temporary shelter is provided for those who are without homes for a variety of reasons. For all these, the MSWs make frequent dialogue with the Housing Department to ensure the needs are quickly met.

HIV is chronic, multisystem, and has psychosocial impact on the patient. The relationship between a patient and his significant other cannot be ignored were care to be effective. Difficult relationships require MSW for marital counselling and sometimes assistance in divorce. Battered spouse and child abuse are two other reasons why intervention by MSW may be required. Each patient's circumstances are unique and so is the help that should be rendered. This is the reason why all patients are offered interviews with the MSW to identify areas of need.

在香港，房屋協助尤其重要，有時候，還可能因為夫妻不和或醫療問題而需要安置。對於有特殊需要的人士，可能要為他們安排房屋修葺。至於那些因各種原因無家可歸的人士，則會為他們提供臨時收容中心。對於上述各種情況，醫務社工會經常與房屋署討論，以確保迅速滿足病人的各種需要。

愛滋病是一種慢性、多系統疾病，會對病人產生心理社會影響。病人與其至親伴侶之間的關係絕不可忽視，如此才可使治療有效。對於問題叢生的關係，有時需要醫務社工提供婚姻輔導，有時還需要提供離婚援助。受虐配偶和虐待兒童是醫務社工需要提供干預的另外兩個原因。每個病人的情況都是獨特的，因此應根據情況提供幫助。正由於這個原因，所有病人均要與醫務社工面談，以確定他們的需要。

Special services for HIV/AIDS

The MSWs assist nurse-counsellors in preventive education on high risk behaviours by virtue of their experience in social work. Their input supplements the medical aspects of counselling. They are also in a position to oversee a comprehensive plan of rehabilitation for individual patients. Over the years, they have established certain programmes uniquely designed for patients with HIV disease.

Breaking through social isolation

While tangible needs are relatively easy to quantify, feelings of isolation and abandonment by society are much harder to measure, but they are undeniably there. Over the years, MSW has made consistent efforts to break a vicious cycle of low self-esteem leading to self-isolation. They regularly arranged social gatherings or recreational activities through which patients and their families generate a network of support to combat stress and isolation, and demonstrate ways in which the chronically ill patients can improve their relationships with the local community. The participation of the medical team in such activities reinforces their relationship and is ultimately rewarding to both parties. The annual Christmas party is a good example. It is well attended by patients and their families.

Haemophiliac patients

Patients with haemophilia were among the first to be infected by HIV through the use of contaminated Factor VIII. Their story was often referred to as a double tragedy. In Hong Kong, one objective of the AIDS Trust Fund was to provide relief to this group of patients. A case review panel is held every year to examine each surviving patient's service needs. Gaps are identified and filled by coordination with different departments of the government. The whole process is coordinated by MSWs of ITC.

為愛滋病病毒感染者而設的服務

醫務社工憑著他們在社會工作中的經驗，協助護士輔導員進行預防高風險行為的教育工作。他們的參與為醫療方面的輔導工作提供了補充。他們的崗位還使他們可以監督個別病人的全面康復計劃。多年來，他們已建立了專為愛滋病病人而設的若干項目。

沖破社會孤立

有形需求相對較易定量，但被社會孤立和拋棄的感覺卻很難計量。不過，問題毫無疑問是存在的。多年來，醫務社工一直致力打破這種從自我低貶到自我隔離的惡性循環。他們透過定期舉辦社交聚會或娛樂活動為病人及其家人建立支援網絡，以對抗壓力和孤立，並為這些慢性病病人提供改善他們與本地社群之間關係的途徑。醫護團隊參與這些活動，有助加強雙方的關係，並最終使雙方受益。一年一度的聖誕聯歡會就是一個好例子，這活動得到病人及其家人的踴躍參加。

血友病病人

血友病病人因使用受污染的第八因子而成為最初感染愛滋病病毒的群體，他們的狀況一般可以用「雪上加霜」來形容。在香港，愛滋病信託基金的目標之一就是為這些病人提供援助。每年，個案檢討小組會調查每位在世病人所需的服務，以找出不足之處，並與政府不同部門協調以進行彌補。這整個協調過程均獲得綜合治療中心的醫務社工參與。

Psychosocial case conference

The monthly case conference is chaired by MSW and attended by all the care teams. In each meeting, difficult circumstances of certain patients are presented. Through discussion among the different parties, a strategy is then devised for the best approach. The gamut of problems ranges from non adherence to treatment, unintended pregnancy, HIV status disclosure, and financial difficulties.

Recruitment of NGO

Patients with HIV often have unique needs which are not catered for by generally available social service or mainstream non-government organizations (NGO). AIDS-specific NGOs do exist in Hong Kong and MSW plays an important role in assessing individual needs and introducing each patient to the appropriate services.

Publicity and public education

The MSWs have made invaluable contribution in these areas. In the clinic, they maintain an information board on update information about HIV. They are also responsible for the four-monthly publication of Red Ribbon Bulletin, a platform where patients communicate their feelings and a medium through which the public comprehends how HIV is experienced on a personal level.

心理社會個案研討會

每月一次的個案研討會由醫務社工主持，所有醫護團隊均會參加。每次會議都會提出一些病人的困難情況，隨後透過各方參與討論，達成最佳途徑的解決策略。其中所涵蓋的問題涉及各方面，包括未依從治療、意外懷孕、愛滋病病情披露及財務困難等。

非政府機構的招募工作

愛滋病病人通常會有特殊的需要，不能透過一般社會服務或主流的非政府機構來滿足。在香港，針對愛滋病的非政府機構確實存在，而醫務社工在評估個別需求時則擔當了重要的角色，會為每位病人推介合適的服務。

資訊公開與公眾教育

醫務社工在有關領域作出了極其寶貴的貢獻。他們在診所設置資訊板，提供有關愛滋病的最新消息，並負責出版《紅絲帶》。這份刊物每四個月出版一次，它提供了一個平台，讓病人撰文分享自己的感受，亦作為一個媒介，讓公眾從個人層領會愛滋病病毒感染者的心路歷程。

HIV is still a psychosocial disease

The spectrum of social services required for HIV disease has undergone a dramatic change from the time when HIV was uniformly fatal. The AIDS-specific hospice centre, the Look-out, was opened in 1997, the same year the era of HAART began. After a few years, the centre was closed because of fall in service demand. Indeed, HIV has now become medically manageable with modern antiretroviral therapy. Patients survive, but HIV disease is still as psychosocial as ever. If anything, the need of intensive social services will increase because of improved life expectancy.

愛滋病現在仍是一個心理社會疾病

愛滋病曾經是一種絕症。不過，自那時起，為愛滋病提供的社會服務範圍已經歷了巨大的變化。專門為愛滋病而成立的寧養中心「瞭望台」於一九九七年投入服務，而高效能抗逆轉錄病毒治療法也在這一年誕生。由於對服務的需求減少，寧養中心在幾年後便關閉。事實上，隨著現代抗逆轉錄病毒治療法的面世，愛滋病在醫學上已成為一種可處理的疾病。病人雖然得以倖存，但在心理社會問題方面，愛滋病仍一如既往。如果要找出當中的區別，那就是隨著預期壽命的延長而對社會服務的需求大量增加。

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The next 10 years...
下一個十年...

Dr Wong Ka-hing 黃加慶醫生
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Special Preventive Programme 顧問醫生

ITC 10th Anniversary

10 The next 10 years... 下一個十年...

Last year, UNAIDS published its recount of "UNAIDS: the First Ten Years", chronicling events in the ten years after its establishment in 1996.[28] Indeed, a decade is a meaningful period of time as too often it represents a milestone of change, challenge and achievement, as with the case of ITC. In its report, UNAIDS looked back at the history of the epidemic and made projections as to what the response would be in 2031, the so-called AIDS2031 Initiative. This will be half a century after the appearance of AIDS. On a smaller scale but just as significant, ITC will face its own challenges in the years to come. We cannot help but look forward to our future, at least for the next ten years. Even as we do so, however, we will not forget what history has taught us time and again, that we should expect the unexpected and be prepared to make timely adjustments.

Without a crystal ball, prediction is no more than a game of educated guess. There are, however, obvious factors which will likely chart our course. First, the local HIV epidemic at large clearly will play an important role. For more than 20 years, Hong Kong had been fortunate to escape a notable HIV epidemic until the emergence of one among men who have sex with men a few years ago. The trajectory of this epidemic will decide our future response. We are at the crossroads between the worst case scenario of exponential growth and one of slow steady increase. ITC will have to keep a watchful eye and respond quickly.

Second, the science of HIV will dictate how HIV as an infection is to be dealt with. Ever since AIDS was first reported, its treatment and prevention have been making progress at a relentless pace. The arrival of highly active antiretroviral therapy (HAART) in the mid-1990s was a culmination of years of antiretroviral research. It completely overturned the HIV care model. ITC responded with effective therapy in an integrated ambulatory model of equal focus on quality treatment and prevention. It is not even a question of if but when the next breakthrough in HIV treatment will come. When it happens, ITC owes it to its patients that the best treatment will be made available to them. Recently and for the very first time, a preventive vaccine has been shown to work, though only partially. An effective therapeutic vaccine could also be around the corner. Were any reasonably effective vaccine to

去年，聯合國愛滋病規劃署出版《聯合國愛滋病規劃署：最初的十年》，將其自一九九六年成立以來的各項大事公諸於眾。[28] 事實上，就時間而言，十年是一段具意義的時期，經常會出現劃時代的變化、挑戰和成就。綜合治療中心的情況也一樣。聯合國愛滋病規劃署在其報告中對這種傳染病的歷史加以回顧，並對二零三一年的反應(即所謂的愛滋病2031行動)作出預測。到那時候，愛滋病已出現了半個世紀。在以後數年中，綜合治療中心將面臨的挑戰規模雖然較小，但也同樣艱巨。因此，我們無可避免對未來(至少是下一個十年)寄予展望。即使如此，我們也絕不會忘記歷史一再給予我們的教訓，就是我們應對意外情況早作打算，並作出迅速調整的部署。

我們並沒有預卜未來的水晶球，對未來的預測無異於受過訓練的猜測遊戲。但若干明顯的因素將有助我們預測未來的路徑。首先，本地的愛滋病流行情況整體上將扮演重要的角色。過去二十多年，香港幸運地避免了愛滋病大流行的嚴重情況，直至數年前在男男性接觸社群中流行起來才發生變化。這種流行情況的趨勢將決定我們今後的反應。現在，我們正處於可能出現在指數增長的最壞情況與穩定的緩慢增長之間的交叉點。綜合治療中心將保持警惕，盡速應變。

第二，愛滋病的科學發展將決定如何對付這傳染病。自從愛滋病首次被報道開始，對愛滋病的治療及預防就一直持續不斷地發展。上世紀九十年代中期，高效能抗逆轉錄病毒治療法面世，是多年來抗逆轉錄病毒研究所累積的成果，並為愛滋病治療模式帶來了顛覆性的變化。綜合治療中心貫徹優質治療與預防的雙重重點，採取綜合性的非住院模式作為有效的治療方法。甚至愛滋病治療的下一個突破能否到來及在何時到來都不成問題。當新的突破出現時，綜合治療中心將確

[28] UNAIDS. UNAIDS: the First Ten Years. 2008 (Available at http://data.unaids.org/pub/Report/2008/JC1579_First_10_years_en.pdf)

10 The next 10 years... 下一個十年...

materialize, ITC will again have to re-examine its role and respond appropriately in what will be a new chapter of the HIV epidemic.

Third, local commitment to combat HIV has to continue. Currently, state-of-the-art treatment, care and support programmes are in place. They have achieved remarkable public health impacts. Credit goes to the continued support of the government and community stakeholders. Nevertheless, it will be a challenge for Hong Kong not to lose its focus. We must remain vigilant and committed in the future. Without a supportive environment, past successes will not be sustainable.

Fourth, it will be up to the crew of ITC to write their own future. In the last ten years, we have been blessed with a culture that strived for professional excellence and holistic care. To each of our patients, we delivered our best with a combination of technical competence and compassion. The AIDS2031 Initiative of UNAIDS placed a heavy emphasis on training the leaders of the next generation. Likewise, succession by the next generation is important for ITC in the next ten years. In whatever guise, AIDS will continue to be with us all the way to 2019. It is also certain that future challenges will be no less than those in the past, demanding the best from all of us. When UNAIDS made its predictions for 2031, they came to the conclusion that ‘it is not about what should be done in 2031, but what can be done differently now, to change the face of the pandemic by 2031’. By the same token, the future of ITC rests with none other than us.

保病人會獲得最好的治療。最近，一種首次採用的預防疫苗顯示了其部份功效，此外，一種有效的治療疫苗也可能在未來面世。一旦有任何較為有效的疫苗出現，綜合治療中心即會重新檢討自身的角色，並就如何應對愛滋病疫情的新一頁作出適當的反應。

第三，本地為對抗愛滋病而作出的努力仍須繼續。目前，最先進的治療、護理及支援項目均已就位，並產生了顯著的公共衞生效果，這應該歸功於政府和社區持份者所提供的持續支援。然而，如何抓住重點將仍是香港所面臨的挑戰。我們必須對未來保持警惕而堅定的態度。一旦失去能夠提供支援的環境，以往的成功將無以為繼。

最後，綜合治療中心的未來將取決於全體員工。在過去十年中，我們已培育出一種努力達致專業卓越和全面關懷的文化。我們對每位病人都盡量做到最好，滿懷愛心地提供專業的服務。聯合國愛滋病規劃署的愛滋病2031行動對於培養下一代的領導者極為重視，而對下一代的傳承也是綜合治療中心在未來十年的重點。不過，無論轉變如何，愛滋病仍會一直伴隨我們至二零一九年。同時，可以肯定的是，未來的挑戰將不會遜於過往，因此需要我們全體竭盡所能。聯合國愛滋病規劃署對二零三一年的預測所得到的結論，是「這不是二零三一年應做些甚麼的問題，而是現在能夠做些甚麼與以往不同的事的問題，從而使這種傳染病的面貌到二零三一年時得以改變。」基於同樣理由，綜合治療中心的未來將取決於我們自己，而非其他人。

For all intents and purposes, we will now be on a mission, one that hopefully will make a meaningful difference in this continuing saga of HIV. Our game plan will be built on what we have learned from the past and what we do best. On this basis, we define our mission for the next ten years. And it states that we are:

To strive for excellence in HIV care by provision of holistic service, contribution to the advancement of HIV treatment, and partnership in HIV prevention.

就意願和目的來說我們肩負著一項使命，就是期望能對愛滋病往後的篇章作出具意義的改變。我們的行動計劃將以我們過往所學到的及最好的工作項目為基礎，以明確界定今後十年的使命，而這亦將是對我們的寫照。

綜合治療中心使命：

全人護理，優質治療，攜手預防，共抗愛滋。

Appendix 附錄

I. Chronology of HIV/AIDS clinical programme development in Hong Kong
香港愛滋病病毒感染/愛滋病臨床計劃發展年表

Year 年份	Event 事件
1985	- The first report of AIDS - The governmental AIDS Counselling and HIV antibody testing commenced service - An HIV clinic was set up by the government - CD4 cell enumeration became available - The Red Cross Blood Transfusion Service began HIV antibody screening of donated blood - The Scientific Working Group on AIDS was established - 報告首宗愛滋病。 - 政府的愛滋病輔導及愛滋病病毒抗體測試開始投入服務。 - 政府設立愛滋病診所。 - CD4 淋巴細胞測試問世。 - 香港紅十字會輸血服務中心開始對捐血進行愛滋病病毒抗體檢測。 - 愛滋病科學工作小組成立。
1987	- Zidovudine (AZT) was the first anti-HIV drug introduced for treatment of HIV - The first edition of “Information on AIDS for doctors and dentists” was published - 首次採用抗愛滋病病毒藥物 - Zidovudine (AZT)，以治療愛滋病病毒。 -「Information on AIDS for doctors and dentists」第一版出版。
1988	- AIDS Counselling and Health Education Service was expanded with the introduction of a hotline for the public (27802211) - The first edition of “Information on AIDS for nurses” was published - 加強愛滋病輔導及健康教育服務，向公眾推出愛滋熱線（2780 2211）。 -「Information on AIDS for nurses」第一版出版。

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Year 年份	Event 事件
1989	- The Government Virus Laboratory provided free territory-wide confirmatory HIV antibody testing - 政府病毒化驗所免費在全港提供愛滋病病毒抗體確診測試。
1992	- Dideoxyinosine (ddI), the second anti-HIV drug, became available - 採用新的抗愛滋病病毒藥物 - dideoxyinosine（DDI）。
1993	- The Government’s AIDS Hotline was computerised with the Interactive Voice Response System (IVRS), providing pre-recorded messages in Cantonese, English and Putonghua, to supplement counselling. This was subsequently ungraded to include separate recorded messages in Thai, Vietnamese and Tagalog, and advice for health care workers on the management of needle-stick injuries - 政府設立的愛滋熱線進行電腦化，配備互動式話音回應系統，以廣東話、英語和普通話提供預錄資料，以補充輔導服務。此系統隨後升級至涵蓋泰語、越南語、菲律賓語的不同預錄資料，以及對醫護人員提供有關處理針刺意外的建議。
1994	- The AIDS Counselling and Health Education Service of the Department of Health was renamed Special Preventive Programme, also known as AIDS Unit, and relocated to its new premises in Yaumatei - Clinical HIV service continued at Queen Elizabeth Hospital under Hospital Authority - Flow cytometry was introduced for CD4/CD8 T lymphocyte subset enumeration - 衞生署愛滋病輔導及健康教育服務遷往油麻地診所，並改名為特別預防計劃（亦稱為愛滋病服務組）。 - 醫院管理局轄下伊利沙伯醫院繼續提供臨床愛滋病服務。 - 採用流式細胞儀進行 CD4/CD8 淋巴細胞檢測。

Year 年份	Event 事件
1995	- The Government announced the establishment of an integrated day treatment centre for HIV, STD and dermatology patients in Kowloon Bay. This was met with strong objection by residents of the neighbouring Richland Gardens - “AIDS Manual for Doctors and Dentists” was published - Scientific Committee on AIDS published “Classification system for HIV infection and surveillance case definition for AIDS in adolescents and adults in Hong Kong” - 政府公佈將會在九龍灣興建一所綜合日間治療中心，為愛滋病、性病及皮膚病患者提供服務，遇到選址附近麗晶花園居民強烈反對。 - 《AIDS Manual for Doctors and Dentists》出版。 - 愛滋病科學委員會出版《Classification system for HIV infection and surveillance case definition for AIDS in adolescents and adults in Hong Kong》。
1996	- Viral load testing became available in public service - A lower CD4 range in healthy Chinese adults than in Caucasians was reported in a local study - The first protease inhibitor, saquinavir, was introduced to Hong Kong - 公共醫療服務開始涵蓋病毒載量測試。 - 本地一項研究發現，健康的中國成年人的CD4淋巴細胞數量相比於白種人為低。 - 本港首次採用蛋白酶抑制劑 saquinavir。

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Year 年份	Event 事件
1997	- The Scientific Committee on AIDS (SCA) recognized the efficacy of highly active antiretroviral therapy (HAART), commonly also known as cocktail therapy, and endorsed its use as standard of care in a Consensus Statement - The Haven of Hope Hospital, the Tai Po Look-out and the Our Lady of Maryknoll Hospital began admitting AIDS patients into their hospice services - "AIDS Manual for Nurses" was published - The Scientific Committee on AIDS and the Scientific Working Group on Viral Hepatitis Prevention jointly published "Procedure for Management of Needlestick Injury or Mucosal Contact with Blood or Body Fluids - General Guidelines for Hepatitis B, C and HIV Prevention" - 愛滋病科學委員會制定共識宣言，確認高效能抗逆轉錄病毒治療法（通常被稱為雞尾療法）的療效，並同意採納作為愛滋病治理的標準方法。 - 靈實醫院、大埔瞭望台及聖母醫院開始接收愛滋病患者，為他們提供寧養服務。 -《AIDS Manual for Nurses》出版。 - 愛滋病科學委員會與預防病毒性肝炎科學工作小組聯合發佈《對被利器刺傷或經黏膜與血液/ 體液接觸後的處理方法 - 預防乙型、丙型肝炎和愛滋病感染的一般指引》。
1998	- The first non-nucleoside reverse transcriptase inhibitor, nevirapine, was used - Hong Kong physicians reported facial atrophy in Chinese patients on HAART at the International AIDS Conference in Geneva - The same group also reported a high incidence of rash to nevirapine in Chinese patients - 首次採用非核苷類逆轉錄酶抑制劑 nevirapine。 - 在日內瓦舉行的國際愛滋病會議上，香港醫生報告了中國籍患者在接受高效能抗逆轉錄病毒治療法時出現了面部肌肉萎縮的情況。 - 同一醫生小組亦報告中國籍患者在接受 nevirapine 藥物治療時出現了紅疹發病率高的情況。

Year 年份	Event 事件
1999	- The government HIV clinic was finally relocated to the Integrated Treatment Centre (ITC) of Kowloon Bay Health Centre, after years of protest by Richland Gardens residents - ITC set up clinical governance system - 多年來受到麗晶花園居民抗議的政府愛滋病診所最終搬遷到九龍灣健康中心內的綜合治療中心。 - 綜合治療中心成立臨床管治系統。
2000	- ITC was accredited by the Hong Kong College of Physicians for specialist training - The computerised Clinical Information System at ITC began operation - The Tai Po Lookout hospice service was closed - 綜合治療中心愛滋病專科醫生培訓正式被香港內科醫學院公認。 - 綜合治療中心電腦化臨床資訊系統正式運作。 - 大埔瞭望台善終服務結束。
2001	- ITC and Princess Margaret Hospital (PMH) began joint programme of care for HIV infected patients - An integrated psychiatry consultation service by a visiting professor began at ITC - ITC embarked on collaborative genotypic resistance studies with the University of Hong Kong - ITC physicians reported gender difference in incidence of nevirapine rash - The Universal Antenatal HIV Testing Programme was begun in the public sector - AIDS Hotline acquired ISO 9001:2000 accreditation - 綜合治療中心與瑪嘉烈醫院開展愛滋病病毒感染者治理合作項目。 - 綜合治療中心開展綜合精神科諮詢服務，由一名客座教授主診。 - 綜合治療中心開始與香港大學合作，進行基因抗藥性研究。 - 綜合治療中心醫生報告了因 nevirapine 藥物引致紅疹與性別差異的關係。 - 在公共醫療部門開始實施產前愛滋病病毒抗體普及測試。 - 愛滋熱線考獲國際質量管理體系 ISO 9001:2000。

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Year 年份	Event 事件
2002	- “HIV Manual 2001” was published - ITC began extensive collaboration with Hong Kong University in studies of clinical and public health significance - The AIDS Trust Fund HIV Research Laboratory set up at the Department of Microbiology of Hong Kong University - Nucleic amplification test (NAT) was introduced for donated blood to further strengthen blood safety - 《HIV Manual 2001》出版。 - 綜合治療中心與香港大學廣泛合作，開展並進行具有臨床及公共衞生重要性的研究。 - 香港大學微生物學系設立愛滋病信託基金愛滋病研究實驗室。 - 對捐血引入核酸增幅測試法，以進一步加強血液安全。
2003	- One lead HIV physician at ITC completed a 2-year Clinical Infectious Diseases fellowship at University of British Columbia - “Universal HIV Antibody (Urine) Testing in Methadone Clinics” was studied for feasibility in three methadone clinics - 綜合治療中心一名愛滋病專科醫生在英屬哥倫比亞大學完成為期兩年的臨床傳染病訓練。 - 在三間美沙酮診所進行「美沙酮診所愛滋病病毒抗體(尿液)普及測試」先導計劃。

Year 年份	Event 事件
2004	- A pilot study was held for the use of rapid HIV test in the AIDS Counselling and Testing Service (ACTS) - ITC participated in an international multicentre clinical trial on the use of valgancyclovir - ITC began systematic evaluation of HAART in its impacts on morbidity and mortality as compared to Western countries - AIDS Hotline won the second runner-up award in the “Hotline service: category of 2003-2004 Civil Service Bureau Customer Service Award” - The programme of “Universal HIV Antibody (Urine) Testing in Methadone Clinics” was implemented in all methadone clinics - Special Preventive Programme joined TB and Chest Service and Social Hygiene Service to form the Public Health Service Branch of the newly established Centre for Health Protection - 在愛滋病輔導及測試服務進行愛滋病病毒抗體快速測試先導計劃。 - 綜合治療中心參與 valacyclovir 國際多中心臨床試驗。 - 綜合治療中心以西方國家為比較對象，開始系統化評估高效能抗逆轉錄病毒治療法對病發和死亡的影響。 - 愛滋熱線取得「電話熱線服務：2003- 2004年度公務員顧客服務獎」季軍。 - 在美沙酮診所全面推行「美沙酮診所愛滋病病毒抗體(尿液)普及測試」計劃。 - 特別預防計劃與胸肺科及社會衞生科一同納入成為衞生防護中心的公共衞生服務處。

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Year 年份	Event 事件
2005	- Therapeutic drug monitoring began pilot use at ITC - A Metabolic Research Clinic was formed as a collaborative effort with the Chinese University of Hong Kong - Fellowship training programmes were set up for overseas doctors and nurses at ITC - ITC began to participate in clinical teaching of all final year medical students of the Chinese University of Hong Kong - ITC systematically incorporated public health programmes targeting patients - SCA was restructured to become an advisory body for the Centre for Health Protection, as the Scientific Committee on AIDS and STI (SCAS) - SCAS published a "Recommended framework for the delivery of HIV clinical care in Hong Kong" - Hospital Authority introduced a drug formulary of self-financed items; anti-HIV drugs were not included - ACTS acquired additional ISO accreditation (ISO 9001:2000) for its voluntary counselling service - 綜合治療中心開始試行治療藥物監察。 - 與香港中文大學合作，成立代謝研究診所。 - 綜合治療中心為海外醫護人員設立學人培訓計劃。 - 綜合治療中心開始為香港中文大學所有五年級醫科生提供臨床培訓。 - 綜合治療中心有系統地納入以愛滋病患者為對象的公共衞生項目。 - 愛滋病科學委員會重組為愛滋病及性病科學委員會，成為衞生防護中心轄下的一個諮詢機構。 - 愛滋病及性病科學委員會出版《在香港提供HIV臨床治理的建議框架》。 - 醫院管理局推出自費藥物名冊；抗愛滋病病毒藥物不包括在名冊內。 - (自願性)輔導服務考獲國際質量管理體系 ISO 9001:2000。

Year 年份	Event 事件
2006	- ITC and PMH strengthened collaboration through enhancement of communication and attachment training of nurses - The number of active patients exceeded one thousand at ITC - 1 senior medical doctor and 1 senior nursing officer paid a consultancy visit to Gansu, China to review its provision of HIV clinical services - A review of twenty years of clinical HIV/AIDS in Hong Kong was published in the Hong Kong Medical Journal - A pilot study was made on a Hong Kong HIV cohort - MSM-targeted prevention programmes at ITC were implemented - Universal HIV testing was adopted at TB and Chest Clinics - 綜合治療中心與瑪嘉烈醫院透過提升溝通及對護士進行實習培訓，以加強雙方合作。 - 綜合治療中心到診的感染者人數超過1000名。 - 一名高級醫生和一名高級護士長前往中國甘肅省進行顧問訪問，以評估其提供的愛滋病臨床服務。 - 香港醫學雜誌刊登「A review of twenty years of clinical HIV/AIDS in Hong Kong」。 - 對香港愛滋病病毒感染者群組進行世代研究先導計劃。 - 綜合治療中心實施針對男男性接觸者的預防計劃。 - 胸肺科診所採納愛滋病病毒抗體普及測試。

Appendix 附錄

Year 年份	Event 事件
2007	- A pilot study was completed for the “Introduction of Rapid HIV Testing to Supplement the Universal Antenatal HIV Testing (UAT) Programme”. Subsequently, training was held for all major obstetric units of Hospital Authority - The AIDS Institute of the University of Hong Kong was inaugurated - ACTS revamped its IVRS system and made major updates of its hotline messages - “HIV Manual 2007” was published - Non-governmental organizations expanded community-based HIV counselling and testing - 完成「引進愛滋病病毒抗體快速測試以配合產前愛滋病病毒抗體普及測試計劃」試驗研究。隨後為醫院管理局轄下所有主要產科部門舉辦培訓。 - 香港大學愛滋病研究所舉行開幕典禮。 - 愛滋病輔導及測試服務提升其互動式話音回應系統，對其熱線留言作出重大更新。 -《HIV Mannual 2007》出版。 - 非政府機構擴充社區愛滋病輔導及測試服務。
2008	- Hospital Authority introduced rapid HIV testing (for delivering mother with unknown HIV status) into the universal antenatal testing programme - Raltegravir, the first integrase inhibitor was used - A simplified protocol of rapid HIV Testing was studied at ACTS - Cumulative reported HIV and AIDS cases surpassed 4000 and 1000 respectively - 醫院管理局在尚未確定愛滋病病毒感染者身份的待產母親推行愛滋病病毒抗體快速測試，以配合產前普及測試計劃。 - 首次採用整合酶抑製劑Raltegravir。 - 愛滋病輔導及測試服務試行愛滋病病毒抗體快速測試簡化方案。 - 累計已呈報的愛滋病病毒感染者及愛滋病患者分別超過4000名及1000名。

Year 年份	Event 事件
2009	- ITC commemorated its 10th anniversary - Number of active patients exceeded 1500 - HLA typing was regularized for clinical service - Hospital Authority set up new HIV clinic at Princess Margaret Hospital - 綜合治療中心成立十周年。 - 到診的感染者人數超過1500名。 - 在臨床服務上定期進行人類白細胞抗原分型測試。 - 醫院管理局在瑪嘉烈醫院新設愛滋病診所。

II. HIV clinical service at Integrated Treatment Centre
綜合治療中心愛滋病臨床服務

Background

(1) Integrated Treatment Centre (ITC), located within Kowloon Bay Health Centre, was opened in mid 1999. It is the main premises of the clinical programme of Special Preventive Programme (SPP), Centre for Health Protection (CHP) of the Department of Health. SPP is one of the three functional units of Public Health Services Branch of CHP.

(2) ITC provides care to HIV/AIDS patients through its designated HIV clinical services. The mission of ITC is "to strive for excellence in HIV care by provision of holistic service, contribution to the advancement of HIV treatment, and partnership in HIV prevention." It aims at provision of quality clinical care to HIV patients in an integrated manner. Furthermore, ITC is also involved in other activities such as post-exposure management through its Therapeutic Prevention Clinic and Hepatitis B vaccination for government health care workers.

(3) A multidisciplinary health care team provides longitudinal outpatient-based medical care to HIV/AIDS patients. HIV specialist doctors, experienced nurses and medical social workers are the core professional members. They strive to build trusting and therapeutic relationship with patients and their

背景

(1) 座落於九龍灣健康中心的綜合治療中心於1999年中旬開幕，是衞生署衞生防護中心特別預防計劃之主要臨床項目。特別預防計劃是防護中心的公共衞生服務處三個功能單位之一。

(2) 綜合治療中心 (下稱「中心」) 透過其愛滋病臨床服務為愛滋病病毒感染者及愛滋病患者提供治療和護理。中心肩負的使命是「全人護理，優質治療，攜手預防，共抗愛滋。」中心設立的目的是以綜合的模式為病患者提供優質的臨床治理。此外，中心亦提供其他服務，例如風險暴露後之處理的預防治療診所及為政府醫護人員而設的乙型肝炎預防疫苗接種服務。

(3) 中心由一組醫療護理團隊為愛滋病病毒感染者及愛滋病患者提供持續的門診式醫療服務。團隊的核心成員由不同專業人員所組成，包括愛滋病專科醫生及經驗豐富的護士和醫務社工。他們竭力與病患者及其家屬建立互信和治療的伙伴關係。中心強調「保密」的原則，並採取不同的措施以維持及保

families. Confidentiality is emphasized and upheld with various measures. Minimisation of morbidity and mortality of patients through effective care delivery is the goal. A typical example of care provision to a new patient attending the HIV clinic, which is often more intensive, is shown at the Annex (Figure 1).

Services Provided

An elaboration of the various components of HIV care is depicted below.

(1)Medical management

HIV medical care is largely ambulatory, with regular patient follow-up. There are four main aspects, namely:

(a) health maintenance;

(b) monitoring of clinical, immunologic and virologic status;

(c) prevention and treatment of opportunistic complications especially infections; and

(d) antiretroviral therapy.

障病患者的私隱。中心的主要目標是透過有效的治療和護理，以減少病患者的發病率和死亡率。一個典型的例子就是：團隊會為新診斷的感染者/病患者提供密切的治療和護理服務 (圖1)。

服務提供

綜合治療中心提供愛滋病治療和護理的各種服務元素描述如下：

(1) 醫療服務

中心提供愛滋病門診醫療護理，病人需要定期覆診。

醫療護理包括四個主要範疇：

(1) 維持健康狀況；

(2) 臨床免疫系統及病毒水平監察；

(3) 機會性感染的預防和治療；及

(4) 抗愛滋病病毒藥物治療。

There is integration of dermatology consultation and visiting psychiatry service on-site. Highly active antiretroviral therapy (HAART) has become the standard of care since 1997, the use of which depends on clinical indication per case-by-case assessment. For patients who require hospitalization, arrangement can be made directly with specific hospitals.

(2) Counselling service

Nursing interventions and psychosocial support are the other major components of HIV care at ITC. The nurse counsellors assess the care needs of patients and plan appropriate interventions. Counselling includes providing knowledge about HIV and treatment to empower the patient to make their best choices in management of disease. Regular counselling is offered to meet the needs of individual and to provide physical and psychosocial interventions. Spearheaded by nurse counsellors, adherence programme has also become one critical component of drug treatment at ITC.

中心亦為病人提供綜合性的皮膚科和精神科診症服務。自1997年，高效抗逆轉錄病毒治療已成為標準的治療方案。治療方案乃依據病人的個別情況經評估而定的。病人如需要入院，可直接安排到伙伴醫院接受進一步的治療。

(2) 輔導服務

護理介入和心理社會支援乃中心為感染者/病患者提供治療以外的一項重要服務。護士輔導員先評估病人的需要，然後作出適當的介入措施。輔導服務包括為病人提供有關愛滋病治療的知識，使病人在處理其病情上能作出較佳的選擇。定期的輔導則按病人的需要提供生理、心理和社會的介入輔導。堅持服藥計劃是藥物治療的重要部份。護士輔導員為此擔負著重要的任務，就是為感染者/病患者提供持續輔導及支援，以協助並確保他們貫徹服藥。

(3) Medical social service

The ITC is manned by professional medical social worker to render support to HIV/AIDS patients and their families. Their work has the following objectives:

(a) to assist patients and their families with social and emotional problems arising from illness, trauma or disabilities;
(b) to enable patients and their families to make the best use of medical/rehabilitative service in medical institutions and in the community;
(c) to contribute to the total rehabilitation of individuals, and their reintegration into the society; and
(d) to strive for the promotion of health for patients, their families and the community.

(4) Public health programme

Public health control is also a focus of ITC in its HIV care. This runs a spectrum from partner counselling and referral service (PCRS), risk reduction counselling on sex and drug injection, diagnosis, screening and treatment of sexually transmitted infections, prevention of mother-to-child transmission and drug adherence programme. These programmes are integrated into clinical care or administered as separate activities.

(3) 醫務社會服務

中心內的醫務社會服務乃由專業的醫務社工為愛滋病病毒感染者及其家屬提供援助。
工作目的包括：

(1) 協助病人及其家屬處理因患病、創傷或殘障而引起的社會和情緒上的問題；
(2) 促進病人及其家屬善用醫療機構和社區所提供的各種醫療及康復服務；
(3) 促進病人達致全面康復和重新融入社會；及
(4) 努力促進病人、其家屬及社會的健康。

(4) 公共衞生項目

公共衞生控制也是綜合治療中心愛滋病臨床服務的重點之一，主要項目包括伴侶輔導及轉介服務，性行為和藥物注射的風險緩減輔導，性病感染的診斷、篩選及治療，預防母嬰傳染及堅持服藥計劃。這些項目均融合於臨床護理工作內或個別以獨立活動形式進行。

Referral procedure and charges

The HIV status of a client should be confirmed before referral to ITC. Clinic attendance is by appointment only and the referring institutes/person shall call ITC at 2117 0896 for an appointment. Clinic charges are as published in Government Gazette.

轉介程序和收費

轉介到綜合治療中心的病人，必須已確診感染愛滋病病毒方可安排預約時間。轉介部門或病者本人須致電綜合治療中心 2117 0896 作預約的安排。有關中心的愛滋病服務收費已刊登於政府憲報內。

AIDS Hotline Counselling Service

Besides providing clinical care to HIV-infected patients, the Special Preventive Programme runs an AIDS Hotline 2780 2211. People are welcome to call the AIDS Hotline for information and counselling.

Website : http://www.aids.gov.hk

愛滋熱線輔導服務

特別預防計劃除了為愛滋病病毒感染者提供臨床服務外，亦設立愛滋熱線 2780 2211。如有任何有關愛滋病的查詢，或需接受電話輔導服務，歡迎致電愛滋熱線。

網址: http://www.aids.gov.hk

Figure 1: Typical care for HIV / AIDS patient referred to Integrated Treatment Centre

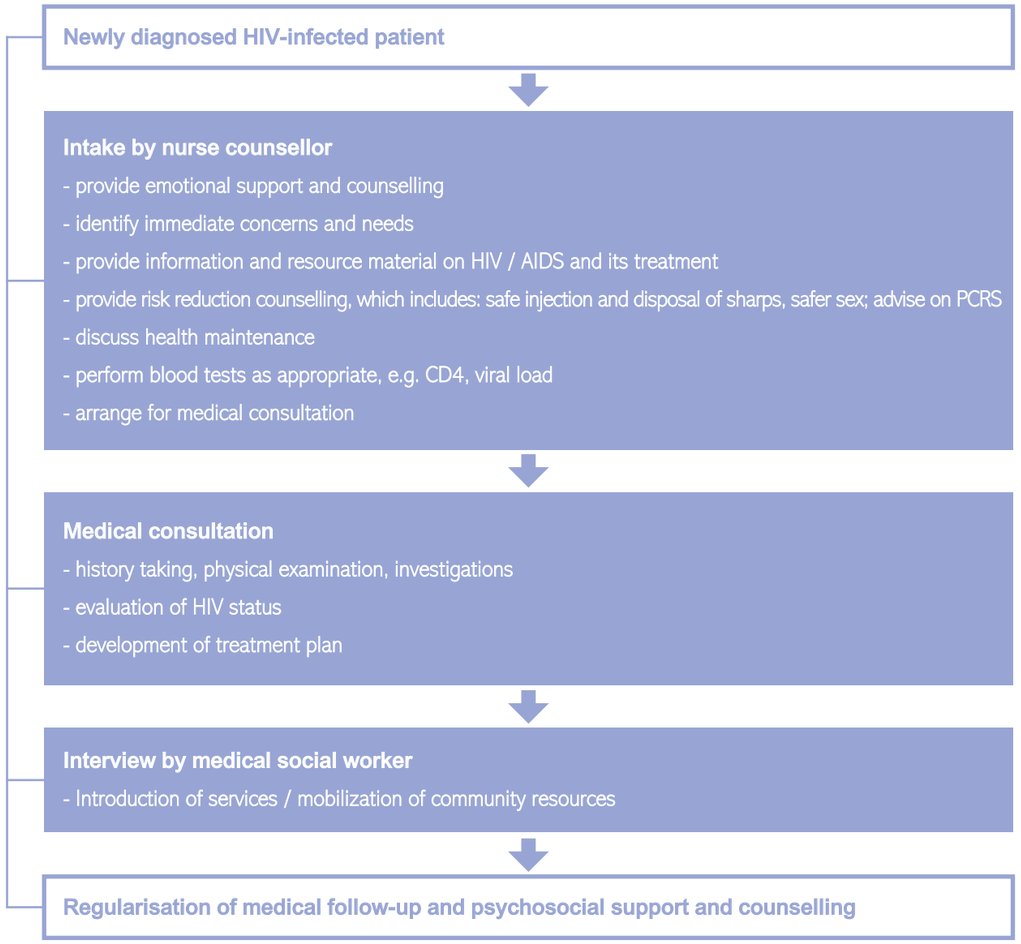


圖1: 綜合治療中心為愛滋病病毒感染者 / 愛滋病患者提供的治療和護理服務的藍本

III. Antiretroviral drugs available in ITC 綜合治療中心提供的抗逆轉錄病毒藥物

NRTI 核苷類逆轉錄酶抑制劑

(including nucleotide analog 包括核苷酸類似物)

- Zidovudine (AZT) 齊多夫定 - 1987
- Didanosine (ddI) 惠妥滋 - 1992
- Zalcitabine (ddC) 扎西他濱 - 1994－2005
- Stavudine (d4T) 可他夫定 - 1995
- Lamivudine (3TC) 拉米夫定 - 1996
- Abacavir (ABC) 阿巴卡韋 - 1998
- Combivir (CBV) 雙汰芝 - 1999
- Tenofovir (TDF) 泰諾福韋 - 2001
- Emtricitabine (FTC) 恩曲他濱 - 2005
- Kivexa (ABC/3TC) 克為茲 - 2005
- Truvada (TDF/FTC) 替諾福書 - 2005

PI 蛋白酶抑制劑

- Saquinavir (SQV) 沙奎那韋 - 1996
- Ritonavir (RTV) 利托那韋 - 1996
- Indinavir (IDV) 茚地那韋 - 1997
- Nelfinavir (NFV) 奈非那韋 - 1998
- Lopinavir with ritonavir (Kaletra, LPVr) 洛匹那韋 - 2001
- Atazanavir (ATV) 阿扎那韋 - 2004
- Fosamprenavir (FPV) 福沙普利那韋 - 2005
- Tipranavir (TPV) 替拉書 - 2006
- Darunaivr (DRV) 利他膜衣錠 - 2008

Entry inhibitor 進入抑製劑

- Enfuvirtide (T20) 恩夫韋地 - 2005
- Maraviroc (MVC) 馬拉韋羅 - 2008

NNRTI 非核苷類逆轉錄酶抑制劑

- Nevirapine (NVP) 奈韋拉平 - 1998
- Efavirenz (EFV) 施多寧 - 1999
- Etravirine (ETR) 依曲書林 - 2008

Integrase inhibitor 整合酶抑製劑

- Raltegravir (RAL) 雷特格書 - 2008

IV. Clinical trials and studies conducted in ITC
綜合治療中心進行的臨床試驗及研究

Year 年份	Study 研究項目	Investigators 研究員	Status 參與性質
2009	Understanding the biology of HIV-1 of infected MSM in Hong Kong	KH Wong, K Chan, ZW Chen (HKU)	Participate
2007	Abacavir hypersensitivity study – relationship with the presence of HLA-B*5701, HLA-DR7 and HLA-DQ3	K Chan, Yam (HKU)	Service
2007	Characterization of sexual networks of MSM in Hong Kong	SS Lee (CUHK), KH Wong, D Mak	collaborate
2007	Surveillance and monitoring of HIV drug resistance on Hong Kong (TREATAsia)	P Li (QEH), Yam (HKU),KH Wong	collaborate
2006	Development and Validation of a Measure of Quality of Life in Chinese People Living with HIV and AIDS in Hong Kong	CF Ho	conduct
2006	The best time for HAART initiation: a review on the natural disease progression in relation to the CD4 lymphocyte count of people living with HIV in Hong Kong	CF Ho	conduct
2006	Perceived family functioning, depression and anxiety among Chinese HIV patients in Hong Kong	P Cheng	conduct
2006	Lopinavir/ritonavir versus efavirenz based antretroviral regimen for the treatment of naive HIV positive patients	F Bognar, KCW Chan	conduct

Year 年份	Study 研究項目	Investigators 研究員	Status 參與性質
2006	Surveillance of primary resistance and monitoring of genotypic resistance patterns of antiretroviral treatment failure	KH Wong, P Li (QEH), Yam (HKU)	participate
2006	The influence of amino acid insertion at codon 35 in the protease region of the HIV-1 pol gene on viral replication and drug resistance	Yam (HKU), KCW Chan	participate
2006	Assessment of risk behaviors of HIV infected MSM in Hong Kong – qualitative study	SS Lee (CUHK), R Ho	collaborate
2005	The use of TCM or alternative medicine in HIV patients and the possible influence on adherence to HAART	Kurtland Ma (Yale U), SS Lee (CUHK)	collaborate
2005	Profile of mental health problems in HIV patients in Hong Kong	CN Chen, SS Lee (CUHK), PM Lee	conduct
2005	Full-length sequences of HIV virus in recently acquired infection in Hong Kong	Stephen Tsui (CUHK), SS Lee (CUHK), KH Wong, Paul Chan (CUHK)	collaborate
2005	Improving HIV surveillance in Hong Kong through molecular characterization with a regional perspective	HKU,KH Wong	assist

Year 年份	Study 研究項目	Investigators 研究員	Status 參與性質
2005	Evaluation of the T-Spot-TB test in the targeted screening and treatment of latent TB infection among HIV-infected subjects in Hong Kong	CC Leung, KH Wong, WC Yam (HKU), CK Chan, PL Ho, CM Tam	assist
2005	Evaluation of antiviral pathophysiology in HIV patients on HAART by monitoring the progression from persistent to latent infection	BJ Zheng (HKU), KH Wong, KCW Chan, WC Yam (HKU)	collaborate
2005	Establishment of HIV-1 replication capacity assay for better management of AIDS patients in Hong Kong	He, Ming-Liang (PI), SS Lee (CUHK), K Chan	participate
2005	Epstein-Barr virus infection-associated smooth-muscle tumour in patients with AIDS	KH Wong	conduct
2005	Epidemiology of hepatitis C infection in drug users in Hong Kong	CUHK K Lee	collaborate
2005	Methadone users cross sectional Study	CUHK K Lee	collaborate
2005	A Cross-sectional Study of Prevalence, Clinical and Serological Presentations of HIV and Co-infection in Hong Kong	SS Lee, CUHK, Patrick Li (QEH), MP LeeV(QEH), CT Tse	participate

Year 年份	Study 研究項目	Investigators 研究員	Status 參與性質
2004	Assessment on stresses and coping strategies of people living with haemophilia and HIV infection in Hong Kong	KH Wong, KCW Chan, KCK Lee, RWY Chung (QEH)	conduct
2003	Pilot testing of Oraquick HIV-1/2 rapid test in AIDS Counselling and Testing Service	KH Wong, Georgina Cheung, Elsie Chu	conduct
2003	Metabolic complications of Protease Inhibitors in patients attending KBITC	CF Ho, KH Wong	conduct
2003	Polymorphism of CCR5 Promoter Gene in Chinese and its Effects on HIV Disease Progression	KH Wong, BJ Zheng (HKU), SS Lee	collaborate
2003	Functional Studies on Prevalent CCR5 mutants in Hong Kong	SS Lee, KH Wong, BJ Zheng (HKU)	collaborate
2002	The epidemiology of CXCR4 and SDF-1 polymorphism in Chinese HIV patients and healthy people	SS Lee, BJ Zheng (HKU)	collaborate
2002	CXCR4 Expression on CD4+ T Helper Cells in HIV Infection	BJ Zheng (HKU), SS Lee	collaborate

V. Article publications of ITC
綜合治療中心的研究刊物

2009

1. ICT Tse. Success and challenge in treating HIV-infected patients. HK J. Dermatol. Venereol. 2009; 17:144-5.

2. JHK Chen, KH Wong, P Li, KC Chan, MP Lee, HY Lam, VCC Cheng, KY Yuen, WC Yam. Molecular epidemiological study of HIV-1 CRF01_AE transmission in Hong Kong. J Acquir Immune DeficSyndr. 2009; 51:530-5.

3. Lee SS, Tam DK, Tan Y, Mak WL, Wong KH, Chen JH, Yam WC. An exploratory study on the social and genotypic clustering of HIV infection in men having sex with men. AIDS 2009; 23:1755-64.

4. Lee SS, Tam DKP, Ho RLM, Wong KH. Social network methodology for studying HIV epidemiology in men having sex with men. Journal of Infection and Public Health 2009; 2:177-83.

5. Lee SS, Lee KC, Lee MP, Tse IC, Mak WL, Li PC, Wong KH, Sung JJ. Development of an HIV Clinical Cohort Database for Enhancing Epidemiologic Surveillance in Hong Kong.Asia Pac J Public Health. 2009 Dec 1. [Epub ahead of print]

2008

1. Ma K, Lee SS, Chu EK, Tam DK, Kwong VS, Ho CF, Cheng K, Wong KH. Popular Use of Traditional Chinese Medicine in HIV Patients in the HAART era. AIDS and Behavior 2008; 12:637-42.

2. Chen JHK, Wong KH, Chan KC, Lam HY, Yuen KY, Cheng VCC, WC Yam. Molecular epidemiology and divergence of HIV type 1 protease codon 35 inserted strains among treatment-naive patients in Hong Kong. AIDS Res Hum Retroviruses 2008; 25:537-42.

3. Lee SS, Tam DKP, Ho RLM, Wong KH. Shift of preference of location for sexual partnership in men having sex with men in an Asian population. Sexual Health 2008; 5:373-4.

2007

1. Chen JH, Wong KH, Chan K, Lam HY, Lee SS, Li P, Lee MP, Tsang DN, Zheng BJ, Yuen KY, Yam WC . Evaluation of an in-house genotyping resistance test for HIV-1 drug resistance interpretation and genotyping. J ClinVirol 2007; 39:125-31.

2. Lam HY, Chen JH, Wong KH, Chan K, Li P, Lee MP, Tsang DN, Yuen KY, Yam WC. Evaluation of NucliSensEasyQtrade mark HIV-1 assay for quantification of HIV-1 subtypes prevalent in South-east Asia. J ClinVirol 2007; 38:39-43.

3. Wong KH, Chan KC, Lee SS, Lai ST, Lee N, Cockram C, Poon WS, Tsang TY, TsoYK, To KF. Epstein-Barr virus-associated smooth muscle tumor in patients with acquired immunodeficiency syndrome. J MicrobiolImmunol Infect 2007; 40:173-7.

4. KH Wong, KCW Chan, FA Bognar. An update on HIV and pregnancy. The Hong Kong Journal of Gynaecology, Obstetrics & Midwifery 2007; 7:48-52.

5. Wong KH, Chan KC, Cheng KL, Chan WK, Kam KM, Lee SS . Establishing CD4 Thresholds for Highly Active Antiretroviral Therapy Initiation in a Cohort of HIV-Infected Adult Chinese in Hong Kong. AIDS Patient Care STDS 2007; 21:106-15.

6. OTY Tsang, ST Lai, JY Lai, KH Wong, KCW Chan. Pulmonary hypertension in an HIV-infected patient. Bulletin of the Hong Kong Society for Infectious Disease 2007; 11(1):7-10.

7. CF Ho, SS Lee, KH Wong, LS Cheng, MY Lam. Setting a minimum threshold CD4 level for initiating HAART in HIV-infected patients. HIV Medicine 2007; 8:181-5.

8. SS Lee, K Ma, EKY Chu, KH Wong. The phenomenon of missing doses in a cohort of HIV patients with good adherence to highly active antiretroviral therapy. Int J of STD & AIDS 2007; 18:167-70.

9. Chan WK, Yuen GCY, Lee CK, Wong KH. Profiling of HIV clinic patients to determine the prevalence and characteristics of recent infections. AIDS Care 2007; 19:289-94.

10. Au A, Wong KH, Mak D. Investigation of a large cluster of HIV-1 subtype B infections in Hong Kong. Communicable Diseases Watch 2007;4(25):97-8.

2006

1. Chan KCW, Wong KH, Lee SS. Chan KCW, Wong KH, Lee SS. Universal decline in mortality in patients with advanced HIV-1 disease in various demographic subpopulations after the introduction of HAART in Hong Kong, from 1993 to 2002. HIV Medicine 2006; 7:186-192.

2. Yam WC, Chen JH, Wong KH, Chan K, Cheng VC, Lam HY, Lee SS, Zheng BJ, Yuen KY. Clinical utility of genotyping resistance test on determining the mutation patterns in HIV-1 CRF01_AE and subtype B patients receiving antiretroviral therapy in Hong Kong. J ClinVirol 2006; 35:454-7.

3. Tse CT, Ho KM. Health-related quality of life among Chinese people with psoriasis in Hong Kong. HK Dermatol. Venereol. Bull. 2006; 14:5-10.

4. Wong KH, Lee SS, Chan KCW. Twenty years of clinical human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in Hong Kong. HKMJ 2006; 12:133-40.

2005

1. RLM Ho, KLS Cheng, WL Lim, KH Wong. Epidemiology and enhanced surveillance of hepatitis C in Hong Kong. Public Health & Epidemiology Bulletin 2005; December:52-57.

2. Zhao XY, Lee SS, Wong KH, Chan KC, Ng F, Chan CC, Han D, Yam WC, Yuen KY, Ng MH, Zheng BJ. Functional Analysis of Naturally Occurring Mutations in the Open Reading Frame of CCR5 in HIV-Infected Chinese Patients and Healthy Controls. JAIDS 2005; 38:509-517.

3. Wong KH, Chan KCW, Tse ICT. HIV Testing - What does it mean to us?! The Hong Kong Medical Association CME Bulletin 2005; Dec: 1-4.

4. Wong KH, Lee SS, Chan KCW. Screen for underlying HIV before antiviral treatment for HBV. J Infect 2005; 51:172-173.

5. Chan CW, Cheng LS, Chan WK, Wong KH. Highly active antiretroviral therapy per se decreased mortality and morbidity of advanced human immunodeficiency virus disease in Hong Kong. Chin Med J 2005; 118:1338-1345.

6. Wong KH. Declining prevalence of hepatitis B in Hong Kong. Communicable Diseases Watch 2005; 93-95.

7. Lee SS, Wong KH. . The use of total lymphocyte count (TLC) as an independent criterion for initiating HAART in resource-poor countries. J Infect 2005; 50:66-67.

2004

1. Zhao XY, Lee SS, Wong KH, Chan KCW, He ZM, M S, Chan CCS, Ho T, Ng MH, Zheng BJ. A novel CCR5 mutation selectively affects immunoreactivity and fusogenic property of the HIV co-receptor in a slow progressing HIV patient. AIDS 2004; 18:1729-1732.

2. Wong KH, Chow WS, Lee SS. Clinical hyperthyroidism in Chinese patients with stable HIV disease. Clin Infect Dis 2004; 39:1257-1259.

3. Wong ATY, Tsang OTY, Wong KH, Wong MYF, Lim WL, Zheng BJ, Lee SS, Lai ST, Yuen KY & members of the PMH SARS Study Group. Coronavirus infection in an AIDS patient. AIDS 2004; 18:829-830.

4. Wong KH, Chan KCW, Lee SS. Delayed progression to death and to AIDS in a Hong Kong cohort of patients with advanced HIV disease during the era of highly active antiretroviral therapy. Clin Infect Dis 2004; 39:853-860.

5. Zhao XY, Lee SS, Wong KH, Chan KCW, Ma S, Yam WC, Yuen KY, Ng MH, Zheng BJ. Effects of single nucleotide polymorphisms in the RANTES promoter region in healthy and HIV-infected indigenous Chinese. European Journal of Immunogenetics 2004; 31:179-183.

6. Wong KH, Liu YM, Ng PSP, Young BWY, Lee SS. Epidemiology of hepatitis A and hepatitis E infection and their determinant in adult Chinese community in Hong Kong. J Med Virol 2004; 72:538-544.

7. Zhao XY, Lee SS, Wong KH, Chan KCW, Ng Fai, Chan CCS, Han D, Yam WC, Kwok YY, Ng MH, Zheng BJ. Functional analysis of naturally occurring mutations in open reading frame of CCR5 in Chinese HIV patients and healthy controls. J Acquir Immune DeficSyndr. 2005; 38:509-517.

8. Zheng BJ, Guan Y, Wong KH, Zhou J, Wong KL, Young BWY, Lu LW, Lee SS . SARS-related Virus Predating SARS Outbreak, Hong Kong. Emerging Infectious Diseases 2004; 10:176-178.

9. Zheng BJ, Zhou J, Qu D, LeungSK, Lam TW, Lo HY, Lee SS, and Wen YM. Selective functional deficit in dendritic cell T cell interaction is a crucial mechanism in chronic hepatitis B virus infection. J Viral Hepatitis 2004; 11:217-224

10. Ho CF, Wong KH, Chan CW, Lee SS, Chiu WF, Ng YW, Lui WF. The current pattern and course of acute HBV infection in Hong Kong. J GastroenterolHepatol 2004; 19:602-603.

2003

1. SS Lee, KH Wong, WL Lim, BWY Young. Children's age affects hepatitis B vaccine response. J GastroenterolHepatol 2003; 18:750-751.

2. OW Fong, CF Ho, LY Fung, FK Lee, WF Tse, CY Yuen, KP Sin, KH Wong. Determinants of adherence to highly active antiretroviral therapy (HARRT) in Chinese HIV/AIDS patients. HIV Medicine 2003; 4:133-138.

3. CF Ho, KH Wong, CW Chan, SS Lee, WF Chiu, YW Ng, WF Lui. The current pattern and course of acute HBV infection in Hong Kong. J GastroenterolHepatol 2003; 19:602-603.

2002

1. Ho CF, Fong OW, Wong KH. Patient self-report as a marker of adherence to antiretroviral therapy. Clin Infect Dis 2002; 34:1534-1535.

2. Zheng BJ, Zhao XY, Zhu NS, Chan CP, Wong KH, Chan KCW, Yam WC, Yuen KY, SS Lee. Polymorphisms of CCR5 gene in a southern Chinese population and their effects on disease progression in HIV infections. AIDS 2002; 16:2480-2482.

3. Chan KCW, Tang HWK, Wong KH. Prevalence of purified protein derivative in human immunodeficiency virus infected individuals in Hong Kong. Chin Med J (Beijing) 2002; 115:1091-1092.

4. SS Lee, BWY Young, KH Wong, WL Lim. The implications of a reduced dose hepatitis B vaccination schedule in low risk newborns. Vaccine 2002; 20:3752-3754.

2001

1. Wong SS, Wong KH, Hui WT, Lee SS, Lo JY, Cao L, Yuen KY. Differences in Clinical and Laboratory Diagnostic Characteristics of PenicilliosisMarneffei in Human Immunodeficiency Virus (HIV)- and Non-HIV-Infected Patients. J ClinMicrobiol 2001; 39:4535-4540.

2. Kam KM, Leung WL, Wong KH, Lee SS, Hung MY, Kwok MY. Maturational changes in peripheral lymphocyte subsets pertinent to monitoring HIV infected Chinese pediatric patients. ClinDiagn Lab Immunol 2001; 8:926-931.

3. Samaranayake YH, Samaranayake LP, Tsang PC, Wong KH, Yeung KW. Heterogeneity in antifungal susceptibility of clones of Candida albicans isolated on single and sequential visits from a HIV-infected southern Chinese cohort. J Oral Pathol Med 2001; 30:336-346.

4. Wong KH, Chan KC, Lee SS. Sex differences in nevirapine rash. Clin Infect Dis 2001; 33:2096-2097.

1999

1. Ho TTY, Chan KCW, Wong KH, Lee SS. Indinavir-associated facial atrophy in HIV-infected patients. AIDS Patient Care and STDs 1999; 13:11-16.

2. Ho TTY, Wong KH, Lee SS. low yield of chest radiography in screening for active pulmonary tuberculosis in HIV-infected patients in Hong Kong. Int J of STD and AIDS 1999; 10:409-412.

VI. Abstract and meeting presentations of ITC 綜合治療中心的概念摘要及會議發佈

2009

1. FA Bognar, WK Chan, KCW Chan, ICT Tse, KH Wong. High incidence of rash after initiating HAART for Post-Exposure Prophylaxis. The 9th International Congress on AIDS in Asia and the Pacific. 9-13 August 2009, Bali, Indonesia. [TuPA102]

2. FA Bognar, WK Chan, KCW Chan, KH Wong. Utilization of Rapid HIV-1 Testing for Women in Labour with unknown HIV Status. The 9th International Congress on AIDS in Asia and the Pacific. 9-13 August 2009, Bali, Indonesia. Oral presentation [WeOA19-01]

3. Wong KH, Chan WK, Chan KCW, Tse ICT, Bognar FA, Lim WL. Viral load undetectability holds when changed from <400 copies/ml to <75 copies/ml assay. The 9th International Congress on AIDS in Asia and the Pacific. 9-13 August 2009, Bali, Indonesia. [WePB022]

2008

1. K.W. To, S.S. Lee, S. Chu, C.T. Tse, M.P. Lee, K.H. Wong, P.C.K. Li, J.J.Y. Sung. Classification Criteria for AIDS and Its Differential Effects on Patient Profile in Epidemiology Study. 13th International Congress on Infectious Diseases, Kuala Lumpur, Malaysia, June 19-22, 2008.

2. KH Wong, WK Chan, GCY Yuen, SPS Wong. Differential source of transmission in sexually acquired HIV infections in Hong Kong. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [CDC0231]

3. KCW Chan, VSC Kwong, ICT Tse, SPS Wong, KH Wong. Medical students as novel partners to promote acceptance of HIV/AIDS by the medical profession. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [CDD0555]

4. KCW Chan, FA Bognar, WK Chan, KH Wong. The two-step tuberculin skin test should be considered in HIV infected patients where TB is endemic. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [CDB0098]

5. AKW Au, KH Wong, DWL Mak, CF Ho, SPS Wong. Epidemiologic and behavioural characteristics of a large cluster of HIV-1 subtype B infections among MSM in Hong Kong. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [MOPE0290]

6. CF Ho, PS Wong, WL Lam, WH Tse, WL Mak, KH Wong. Piloting Public Health Programme in a HIV clinic to target positives for prevention. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [THPE0547]

7. FA Bognar, WK Chan, KCW Chan, WC Yam, KH Wong. Prevalence of drug resistance mutations in HIV-1 infected patients failing antiretroviral therapy in Hong Kong. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [CDB0064]

8. ACK Chan, FA Bognar, IKY Mak, KLS Cheng, KCW Chan, KH Wong, CC Leung, CM Tam, DWL Mak. Altered Clinical Manifestation of Tuberculosis (TB) in HIV-infected persons receiving highly active antiretroviral therapy (HAART). XVII International AIDS Conference, 3-8 August 2008, Mexico City. [WEPE0165]

9. Zheng BJ, Zhao XY, Lee SS, Wong KH, Chan KCW, Ng F, Yam WC, Yuen KY. Study of polymorphisms in HIV-1 co-receptors and their ligands in Chinese population and Their effects on HIV-1 infection. XVII International AIDS Conference, 3-8 August 2008, Mexico City. [WEPDA103]

2007

1. FA Bognar, WK Chan, KCW Chan, KH Wong. Efavirenz-based versus lopinavir-based antiretroviral regimen for the treatment of naive HIV-infected patients. Experience at the Integrated Treatment Centre in Hong Kong. The Hong Kong Society for Infectious Diseases. Eleventh Annual Scientific Meeting. 3 March 2007.

2. H Li, SS Lee, S Chu, J Wu, PC Li, KH Wong, MP Lee, CT Tse, J Sung. Hepatitis B co-infection in HIV positive patients in Hong Kong. 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention incorporating the 19th ASHM Conference. 22-25 July 2007, Sydney, Australia. [MOPEB051]

3. H Li, SS Lee, S Chu, J Wu, PC Li, KH Wong, MP Lee, CT Tse, J Sung. Variation of presenting CD4 cell count in an Asian cohort of HIV patients. 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention incorporating the 19th ASHM Conference. 22-25 July 2007, Sydney, Australia. [CDB025]

4. FA Bognar, WK Chan, CTTse, WC Yam, KCW Chan, KH Wong. HIV-1 drug resistance in treatment-naive patients in Hong Kong. 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention incorporating the 19th ASHM Conference. 22-25 July 2007, Sydney, Australia. [CDB119]

5. CT Tse, KH Wong, OW Fong, WYYeung, WK Chan, WC Yam. Asymptomatic Chlamydia trachomatis and Neisseria gonorrrhoea urethritis among HIV-infected patients in Hong Kong detected by urine nucleic acid amplification test. 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention incorporating the 19th ASHM Conference. 22-25 July 2007, Sydney, Australia. [TUPEC019]

6. Huizhen Li, SS Lee, Sunny Chu, Justin Wu, Patrick CK Li, KH Wong, MP Lee, CT Tse, Joseph Sung. Changing patterns of AIDS defining illnesses among HIV positive patients in Hong Kong. VIII International Congress on AIDS in Asia and the Pacific, Sri Lanka, 19-23 August 2007.

7. Lee PM, Lee CP, Lau YL, Chan CW, Wong KH. Implementing rapid HIV testing in labour ward to supplement universal antenatal HIV testing – pilot trial in a public hospital. Annual Scientific Meeting, Hong Kong College of Community Medicine. 8 September 2007, Hong Kong. [Poster 10]

8. Lee PM, Lee SS. Mental health profile of HIV/AIDS patients in an ambulatory clinic setting in Hong Kong - an observational study. 2007. Annual Scientific Meeting, Hong Kong College of Community Medicine. 8 September 2007, Hong Kong.

9. Tsui SKW, Fong FNY, Leung KK, Au TCC, Wong CH, Wong KH, Chan PKS, Sung JJY, Lee SS. Complete genome sequencing of HIV-1 viruses in Hong Kong. Health Research Symposium 2007, 29 September 2007, Hong Kong. [Poster E05]

2006

1. Ho CF, Cheng LS, Wong KH, Chan KCW. Risk of death within the first year of HIV diagnosis for new cases whose presenting CD4 counts are less than 50 cells/ul. Hong Kong Society for Infectious Diseases Annual Scientific Meeting. 18 March 2006. Hong Kong

2. SK Cheng, CK Lee, CF Ho, KH Wong, YW Mak, YT Lee, LM Ho. Collaboration between HIV clinic and methadone clinic for the diagnosis and care of HIV-infected drug users. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006. [B48, CDB1041]

3. KH Wong, PM Lee, WK Chan, RLM Ho, YL Lau, CH Chen. A four year evaluation of the performance and outcome of an universal antenatal HIV screening programme. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006. [C19, CDC0528]

4. Chan KCW, Lam B, Chan WK, Cheng LSK, CF Ho. A low phase angle by bioelectric impedance analysis does not predict clinical outcome in HIV-1-infected Chinese patients in the era of HARRT. 2006. XVI International AIDS Conference, August 13-18 2006, Toronto.

5. SS Lee, K Ma, DKP Tam, EKY Chu, KH Wong, JJY Sung. Discordance between anonymised self-reported missing dose and clinical adherence rating. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006. [B34, CDB0934]

6. KH Wong, KCW Chan, ICT Tse, VSC Kwong, WK Chan, KLS Cheng, CHY Wong, CN Chen. Monitoring and evaluation of HIV care in the government HIV clinic in Hong Kong. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006. [B52, CDB1284]

7. KH Wong, KCW Chan, SS Lee, ST Lai, N Lee, C Cockram, WS Poon, TY Tsang, YK Tso, KF To.Smooth muscle tumour – an uncommon but existent neoplasia in HIV-infected patients.2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

8. CT Tse, KH Wong, OW Fong, WY Yeung, WK Chan, WC Yam,Prevalence of Asymptomatic Chlamydia trachomatis and Neisseria gonorrhoeae Urethritis Among HIV-infected Patients in Hong Kong. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

9. C.F. Ho, Kathy L.S. Cheng, K.H. Wong, Kenny C.W. Chan. Attributes to death of HIV/AIDS patients in the era of HAART. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

10. Kwong SC V, Wong KH, Lee SS, Kurtland MA, Chu KY E, Wong PS S, Fong OW, Ho CF, Cheng LS K, Tam D. The prevalence of use of traditional Chinese Medicine in Chinese patients on HAART. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

11. Mak WL, Lee SS, Wong KH, Lau YL. Surveillance of HIV infection through unlinked anonymous screening in different populations 1997 to 2004. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

12. K Lee, KH Wong, W Lim. Surveillance of HIV-1 subtypes informs risk for local spread of infection in Hong Kong.2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

13. Mak WL, Lin P, Lam C, Wong KH, Tsui E, Lee SS, Tso H. Setting up an electronic platform for sharing HIV/AIDS epidemiological information in the Pearl River Delta Region, China. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

14. PM Lee, RLM Ho, WK Chan, SS Lee, KH Wong. Cost-effectiveness of analysis of universal antenatal HIV screening programme in Hong Kong. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

15. CN Chen, H Tso, SS Lee, K Lee, KH Wong. Unmet needs of persons with haemophilia and HIV infection addressed two decades after the forgotten tragedy. 2006. XVI International AIDS Conference, Toronto, Canada. 13-18 August 2006.

2005

1. Ho CF, Wong KH, Chan KCW, Lee SS, Lee CK, Mak WL, Kwong SC, Leung KY. Antiretroviral therapy-associated metabolic abnormalities among HIV-infected Chinese patients. 7thInternational Congress on AIDS in Asia and the Pacific, Kobe, Japan, 1-5 Jul 2005. Poster exhibition [SaPA0013].

2. Chan Chi-wai Kenny, Cheung Lai-sim Kathy, Chan Wai-kit, Wong Ka-hing. Declining mortality and morbidity of advanced HIV disease with the use of HAART in Hong Kong. 2005. 7th International Congress on AIDS in Asia and the Pacific July 1-5, 2005Kobe, Japan.

3. Ho CF, Wong HY, Wong KH, Chen CN, Cheng SK, Fong OW, Tse WH, Yuen CY, Wong PS, Lam WL. Determinants of quality of life in HIV- infected Chinese patients. 7th International Congress on AIDS in Asia and the Pacific, Kobe, Japan, 1-5 Jul 2005. Poster exhibition [SuPB0053].

4. Zheng BJ, Lee SS, Wong KH, Chan KCW, Zhang HJ, Wu SHW, Lu LW. Ex vivo expansion of functional CD4 T cells from HIV patients. 2005. The 6th International Workshop on HIV, Cells of Macrophage /Dendritic Lineage and Other Reservoirs. 5-7 October 2005. Varenna, Italy.

5. Wong KH, Chan WK, Chan KCW, Lee SS. Pattern of AIDS-defining illness and mortality in the era of highly active antiretroviral therapy. 2005. 7th International Congress on AIDS in Asia and the Pacific July 1-5, 2005 Kobe, Japan.

6. Zhao XY, Lee SS, Wong KH, Chan KCW, Ng F, Chan CCS, Yam WC, Yuen KY, Ng MH, Zheng BJ. Polymorphisms and Functional Analysis of CCR5 Gene in Southern Chinese HIV Patients and Healthy Controls. 2005. Keystone Symposia HIV Pathogenesis (X7). 9-15 April, 2005. Banff, Alberta, Canada.

2004

1. OW Fong, A Chiu, R Lui, CF Ho, PH Choi. An Evaluation of Infection Control Workshop for Workmen. 2004. 2nd International Congress of the Asia Society of Infection Control, Hong Kong.

2. KCW Chan, MKT Chan, KH Wong, SS Lee. Cardiovascular disease as emerging cause of morbidity and mortality in HIV disease. 2 case reports. 2004. 12th Annual Scientific Congress of Hong Kong College of Cardiology June 4, 2004.

3. KCW Chan, WK Chan, K Cheng, KH Wong. Decreasing mortality of AIDS since the availability of HAART in Hong Kong. 2004. Eighth Annual Scientific Meeting of Hong Kong Society for Infectious Diseases, March 6, 2004.

4. KH Wong, KCW Chan, SS Lee, MKT Chan, K Lee. Delayed death and AIDS progression in an Asian cohort of advanced HIV disease patients in the HAART era. 2004. XV International AIDS Conference, Bangkok, Thailand 10-16 July 2004.

5. Xiu-ying Zhao, SS Lee, KH Wong, KCW Chan, Selene Ma, Mun-hon Ng, Bo-jianZheng. Effects of single nucleotide polymorphism in the RANTES promoter region on HIV infection and disease progression in indigenous Chinese. 2004. XV International AIDS Conference, Bangkok, Thailand 10-16 July 2004.

6. Wong KH, Chan KCW, Cheng KLS, Chan WK, Kam KM, Lee SS. HAART initiation in Chinese HIV/AIDS patients when their CD4 level is 100-150/ul is not associated with faster clinical disease progression. 2004. 44th Interscience Conference on Antimicrobial Agents and Chemotherapy, Washington, DC, USA. October 30-November 2, 2004.

7. WK Chan, Gladys Yuen, KH Wong. Profiling of HIV clinic patients for determining the prevalence of recent infection. 2004. XV International AIDS Conference, Bangkok, Thailand 10-16 July 2004.

8. KH Wong, WC Yam, MKT Chan, KCW Chan, K Lee, SS Lee. Resistance mutations in patients with HIV-1 subtype A/E failing their first HAART or non-HAART. 2004. XV International AIDS Conference, Bangkok, Thailand 10-16 July 2004.

9. KH Wong. " Making use of the clinical care system for HIV prevention and control " . Health Forum for Chinese Community, Taipei. 2004.

10. Zhao XY, Lee SS, Wong KH, Chan KCW, He ZM, Ma S, Ng F, Chan CCS, Ho T, Ng MH, Zheng BJ. A Novel CCR5 Mutation Selectively Affects Immunoreactivity and Fusogenic Property of the HIV Co-receptor in a Slow Progressing HIV Patient.13th International Symposium on HIV & Emerging Infectious Diseases. 3-5 June, 2004. Toulon, France.

11. Wong KH, Chan KCW, Lee SS. Beware of underlying HIV when treatment is contemplated for hepatitis B. The Third International Conference on AIDS and Other Infections, Nanning, China, December 1-3, 2004. Printed Abstract.

12. Wong KH, Chan KCW, Lee SS. Incorporating a clinical information system in the management of HIV infection. The Third International Conference on AIDS and Other Infections, Nanning, China, December 1-3, 2004. Printed Abstract.

2003

1. MKT Chan, KKH Low, KM Ho, KK Lo, SS Lee. Difference in Types and Patterns of Sexually Transmitted Infections Seen by Private and Public Practitioners in Hong Kong. 2003. Seventh Annual Scientific Meeting. The Hong Kong Society for Infectious Diseases 22 March 2003.

2002

1. B J Zheng, S S Lee, K H Wong, K C W Chan, N S Zhu, S C P. A predominant mutation of CCR5 gene and its effect on HIV disease progression in Chinese patients. TuPeA4356. XIV International AIDS Conference. 7-12 Jul, 2002.

2. Zheng BJ, LeungSK, Wong KH, Lee SS. Expression of CCR5 Expression of CCR5 on dendritic cells is a surrogate marker for HIV disease progression. 2002. 9th Conference on Retroviruses and Opportunistic Infections. Seatle, Washington, Feb 2002.

3. Wong KH, Zheng BJ, et al. Mutations of CCR5 Gene in Chinese population of Hong Kong and Their Effects on Disease Progression in HIV Infections. Molecular basis of development and disease. August 17-20, 2002, Zhang JiaJie, China.

4. WC Yam, KH Wong, SS Lee. Prevalence and pattern of genotypic drug resistance among HIV patients in Hong Kong. 2002. XIV World AIDS Conference (Barcelona) 7-12 July, 2002.

5. KM Ho, KK Ho, CK Lin. Recombinant-antigen enzyme immunoassay (EIA) as a screening test for syphilis in people with HIV infection. 2002. XIV World AIDS Conference (Barcelona) 7-12 July, 2002.

6. WC Yam, KH Wong, SS Lee. Reliability of Genotypic Drug Resistance Testing for B and non-B subtypes HIV-1 from patients in Hong Kong. 2002. 42nd Interscience Conference on Antimicrobial Agents and Chemotherapy.

Appendix 附錄

2001

1. Fong OW, Ho CF, Fung S, Tse F, Yuen G, Sin KP. Determinants of adherence to HAART in Chinese HIV/AIDS patients. 2001. 6th ICAAP. Melbourne.

2. Fan KCM. Review on psycho-social problems and concerns of HIV infected adults in HK. 2001. Hong Kong AIDS Conference 2001, 27-29 August 2001, HKSAR.

3. SS Lee, KH Wong. The age effect on the response to hepatitis B vaccine in children. 2001. Annual Scientific Meeting, Hong Kong Society for Immunology. 21 April 2001.

4. SS Lee, KH Wong. The age effect on the response to hepatitis B vaccine in children. 2001. [Abstract] Asian Pacific Journal of Allergy and Immunology 2001; 19:154.

5. Ng YW, Fong OW, NgSC, Lam WM. To streamline the management of exposure to blood or body fluids under a Therapeutic Prevention Clinic in Hong Kong. 2001. 6th ICAAP. Melbourne.

2000

1. W.K. Tang, K.H. Wong, C.K. Chan, C.M. Tam. Clinical epidemiology of HIV-1 and tuberculosis co-infection in Hong Kong. 2000. XIIIth International Conference on AIDS, Durban, South Africa 9-14 July 2000.

2. K. Chan, K.H. Wong. Correlation between total lymphocyte count and CD4+ count in HIV-infected Chinese. 2000. XIIIth International Conference on AIDS, Durban, South Africa 9-14 July 2000.

3. SS Lee. Maximizing Immunity against Viral Infections-Lessons from HIV and HBV. 2000. The Federation's Anniversary Scientific Meeting 2000, Hong Kong 22 Oct 2000.

4. Wong KH. Clinical profile and treatment of HIV/AIDS – an Update. Hong Kong Medical Forum. Hong Kong. 1-2 July 2000.

5. HWK Tang, KCW Chan, KH Wong, EYY Lai. Prevalence of PPD positivity in HIV-infected Chinese in Hong Kong. [P2.59] 7th Western Pacific Congress of Chemotherapy & Infectious Diseases. Hong Kong.11-14 December. 2000

6. Chan KCW, Wong KH, Lee SS. Setting the agenda for quality assurance in an HIV clinic cum day care centre. 2000. Quality in practice Hong Kong Hospital Authority Convention 2000, Hong Kong, 7-10 May 2000.

1999

1. Wong KH. Opportunistic tumours in HIV infection - an update. 1999
5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia, 20-27 October 1999.

2. KH Wong, SS Lee. Rising importance of tuberculosis as a primary AIDS-defining illness in Hong Kong. 1999. 20th Eastern Region Conference of the International Union Against Tuberculosis & Lung Disease, Hong Kong, June 4-7, 1999.

3. KH Wong. The Impact of HAART. 1999. Annual Scientific Meeting of Dermatology and Venereology 1999 and Hair Workshop 1999. Hong Kong, 17-18 July 1999.

4. Chan YV. Using a quality improvement approach to support drug adherence: a Hong Kong experience. 1999. 5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia, 20-27 October 1999.

5. Wong KH, Chan K, Low K. Using NNRTI (nevirapine) in combination antiretroviral therapy for HIV disease in Hong Kong. 1999. 5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, Malaysia, 20-27 October 1999.

VII. Guidelines, reports and books contributed by ITC
綜合治療中心參與制定的指引、報告及書籍

Guidelines 指引

- Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. The Use of BCG Vaccine in HIV Infected Patients. 2009.
- Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. Recommendation on the Management of Human Immunodeficiency Virus and Hepatitis B Coinfection. 2008.
- Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. Recommendations on the Management of Human Immunodeficiency Virus and Tuberculosis Coinfection. 2008.
- Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission. 2007.
- Scientific Committee on AIDS and STI (SCAS), Centre for Health Protection, Department of Health. Recommendations on the Postexposure Management and Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV. 2007.
- 衞生署衞生防護中心感染控制處與愛滋病及性病科學委員會。對被利器刺傷及經黏膜與乙型肝炎、丙型肝炎及愛滋病病毒接觸後的處理方法及預防措施－策略原則。2007。
- Scientific Committee on AIDS and STI (SCAS). Centre for Health Protection, Department of Health. Using Antiretrovirals for Post Exposure Prophylaxis against HIV in the Non-occupational Setting - Position Statement of the SCAS. 2006.

Appendix 附錄

- Precautions for Handling and Disposal of Dead Bodies. Department of Health, Hospital Authority, Food and Environmental Hygiene Department. 2005.
- 處理及處置屍體所需的預防措施。衞生署，醫院管理局，食物環境衞生署。2005。
- Recommendations on Infection Control Practice for HIV Transmission in Health Care Settings. Scientific Committee on AIDS, co-sponsored by the Hong Kong Advisory Council on AIDS and the Centre for Health Protection, Department of Health. 2005, 2003, 2000.
- Scientific Committee on AIDS co-sponsored by the Hong Kong Advisory Council on AIDS and the Centre for Health Protection, Department of Health. Recommended Framework for the Delivery of HIV Clinical Care in Hong Kong. 2005.
- Scientific Committee on AIDS. Recommended Principles of Antiretroviral Therapy in HIV Disease. 2005.
- Recommendations on Hepatitis B Vaccination Regimens in Hong Kong-consensus of the Scientific Working Group on Viral Hepatitis Prevention Addendum 2004. 2001.
- Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) of the Hong Kong Advisory Council on AIDS. Recommended Ethical Principles on Partner Counselling and Referral for HIV Infected Individuals in Hong Kong. 2004.
- Social Hygiene Service, Centre for Health Protection, Department of Health. Recommendations in Case Management of Sexually Transmitted Infections (STIs) in Hong Kong 2004. 2002.
- Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) of the Hong Kong Advisory Council on AIDS. Recommended Ethical Principles Regarding the Use of Assisted Reproduction in HIV Infected Individuals. 2004.
- Scientific Committee on AIDS & Scientific Working Group on Viral Hepatitis Prevention. Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV. 2003. 2000.
- 對被利器刺傷及經黏膜與乙型肝炎、丙型肝炎及愛滋病病毒接觸後的處理方法及預防措施 - 策略原則，愛滋病科學委員會預防病毒性肝炎科學工作小組。2003, 2000。
- Scientific Committee on AIDS of Hong Kong Advisory Council on AIDS. Recommended Principles on the Application of the HIV Antibody Rapid Test in Hong Kong. 2003.
- Scientific Committee on AIDS of Hong Kong Advisory Council on AIDS. Recommendations on the Management of HIV Infection in Infants and Children. 2002. 2001.
- Scientific Committee on AIDS of Hong Kong Advisory Council on AIDS. Recommendations on the Treatment of Latent TB infection in HIV -positive Persons in Hong Kong. 2002.
- Scientific Committee on AIDS, Advisory Council on AIDS. Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission. 2001.
- 香港愛滋病顧問局愛滋病科學委員會。預防圍產期愛滋病傳播的建議臨床指引。2001。

Appendix 附錄

Reports 報告

- Special Preventive Programme, Centre for Health Protection Department of Health, Hong Kong. Tracking the characteristics and outcome of HIV/AIDS patients cared for at the Integrated Treatment Centre- A Report of 1999 to 2006. 2007.
- Stanley Ho Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong. Report on the Assessment of Recently Acquired HIV Infection in Men Having Sex with Men (MSM) in Hong Kong. 2007.
- Special Preventive Programme, Centre for Health Protection, Department of Health, Hong Kong. Tracking the characteristics and outcome of HIV/AIDS patients cared for at the Integrated Treatment Centre- A Report of 1999 to 2005. 2006.
- Special Preventive Programme, Centre for Health Protection, Department of Health. Surveillance of exposure to blood-borne viruses (HIV, HBV, HCV) and its management 1999 - 2004. 2006.
- Surveillance of Viral Hepatitis in Hong Kong - 2005 Update Report. 2006.
- Scientific Committee on AIDS, co-sponsored by the Hong Kong Advisory Council on AIDS and the Centre for Health Protection, Department of Health. Evaluation of the Effectiveness and Efficiency of Universal Antenatal HIV Testing Programme in Hong Kong - Review of the Years 2001 to 2004. 2005.
- Special Preventive Programme, Centre for Health Protection, Department of Heath. A Clinical Governance Report on the Monitoring and Evaluation of HIV Clinical Management at Integrated Treatment Centre 1999 - 2004. 2005.
- Committee on Promoting Acceptance of People Living with HIV /AIDS (CPA) of the Hong Kong Advisory Council on AIDS. Review on Social and Support Services to People with HIV /AIDS in Hong Kong. 2005.
- Surveillance of Viral Hepatitis in Hong Kong - 2004 Update Report. 2005.
- The Forgotten Tragedy・The Unforgettable Trauma・Addressing the needs of people affected by haemophilia and HIV infection in Hong Kong. Final report of the Hong Kong Advisory Council on AIDS. Hong Kong Advisory Council on AIDS. 2004.
- Surveillance of Viral Hepatitis in Hong Kong - 2003 Update Report. 2004.
- Scientific Committee on AIDS of the Hong Kong Advisory Council on AIDS. Report on the Implementation of the Universal Antenatal HIV Testing Programme in the Public Service. 2003.
- Surveillance of Viral Hepatitis in Hong Kong - 2002 Update Report. 2003.
- Red Ribbon Centre. Resistance of the Neighbourhood Community to the AIDS Treatment Facilities - Case Study of Kowloon Bay Health Centre. 2002.
- 紅絲帶中心。鄰近社區對愛滋病治療設施的抗拒 - 九龍灣健康中心個案研究。2002。
- Surveillance of Viral Hepatitis in Hong Kong - 2001 Update Report. 2002.
- Special Preventive Programme Department of Health. Glossary on HIV/AIDS and Related Terms. 2001.

Appendix 附錄

- 衞生署特別預防計劃。愛滋病病毒/愛滋病及其相關的辭語。2001。
- Scientific Working Group on Viral Hepatitis Prevention. Hepatitis B Vaccination Programme in Public Services in Hong Kong - Protocol update 2001.
- Scientific Working Group on Viral Hepatitis Prevention. A Consensus Paper on the Public Health Significance of Hepatitis C Infection in Hong Kong. 2001.
- Surveillance of Viral Hepatitis in Hong Kong - 2000 Update Report. 2001.
- Surveillance of Viral Hepatitis in Hong Kong - 1999 Update Report. 2000.

Books 書籍

- HIV Manual 2007. SS Lee, Justin CY Wu, KH Wong. Published by the Stanley Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong and Centre for Health Protection, Department of Health, HKSAR government.
- HIV Manual 2001. Kenny Chan, KH Wong and SS Lee. Published by the Integrated Treatment Centre, Special Preventive Programme, Department of Health, 2001.
- The First Decade of AIDS in Hong Kong - a collection of essays. Edited by SS Lee and CW Chan. Published by the Advisory Council on AIDS, 1999.

VIII. List of selected resources for patients produced by ITC
綜合治療中心為病人製作的資源刊物

Booklet 小冊子

Year 年份	Title 主題
2004	An Introduction to Antiretroviral Therapy Drug Adherence - A Key to Treatment SUCCESS 抗愛滋病病毒藥物治療簡介 - 堅持服藥是成功治療的鑰匙
2003	Live and Let Live 為了明天
2003	Common Opportunistic Infections 常見的機會性感染
2001	為了明天

Information Sheet / Reminder / Card 資訊卡 / 提示 / 卡

Year 年份	Title 主題
2008	Drug information on HAART
2008	Influenza 流行性感冒
2008	What Should Drug Users Do if Infected with HIV? 吸毒人士若已受愛滋病病毒感染，應如何處理？
2008	A Caring Reminder 温馨提示
2007	含鈣量高的食物
2007	含鉀量高的食物

Appendix 附錄

Year 年份	Title 主題
2006	高血壓飲食
2006	我有糖尿病，吸煙少d好
2006	十項管理體重小貼士
2005	Enjoy Safer Sex with Condom 性情樂
2005	痛風症
2005	你是否過胖？
2005	出去進食好介紹 (脂肪)
2005	糖尿餐單
2005	我有糖尿病，飲酒得唔得？
2005	我有糖尿病，旅遊一樣得！
2004	Prevention of Influenza 預防流行性感冒
2000	Antiretroviral Drugs 抗愛滋病病毒藥物
2000	Safety Card
1999	Points to Note after Needlestick Injuries

Pamphlet / Leaflet 單張

Year 年份	Title 主題
2009	HIV Clinical Service at Integrated Treatment Centre 綜合治療中心愛滋病臨床服務
2006	Good Drug Adherence leads to Treatment Success 堅持服藥達致治療成功
2006	I am Positive but I want to be Pregnant 我雖然感染了，但我亦想懷孕
2005	HIV/AIDS Risk Reduction - Continuum of Risk 愛滋病病毒感染連續風險表
2005	Safer Sex Guide 較安全性行為指南
2004	Management after Needlestick Injuries or Mucosal Contacts of Blood and Body Fluids 針刺意外及黏膜受到血液或體液沾染後的處理方法
1999	Therapeutic Prevention Clinic 預防治療診所
1999	Special Preventive Programme Clinical Services 特別預防計劃臨床服務

Poster 海報

Year 年份	Title 主題
2009	Mental Health 心理健康
2009	Treasure Your Life Stop Smoking 珍惜生命立即戒煙

Appendix 附錄

Year 年份	Title 主題
2008	Human Immunodeficiency Virus (HIV) Infection Increases the Risk of Cervical Cancer 愛滋病病毒感染有增加患子宮頸癌的風險
2007	Tips to Develop Strong Bones - Preventing Osteoporosis and Fractures 強健骨骼有辦法 - 預防骨質疏鬆與骨折
2006	Sharing Needles and Syringes is Hazardous 共用針咀、針筒後患無窮
2006	Regular Exercise Improve Health 持續做運動可增進健康
2006	Common Fungal Infections of Skin 常見的真菌感染
2006	Continuum of Sexual Risk 連續風險表
2005	More Healthy, Better Figure, Be Confident 健康多一點，身材好一點，自信多一點
2005	The Story of Fire (HIV) and Oil (STIs) 火（愛滋病病毒）+ 油（性病）的故事
2005	Immunocompromised People - Common Oral Problems 免疫系統失調人士 - 常見之口腔毛病
2004	Quit Smoking: Stay Healthy 7 Steps to Quit Smoking 戒煙：保持健康戒煙七步曲
2004	Respiratory Hygiene / Cough Etiquette 咳嗽的禮儀和衞生常識
2004	Beware of Super-infection with HIV 小心愛滋病病毒超級感染
2004	Why Gynaecological Checkup is Important? 為何婦女需要定期婦科檢查？

Year 年份	Title 主題
2003	Human Immunodeficiency Virus (HIV) Infection and Pregnancy 愛滋病病毒感染與懷孕
2003	9 Tips on Successful Drug Taking 定時服藥秘笈
2003	Prevention of Respiratory Tract Infection 預防呼吸道感染疾病
2002	Oral Candidiasis 口部念珠菌感染
2002	Tuberculin Skin Test 結核菌素皮膚測試
2002	PenicilliumMarneffei 馬氏青霉菌病
2002	What is Mycobacterium AviumIntracellulare (MAI)? 什麼是胞內鳥結核分支桿菌？
2001	Common Viral Diseases of Skin 常見的皮膚病毒感染
2001	Cholera 霍亂
2001	Infections Affecting the Gut 腸道機會性感染
2000	Infections Affecting the Brain 腦部機會性感染
2000	Taking Good Care of Your Health 如何保持健康
1999	Opportunistic Infections 機會性感染
1999	Tips on Traveling 外遊小錦囊

Year 年份	Title 主題
1999	Why do You Need to Use the Condom? 為什麼你要使用安全套？

Resource Book 資源集

Year 年份	Title 主題
2008	Therapeutic Prevention Clinic 預防治療診所
2008	Rapid Test for HIV Antibody 愛滋病病毒抗體快速測試
2006	Antiretroviral Treatment 抗病毒藥物治療
2005	Knowing Diabetes 認識糖尿病
2002	HIV Antibody Testing 愛滋病病毒抗體測試
2000	Getting Pregnant 計劃生育
2000	New Life 生機
2000	Needlestick Injury 針刺意外
1999	Cholesterol and Triglyceride 認識你的膽固醇和甘油三酸脂

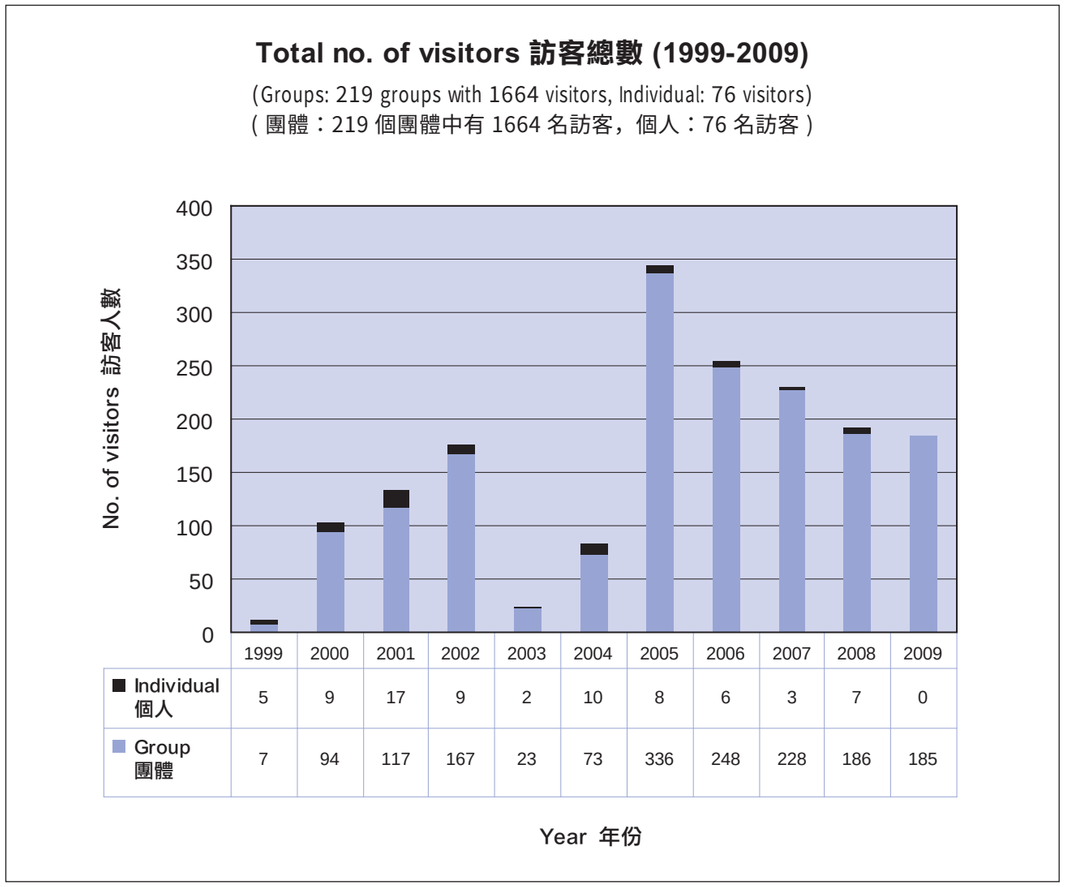
Newsletter Red Ribbon Bulletin 期刊 – 紅絲帶刊物

Year 年份	Issue No. 期號
2008	30
2008	29
2008	28
2007	27
2007	26
2007	25
2006	24
2006	23
2006	22
2005	21
2005	20
2005	19

Year 年份	Issue No. 期號
2004	18
2004	17
2004	16
2003	15
2003	14
2003	13
2002	12
2002	11
2001	10
2000	9
1999	紅絲帶特刊

IX. Group and individual visitors of ITC

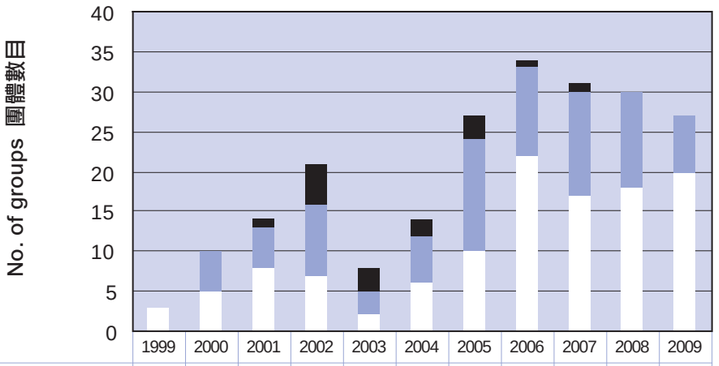
探訪綜合治療中心的團體及個別人仕



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Individual 個人	5	9	17	9	2	10	8	6	3	7	0
Group 團體	7	94	117	167	23	73	336	248	228	186	185

Total no. of group visitors 團體訪客總數目 (1999-2009)

(Groups: 219 groups with 1664 visitors 團體：219 個團體中有 1664 名訪客)

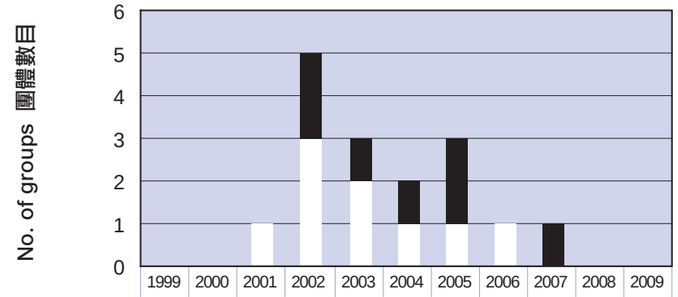


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Overseas 海外	0	0	1	5	3	2	3	1	1	0	0
Mainland 中國內地	0	5	5	9	3	6	14	11	13	12	7
Local 本地	3	5	8	7	2	6	10	22	17	18	20

Year 年份

Nature of overseas groups 海外團體類別 (1999-2009)

(Groups: 16 groups with 94 visitors 團體：16 個團體中有 94 名訪客)

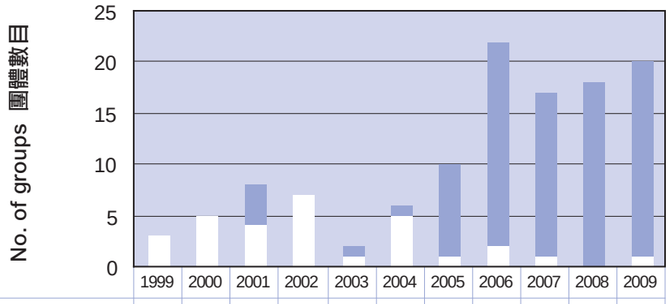


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	0	0	0	0	0	0	0	0	0	0
Clinical Attachment 臨床醫學培訓	0	0	0	0	0	0	0	0	0	0	0
Study Tour 考察團	0	0	0	2	1	1	2	0	1	0	0
Visit 探訪	0	0	1	3	2	1	1	1	0	0	0

Year 年份

Nature of local groups 本地團體類別 (1999-2009)

(Groups: 118 groups w ith 840 visitors 團體：118 個團體中有 840 名訪客)

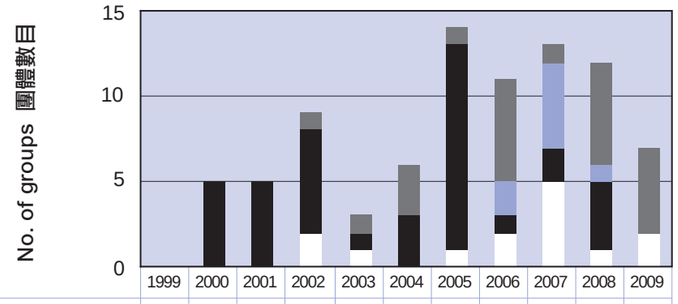


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	0	0	0	0	0	0	0	0	0	0
Clinical Attachment 臨床醫學培訓	0	0	4	0	1	1	9	20	16	18	19
Study Tour 考察團	0	0	0	0	0	0	0	0	0	0	0
Visit 探訪	3	5	4	7	1	5	1	2	1	0	1

Year 年份

Nature of mainland groups 中國內地團體類別 (1999-2009)

(Groups: 85 groups with 730 visitors 團體：85 個團體中有 730 名訪客)

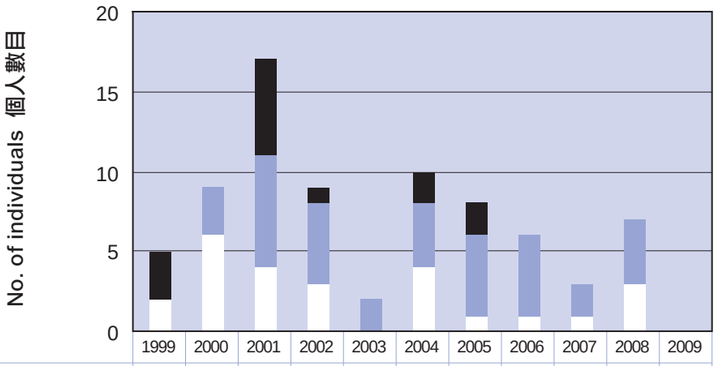


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	0	0	1	1	3	1	6	1	6	5
Clinical Attachment 臨床醫學培訓	0	0	0	0	0	0	0	2	5	1	0
Study Tour 考察團	0	5	5	6	1	3	12	1	2	4	0
Visit 探訪	0	0	0	2	1	0	1	2	5	1	2

Year 年份

Total no. of individual visitors 個人訪客的總人數 (1999-2009)

(Individual: 76 visitors 個人：76 名訪客)

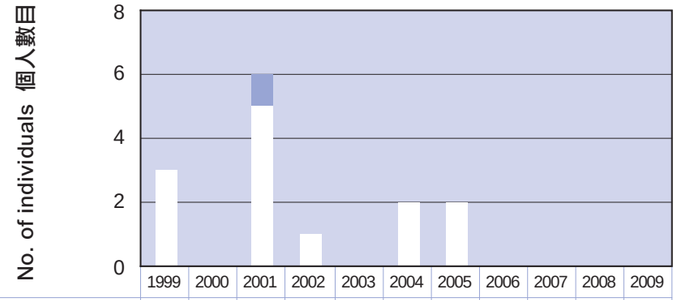


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Overseas 海外	3	0	6	1	0	2	2	0	0	0	0
Mainland 中國內地	0	3	7	5	2	4	5	5	2	4	0
Local 本地	2	6	4	3	0	4	1	1	1	3	0

Year 年份

Nature of overseas visitors 海外訪客類別 (1999-2009)

(Individual: 14 visitors 個人：14 名訪客)

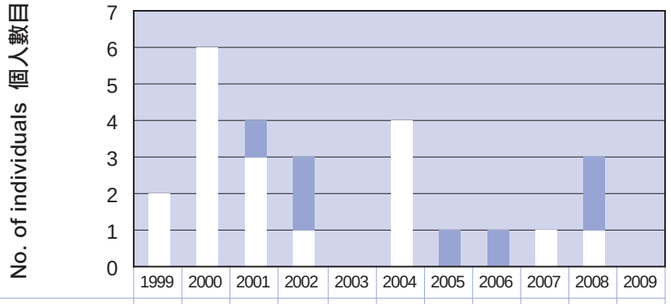


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	0	0	0	0	0	0	0	0	0	0
Clinical Attachment 臨床醫學培訓	0	0	1	0	0	0	0	0	0	0	0
Study Tour 考察團	0	0	0	0	0	0	0	0	0	0	0
Visit 探訪	3	0	5	1	0	2	2	0	0	0	0

Year 年份

Nature of local visitors 本地訪客類別 (1999-2009)

(Individual: 25 visitors 個人：25 名訪客)

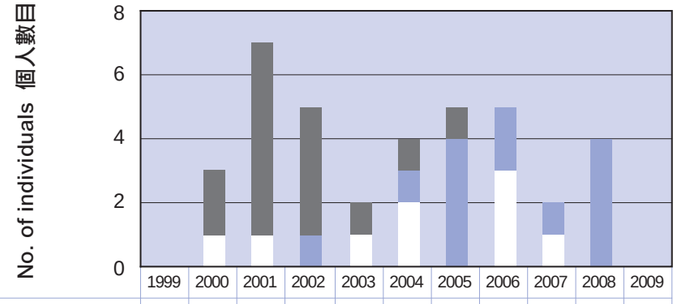


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	0	0	0	0	0	0	0	0	0	0
Clinical Attachment 臨床醫學培訓	0	0	1	2	0	0	1	1	0	2	0
Study Tour 考察團	0	0	0	0	0	0	0	0	0	0	0
Visit 探訪	2	6	3	1	0	4	0	0	1	1	0

Year 年份

Nature of mainland visitors 中國內地訪客類別 (1999-2009)

(Individual: 37 visitors 個人：37 名訪客)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lions Red Ribbon Fellowship Scheme 獅子會紅絲帶學人計劃	0	2	6	4	1	1	1	0	0	0	0
Clinical Attachment 臨床醫學培訓	0	0	0	1	0	1	4	2	1	4	0
Study Tour 考察團	0	0	0	0	0	0	0	0	0	0	0
Visit 探訪	0	1	1	0	1	2	0	3	1	0	0

Year 年份

X. Selected photos of ITC activities
綜合治療中心的活動剪影

Doctor Fellows 醫生學人

Since 2004, doctors from Guangdong, Guangxi, and Gansu came over Hong Kong to have a 10-week "Fellowship Programme in Clinical HIV Management" organised by the Integrated Treatment Centre.
自 2004 年，來自廣東、廣西和甘肅的醫生前赴香港參加由綜合治療中心組織的，為期十星期的 「臨床愛滋病治理學人計劃」。

2007 Yang Ming-yu, Bei Fai 楊明宇，白飛

2006 Tang Zhi-rong 唐志榮

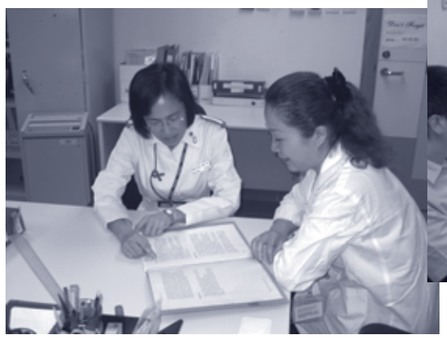
2007 Li Yun, Wang Jian-yu 李贇，王建雲

2008 Liu Qi-cai 劉啟材

2008 Liu Yan-fan 劉燕芬

Nurse Fellows 護士學人

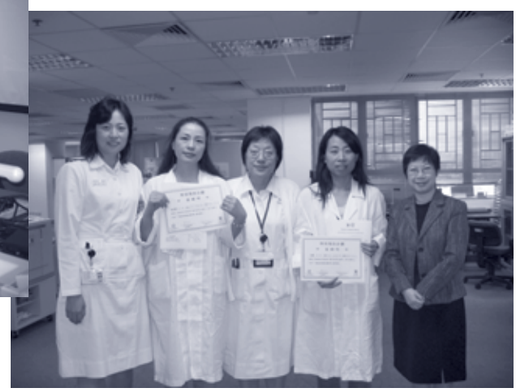
Since 2004, nurses from Beijing, Shanghei, Guangdong, Guangxi, Gansu and Macau came over Hong Kong to have a four-week "Clinical Attachment Programme for Fellowship in Clinical HIV Nursing" organised by the Integrated Treatment Centre.
自2004年，來自北京、上海、廣東、廣西、甘肅和澳門的護士前赴香港參加由綜合治療中心組織的，為期四週的「愛滋病病毒臨床護理學人實習課程」。



2005 Wu Dong-ling 吳冬玲

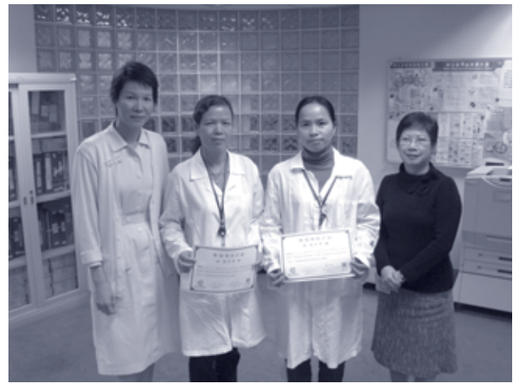
2005 Sheng Yu 繩宇

2006 Lei Pou-heng 李寶卿



2006 An Li, Chen Shu-jing 安麗，陳淑靜

2007 Li Hong-yu, Guo Ming-juan 李紅玉，郭明娟



2008 Li Yung-hong, Huang Qiu-lan 李永紅，黃秋蘭

Visitors from Mainland, Macau and Overseas 來自內地、澳門和海外的訪客

Photos included Dr Julian Gold of Albion Street Center, Australia; Dr Alice Pau of National Institute of Health, United States; Lions Red Ribbon Fellows from Mainland; and delegates from Guangxi, Jiangmen, Taishan, Macau, Malaysia, Myanmar and South Africa. They visited Integrated Treatment Centre in form of individual visit, attachment or study tour.

照片包括來自澳洲Albion Street Center的Julian Gold博士、來自美國國家衛生研究院(NIH)的Alice Pau博士，來自內地的「獅子會紅絲帶學人」，和來自廣西、江門、台山、澳門、馬來西亞、緬甸及南非的代表。他們以個人名義、見習或考察團的形式訪問綜合治療中心。

Dr Julian Gold, Director of Albion Street Center, Australia
澳洲Albion Street Center的Julian Gold博士

Health Officials from Social Welfare Bureau, Macau SAR Government
來自澳門特別行政區政府社會福利局的官員

Health Officials from Jiangmen and Taishan
來自江門及台山衛生廳的官員

Health Officials from Ministry of Health, Malaysia
來自馬來西亞衛生部的官員

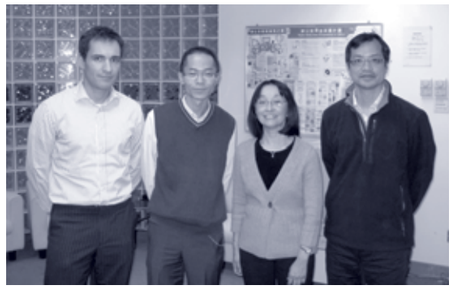
Delegation from Guteng, South Africa
來自南菲的代表團

Appendix 附錄

Study tour from Association of Rehabilitation of Drug Abuser's of Macau
來自澳門戒毒康復協會的探訪團

Study tour from Myanmar on harm reduction
來自緬甸的探訪團

Visitors from AIDS Control and Prevention of Macau SAR
澳門特別行政區防治愛滋病委員會探訪團



Dr Alice Pau from National Institute of Allergy and Infectious Diseases, NIH, Department of Health and Human Services, Bethesda, Maryland, USA
來自美國國家衛生研究院(NIH)的Alice Pau博士

Strong collaboration with Gansu, China 與甘肅緊密合作

To enhance understanding of clinical management of HIV in Hong Kong, World Vision China, arranged three study tours for health officials of Gansu to visit Integrated Treatment Centre in 2005, 2007 and 2008
為促進對香港愛滋病病毒臨床管理的認識，世界宣明會(中國)分別於2005年、2007年和2008年，為甘肅的衛生官員組織了三次考察團，探訪綜合治療中心。

Study tour from Gansu Health Bureau, China
甘肅省衛生廳探訪團

Attending sit-in session in Integrated Treatment Centre
觀察綜合治療中心的臨床服務

Gansu Expert Panel
甘肅省愛滋病防治專家諮詢委員會探訪團

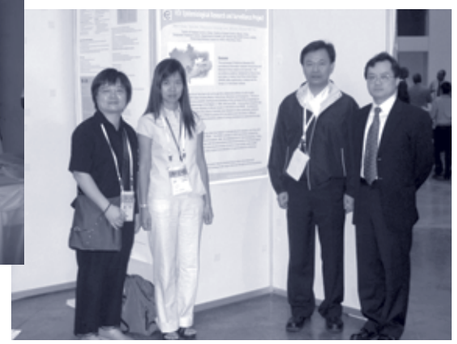
Discussion on Gansu HIV/AIDS Programme development
討論有關甘肅省愛滋病防治計劃的發展

Appendix 附錄

Attending Conferences 參與會議

Throughout the years, international and/or conferences were attended by health officials of the Department of Health, doctors and nurses of Special Preventive Programme, Chairman and members of Hong Kong Advisory Council on AIDS and its Committees, community leaders; and workers of AIDS non-governmental organisations.
這些年來，衞生署的衞生官員，特別預防計劃的醫生和護士、香港愛滋病顧問局及其委員會主席和成員、社會領袖及愛滋病非政府機構的工作人員都參與國際及地區性的愛滋病會議。

At the XV International AIDS Conference, Bangkok, Thailand
第十五屆國際愛滋病會議在泰國曼谷舉行



Staff of Integrated Treatment Centre posed for a photo with Dr PY Leung
綜合治療中心醫護人員與梁柏賢醫生合照

VII International Congress on AIDS in Asia and the Pacific, Kobe, Japan
第七屆亞太地區愛滋病國際大會會議在日本神戶舉行

Hong Kong delegation at the VII International Congress on AIDS in Asia and the Pacific
香港代表團在第七屆亞太地區愛滋病國際大會會議上合照

At the XVI International AIDS Conference, Toronto, Canada
第十六屆國際愛滋病會議在加拿大多倫多舉行

Nurses and psychologist from Mainland, Taiwan and Hong Kong posed for a photo after organizing a skills building workshop on HIV case management at the XVI International AIDS Conference
在第十六屆國際愛滋病會議上，來自內地、台灣及香港的護士和心理學家舉辦「愛滋病護理 - 個案管理技能建立工作坊」後合照

Staff of Special Preventive Programme posed for a photo with Dr Wu Zunyou
特別預防計劃醫護人員與吳尊友醫生合照

Professor CN Chen, Chairman of Hong Kong Advisory Council on AIDS, met Dr Tim Brown at the XVI International AIDS Conference
香港愛滋病顧問局主席陳佳霈教授於第十六屆國際愛滋病會議其間與 Dr Tim Brown 會面

Doctor of Integrated Treatment Centre spoke at the 2007 Chinese Community Health Forum
綜合治療中心醫生於二零零七年華人健康平台發表報告

Nurses of Integrated Treatment Centre attended the 2nd International Congress of the Asia Pacific Society of Infection Control (APSIC)
綜合治療中心護士參加了在新加坡舉行的感染控制會議
2nd APSIC

Nurses of Integrated Treatment Centre attended the 1st International Infection Control Conference in Hong Kong
綜合治療中心護士參加了在本港舉行的第一屆控制感染國際會議

Doctors and Nurses of Integrated Treatment Centre attended the HIV Drug Resistance Workshop in Hong Kong
綜合治療中心醫生和護士參加了在本港舉行的 HIV Drug Resistance Workshop

Appendix 附錄

Staff Training 員工培訓

ITC organized professional training and capacity building activities for doctors and nurses. They also attended activities that carried credits toward Continuing Medical Education (CME) / Continuing Nursing Education (CNE), to get and improve their latest medical knowledge.
綜合治療中心為醫護人員舉辦專業培訓及能力建立活動。他們亦透過參與持續醫學教育/持續護理教育活動，增進及獲取最新醫護信息。

Team building workshop organised by Ms Alice Chiu in 2004
在二零零四年，趙惠芳女士為綜合治療中心員工舉辦的團隊建設工作坊

Ms Fong Oi Wah brought out the importance of team work
方愛華女士帶出團隊工作的重要性

Nurses interacted actively at the team building workshop
在團隊建設工作坊上，護士們積極參與討論

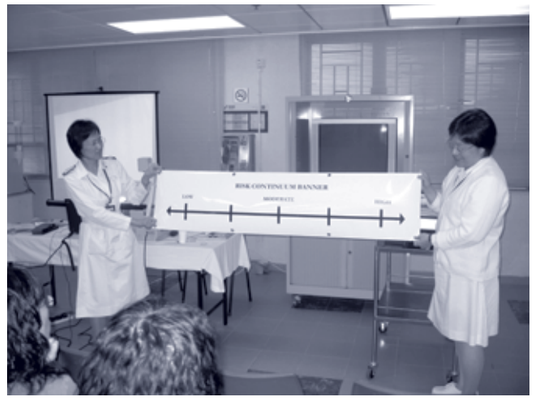
Demonstration on Fit Testing in 2005
於二零零五年進行的定量密合性測試

Infection Control Workshop - Personal Protective Equipment in 2006
於二零零六年舉辦的個人保護裝備工作坊

Workplace Safety conducted by Police Public Relations Branch in 2006
由警民關係組於二零零六年舉辦的安全工作間講座

Workshop on drug adherence and counselling in 2006
於二零零六年舉辦的藥物依從及輔導的工作坊

Capacity building workshop on Men who have Sex with Men in 2006
在二零零六年，為深入了解男男性接觸社群而舉辦的工作坊



Report back to nurses on learned knowledge of healthy relationship after an overseas training in 2006
在二零零六年，於海外學習後，將學到的有關健康關係的知識報告予護理同仁

Customized course on oral Putonghua was organized for medical and nursing staff in 2006
於二零零六年為醫護員工特設的普通話口語課程

Dr YW Mak of the Department's methadone clinic spoke at a workshop on drug rehabilitation in 2006
二零零六年，衞生署美沙酮診所麥醫生於戒毒康復工作坊上演講

Hong Kong Christian Service shared their experience on issues related to ethnic minority and AIDS in 2007
在二零零七年，香港基督教服務處分享有關少數族裔與愛滋病問題的經驗

Ms Bonnie Ng briefed nursing staff on occupational safety and health in 2007
在二零零七年，吳玉燕女士向護理同仁簡介職業安全及健康事宜

Ms CF Ho reported on issues related to HIV and drug abuse at the a workshop on drug rehabilitation in 2007
二零零七年，在戒毒康復工作坊中，何彩鳳女士就有關毒品使用者愛滋病病毒感染課題作出滙報

Dr KH Wong spoke at the Seminar on HIV/AIDS for Nurses in 2007
二零零七年，黃加慶醫生在為護理人員而設的愛滋病專題講座中演講

Dr Kenny Chan spoke at the Seminar on HIV/AIDS for Nurses in 2007
二零零七年，陳志偉醫生在為護理人員而設的愛滋病專題講座中演講

Nurses actively participated in the Seminar on HIV/AIDS for Nurses in 2007
在二零零七年舉辦的愛滋病專題講座中，護士們積極參與討論

Commissioned training‘Solution-focused Brief Therapy in Counselling’conducted by Ms Cherine Lau of Caritas Hong Kong in 2007
在二零零七年舉辦了由香港明愛的劉翠玲女士主持的尋解導向輔導工作坊

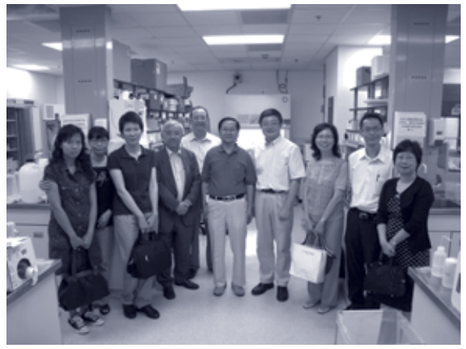
Staff of Integrated Treatment Centre posed for a photo with Ms Cherine Lau
綜合治療中心的醫護團隊與劉翠玲女士合照

Commissioned training ‘ MSM HIV Prevention Capacity Building Workshop’ conducted by staff of Albion Street Center and ACON, Australia in 2008
在二零零八年舉辦了由澳洲 Albion Street Centre 和 ACON 的員工主持的男男性接觸社群愛滋病病毒預防能力建立工作坊

Ms Jennifer Chow briefed nursing staff on client relations and complaint handling in 2008
在二零零八年，鄒民祺女士向護理同仁簡介顧客關係及投訴處理

In 2009, Mr Daniel Chu, volunteered to conduct a talk on Enneagram and Communication to the staff of Integrated Treatment Centre
在二零零九年，朱牧華先生以個人身分為綜合治療中心的醫護團隊介紹九型性格與溝通技巧

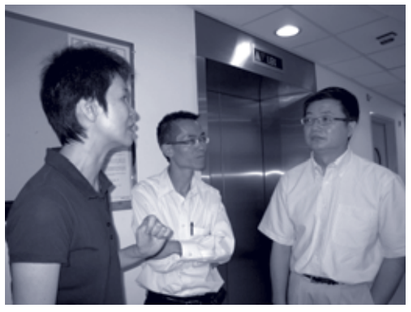
Staff of Integrated Treatment Centre posed for a photo with Mr Daniel Chu
綜合治療中心的醫護團隊與朱牧華先生合照



Medical and nursing staff of Integrated Treatment Centre, Chairman and members of Hong Kong Advisory Council on AIDS, visited AIDS Institute, The University of Hong Kong in 2009
在二零零九年，綜合治療中心的醫護人員、香港愛滋病顧問局主席及成員探訪香港大學愛滋病研究所

Dr ZW Chen presented the work of AIDS Institute to staff of Integrated Treatment Centre, and Chairman and members of Hong Kong Advisory Council on AIDS
陳志偉博士向綜合治療中心的醫護人員和香港愛滋病顧問局主席及成員介紹有關愛滋病研究所的工作

Dr ZW Chen, Dr KH Wong and Ms San Wong discussed issues related to HIV research
陳志偉博士，黃加慶醫生和黃碧珊女士就有關愛滋病研究進行討論



Duty Visit / Consultancy Visit 職務訪問／顧問訪問

Doctors and nurses of Integrated Treatment Centre went for duty / consultancy visits to learn from experts and to maintain professional ties with their counterparts in other institutions in the Mainland and overseas.
綜合治療中心的醫護人員往內地及海外作職務訪問 /顧問訪問，從而向專家學習，和與同業們在專業上保持緊密聯繫的合作夥伴關係。

Meeting health officials in Gansu
在甘肅與衛生廳官員會談

Dr Kenny Chan and Dr Xi Canghai discussed about the setting up of an advisory body in Gansu
陳志偉醫生和席滄海醫生討論有關在甘肅成立專家組事宜

Sharing experience on infection control
一同分享感染控制的經驗

Dr Kenny Chan and Ms Victoria Kwong visited Lanzhou Chest Hospital
陳志偉醫生和鄺淑真女士探訪蘭州市肺科醫院

Photo taken after visiting the township clinic of Tsingshui county
於探訪清水縣金集鎮衛生院後合照

Conducting training to doctors and nurses at Lanzhou University Hospital
在蘭州大學醫院向醫護人員進行培訓

Dr Kenny Chan and Ms Victoria Kwong posed for a photo with Dr Xi Canghai of Gansu CDC and Dr Christy Fong of World Vision China
陳志偉醫生和鄺淑真女士與甘肅省疾病預防控制中心席滄海醫生和世界宣明會(中國)方妙博士合照

Conducting capacity building workshop for nurses working in general ward in Peking Union Medical College Hospital to enhance their knowledge on HIV management and related issues
為在普通科部門工作的協和醫院醫學院護士提供能力建立工作坊，以提升他們對愛滋病護理及相關事宜的知識

Receiving souvenirs from professors of Peking Union Medical College
接受由協和醫院醫學院教授贈與的紀念品

Dr Kenny Chan, Ms San Wong and Ms Flora Tse posed for a photo with professors / lecturers of Peking Union Medical College
陳志偉醫生，黃碧珊女士及謝偉珩女士與中國協和醫科大學護理學院教授 / 講師合照

Photo taken with nurses of The Home of Red Ribbon, Ditan Hospital, Beijing
在北京地壇醫院紅絲帶之家與護士合照

Support Group Activity - X'mas Party 支持小組活動 - 聖誕派對

The annual Christmas party helps reinforce relationship between the medical team and the patients / their families. It also helps generate a support network with the local community. Each year, such activity is well attended by patients and their families.
一年一度的聖誕聯歡會，能加強醫護團隊與病人及其家人建立良好關係及支援網。每年，活動都得到病人及其家人的踴躍參加。

2000 - Erhu performance by Ms TY Ma
二零零零年 - 醫務社工馬姑娘演奏二胡

2000 - Medical Social Workers Ms E Ma, Ms T Chan and Ms TY Ma (from left to right)
二零零零年 - 醫務社工馬姑娘、陳姑娘和馬姑娘(由左至右)

2002 - Our nursing colleagues
二零零二年 - 我們的護理同仁

2004 - Our nursing colleagues
二零零四年 - 我們的護理同仁

2006 - Medical Fellow Dr Tang Zhirong posed for a photo with Dr KH Wong
二零零六年 - 醫生學人唐志榮與黃加慶醫生合照

2006 - Our medical and nursing colleagues
二零零六年 - 我們的醫護同仁

2006 - our Medical Social Worker and nurse posed for a photo in eye-catching customes
二零零六年 - 穿上奪目服裝的醫務社工及護士

2007 - Our medical and nursing colleagues
二零零七年 - 我們的醫護同仁

2008 - Medical Fellow Dr Liu Yanfan and Nursing Fellows Li Yunghong and Huang Qiulan, posed for a photo with Dr Kenny Chan and Ms Victoria Kwong
二零零八年 - 醫生學人劉燕芬，護士學人李永紅及黃秋蘭與陳志偉和醫生鄺淑真女士合照

2008 - Medical Fellow Dr Liu Yanfan posed for a photo with Dr KH Wong
二零零八年 - 醫生學人劉燕芬與黃加慶醫生合照

2008 - Our medical and nursing colleagues
二零零八年 - 我們的醫護同仁

2008 - Our medical colleagues posed for a photo with Dr Thomas Tsang, Controller, Centre for Health Protection
二零零八年 - 我們的醫生同仁與衛生防護中心總監曾浩輝醫生合照

2008 - Dr KH Wong, Dr Owen Tsang and Dr Ada Lin, posed for a photo with Dr Thomas Tsang, Controller, Centre for Health Protection
二零零八年 - 黃加慶醫生，曾德賢醫生及連尉慈醫生與衛生防護中心總監曾浩輝醫生合照

Our professional teams 我們的專業團隊

2000 - Our medical colleagues of Integrated Treatment Centre
二零零零年 - 我們的醫生同仁

2002 - The professional team
二零零二年 - 醫護專業團隊

2004 - The nursing team
二零零四年 - 護理專業團隊

The nursing team won the Department's 2005/2006 Staff Suggestion Scheme award in 2006
於二零零六年，護士團隊贏得衞生署 2005/2006 年度員工建議書計劃獎項

2008 - The research team
二零零八年 - 研究團隊

In 2008, Dr Kenny Chan awarded the Director of Health's Commendation in appreciation of his outstanding performance
陳志偉醫生於二零零八年獲衞生署署長頒贈嘉許狀，以示嘉勉其工作表現卓越

In 2009, Ms Chan Wai Kit awarded the Director of Health's Commendation in appreciation of her outstanding performance
陳惠結女士於二零零九年獲衞生署署長頒贈嘉許狀，以示嘉勉其工作表現卓越

2009 - The professional team
二零零九年 - 醫護專業團隊

ITC 10th Anniversary 綜合治療中心十周年紀念

Rev Chu Yiu Ming, ex- and current staff of Integrated Treatment Centre / Special Preventive Programme, posed for a photo to commemorate the Integrated Treatment Centre 10th year
朱耀明牧師、前任及現任綜合治療中心 / 特別預防計劃的員工，於綜合治療中心十周年紀念活動上合照