

# LCQ11: Breast Cancer Screening Pilot Programme

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 5):

Question:

The Breast Cancer Screening Pilot Programme (the Pilot Programme), which was rolled out by the Government in 2021, ended in September last year. The Government subsequently advised that it had been actively preparing the next phase of the Pilot Programme, but relevant details have yet to be announced so far. According to some statistics from a political party, since the launch of the Pilot Programme up to end-March last year, only 5 475 women aged between 45 and 69 were referred for mammography (MMG) screening, representing 0.34 per cent of the female population in that age group. However, new cases of breast cancer have been increasing year after year, and in 2021 alone, the number of new cases of women with breast cancer amounted to 6 400. There are views pointing out that the implementation of the next phase of the Pilot Programme can brook no delay. In this connection, will the Government inform this Council:

(1) of the Administration's work progress in reviewing the effectiveness of the Pilot Programme, as well as the progress of preparing the next phase of the Pilot Programme and the implementation details of the relevant work;

(2) whether, when implementing the next phase of the Pilot Programme, the Administration will set up a one-stop platform to disseminate all information relating to the Pilot Programme, include more advanced 3D MMG screening to enhance efficiency, strengthen public-private partnership to boost service capacity, and step up public education to encourage more women to undergo breast cancer screening; if so, of the details of the relevant work; if not, the reasons for that; and

(3) whether, when implementing the next phase of the Pilot Programme, the Government will expand the eligibility for referral for MMG screening to cover women with medium-to-high risk of breast cancer, and expand the relevant target recipients of the screening to cover all women aged over 40 in the long run, so as to improve the current situation of ineffective breast cancer screening; if so, of the related specific arrangements; if not, the reasons for that?

Reply:

President,

The Government attaches great importance to cancer prevention and

control. Fighting against cancer is an important strategy to prevent and control non-communicable diseases. In 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies for cancer prevention and control as well as steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprises members including cancer experts, academics, doctors in public and private sectors as well as public health professionals. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the CCC regularly reviews local and international evidence and makes recommendations on cancer prevention and screening applicable to the local setting.

The reply, in consultation with the Department of Health (DH), to the question raised by the Hon Elizabeth Quat is as follows:

(1) and (3) Breast cancer is the most common cancer among females in Hong Kong. According to the data of the Hong Kong Cancer Registry, there were 5 565 newly diagnosed invasive female breast cancer cases and 835 new cases of female in situ breast cancer (Note 1) (also known as stage 0 breast cancer) in 2021.

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. The CEWG recommends that women aged between 44 and 69 with certain combinations of personalised risk factors of breast cancer (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of a benign breast disease, nulliparity and first live birth at a late age, menarche at an early age, high body mass index and physical inactivity) putting them at a higher risk of breast cancer (viz. risk higher than that of 75 per cent of Hong Kong women of the same age) should consider undergoing mammography screening every two years.

The DH launched the Phase I of the Breast Cancer Screening Pilot Programme (BCSPP) in the latter half of 2021 to provide screening services to eligible women at the Woman Health Centres (WHCs), four Maternal and Child Health Centres (MCHCs) as well as 18 Elderly Health Centres (EHCs). The goal is to promptly identify breast cancer patients who have yet to show any symptoms from a risk-stratified group, enabling them to receive timely treatment. The personalised breast cancer risk assessment tools developed by the University of Hong Kong are used by the BCSPP to assess the risk of developing breast cancer for eligible women, who would, subject to circumstances, be subsequently provided with 2D mammography for breast cancer screening. Supplementary breast ultrasound examination may also be arranged for them if necessary.

Currently, the above-mentioned health centres under the DH are still providing risk-based breast cancer screening services to eligible women according to the recommendations of the CEWG. As of March 31, 2024, a total of 30 048 women aged between 44 and 69 have received breast cancer risk assessment at the WHCs, four MCHCs and 18 EHCs. 8 484 (around 28 per cent) of them were referred for mammography screening, which is similar to the research findings by the University of Hong Kong (Note 2).

From the public health perspective, the Government will carefully assess various factors when considering the implementation of a screening programme for a specific cancer with reference to an evidence-based public health risk assessment and advice from relevant experts, including target groups of the screening programme. Excessive screening under a public health programme not only wastes the resources for overall public health, but also runs out of resources that can be invested in other projects in greater need, and may pose unnecessary health risks to individuals. The Government is reviewing the experience and effectiveness of the Phase I programme, views of the CCC and the latest recommendations of the CEWG to determine the implementation details for the next phase of the BCSPP. Relevant details will be announced in due course.

(2) When implementing the Phase II of the BCSPP, the Government will disseminate relevant information through appropriate information platforms. The DH will also continue to raise public awareness of breast cancer prevention and breast health through various channels, including publishing articles, producing Announcements in the Public Interest for broadcasting through television, radio, online platforms, social media.

According to the findings of overseas studies, there is a lack of evidence that screening with 3D mammography is more cost-effective than screening with 2D mammography in terms of detecting breast cancer and reducing breast cancer mortality. Since 3D mammography screening incurs higher costs and requires a longer time for specialists to review the mammography screening images, most regions that provide breast cancer screening services generally use 2D rather than 3D mammography machines.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has been promoting healthy lifestyle (including avoiding alcohol consumption, having regular physical activity, maintaining a healthy body weight and waist circumference) as well as breast awareness as the primary strategy for cancer prevention. Meanwhile, risk-based breast cancer screening can facilitate early detection of breast cancer in women, allowing timely treatment.

The DH works with various government departments and organisations such as the Home Affairs Department (HAD), the Hong Kong Housing Authority, and the Social Welfare Department to promote the BCSPP among the public, as well as enhance programme promotion to the local ethnic minorities via the Race Relations Unit of the HAD. The DH has also been disseminating health information to the public through district promotion, such as timely conveyance of relevant information to District Councils and stakeholders (including District Services and Community Care Teams). In addition, the DH has also produced health education materials such as posters and pamphlets on breast health awareness and breast cancer prevention, and provided corresponding health information in at least six ethnic minority languages (including Hindi, Nepali, Urdu, Thai, Bahasa Indonesia and Tagalog) to allow ethnic minorities to know more on breast cancer screening and prevention. The

DH will continue to step up its publicity efforts for the BCSP through different channels to encourage participation of more eligible persons for screening to maximise its effectiveness.

On the other hand, the Primary Healthcare Office (PHO) published the Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare in September 2023, providing a set of comprehensive and evidence-based guidance on health to healthcare professionals. The Life Course Preventive Care Plan under the Reference Framework emphasises disease prevention and personalised needs. Personalised plans that focus on disease prevention are established based on the individuals' gender, age, family history and other factors. Cancer screening is also included.

The PHO also actively promotes the role of family doctors and encourages the public to pair with a family doctor who will act as their personal health manager to develop personalised health plans with the support and assistance of the District Health Centres (DHCs). With reference to the Life Course Preventive Care Plan strategy, DHCs will offer individualised health advice and provide citizens with guidance on their health needs across different life stages.

The DHCs have also been actively complementing the government cancer screening programmes, including identifying risk factors associated with cancers through conducting health assessments for DHC members to provide support to members of the public to continuously manage such risk factors. Meanwhile, the DHCs assist and refer eligible persons to doctors who have been enlisted in the Primary Care Directory and enrolled in the government cancer screening programmes and for receiving screening. In the long run, as the district-based, family-centric community health system evolves along the implementation of the "Family Doctor for All" concept, various disease screening and management programmes provided by the Government shall be migrated to the primary healthcare system at the helm of the Primary Healthcare Commission to be set up in the future. Where necessary, such services shall be strategically purchased from private healthcare providers and non-governmental organisations to ensure effective and holistic primary healthcare service delivery.

Note 1: In situ breast cancer is non-invasive, and is considered the earliest form of breast cancer. The relevant data is of the Hong Kong Cancer Registry's interest in monitoring the trend of pre-malignant abnormalities.

Note 2: According to the study of the University of Hong Kong, some 25 per cent of women aged between 44 and 69 possess certain combination of personalised risk factors of breast cancer, increasing their risk of developing breast cancer.

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## LCQ3: Seasonal Influenza

Following is a question by the Hon Chan Hok-fung and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 5):

Question:

It has been reported that the peak season of seasonal influenza (influenza) persists. Some experts in respiratory medicine have predicted that Hong Kong's winter and summer influenza seasons may be linking up, and have called on high-risk cohorts to receive influenza vaccine as soon as possible. In this connection, will the Government inform this Council:

(1) of the numbers of severe cases and fatalities involving children infected with influenza as well as the death rates in the past three years, and whether those children had received influenza vaccine, together with a tabulated breakdown by age (i.e. aged under three, between three and five, between six and eight, and between nine and 11);

(2) as it has been reported that some experts have pointed out that children born during the COVID-19 epidemic are less resistant to influenza viruses, and have called on the parents concerned to get their children vaccinated against influenza as soon as possible, and that the types of vaccines required for infants and children are recommended under the Government's Hong Kong Childhood Immunisation Programme, whether the Government will include influenza vaccines in the programme; if so, of the timetable; and

(3) as it has been reported that some medical doctors have pointed out that with global warming, the chances of new endemic diseases raging the world will be increasingly higher, whether the Government has conducted drills on a regular basis in order to cope with an extreme scenario of an influenza outbreak similar to the COVID-19 epidemic; if so, of the details?

Reply:

President,

Hong Kong has entered the influenza season since January this year until now, the Government has stayed vigilant and implemented a series of measures in respect of virus surveillance, protection of high-risk groups, vaccination, service demand, etc. The Government has also been constantly reminding the public to have better protection. For instance, the Centre for Health Protection (CHP) and the Hospital Authority (HA) had held press conferences jointly in January and April this year; and the HA also held a press conference again in February to explain the measures to respond to the service surge of public hospitals. Further to the briefing to the Panel on Health Services of the Legislative Council in October last year on the relevant preparation work for influenza, the Government will also report to the Panel on the latest situation of influenza next Friday (June 14).

"Prevention is better than cure". The Government has been strongly encouraging the public to receive influenza vaccination, and providing subsidised or free seasonal influenza vaccination (SIV) to the public. With the joint effort from various parties, in 2023-24, a total of more than 1.85 million doses of SIV were administered under all vaccination programmes, representing an increase of about 20 per cent when compared with the 2022-23 season, which is a record high.

Influenza viruses are constantly changing, therefore, influenza vaccines need to be updated annually. The World Health Organization (WHO) normally announces in February to March of the year the proposed strains for influenza vaccines to be used in the Northern Hemisphere, preparing for the influenza season starting at the end of year. After the announcement of strain recommendation, the manufacturers can start preparing for the production of vaccines for arranging the vaccination in the region in the Northern Hemisphere at the end of the year. The Hong Kong Special Administrative Region Government normally starts the SIV programmes in October (viz. upon the availability of vaccines for the new season). These vaccines will usually expire around next July/August and the programmes will also come to an end at that time.

Therefore, "Early vaccination! October is the best timing". October is the most ideal timing for receiving SIV. The earlier citizens get vaccinated, the better they can make use of the SIV for comprehensive protection against influenza in the coming year. With the transit of the dominating virus strain (from the earlier A(H3) to the recent A(H1)) in the current influenza season, the duration of winter influenza season has lasted for a longer time until now (i.e. June). Members of the public who have not received the SIV can still get vaccinated before the expiry of the influenza vaccine of this influenza season (i.e. July/August). Nevertheless, please remember that even if you get vaccinated now, you should still take the latest SIV in the new SIV programme (viz. from October this year), so as to get protection in the influenza season in the next year.

In consultation with the Department of Health (DH), the reply to the question raised by the Hon Chan Hok-fung is as follows:

(1) Information on severe paediatric influenza-associated complication and death cases is at Annex. Over the past three years, in particular before early 2023, relevant seasonal influenza figures remained at very low levels due to various social and personal protective measures, in particular mask wearing, amid the COVID-19 epidemic. The number of severe cases was close to zero, and the number of death cases in 2020 to 2022 was basically zero. In this connection, pre-COVID-19 period figures (i.e. 2017 to 2019) are also provided in the Annex for a comprehensive comparison. According to the data, the number of severe cases in the first half of 2024 is comparable to that in the pre-COVID-19 period (i.e. the figures in the first half of 2019). When looking at these figure, it is more important to note that most of the severe and fatal cases did not receive influenza vaccine. For the figures in the first half of 2024, 20 out of 26 severe cases did not receive influenza vaccine, which illustrates the importance of vaccination again.

(2) As for the Hong Kong Childhood Immunisation Programme (HKCIP), at present, the HKCIP targets 12 special communicable diseases (Note). In general, children can achieve long-term or life-long immunity after completing one dose or one course of vaccination, which is very different from SIV. Annual vaccinations are required for SIV. And not only children should get vaccinated for SIV, adults, in particular the elderly, should also get vaccinated annually. The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP holds regular meetings and gives science-based advice and recommendations to the CHP in a timely manner regarding the types of vaccines to be in-corporated into the HKCIP.

In regards to the SIV, the SCVPD will examine the scientific evidence on the influenza vaccines, local, neighbouring and overseas epidemiology of the seasonal influenza every year to propose various priority groups to receive vaccination. Currently, children and adolescents aged six months to under 18 years are included in the priority groups. The Government has been providing the SIV under the Government Vaccination Programme and the Vaccination Subsidy Scheme. Eligible children and adolescents can receive free or subsidised SIV in public or private clinic. Moreover, the Government provides influenza vaccination proactively to students at participating schools through the school outreach vaccination programmes. This year, around 70 per cent of secondary schools, around 95 per cent of primary schools and around 80 per cent of kindergartens and child care centres have enrolled in the outreach programmes.

Although the SIV is not part of the HKCIP, the DH has been promoting the SIV to parents of the infant and young children through its service points and collaboration with schools. In 2023-24, more than 530 000 doses of SIV have been administered for children and adolescents, reaching a record high and an increase of about 37 per cent comparing with the same period of last year. The vaccination rate is 53 per cent.

(3) Finally, in response to the major outbreaks of communicable diseases, the Government has been preparing to reduce risk of human infection. Measures include regular public health exercises and drills and provision of trainings on infection control. Among which, public health exercises and drills cover different scenarios, including avian influenza, novel influenza or novel diseases. The latest exercise code-named "Prehnite" was conducted in November 2023 which included a table-top exercise and a ground movement exercise to mainly test the preparedness of relevant government departments in handling imported cases and local transmission of communicable diseases, and arrangement of large-scale evacuation operation. The CHP also proactively participates in exercises co-organised in the Guangdong Province, Hong Kong and Macao, as well as exercises conducted by the WHO, with a view to strengthening collaboration with local and international partners.

Thank you, President.

Note: 12 communicable diseases including tuberculosis, hepatitis B, polio, tetanus, pertussis, measles, diphtheria, mumps, rubella, chickenpox, pneumococcal disease and human papillomavirus infection.

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## CHP investigates case of invasive meningococcal infection

The Centre for Health Protection (CHP) of the Department of Health is today (June 5) investigating a case of invasive meningococcal infection, a communicable disease transmitted by direct contact with droplets from carriers or infected persons.

The case involves a 68-year-old female with underlying diseases, who presented with fever, chills, dizziness, headache and shortness of breath since June 3. She attended the Accident and Emergency Department of Queen Elizabeth Hospital and was admitted for treatment on the same day. Her blood sample tested positive for *Neisseria meningitidis* upon laboratory testing. Her clinical diagnosis was meningococcaemia. The patient is now in stable condition.

Initial enquiries revealed that the patient had no travel history during the incubation period. Her home contacts remain asymptomatic. The CHP's investigation is continuing.

"Meningococcal infection is caused by a bacterium known as meningococcus. It is mainly transmitted by direct contact through respiratory secretions, including droplets from the nose and throat, from infected persons. The incubation period varies from two to 10 days, and is commonly three or four days," a spokesman for the CHP said.

The clinical pictures among the infected may vary. Severe illness may result when the bacteria invade the bloodstream (meningococcaemia) or the membranes that envelop the brain and spinal cord (meningococcal meningitis).

Meningococcaemia is characterised by a sudden onset of fever, intense headache, purpura, shock and even death in severe cases. Meningococcal meningitis is characterised by high fever, severe headache and a stiff neck followed by drowsiness, vomiting, fear of bright light, or a rash. It can cause brain damage or even death. The brain damage may lead to intellectual impairment, mental retardation, hearing loss and electrolyte imbalance. Invasive meningococcal infection can be complicated by arthritis, inflammation of the heart muscle, inflammation of the posterior chamber of the eye or chest infection.

Meningococcal infection is a serious illness. Patients should be treated promptly with antibiotics.

To prevent meningococcal infection, members of the public are advised to take heed of the following measures:



- Wash hands with liquid soap and water properly, especially when they are dirtied by respiratory secretions, e.g. after sneezing, and clean hands with alcohol-based handrub when they are not visibly soiled;
- Cover the nose and mouth while sneezing or coughing, hold the spit with a tissue, dispose of nasal and mouth discharge in a lidded rubbish bin, and wash hands immediately;
- Avoid crowded places;
- Avoid close contact with patients who have a fever or severe headache;
- Travellers to high-risk areas may consult doctors for meningococcal vaccination; and
- Travellers returning from high-risk areas should seek medical advice if they become ill, and should discuss their recent travel history with their doctor.

â€‹The public may visit the CHP's [website](#) for more information on meningococcal infection.

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## [Speech by DSJ at 2nd Anniversary of Opening of AALCO Hong Kong Regional Arbitration Centre \(English only\) \(with photo\)](#)

Following are the opening remarks by the Deputy Secretary for Justice, Mr Cheung Kwok-kwan, at the 2nd Anniversary of the Opening of AALCO (Asian-African Legal Consultative Organization) Hong Kong Regional Arbitration Centre today (June 5):

Mr Fang Jianming (Deputy Commissioner of the Office of the Commissioner of the Ministry of Foreign Affairs of the People's Republic of China in the Hong Kong Special Administrative Region), Mr Nick Chan (Director of the AALCO Hong Kong Regional Arbitration Centre), heads of AALCO disputes resolution centres, distinguished guests, ladies and gentlemen,

Good evening. It gives me great pleasure to meet with you all here today to celebrate the second anniversary of the AALCO Hong Kong (AALCO Hong Kong Regional Arbitration Centre) and the remarkable achievements of AALCO Hong Kong in contributing to Hong Kong's success as a leading international legal and dispute resolution services centre over the past two years.

Hong Kong has long been hailed as a world-class destination for international dispute resolution. Our success is premised on our unique strengths under the principle of "one country, two systems" and supportive national policies, such as the National 14th Five-Year Plan and the Outline

Development Plan for the Guangdong-Hong Kong-Macao Greater Bay Area, our strategic position at the heart of Asia, as well as our valuable and diverse talent pool.

To maintain our success in light of the evolving international trade and economic developments, we will need a robust community comprising lawyers, disputes resolvers and regional disputes resolution centres, dedicated to providing top-quality international dispute resolution services.

First of all, our lawyers, disputes resolvers and disputes resolution institutions should be active in reaching out to the global community. AALCO serves as an excellent platform in this respect. As an inter-governmental organisation, AALCO has 48 member states comprising the major states from Asia and Africa, speaking for two-thirds of the world's population and among which 90 per cent are active participants of the Belt and Road Initiative. It is particularly encouraging that AALCO Hong Kong, with the support of AALCO, has successfully hosted the prestigious AALCO Annual Arbitration Forum 2023 last December. The two-day international flagship forum attracted over 1 500 in-person and online participants from different sectors across the globe to discuss a wide range of international legal topics. In the speech that I delivered at the Forum, I emphasised the significant contribution that AALCO Hong Kong had made towards providing a robust legal and technological infrastructure, being two key aspects of Hong Kong's unique position as an international legal hub. Today, on this celebratory occasion, we will be witnessing the appointment of a new panel of arbitrators of AALCO Hong Kong, signifying the Centre's ongoing efforts in fortifying the dispute resolution profession in Hong Kong and the practitioners' eagerness to capitalise on the wide global network of AALCO to engage in international arbitration work.

Secondly, the dispute resolution community should stay competitive against the rapidly changing social and economic landscape. To this end, the Government is committed to enhancing capacity building to equip our professionals with up-to-date skills for resolving various types of international disputes. A clear example is the anticipated establishment of the Hong Kong International Legal Talents Training Academy aiming to provide foreign-related legal talent trainings and promote talent exchanges. Institutional support is equally essential. I am pleased to note that AALCO Hong Kong has been offering diverse learning and exchange opportunities for young legal professionals in Hong Kong. It also has a particularly strong focus on the promotion of lawtech and the use of online dispute resolution, complementing professional skills with innovative technologies to meet the growing trend of demand for dispute resolution services in international trade and business.

With the concerted efforts of the dispute resolution industry, I am confident that Hong Kong will continue to be a global leader in offering the best dispute resolution services and enhancing access to justice to sustain peaceful economic growth, thus improving the living standards for the local, regional and international community. Thank you.



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## [Secretary for Health witnesses accreditation of first batch of Mainland hospitals under China's International Hospital Accreditation Standards \(2021 Version\) \(with photos\)](#)

The Secretary for Health, Professor Lo Chung-mau, attended the International Hospital Accreditation Award Presentation Ceremony and Launch of the China's International Hospital Accreditation Standards Press Conference held in Qianhai, Shenzhen, today (June 5) to witness the accreditation of the first batch of Mainland hospitals under the China's International Hospital Accreditation Standards (2021 Version) (the Standards).

Professor Lo said, "Hospital accreditation is a globally adopted tool to offer hospitals targeted recommendations for improvement through an objective assessment of their performance in various aspects, thereby enhancing the quality of hospital services and safeguarding patients' safety. I am pleased to learn that Shenzhen Hospital of Southern Medical University, Guangzhou First People's Hospital and University of Hong Kong-Shenzhen Hospital form the very first batch of Mainland hospitals accredited under the Standards, marking an important milestone in promoting quality healthcare in our country.

"The Hong Kong Special Administrative Region (HKSAR) Government has been responding to the national policy on hospital accreditation in a proactive manner. The Chief Executive has successively put forward corresponding measures in the 2022 and 2023 Policy Addresses. Among them, the work in relation to implementing the Hospital Accreditation Programme by the Hospital Authority (HA) through adoption of the Standards at Pamela Youde Nethersole

Eastern Hospital and Prince of Wales Hospital will be substantially completed by the end of this year. The HA plans to extend the Hospital Accreditation Programme, adopting the relevant Standards, to two to three other public hospitals in the coming year.

"The HKSAR Government will continue to actively promote accreditation of more public hospitals under the Standards, with a view to ensuring that the management and service levels as well as healthcare quality of local hospitals are on par with international standards while aligning with the national healthcare service system. At the same time, the participation of public hospitals in the relevant accreditation programme can serve as a demonstration to the international community the national hospital accreditation standards, with Hong Kong acting a gateway to promote the going global of national standards."

The Standards were jointly developed by hospital accreditation experts from Hong Kong and the Mainland based on the national Tier III Class A hospital accreditation standards and in accordance with the requirements of the International Society for Quality in Health Care, while drawing reference from international experience. The Standards are the first internationally recognised hospital accreditation standards of the country.

