

## LCQ4: Diagnoses and treatments for eczema patients

Following is a question by the Dr Hon Chiang Lai-wan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 28):

Question:

At present, the Hospital Authority (HA) does not provide specialist outpatient service on dermatology, and the waiting time of new cases for dermatology outpatient service under the Department of Health (DH) is over a year. Moreover, an eczema patient confirmed of having been infected with methicillin-resistant *Staphylococcus aureus* has indicated that his doctor has suggested that he receive biologic therapy, but he cannot afford the expensive fees for the medical treatment. In this connection, will the Government inform this Council:

(1) whether it will compile statistics on the number of eczema patients in Hong Kong, their attendances at clinics, etc.; if so, of the details; if not, the reasons for that;

(2) whether it will allocate additional resources for DH to provide more consultation quotas under its dermatology outpatient service, and for HA to set up specialist outpatient clinics on dermatology; if so, of the details; if not, the reasons for that; and

(3) whether it will provide drug subsidies for patients with severe eczema (particularly those patients infected with methicillin-resistant *Staphylococcus aureus*) who are in financial distress; if so, of the details; if not, the reasons for that?

Reply:

President,

Eczema, also known as dermatitis, is a common skin disease. It is an inflammatory skin reaction, and it is not contagious. Eczema is classified into two categories, namely endogenous and exogenous eczema. Common types of endogenous eczema include atopic eczema, seborrhoeic dermatitis and asteatotic eczema (also known as xerotic eczema). Exogenous eczema covers allergic contact dermatitis and irritant contact dermatitis, with hand eczema being one of the examples. Eczema can present as acute, subacute or chronic eczema. Having consulted the Department of Health (DH) and the Hospital Authority (HA), our reply to the three parts of the question raised by the Dr Hon Chiang Lai-wan is as follows:

(1) Eczema is a common skin disease and in most cases, the conditions are

mild and do not warrant referral to specialist dermatology clinics for further treatment. In 2016, the number of new cases of eczema and dermatitis handled by the specialist dermatology clinics of the DH was 1 138.

(2) At present, public specialist dermatology services are mainly provided by the Social Hygiene Service of the DH. It has an annual attendance of over 300 000, of which over 200 000 are patients with skin diseases. Moreover, the DH provides visiting consultation service for five major regional hospitals of the HA. In 2018-19, the Government has allocated additional resources to the DH to create two posts of Medical Officer, two posts of Nursing Officer and seven posts of Registered Nurse in order to improve the existing service delivery.

Clinical departments of the two teaching hospitals (namely Prince of Wales Hospital and Queen Mary Hospital) under the HA have previously supported in-patient dermatology services and post-discharge specialist out-patient services. In its 2018-19 annual plan, the HA allocated a total of two Associate Consultant and two Resident posts of dermatology to the Hong Kong West Cluster and New Territories East Cluster to support in-patient dermatology services at HA hospitals. The recruitment for two Associate Consultant and one Resident posts has been completed. The HA and the DH will review the specialist dermatology services provided by public hospitals from time to time, continue to explore feasible ways to strengthen dermatology specialist training and service provision in public hospitals.

(3) It is not uncommon to positively culture *Staphylococcus aureus* (*S. aureus*) from the skin surface of eczema patients. The mere presence of *S. aureus* in skin cultures does not necessarily indicate an infection. *S. aureus* is a bacterium that may be carried on the skin of healthy people. These carriers show no signs or symptoms of infection. Yet, the bacteria may sometimes cause diseases such as skin infection.

Most *S. aureus* infections can effectively be treated by antibiotics. However, drug-resistant *S. aureus* (i.e. methicillin-resistant *S. aureus*) is a strain of *S. aureus* that is resistant to methicillin and other commonly used antibiotics. Like the usual strains of *S. aureus*, drug-resistant *S. aureus* can also be commonly carried on the skin of healthy people, and may sometimes cause diseases. Doctors will prescribe appropriate treatments in the light of prevailing condition of patients and clinical assessments. If necessary, the doctor will prescribe antibiotics or anti-septic drugs.

In general, specialist dermatology clinics of the DH will prescribe medications, according to the condition, to treat those eczema patients infected with methicillin-resistant *S. aureus*. Fee remission is available for patients attending such clinics who are in financial difficulty under the existing social security schemes: charges for public medical services are waived for recipients of Comprehensive Social Security Assistance, holders of Level 0 Voucher of the Pilot Scheme on Residential Care Service Voucher for the Elderly, and persons who are exempted from payment of medical fees under the waiving mechanism of public hospitals and clinics, etc.